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ABSTRACT

In July 2002, the New Mexico Commission on Higher Education and the University of New Mexico Health Sciences Center began a 3-month planning process that brought together a range of stakeholders who looked for ways to address the state's nursing shortage. The process was called NS4, for the Nursing Shortage Strategy Sessions, and this report presents the findings of that process. As a result of the nursing shortage, 72% of New Mexico hospitals have curtailed services and home care agencies, long term care facilities, and public health offices have reduced services as well. Findings show that filling nursing vacancies is extremely expensive, that nursing faculty positions are not filled because salaries are lower than those for comparably prepared clinical nurses, and that the vacancy rate in health care facilities is expected to reach 57% by 2020. The number one priority identified is to double the number of licensed nursing graduates in new Mexico. The state currently produces about 500 graduates each year, and evidence indicates the need to increase that number by 500 per year starting in 3 years and continuing for the next 15 to 20 years. The second priority is to implement a process and infrastructure to sustain this effort over the long term, especially by expanding nursing school capacity. An appendix contains a nursing shortage chronology, a nursing shortage data sheet, and a list of participants in the strategy sessions that led to this report. (Contains 11 tables.) (SLD)

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Addressing New Mexico's Nursing Shortage: A Statewide Strategy Framework



**Report from the NM Nursing
Shortage Statewide Strategy
Sessions (NS4)
July – October 2002**

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Addressing New Mexico's Nursing Shortage

A Statewide Strategy Framework

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Addressing New Mexico's Nursing Shortage

A Statewide Strategy Framework

What and Who is NS4?

In July 2002 the Commission on Higher Education and the UNM Health Sciences Center launched a three-month planning process that brought together a wide range of stakeholders whose collective support was critical for carrying forward a statewide, collaborative approach to addressing the nursing shortage. This process was called NS4 for the Nursing Shortage Statewide Strategy Sessions, and this report represents the findings of that process. A complete list of participating organizations and individuals is included in the appendix. The participants from across New Mexico represented the following stakeholder groups:

- o All the nursing education programs in our state
- o Healthcare providers
- o Business organizations
- o Professional associations
- o New Mexico State Agencies
- o Legislators

How Profound is the Nursing Shortage?

As a direct result of a lack of nurses, 72% of hospitals have curtailed services, 38% of home care agencies have refused referrals, 15% of long term care facilities have refused admissions, and public health offices have decreased public health services.

During the past year, nursing staff shortages at New Mexico hospitals forced three quarters of facilities to curtail services (close beds, divert emergency patients, reduce services, shorten hours, or close Intensive Care Units). Over half of facilities have had to turn to high-cost itinerant staff, an action which has clear implications for the quality of care and the economic future of the state. The nursing shortage is expected to more than triple by 2010 because the shortage is nationwide, because the average age of the workforce is near retirement, and because the population is aging. Efforts by health care leadership of the state have achieved clear public and state government awareness of this crisis. The reality remains that we must take concrete and systemwide steps to turn the tide on this issue that potentially affects every one of us.

This We Believe

- Nurses are a critical component of the health care delivery system.
 - Every individual's typical contact with health care is with a nurse.
 - Everyone is affected personally by a lack of nurses. Patients suffer the most.
 - New Mexico's quality of life and economy is directly affected by a lack of nurses.
 - Available evidence indicates we must:
 - o Double the number of nursing graduates over at least the next ten years,
 - o Reduce attrition in the nursing professional workforce, and
 - o Sustain this effort over the long term,
- ... or, we will find individually and as a state we face a diminished future due to limited availability of health care.

This We Know

- New Mexico has some 13,400 RNs and 3,000 LPNs with only 4-6% unemployed. At the same time the state's health care facilities report growing rates of vacancies in nursing they cannot fill.
- It costs approximately 100% of a nurse's annual salary to fill a vacated nursing position. A turnover rate of 16-20% would require a hospital employing 600 nurses to spend \$5.5 million a year in replacement costs. In the interim it has become routine to rely on "travel nurses" contracted through out-of-state agencies, with a cost more than double the average staff nurse salary.
- While almost every nursing education program in New Mexico has a waiting list of between six to 75 qualified applicants, nursing faculty positions remain vacant because average faculty salaries are about half that of comparably prepared clinical nurses.
- New Mexico currently produces about 500 new RNs each year, but continues to experience an escalating nurse vacancy rate in health care facilities projected to reach 57% by 2020, double the national shortage rate. Fifty percent of nurses will retire in one to three years. The average age of nurses in New Mexico is older than the national average.
- Standards of education and healthcare must be maintained during this time of shortage.

