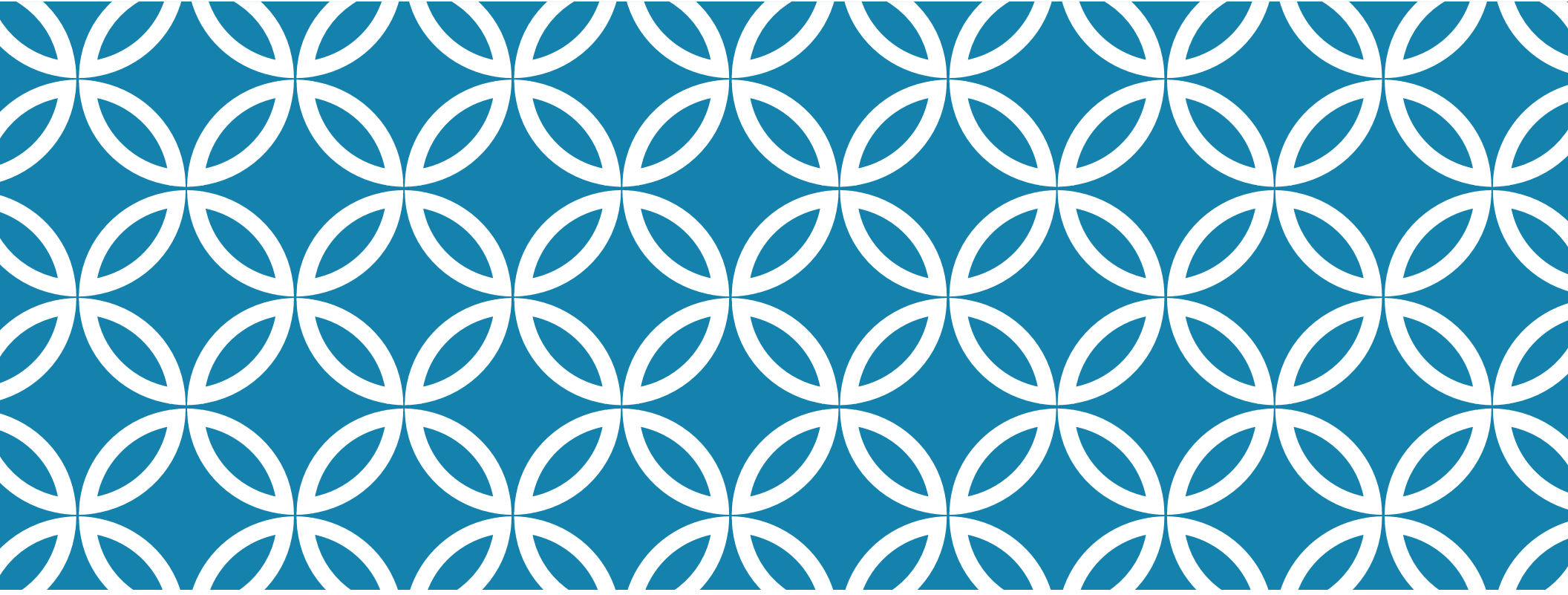




BUILDING INDUSTRY PARTNERSHIP TO ADDRESS RURAL NURSING EDUCATION

In Rural and Tribal
Communities

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RURAL NURSING DISTANCE LEARNING AND DIVERSITY INITIATIVE

Northwest Rural Health
Conference
3/28/2018

NURSING SHORTAGE?

	Projected Vacancies 2019-2024	2015 Washington Education Completions	Educational Output Minus Job Vacancies
Registered Nurses (by licensure)**	2,572	2,806	234
Licensed Practical and Licensed Vocational Nurses	307	851	544
Nursing Assistants*	1224	6523	5,299

Washington State Health Workforce Council – 2016 Annual Report

DATA DISCONNECT

Despite workforce statistics indicating we are producing enough nurses to meet demand....

The Sentinel Network Data and anecdotal evidence from industry partners indicates long standing vacancies of nurse in every region

Each region with varying levels of each nurse type at different facility types

The supply of rural nurses is persistent but low-volume and widely spread – seemingly a problem of distribution, recruitment, and retention

QUESTIONS

Can you describe specifically the nursing shortages at the facilities in your area and the anticipated needs in the next few years?

What level of nursing is in greatest need in your community?

QUESTIONS

How would you describe the diversity of people living in your community?

