



E³ Alliance
Susan Dawson, Hannah Gourgey

Central Texas Overview of Nursing Shortage and Capacity Building – through 2015

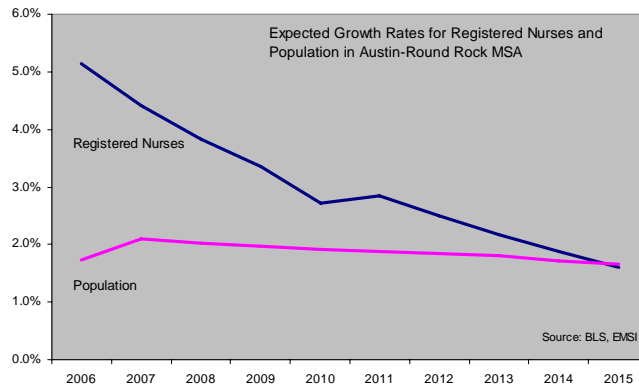
Special thanks to all organizations who helped provide us with this information through reports, interviews, and data mining:

Austin Community College
Health Industry Steering Committee – *WorkSource*
Seton Family of Hospitals
St. Davids Healthcare/HCA
Texas Center for Nursing Workforce Studies
University of Texas at Austin School of Nursing

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RN Growth Rate is Projected to Decline in Central Texas



Data provided by HISC

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Healthcare Industry is a Major Force in Central Texas

Health Care Industry - Austin-Round Rock MSA

620000 -- Health care and social assistance

FIPS	County	2005	2010	2015	Change	% Change	Earnings	Establishments	Unemployment
48021	Bastrop	2,116	3,070	3,677	1,561	74%	\$21,710	90	141
48055	Caldwell	1,982	2,684	3,045	1,063	54%	\$25,850	44	137
48209	Hays	4,453	5,035	5,380	927	21%	\$33,714	210	177
48453	Travis	54,733	64,987	69,805	15,072	28%	\$50,241	2,155	1,606
48491	Williamson	8,508	10,412	11,654	3,145	37%	\$48,178	522	438
Total		71,792	86,187	93,561	21,768	30%		3,021	
48	Texas	1,169,873	1,433,308	1,571,889	402,016	34%	\$43,601	47,482	49,779
0	USA	17,298,452	20,280,104	21,823,372	4,524,920	26%	\$43,940	689,231	441,344

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Data provided by HISC



Scope of Regional Need

- **By 2010**, Central Texas healthcare facilities will need more than **8,000 nurses**.
- This number **does not** include filling positions due to nurse retirement.
- Current nurse training programs at UTASON and ACC graduate **a little over 300** nurses a year.
- Graduates with BSNs have a much higher rate of leaving the area, and hospitals say they need to increase the ratio of BSNs to ADNs.
- New nursing programs planned:
 - Concordia University anticipate admissions 100 per year (2008)
 - Texas State University anticipate admissions 100 per year (2010)

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CT Nursing Programs are growing, but the demand remains high

- ACC's nursing program **increased by 25%** over the last 4 years from 80-105 per semester.
- The biggest factors in student retention are financial support, academic performance, and scheduling conflicts.
- Approximately **100 qualified candidates remain in ACC's applicant pool** after admissions, leading to a 1 to 2 semester delay in admissions.
- Texas Tech has 20 students in the region taking courses on line and completing clinical rotations with one on one precepted experiences in its accelerated 2° w/BSN program, a 12 month BA to BSN program for students with a BA in another discipline.

Source: Interviews and requests for information from both ACC and UTASON.

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CT Nursing Programs are growing, but the demand remains high

- UTASON increased **by 20-25%** over the last 4 years and admits 70 students in the fall and 80 in the spring.
- UTASON accepts **about 60% of** qualified applicants.
- UTASON's Alternate Entry Master of Science in Nursing (AE MSN) program has **almost tripled** in the last 4 years. (58 to 159)

Source: Interviews and requests for information from both ACC and UTASON.

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Faculty recruitment factors into rate of expansion

More full-time faculty allow higher quality programs:

- FT faculty have more training in pedagogy
- FT faculty face fewer scheduling conflicts
- FT faculty are more available for student counseling and consultation

School & Program	Full time	Adjunct
UTSON	35	30
ACC ADN	30	10
ACC LVN	10	7
Texas Tech	8	2

Source: Interviews and requests for information from both ACC and UTASON.