What We Recommend

The number one priority is to double the number of licensed nursing graduates in New Mexico. We currently produce approximately 500 nurse graduates per year who can take the test for licensure and evidence indicates the need to increase that number by 500 per year starting in three years (and continuing for the next 15 - 20 years).

In order to achieve this increase in nursing graduates we must expand nursing school capacity and provide direct support to nursing students. We propose to expand nursing school capacity by (1) addressing the nursing faculty shortage, (2) increasing and improving clinical educational placement sites, (3) expanding enrollments in nursing education programs, (4) developing state nursing programs to accelerate second baccalaureate degree students through nursing programs and attracting students from other fields into the nursing profession, and (5) creating seamless articulation across nursing programs. We believe the best approach to providing direct support for nursing students is (1) to provide more financial support and incentives for nursing students, (2) to create a Clinical Teaching Institute and (3) to reduce student attrition from nursing education.

The second priority is to implement a process and infrastructure to sustain this effort over the long term. Most of the sub-groups working on different aspects of the statewide strategy came up with an identical recommendation—create an entity that will provide continuing guidance, resources and leadership in the search for systemic solutions to the nursing shortage. This organization would lead in the coordination and integration of (1) systemwide communication, planning and priority setting, (2) data collection, analysis and forecasting, and (3) public/private partnerships to fund regional and statewide initiatives.

The planning team recognizes the critical importance of reducing attrition of the professional workforce, but concludes that increasing nursing graduates will provide the biggest potential and achievable gains in the near future. They also conclude that success in this arena sets the stage for further effective statewide collaboration among education and provider institutions to reduce attrition of professional nurses.

The Number One Priority Double the Number of Licensed Nursing Graduates in New Mexico

Why is doubling the number of nursing graduates so difficult? This requires both expanding nursing school capacity *and* providing direct support to nursing students.

We propose to expand nursing school capacity by:

- (1) Addressing the nursing faculty shortage;
- (2) Increasing and improving clinical education site placements;
- (3) Expanding enrollments in nursing education programs;
- (4) Developing state nursing programs to accelerate second baccalaureate degree students through nursing programs and attracting students from other fields into the nursing profession;
- (5) Creating seamless articulation across nursing programs.

We believe the best approach to providing direct support for nursing students is:

- (1) To provide more financial support and incentives for nursing students;
- (2) To create a Clinical Teaching Institute;
- (3) Reduce student attrition from nursing education.

Expand Nursing School Capacity

Today, our publicly funded schools of nursing do not have the capacity to achieve the required increase in the number of graduates. This is a complex issue that requires addressing the nursing faculty shortage, increasing and improving clinical educational placement sites, expanding enrollments in nursing education programs, developing state nursing programs to accelerate second baccalaureate degree students through nursing programs and attracting students from other fields into the nursing profession, and creating seamless articulation across nursing programs.

(1) Addressing the nursing faculty shortage.

The shortage of nursing faculty means qualified applicants cannot even begin the nursing component of their education. Respondents to a July 2001 survey of New Mexico Nursing Education programs reported 23 vacant nursing faculty positions. Filling these positions is nearly impossible today, and the existing faculty will be retiring soon—their average age is 54.

The main reason for the vacancies is low faculty salaries. The average faculty salary is about half that of comparably prepared clinical nurses, and \$10,000 to \$20,000 less than salaries of new graduates with an Associate Degree in Nursing (ADN).

Faculty members need support to be prepared to teach all levels of nursing education. Accreditation and teaching issues contribute to the shortage. National nursing accreditation standards and the New Mexico State Board of Nursing require that full-time faculty in Associate Degree programs must have a Master's of Science in Nursing (MSN). MSN students must be taught by faculty with a doctorate in nursing.

National accrediting bodies require that part-time instructors hold an MSN degree. The New Mexico State Board of Nursing accepts BSN as minimal preparation for part-time clinical instructors.

New Mexico produced 160 MSN graduates in 2001, all of whom would require further nursing education coursework to teach. New Mexico does not have a doctorate in nursing program, so students leave the state to get a doctorate of nursing degree. Many do not return to New Mexico.