Does your workforce reflect your community?

What strategies do medical facilities in your community use to recruit and retain nurses?

THE WCN NEWS RELEASE 7/8/2016, *NEW DATA SNAPSHOTS FOR RNS, LPNS AND ARNPS, STATES:*

Peter Buerhaus, PhD, RN, FAAN, a nurse and a healthcare economist at Montana State University, notes:

Pacific Region, which includes Washington, Alaska, California, Hawaii, and Oregon, has a .7% growth in RNs per capita,

The lowest out of nine regions in the U.S. The Pacific Region is estimated to have 20 percent growth in the RN workforce between 2015 and 2030, **putting this region the fourth-lowest in the country when it comes to RN growth.**

ACTION NOW INITIATIVE

Provide opportunities for nurses to advance their education

Establish sustainable financing for nursing programs

Ensure quality practice experience for all nursing students

Create a stronger and more diverse faculty and nursing leadership pool

Please see: http://www.wcnursing.org/about-us/news-detail.php?entity=403&entity_type=9

ACTION PLAN FROM *ACTION NOW* MEETING

Action plan: Present a vetted program at the solutions summit. Program will live at one college, partners with communities, could alternate sites, online or asynchronous online delivery, local clinical experiences.

RURAL NURSING DISTANCE LEARNING AND DIVERSITY INITIATIVE OBJECTIVES

Improve affordability and access to nursing education in rural communities

Educate and hire a nursing workforce in rural communities that reflects the community (to be in alignment with the Campaign for Action – Increasing Diversity in Nursing)



GOAL

Provide access to RN education for rural areas through a RONE-like model by October 2018 for Fall '19 enrollment.

WHAT IS RONE?

Rural Outreach Nursing Education (RONE)

Distance learning program for place bound students in Washington for rural communities to “grow their own” nurses

Accredited, employer-supported, registered nurse education for incumbent healthcare workers in rural communities

Didactic completed online through Lower Columbia College

Clinical Education

2007 PROJECTED FUNDS TO SUPPORT THE PROJECT

Per Project Year

Staffing:

	FTE	Salary & Benefits	HSR Request	Match
Project Management	.10	\$16,640	\$0	\$16,640 ^
Project Coordination	.30	\$19,050	\$19,050	\$0
Project Support	.15	\$7,125	\$0	\$7,125*
Partner Staff	1.0	\$84,500	\$0	\$84,500**

Goods & Services:

General Office Supply		\$200	\$200	\$0
Travel		\$3,000	\$3,000	\$0
Curriculum Development		\$5,000	\$5,000	
Admin Overhead – space, equip use, etc.		\$6,519	\$2,670	\$4,335***
TOTALS		\$142,034	\$29,920	\$112,600
Two Year Totals		\$284,068	\$59,840	\$225,200

**Previous Program Costs to Hospital =
\$45,000**

Clinical Instructor

- **\$40,000 / year**
- Depends on contract vs. loaned faculty

**Savings – Cost = Program Benefit
\$131,400 – \$45,000 = \$86,400**



Cost Savings = \$131,400

Decrease Orientation

- Save **\$6600**
- 2 New Grad RNs orienting 2 weeks less in ACU

Nurse Tech vs. Agency LPN

- Saved **\$6000**
- Based on hours actually worked by RONE student
 - Surgery
 - LTC
 - ACU

LPN to RN transfer to MDS Coordinator

- Anticipate savings based on usual 6 month training time needed
- LPN began training while a RONE student
- Savings **\$26,000**

Business Plan Proposal

- Savings based on decreased use of agency
- AGENCY: 48hrs/wk X 50 weeks = \$158,400
- New Grad: 48hrs/wk X 50 weeks = \$66,000
- Anticipated savings = **\$92,400**



FINANCIAL ANALYSIS

Created Draft Financial Analysis of what it would take to re-establish RONE at a college or university

High estimate of income per student with tuition and fees **\$8584**

High estimate of expenses **\$343,720.88** in first year start-up (no in-kind or grant funding)

Number of students needed to pay for program, approximately **40**

By shifting Instructor Mentor Salary to expense to Hospital: **\$265,820.88**

Number of students needed to pay for program, approximately **30**

CHALLENGES

Needs and Capacity Assessment

Development of a statewide model

Administration & coordination of rural and remote sites

Ensuring consistency of education provided at clinical sites

Lack of nursing faculty and masters or higher trained nurses

Finding & selecting an educational institution host site

Consistent and Sustainable funding for the program

Ensuring affordable tuition for students

Maintaining student cohort size of >20 students

PROJECT MODELS

Distance Learning – Will develop a RONE-like model, vetted, for the 10/2018 Action Now Summit