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CT Nursing Program Capacity Limitations

- Lack of faculty
 - Disparities in faculty versus nurse practitioner salaries
- Clinical rotation space appropriate for learning objectives at regional healthcare facilities
- Insufficient financial support for students, leading to attrition
- Lack of seamless transition High School-ADN/BSN
- Inefficient articulation models for attaining advanced degrees
- Lack of incentives for practitioners to continue education

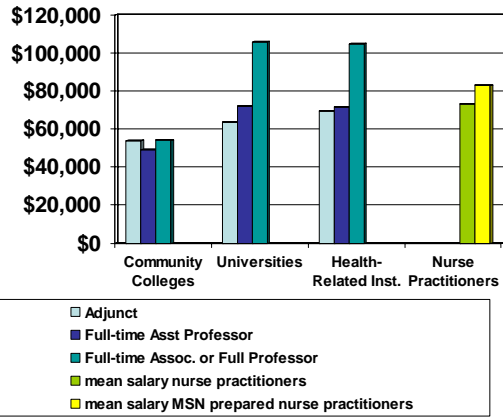
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Source: Interviews and requests for information from both ACC and UTASON.



Nurse Faculty vs. Practitioner Salary Disparities

- At least **50%** of all full-time faculty earn less than \$60,000.
- A Master's prepared nurse is the minimum requirement for teaching at a community college.
- MSN's can earn between \$60,000-\$85,000 a year as a practitioner.
- Regionally, we do not have a defined education track in our advanced degree programs. This may change soon.



Source: Institutional data reported to the Texas Higher Education Coordinating Board, Dr. Chris Fowler

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Expanding our current programs requires funding for additional faculty, equipment and facilities

- **To increase ACC's program by 50% over 4 years will require a total of 12 new full-time faculty and 8 new adjuncts.**
- **UTASON faces mandated caps. To increase to its full capacity before capping (13%) would require 4 additional FTE faculty and 4 adjuncts.**
- **Each program requires proportionate financial support for facilities expansion.**

Source: Interviews and requests for information from both ACC and UTASON.

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Clinical space at regional healthcare facilities will require optimization and expansion

Challenges

- Regional healthcare facilities both want to host clinical rotations and face challenges in finding adequate space for placements.
- Regional nursing programs balance the facilities' desire for upper-level clinical placements with student learning objectives. These sometimes conflict.
- As nursing programs expand and come on-line, clinical placements— particularly in specialty areas such as pediatrics and mental health- will become more challenging.
- Clinical rotations are arguably the most critical component in nurse training.
- Clinical faculty may periodically need both pedagogical and patient professional development.

Opportunities

- HISC offers a centralized, automated system for clinical placements that streamlines the process and honors pre-existing protocols.
www.ctxplacement.org
- This system will need to expand and become more robust as new programs come on line. New programs will need to participate.
- Seton Simulation Center will offer valuable learning opportunities for nurse and other medical students. Will need further clarification on protocols for program participation.
- Expand clinical placements to include other regional healthcare providers and non-traditional settings that remain within accreditation guidelines.

Source: Interviews and requests for information from HISC, ACC and UTSON.

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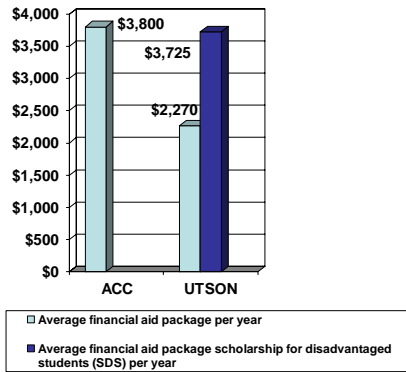
Basic Cost of Current CT Nursing Programs

Program Levels: Undergraduate	ACC ADN	UTASON BSN
# credit hours required	69	130
# courses in upper division	50	61
# of semesters for completion (full time)	4 program 6 total	4 program 8 total
Total cost for degree completion including prerequisites	\$6,368 in district* \$11,037 out of district*	\$42,799 resident* \$89,281 non-resident*
Note: "In district" refers to students residing within ACC's tax district. "Out of district" refers to students residing in areas outside of ACC's tax district.	<ul style="list-style-type: none"> • Includes tuition & fees unique to nursing program, but exclusive of room/board, etc. • Does not include Financial Aid 	Source: Interviews and requests for information from both ACC and UTASON.