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STRATEGIES FOR ADDRESSING THE NURSING FACULTY SHORTAGE

<i>Description of the Strategy</i>	<i>Accountability</i>
Adjust Nursing Faculty Salaries to Market <ul style="list-style-type: none"> • Initiate a statewide nursing faculty salary recurring increase based on national averages and the local market place for similar education and experience. 	<ul style="list-style-type: none"> • Federal and State Governments • Universities and Colleges • Nursing Schools
Fill Faculty Vacancies <ul style="list-style-type: none"> • Pursue the development of a loan for service program for nurses who follow the nursing education track at the graduate level and then teach in New Mexico schools of nursing. • Complete all approvals for UNM PhD Nursing program that will allow for increased capacity to prepare faculty at the master's and doctoral level. • Develop teaching preparation courses for MS graduates. • Obtain approval for a collaborative PhD program between UNM and NMSU. 	<ul style="list-style-type: none"> • Nursing Schools • UNM and NMSU Boards of Regents • Commission on Higher Education
Hire Additional Nursing Faculty <ul style="list-style-type: none"> • Increase the number of faculty positions to accommodate nursing enrollment target. • Expand faculty contracts to 12 months. • Change one-year PERA-ERA retirement requirement. 	<ul style="list-style-type: none"> • Nursing Schools • Universities and Colleges • Federal and State Government
Retain Current Nursing Faculty <ul style="list-style-type: none"> • Facilitate professional development • Provide support for attaining advanced degrees 	<ul style="list-style-type: none"> • Universities and Colleges • Nursing Schools
Data Needed Going Forward <ul style="list-style-type: none"> • Continued baseline admissions, enrollment, graduates and pass rate of NCLEX exam. • Number of qualified applicants unable to be admitted. • Faculty vacancies by qualification level • Evaluation of market parity. (Full-time and part-time faculty annual salaries based on education, experience and comparison to market rates.) • Faculty vacancy, turnover rates, predicted retirements. 	<ul style="list-style-type: none"> • Center for Nursing Excellence (when formed) • Universities and colleges

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(2) Improve Clinical Site Rotations.

Access to sufficient sites for clinical education and the placement of nursing students in clinical rotation represents the first high risk point for nursing student attrition. The consequence of inability to place nursing students is that their advancement toward a degree is stalled until they can obtain required clinical experience. Over the long term, the consequence is that schools will be forced to limit or reduce enrollments. The level of collaboration around managing the clinical education placement process must improve to eliminate the real bottleneck of access to clinical sites. We propose the formation of regional committees with all academic and service partners participating to identify regional needs, review existing sites, and recommend expanded sites to eliminate the bottlenecks in clinical education and ensure access to timely clinical rotations. In addition, a web-based model could be implemented to manage the complexity and facilitate communication among stakeholders.

It is possible to improve our ability to place nursing students. We can learn from the best practices that are emerging from magnet hospitals.

In New Mexico we are making progress in some areas. San Juan Regional Medical Center recently appointed a nurse leader to coordinate and improve collaboration and student clinical rotations. UNM College of Nursing has partnered with Lovelace to co-manage several clinical rotations where Lovelace Clinical Nurse Supervisors are responsible for components of the student rotation. Both are experiencing success.

The following strategies will encourage and incent co-funded and co-managed clinical rotations.

STRATEGIES FOR IMPROVING CLINICAL SITE ROTATIONS

<i>Description of the Strategy</i>	<i>Accountability</i>
Coordinate Existing Clinical Rotations Regionally <ul style="list-style-type: none"> • Co-manage clinical rotations by partnering MSN Nurse Educators from service with faculty to oversee student clinical rotations. Use tax incentives and matching funds to ensure this practice continues and expands. • Create a grid for clinical rotations for Fall 2003, Spring 2004 and Summer 2004 	<ul style="list-style-type: none"> • Nursing schools in partnership with service organizations • Clinical Teaching Institute (if formed) • Regional education and service partners
Create New Clinical Sites <ul style="list-style-type: none"> • Create new clinical sites that are shared by academia and service for rotations. 	<ul style="list-style-type: none"> • Nursing schools in partnership with service organizations • Clinical Teaching Institute (if formed)
Data Needed Going Forward <ul style="list-style-type: none"> • Baseline number of clinical sites for students and student capacity as a number. • Baseline description of the clinical sites and student capacity. • Improvement measure of clinical sites and expanded locations. • Baseline number of co-managed clinical rotations. • Growth in the number of co-managed clinical rotations. • Good outcome criteria. 	<ul style="list-style-type: none"> • Clinical Teaching Institute (if formed) • Regional Committees

STAKEHOLDER AGREEMENTS TO ENSURE SUCCESS OF CLINICAL SITE ROTATION IMPROVEMENT

- o Maintain an attitude of collaboration.
- o Obtain commitment and funding from both education and healthcare provider institutions to implement the regional committees.
- o Allow for expansion of the programs that exist today
- o Match the objectives of educational institutions with the patient care mission of service organizations.
- o Be innovative about clinical sites, since hospitals provide about 60% of care. Include hospice, home care, public health, rural health clinics, etc., as clinical sites.