High School Pipeline – based on model health scholar and AmeriCorps programs

Rural Residency Program – based on Washington and other national programs

RONE-LIKE MODEL

Incumbent worker (NAC) to ADN

Online didactic (pre-reqs and nursing curriculum)

Customized Contract Education with incumbent workers - students work at rural hospitals and/or other facilities while completing clinical practice curriculum onsite

Asynchronous Education with Modified Course Schedule (to build in some flexibility)

Hospital RN's (or other) as Clinical Adjunct Faculty

Student Support Services from college/ university

Employee Continues to Work as an RN in the Rural Community (2 year contract?)

OTHER COMPONENTS TO DISTANCE LEARNING

Development of “Rural Specialty” content

Tele-health training (“tele-presenting”)

Team-based care

Integrated care

Possible special topics: care coordination, chronic conditions, older adult health, behavioral health, pain management, palliative care, quality improvement, management

HEALTH PROFESSIONS AFFINITY COMMUNITY (HPAC) INSPIRED CONCEPT

Modeled after HRSA/HHS funded pipeline program – Ohio's HPAC program, Leadership 2.0: Nursing's Next Generation and COPE Health Scholars

Coordinate with HOSA high schools (set up new programs at rural high schools as needed)

Academic support and health science college readiness

Offer health-based certificates: NAC, Home Aide Caregiver, CPR/First Aid, BBP/7-hour HIV, Mental Health First Aid, etc.

MODEL PROGRAMS

To date, Leadership 2.0 has brought 26 students to UC. Twenty-two have continued with the BSN program. Two others have continued on with other majors at UC.

Works with Americorp to provide programs

- Pre-College Outreach Program (pre-admission advising, ACT prep workshops, & financial aid information and group campus visits)
- Summer Bridge Program (summer session – intensive academic and social orientation)
- Academic Year Programs and Support while completing pre-reqs for nursing program

http://nursing.uc.edu/academic_programs/bsn/leadership.html



MODEL PROGRAMS

Rural Nursing RN Residency

- Rural Nursing Specialty
- Contracted with Rural Hospitals for 2-3 years post graduation
- Receipt of certificate, loan repayment option

MODEL PROGRAMS

Rural Northwest Kansas RN Residency Program - Northwest Kansas Health Alliance (NWKHA) and North Central Kansas Technical College. (data on impact requested)

12-week program: 144 hours of classroom instruction and 336 hours of clinical training.

First six weeks includes 96 didactic hours (12 days) and 144 supervised clinical hours

Second six weeks involves 48 didactic hours (10 days) and 192 supervised clinical hours.

Supervision is provided by an experienced staff nurse with training in coaching new residents.

Curriculum focuses on patient-centered care including diagnosis-related assessment and crisis management, death/dying, cultural competence, critical thinking, time management and ethical decision (some QI, fall prevention, wound care, medications, team-building, & communications)

INSTITUTE MODEL CONCEPT/ HOSTING THE DISTANCE LEARNING PROGRAM

Rural Workforce Development Institute:

- Administration, Coordination, Research
- Program training and orientation services (for remote preceptors, clinical instructors, and students)
- Mentorship Program (for faculty, instructors, and students)
- Student Navigation/ Support Services (online program support, logistics, social services, tutoring, etc.)
- Contracts with colleges and universities to provide didactic and clinical practice curriculum (programs accredited via school)
- Contracts with medical facilities/organizations to provide onsite remote preceptors and clinical instructors

RONE-like model:

- program housed at a college or university,
- administration and coordination facilitated by school staff
- College or university provides training and orientation of clinical instructors
- Hospital provides clinical instructors and flexible work schedule to accommodate clinical instructor time and pay

QUESTIONS

What are your thoughts in general about piloting this program in your region? Would it fulfill a need?

Are there the resources to support it? Would it be possible to build the needed level of investment from stakeholders?

QUESTIONS

What could be done through a rural distance-learning nursing program to increase the likelihood that graduates will stay in rural areas?

What competencies would a nurse with a rural specialization need to have?