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Increasing financial support for students will increase retention



- During the 05-06 academic year ACC awarded \$2.5 million to nursing students.
- During the 05-06 year UTASON awarded \$271,380 in nursing scholarships.
- ACC found that when it increased its award by \$600-\$1200 per student, retention shot up to 90%. The program, funded through THECB was discontinued.
- Students in UTASON's MSN, Ph.D. programs do not opt for the Nurse Faculty Loan Program (with forgiveness rate of 85% for teaching for three years after graduation) because it affects other financial aid through FAFSA formulas.

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Source: Interviews and requests for information from both ACC and UTASON.



**Creating a seamless transition
HS-ADN/BSN will help fast track a younger population
into nursing**

- Seamless articulation between regional HS Health Science programs and ACC/UT are hampered by the following:
 - Lack of HS teachers with proper qualifications
 - Lack of “guaranteed and immediate” admission upon meeting college-level criteria for nursing program*
 - Information regarding UT & ACC articulation not available
- Creating dual credit in HS Health Science programs for pre-requisite nursing courses will fast-track HS grads who know they want to be nurses.

* Although this delay can be seen as a problem by the student, it may not be desirable from the stand point of the nursing program due to quality control and admission protocols.

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Source: Interviews and requests for information from HISC and ACC.



Need to create efficient and value-based articulation models

- **RN-BSN pathway has declined by almost 400% (from 27 to 8) since 2001 due to insufficient differences in pay or career opportunities at the employer level and inefficient articulation protocols that lengthen the program.**
- **AE MSN model has more almost tripled (and could likely continue to expand rapidly with additional incentives and more streamlined articulation).**

Source: Data request from UTASON.

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Need to create efficient and value-based articulation models

- **RN-MSN pathway also in decline due to lack of incentives for nurse practitioners to continue education**
 - Where appropriate eliminate unnecessary testing requirements to articulate ADN coursework for licensed RNs and nurse practitioners.
 - More on-line instruction should be offered to allow flexibility for nurse practitioners.
 - Added component on medical technologies that incorporates new IT advances required for a nurse practitioner and healthcare management.

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The Central Texas Challenge

Challenge:

- **In comparison to certain urban regions around the state, the Central Texas nursing shortage is not at the same level of crisis**
 - Sheer size of population is still less than some areas
 - Poverty rate of population is still less than some areas
 - Aging rate of population is less than some areas
 - Quality of life in Central Texas is a good recruitment tool for nurses
- **However, there are several reasons why investing public funds in the region is both sound and far-reaching.**

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The Central Texas Edge

- The Capital Area is projected to have the fastest major urban rate of growth in the state between 2000-2020 (26%). (<http://txsdc.utsa.edu>)
- Williamson County is expected to grow by more than 1 million people by 2040. (<http://txsdc.utsa.edu/tpepp/2006projections/summary>)
- The region has a nationally-recognized record in public/private collaboration to optimize healthcare education and provision through the Health Industry Steering Committee.
- This record demonstrates a powerful ability to leverage public funds to ensure the most bang for the buck. Examples include:
 - Get Ahead in Nursing (GAIN) program
 - Mobility Track (tuition reimbursement for LVN to RN track)
 - AEMSN track, (fast track BA, BSN-MSN)
 - Clinical Space centralization
 - Regional educator and employer standardization of state-mandated criminal background checks
 - Healthcare provider contributions to increase faculty.

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By 2040

Williamson County population growth is 246%

Hays County population growth is 186%

Both counties are among the top five fastest growing counties in the state. By 2020, Austin is expected to overtake San Antonio in population.

The Central Texas Edge

- Private investment in nursing programs and collaborative projects over the last 4 years total over **\$2.6 million.***
- Current and anticipated private investments in existing and future nursing programs range from **\$15 to \$18 million*** over the next 4 years.
- The funds requested will be close to a one-to-one match toward these efforts.

*See notes page for details.

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\$2.6 million breakout:

\$ 340,000	HISC funds and membership dues
\$1,597,000	Hospital grant (and renewal) to ACC for more faculty
\$ 506,981	Hospital payment of training time for employees in Skills Dev. Grant
\$ 50,000	Estimated costs of coordination for Skills Development
\$ 25,000	CTWII
\$ 100,000	Tuition reimbursement to Capital Idea students

\$2,618,981

Current and Estimated costs include

St David's Commitment of \$6 million to TS nursing school

Estimated and anticipated commitments from Concordia, Seton Family of Hospitals and other healthcare providers at \$10-12 million.