(3) Expand enrollments in nursing education programs.

Admit additional qualified applicants to nursing education programs consistent with local program capacity.

STRATEGIES TO EXPAND ENROLLMENTS

<i>Description of the Strategy</i>	<i>Accountability</i>
<ul style="list-style-type: none"> • Add course sections and expand to summer enrollment where appropriate • Add additional cohorts of students where appropriate. 	<ul style="list-style-type: none"> • Nursing schools

(4) Accelerate second baccalaureate degree students through nursing programs and attract students from other fields into the nursing profession.

Develop state nursing education programs that will accelerate second baccalaureate degree students through nursing programs and attract students from other fields into the nursing profession.

STRATEGIES TO ACCELERATE PROGRAMS

<i>Description of the Strategy</i>	<i>Accountability</i>
<p>Start-up and Pilot Projects Seek grant or state funds for start-up and pilot projects.</p>	<ul style="list-style-type: none"> • Nursing schools • Federal and state governments • Private foundations • Corporations

(5) Develop seamless curricular articulation among nursing programs to facilitate student progress.

We lose nursing students because transfer between programs (articulation) is difficult. Seamless articulation across nursing programs will result in more nurses prepared at the different levels.

STRATEGIES TO MAKE SEAMLESS ARTICULATION A REALITY

<i>Description of the Strategy</i>	<i>Accountability</i>
<p>Phase One</p> <ul style="list-style-type: none"> • Put steps in place to make articulation a reality: ADN to BSN articulation including ADN to ADN and BSN to BSN transfer. • Make recommendations to University presidents and councils by Fall 2003. • Focus on curriculum. <p>Phase Two</p> <ul style="list-style-type: none"> • C.N.A. to LPN to ADN, and BSN to MSN to Ph.D. • Create a proposal for statewide articulation plan and present to the presidents of institutions with nursing programs. 	<ul style="list-style-type: none"> • Nursing schools • Commission on Higher Education
<p>Data Needed Going Forward</p> <ul style="list-style-type: none"> • Track nursing students to program completion and into the workforce. 	<ul style="list-style-type: none"> • Nursing Schools • Commission on Higher Education • New Mexico Department of Labor

STAKEHOLDER AGREEMENTS TO REALIZE SEAMLESS ARTICULATION

- o On-going faculty meetings and exchanges based on identification and alignment of competencies.
- o Collaboration of CHE/Schools of Nursing to track students across programs over span of time.

Provide Direct Support to Nursing Students

(1) *Provide financial incentives for nursing students.*

While New Mexico currently educates approximately 500 new RNs each year, not all enter the nursing workforce, and still others are attracted to employment in other states. An estimated 20-25% of New Mexico's nursing graduates do not work in nursing in New Mexico after graduation. We can improve retention in each nursing program through financial incentives, career ladders, and safe and healthy work environments. The following strategies focus on financial incentives.

STRATEGIES TO INCREASE FINANCIAL INCENTIVES

<i>Description of the Strategy</i>	<i>Accountability</i>
<p>Nursing Student Loan for Service Act</p> <ul style="list-style-type: none"> • Investigate the use of existing programs like the Nursing Student Loan for Service Act in cooperation with the CHE Health Professions Advisory Committee to address shortages. <p>Information about new Sources of Money</p> <ul style="list-style-type: none"> • Identify and make accessible information about existing and new sources of money for nursing education, e.g., Nurse Reinvestment Act. <p>Commit State Funds</p> <ul style="list-style-type: none"> • Commit state funds for full-time MSN/PhD. nursing students in the education track. If indicated, seek additional funding of the Nursing Student Loan for Service Program. 	<ul style="list-style-type: none"> ▪ Commission on Higher Education ▪ Center for Nursing Excellence (if formed) ▪ State Legislature ▪ Nursing Schools
<p>Data Needed Going Forward</p> <ul style="list-style-type: none"> • Monies currently available and dispersed to all levels of nursing students. • Inventory of all current financial assistance programs for nursing students. • Good outcome criteria. 	

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(2) Create a Clinical Teaching Institute

The primary mission of the Clinical Teaching Institute (CTI) would be providing direct support to nursing students and nurses for on-going development and mentoring best practices. The CTI would be a new organization established as a collaboration between service and academia. As the CTI develops, programs will support the entire continuum of professional practice focused on risk points and on nurse professional development and retention. The CTI will develop and deliver curricula that is focused on reducing the risk of having a Graduate Nurse, practicing RN, transitioning RN or nursing faculty exit the profession because of a sub-optimal experience with or as a preceptor, in a student rotation, when transitioning to a new specialty or as faculty member in a clinical area. For example, it has been suggested that the initial content area will be mentoring in the clinical environment. The CTI will be the focal point for shared professional development activities that capture the best of service and the best of academia, all focused on retaining nurses in the profession and advancing their careers using planned and proven methods. An additional focus of the CTI will be on the development of nurse leadership as the content evolves.

STRATEGIES TO LAUNCH THE CTI

<i>Description of the Strategy</i>	<i>Accountability</i>
Pilot with site selected through RFP <ul style="list-style-type: none"> • Base cost \$250,000 • Classroom space donated • Revenues generated by course fees • Credit granting through post-secondary partners • Loaned educator/professor model 	<ul style="list-style-type: none"> • Colleges and Universities • Healthcare service providers • Clinical Teaching Institute Director • Clinical Teaching Institute Board of Directors
Data Needed Going Forward <ul style="list-style-type: none"> • Numbers of Registered Nurses and Graduate Nurses participating in the Clinical Teaching Institute annually, and the organizational turnover rate of this subset. • The overall organizational turnover rate of nurses for organizations that send nurses to the Clinical Teaching Institute. • Focus group/survey those who stay and those who leave. 	<ul style="list-style-type: none"> • Center for Nursing Excellence (if formed) • Clinical Teaching Institute (if formed) • Commission on Higher Education

STAKEHOLDER AGREEMENTS TO ENSURE THE SUCCESS OF CTI

- Create a flexible organizational structure that allows for revenue generation, grant applications and linkages to education.
- Convene a steering committee to develop a business plan and pilot plan.
- Secure seed money/explore options for seed money from organizations.
- Consider funding mechanisms such as a loaned executive program, and seed money from charter organizations.

(3) Reduce student attrition from nursing education.

Nursing education programs are academically strenuous. Many students who start programs do not persist to graduation. Even well-prepared students benefit from academic support through tutoring and professional mentoring.

STRATEGIES TO REDUCE STUDENT ATTRITION

<i>Description of the Strategy</i>	<i>Accountability</i>
<ul style="list-style-type: none"> • Improve student retention through tutoring for coursework and exams. • Provide professional mentoring. 	<ul style="list-style-type: none"> • Nursing Schools • Clinical Teaching Institute

The Number Two Priority

What Must Be Done to Sustain this Effort Over the Long Term

Why we must do this.

We developed unprecedented collective good will and public/private collaboration to help solve the nursing shortage over the three-month NS4 (Nursing Shortage Statewide Strategy Session) process. We must develop processes and an infrastructure to sustain this effort over the long term. There was broad consensus among the participants in NS4 that the economic health of New Mexico is irrevocably linked with the quality of health care that is available to our citizenry. The shortage of nurses is already hurting us. The pain will only increase for individuals, families, communities and institutions if we continue to manage risk only at the local or institutional level. The NS4 process clearly demonstrates that when we stand together and look at the big picture we can see solutions and make a difference in the long as well as short term.

What we must do.

Most of the sub-groups working on different aspects of the statewide strategy came up with an identical recommendation—create an independent entity that will provide continuing guidance, resources, and leadership in the search for systematic solutions to the nursing shortage. A Center for Nursing Excellence was suggested by a wide variety of participants as an entity that could potentially deliver and/or coordinate the performance of those functions. Over the past ten years, 22 states have developed Centers for Nursing Excellence as a primary source for manpower data, best practices, recruitment, and retention strategies. The Center would ideally take on responsibility for coordination and integration in the following areas.

- Leadership
- Statewide communication
- Data collection, analysis and forecasting
- Promoting public/private partnerships to design, fund and implement regional and statewide initiatives to reduce the nursing shortage

This section of the report describes the potential roles and responsibilities of the Center for Nursing Excellence as well as the functions described above.

Where Leadership is Critical

- Provide leadership in promoting regional and statewide innovative collaboration of nurses, professional associations, business, economic and community development organizations, secondary and higher education and government entities to reduce the nursing shortage.
- Provide leadership in convening and/or supporting periodic regional and statewide summits to continue making systemwide advances in addressing the nursing shortage and providing updated fact sheets and white papers that help focus goals and priorities.
- Provide leadership in collection and dissemination of information and education regarding best practices in the workplace that promote nurse satisfaction, retention and quality of healthcare. Function as a central clearinghouse for workforce data and career development.
- Provide leadership in attracting people to the profession of nursing and educating the public, especially the counselors, parents and children in K-12, about the opportunities and appeal of the nursing profession.