Central Texas Model for the State

1. The public/private collaboration in Central Texas will serve as a model for a regional approach to solving the nursing shortage by expanding the scope and increasing the quality of nursing programs.
2. This model also helps to standardize certain employer practices that can optimize patient care while increasing overall nurse retention rates.

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Recommendations for Central Texas: Increasing our Nursing Workforce, Meeting our Healthcare Needs

- Central Texas private investments for the creation of regional nursing programs is currently \$6 million. An additional \$4.1 million is required to fulfill anticipated costs for Texas State's School of Nursing.*
- The recommendation to the state by the Center for Nursing Workforce Studies to close the gap between the numbers of nurses trained in the state and the projected number needed is \$52 million over the coming biennium.
- Based a proportionate distribution (calculated as a percent of the state's total projected nursing shortage) of this recommendation, the regional need is **\$15,080,000*** for expansion and student aid over the next two years. Funds will be directed toward the following:
 - Increase faculty and upgrade facilities to meet *current* CT nursing program expansion plans.
 - Leverage public/private investments to launch 2 new regional nursing programs
 - Texas State request
 - Concordia University matching funds request.
 - Deepen and broaden financial aid to nursing students to increase recruitment and retention.
 - Provide seed funding for regional simulation center to meet new and expanded nursing programs need for work-based learning objectives and clinical placements.

* See notes section for calculations.

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Sources: Texas Center for Nursing Workforce Studies, report published Nov. 2006
 "The Supply of and Demand for Registered Nurses and Nurse Graduates in Texas."; Interviews or Data Requests from HISC, ACC, UTSON.



\$15,080,000 as 29% of the recommended \$52 million request in Aileen Kishi's report from the *Supply of and Demand for Registered Nurses and Nurse Graduates*. *Funding can be either public or private.*

CT was 29% of the total nurse demand shortage by taking 8000 as a percentage of the 27,000 total for the state estimated in 2010.

At a minimum, students receiving funds from ACC should also get the additional support of \$600-\$1,200 that increased retention rates so dramatically.

*This number is based on Texas State Legislative Request

FY 2008:	\$2,011,541
FY 2009:	<u>\$2,098,163</u>
Total	\$4,109,704

Concordia University public match of private investment is at 1 to 3 ratio. Campus facility expenditure is projected at \$6 million. The request to the state or private funders is to meet a third of that investment at \$2 million.

Recommendations for Central Texas: Increasing our Nursing Workforce, Meeting our Healthcare Needs

- Funding for faculty should allow flexibility to convert as many adjunct to fulltime positions
- Financial support for students in nursing programs should be expanded and deepened:
 - Students pursuing ADN or BSN degrees require additional financial aid to reduce attrition based on financial reasons.
 - FAFSA formulas need restructuring or new exemption criteria for students pursuing MSN or Ph.D.'s who wish to participate in the Faculty Loan Program.
 - Revise 18-month window (from HS graduation to PS enrollment) for Texas Grant qualification.

February 27, 2007



Recommendations for Central Texas: Increasing our Nursing Workforce, Meeting our Healthcare Needs

- To leverage public/private matching investment toward MSN practitioners and faculty, an additional \$ **2.1 million** is needed for regional healthcare providers to provide incentives for RN to MSN track. Stipends may be conditional to adjunct faculty placements and employer retention stipulations.*
- Through a newly-created joint program of THECB and TWC, workforce development training dollars should be available to qualified candidates undergoing training in LVN, LVN to ADN, or ADN tracks.
- Total request for Central Texas including current programs, new programs, and support for healthcare providers is **\$17,180,000.***

*see notes section for calculations

February 27, 2007



\$2.1 million Calculated as follows:

Stipend = \$30,000 (half of high end RN salary in the region – remainder to be matched by private funds)

Allows for 70 RN-MSN trained faculty/nurse practitioners.

25 Stipends to Seton Family of Hospitals

25 Stipends to St Davids Healthcare/HCA

20 Stipends available for other regional healthcare providers.

Total request calculated as follows:

\$15,080,000 (initial request based on proportionate distribution of \$52 million (percentage of state's total projected nurse shortage)

\$2,100,000 (public portion of public/private partnership to provide incentives for RN to MSN track).

Total: \$17,180,000.