The Purpose of Statewide Communication

- A. Communicate the urgency of New Mexico's nursing needs, shortages, and actions proposed.
- Gain business support by showing how the proposed action plan will benefit employers.
 - Encourage private employers to allow employees to act as faculty.
 - Publicize new program developments and examples of local, regional and statewide collaborations to reduce the nursing shortage.
- B. Promote the nursing profession.
- Work with secondary and elementary schools and the parents of students to encourage students to enter nursing. Address the long term by creating early awareness.
- C. Attract and retain people in the nursing profession.
- Serve as a clearinghouse for financial support like scholarships and grants to help entering students and practicing nurses who want to further their education.
 - Maintain information on current job postings.
 - Provide information on available grant funding sources for projects, programs and initiatives by individuals and institutions.

Strategies for Statewide Communication

<i>Description of the Strategy</i>	<i>Who needs to be involved?</i>
<ul style="list-style-type: none"> ▪ Current Fact Sheet ▪ White paper of NS4 findings to refine priorities ▪ Public service announcements ▪ Career fairs ▪ Press conferences 	<ul style="list-style-type: none"> • Center for Nursing Excellence (if formed) • Media • Unions • Schools of Nursing • AARP • Hospitals • Nurses • Associations • Public Health

The Importance of Data Collection, Analysis, Forecasting

Without good data, it is impossible to develop informed health policy. We will need predictive, scientific, up-to-date data to support informed decisions. It is important that we increase our capabilities for data collection, alignment, analysis and forecasting in the field of nursing in New Mexico. Public/private partnerships should fund and sustain this effort, which should include providing web links to local, regional and national data and informational sources.

Strategies for Data Collection, Analysis, Forecasting

<i>Description of the Strategy</i>	<i>Who is responsible?</i>
<ul style="list-style-type: none"> • Collaborate for low/no-cost sharing of what currently exists, and then develop a strategic plan for long-term web-based data system. • Develop a coordinating committee to define what data is needed, design a study, and determine what entity would be responsible for data accessibility, compatibility and controls. • Gather all current nursing data collectors together. Coordinate their efforts. Include both supply-side and demand-side data partners. • Develop predictive models that include scientifically valid statistical sampling. 	<ul style="list-style-type: none"> • NS4 Participants and Organizers • New Mexico Board of Nursing • New Mexico Consortium for Nursing Workforce Development • Commission on Higher Education • New Mexico Health Resources • New Mexico Health Policy Commission • New Mexico Department of Labor • Employers • Schools of Nursing • Center for Nursing Excellence • New Mexico Department of Health • New Mexico Department of Education • New Mexico Healthcare Alliance • MRGBEC

The Goals of Promoting Public/Private Partnerships

- Undertake collaborative searches for funding.
- Organize joint funding of regional and statewide initiatives to reduce the nursing shortage and to promote quality healthcare and viable economic development.
- Promote shared goals and commitment and accountability for public/private partnerships by leaders in all sectors of our economy and healthcare delivery system.

Strategies for Promoting Public/Private/Partnerships

<i>Description of the Strategy</i>	<i>Who needs to be involved?</i>
<ul style="list-style-type: none"> • Mobilize a team of people representing business, education and healthcare providers to take this strategic plan to targeted business leaders around the state for the purpose of generating financial commitments to public/private partnerships to deal with the nursing shortage. • Communicate the needs of the nursing shortage in New Mexico. Include how stakeholders can commit to the greater good and commitments that have been made. Seek buy-in by leaders in public/private partnerships. • Develop a white paper to refine priorities of the public/private partnerships by second quarter of 2003. • Create a public/private partnership collaborative subcommittee and agree on short term desired outcomes by fourth quarter 2002, long term desired outcomes by second quarter 2003. • Create one regional pilot program for a public/private partnership to deal with the nursing shortage in a particular region. • Collaborate around issues like curriculum and distance learning to develop new programs. • Pursue collaborative funding in the form of grants by third quarter 2003. • Expand the pilot program to other regions in the state. • On-going media attention to promote partnerships and introduce young people to healthcare careers. 	<ul style="list-style-type: none"> • NS4 Participants • Nursing Schools • Center for Nursing Excellence • K-12 Education System • Media • Employers • Commission on Higher Education • Educational Institutions • Cabinet agencies involved with Federal Workforce Initiatives • Legislators (state and federal)

Statewide Organization and Infrastructure

What is a Center for Nursing Excellence?

A Center for Nursing Excellence is a collaboration of nurses, associations, businesses, higher education and government. Funding for the Center could come from the New Mexico Board of Nursing, hospitals, grants, foundations, donations, businesses and government. The Center would be responsible for the following:

- > A central clearinghouse for workforce data, best practices and career development.
- > An on-going plan for attracting young people into the profession of nursing.
- > Articulation of strategies to help employers retain nurses.
- > A clearinghouse for scholarships and grants to help entering students and practicing nurses who want to further their education.

Conditions for Successful Statewide Organization and Infrastructure

The following conditions for success will be needed to ensure leadership development, data collection, analysis and forecasting, and promoting public/private partnerships across New Mexico.

- An organizational infrastructure for statewide collaboration.
- Leadership from the highest levels of academic, healthcare provider, legislative, community institutions.
- Data-based planning and decision making.
- Culture of retention in our education and healthcare provider institutions.
- Results measured against best practices and magnet hospital principles.
- Future funding allocations tied to measurable results and outcomes.
- Collaboration versus competition for resources.

Strategies for Organizing and Creating Infrastructure

<i>Description of the Strategy</i>	<i>Who needs to be involved?</i>
<ul style="list-style-type: none"> • The Consortium for Nursing Workforce Development will continue to function in that name until it is converted to the Center for Nursing Excellence. • The Consortium, organized as a 501C3 non-profit board, has been awarded a contract from the Board of Nursing to start a Center for Nursing Excellence. Board membership will be finalized and the executive director hired by March 2003. • Stakeholders will conduct a strategic planning session to further define the purpose, goals, strategies and structure of the Center for Nursing Excellence. 	<ul style="list-style-type: none"> • The Consortium for Nursing Workforce Development • NS4 Participants and Organizers • Health Policy Commission • New Mexico Board of Nursing

Appendix

- Nursing Shortage Chronology
- Nursing Shortage Data Sheet
- Participants in the Nursing Shortage Statewide Strategy Sessions (NS4)

Nursing Shortage Chronology

- 1987 Nursing Student Loan for Service act (21-22B NMSA 1978) CHE
- 1995 New Mexico Health Professional Loan Repayment Program (21-22D NMSA 1978) CHE
- 1996 Robert Wood Johnson Foundation funds the New Mexico Colleagues in Caring Project.
- 1997 New Mexico Consortium for Nursing Workforce Development founded, first meetings held.
- 1998 Peter Buerhaus keynotes Consortium conference, highlights aging of nursing workforce.
- 1998 All thirty Colleagues in Caring Projects meet in Santa Fe, NM for national conference on the nursing shortage.
- 1999 NM legislation funds studies of nursing workforce; NM Consortium for Nursing Workforce Development conducts five studies annually for next three years.
- 2000 First NM Nursing Summit, sponsored by Nursing Advocacy Council, August 4
- 2000 Legislative Health and Human Services Committee hearing on nursing needs, TVI
- 2000 CHE hearing on nursing workforce needs, at A-TVI, November
- 2000 Nursing Summit, VA hospital
- 2001 NM Dept of Health Statewide strategic planning session, Hyatt Tamaya, June 29-20
- 2001 LFC Hearing on Nursing Shortage, Santa Fe, December
- 2002 Western Interstate Commission for Higher Education Mtg (WICHE), Health Professions Workforce Meeting, Santa Fe. NM
- 2002 New Mexico Consortium for Nursing Workforce Development signs one year contract with the NM Board of Nursing to continue five nursing studies through July 1, 2003.
- 2002 NM Board of Nursing issues RFP for seed money for Center for Nursing Excellence.
- 2002 NM Nursing Shortage Statewide Strategy Sessions (NS4), Oct. 8, Albuquerque, develops long term strategies for collaborative solutions.
- 2002 NM Board of Nursing awards contract to Consortium for Nursing Workforce Development to start Center for Nursing Excellence, October 26, 2002.

Legislation:

- 1999 NM Legislature passes, governor signs, legislation requiring Board of Nursing to expend \$150,000 from unexpended licensure funds, for three years of studies on the nursing shortage.
- 2002 US Dept. of Veterans Affairs Healthcare Programs Enhancement Act of 2001
- 2002 CHE proposed Nursing Investment/Incentive Fund (\$1.375 million) for nursing program expansions or startup to meet urgent workforce needs, available on a competitive basis to institutions willing to internally redirect resources to provide matching funds. (not funded)
- 2002 NM Legislature approves and governor signs SB42, authorizing \$50,000 for one year of nursing studies.
- 2002 NM Legislature appropriates (SB1, Extraordinary session) \$2.6 million for nursing expansion.
- 2002 \$150,000 added to New Mexico Board of Nursing's budget (line item addition) as seed money for a NM Center for Nursing Excellence
- 2002 US Nursing Reinvestment Act (HR 3487) passed unanimously, not funded.

Publications:

- April 2002 American Association of Colleges of Nursing publishes: *Nursing Faculty Shortage Fact Sheet*.
- April 2002 Robert Wood Johnson Foundation publishes *Health Care's Human Crisis: The American Nursing Shortage*.
- July 2002 U.S. Dept. of Health and Human Services/Health Resources and Services Administration (DHHS/HRSA) publishes *Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020*.
- Aug. 2002 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) published: *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*
- Dec. 2002 *Addressing New Mexico's Nursing Shortage: A Statewide Strategy Framework* published (www.nmche.org)
- Annual New Mexico Consortium on Nursing Workforce Development: *State of the Nursing Workforce in New Mexico Report*

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Nursing Shortage Fact Sheet

Patient Care Nursing:

- New Mexico has some 13,400 RNs and 3,000 LPNs with only 4-6% unemployed.¹ At the same time the state's health care facilities report growing rates of vacancies in nursing they cannot fill.

January to December 2001	RN	LPN*	TOTAL
Vacancies today	880	364	1244
Annual Production	504	152	656
Shortfall	<376>	<212>	<588>

*LPNs practice at the direction of a registered nurse, physician or dentist.

- While New Mexico currently trains approximately 500 new RNs each year, not all enter the nursing workforce, and still others are attracted to employment in other states.² An estimated 20-25% of New Mexico's nursing graduates do not work in nursing in New Mexico after graduation.³
- Based on national supply and demand projections⁴ New Mexico will need to increase its current annual supply of nurses by an average 570 per year—that is, more than double its annual output—through 2020 to keep pace with demand:

NURSING SHORTAGE DATA					
Year:	2000	2005	2010	2015	2020
United States	6%	7%	12%	20%	25%
New Mexico	10%	25%	36%	47%	57%

Impact:

- As a direct result of lack of nurses, 72% of hospitals curtailed services, 38% of home care agencies refused referrals, 15% of long term care facilities refused admissions, and public health offices had decreased public health services (from a survey done in May, 2002).⁵
- It costs approximately 100% of a nurse's annual salary to fill a vacated nursing position. A turnover rate of 16-20% could result in a hospital employing 600 nurses spending \$5.5 million a year in replacement costs alone.⁶ In the interim it has become routine to rely on "Travel Nurses" contracted through out-of-state agencies, at a cost *more than double* the average staff nurse salary.

Nursing Faculty:

- Almost all of New Mexico's nursing education programs have a waiting list of qualified applicants and a shortage of faculty. Respondents to a July 2001 survey of NM Nursing Education programs reported 23 vacant nursing faculty positions. The average faculty salary is about half that of comparably prepared clinical nurses and \$10,000-20,000 less than new graduates with an Associates Degree in Nursing (ADN).
- National accreditation standards require that faculty in Associate Degree programs have a Master's of Science in Nursing (MSN); MSN students must be taught by Ph.D. nurses.⁷
- New Mexico produced 160 Masters in Nursing graduates in 2001, all of whom would require further nursing education coursework to teach.
- New Mexico has no Ph.D. in Nursing program.
- The average age of faculty is 49 in the US, 54 in NM.

¹ NM Board of Nursing. *Annual Report to the Governor for FY 2001-2002*, p. 22.

² NM Board of Nursing. *Report from the Board of Nursing, vol 32, #1, p 8*.

³ Commission on Higher Education & NM Dept. of Labor

⁴ U.S. Dept. of Hlth & Human Svcs. (July 2002) *Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020*. Hlth Resources and Services Admin., Bureau of Hlth Professions, National Center for Hlth Workforce Analysis.

⁵ NM Consortium for Nursing Workforce Development, *State of the Nursing Workforce in New Mexico* Aug., 2002, pp 14-18.

⁶ JCAHO, *Health Care at the Crossroads...*, Aug., 2002, p 9.

⁷ American Assn. of Colleges of Nursing professional accreditation commission

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**Nursing Shortage Statewide Strategy Session (NS4)
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