

**Meeting of the Nursing Shortage Reduction Program Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Via Webinar**

<https://thecb.webex.com/thecb/onstage/g.php?MTID=e5a824507897a2bcf8e1a96a33fd3b989>

Password: VGT3CGmw8x2Austin

If there are technical difficulties with the webinar, the meeting will be conducted via conference call. The conference call number is 877-873-8017 and the access code is 8653354.

Thursday, May 14, 2020
1:00 p.m.

Agenda

- I. Call to order
- II. Consideration and approval of the minutes from the February 13, 2020, meeting
- III. Discussion of initiatives and efforts outside Texas to address nursing shortages
- IV. Discussion of ways to improve the state's efforts to address the nursing shortage
- V. Planning for subsequent meetings
- VI. Adjournment

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Board Room, First Floor
1200 East Anderson Lane, Austin, TX
Thursday, February 13, 2020
9:30 a.m.**

Minutes

Attendees:

Dr. Nina Almasy, Ms. Julie Arteaga, Ms. Tracey Cooper, Dr. Julie Eklund, Dr. Marla Erbin-Roesemann, Dr. Nancy Fahrenwald, Dr. Janice Hooper, Dr. Deborah Jones, Ms. Linda Lane, Ms. Pamela Lauer, Dr. Elizabeth Merwin, Dr. Jonas Nguh, Dr. Brenda Nichols, Ms. Beverly Skloss, Dr. Stacey Silverman, Dr. Kathryn Tart, Dr. Poldi Tschurch, Dr. Tetsuya Umebayashi, Ms. Sally Williams, Dr. Linda Yoder, Dr. Cindy Zolnierek

Absent: Ms. Gail Acuna, Ms. Julie Davis, Dr. Steven Johnson

Staff: Dr. Ginger Gossman, Mr. Ed Buchanan, Mr. Gordon Taylor, Mr. David Young

Agenda Item 1: Call to order

Dr. Ginger Gossman, facilitator of the meeting, Texas Higher Education Coordinating Board (THECB), called the meeting to order at 9:35 a.m.

Agenda Item II: Consideration and approval of the minutes from the October 28, 2019, and the January 7, 2020, meeting

The work group approved the minutes from the October 28, 2019, and January 7, 2020, meetings with no changes.

Agenda Item III: Discussion of ways to improve the state's efforts to address the nursing shortage

Through an informal survey, the work group ranked the top eight challenges that were mentioned at the October and January meetings. The results were tabulated during the meeting and they are presented below:

Informal survey results from 2.13.20 NSRP Workgroup meeting

NSRP Challenge/Issue	Priority # from Survey
----------------------	------------------------

Prioritization of initial licensure nurses (for example, should we continue to include RN-to-BSN students; should we adjust award weighting to focus more on initial licensure)	1
Timing issues involving program logistics (such as planning and budget challenges, hiring challenges, supporting initiatives with money that doesn't come in until after the start of the academic year, etc.).	2
Funding is not consistent or predictable; difficult to hire faculty with one-time money (for example, should we consider rolling averages or other ways to address?)	3
Lack of clinical spaces	4
Capacity (FACULTY)	5
Requirement to return unearned funds leads to caution about spending/planning	6
Selecting the correct degree-level populations for inclusion (for example, should we include graduate program students beyond those earning degrees that lead to nursing faculty positions?)	7
Capacity (FACILITY)	8
Program complexity (for example, should we decrease the number of programs, decrease reliance on RPA codes and find other ways to track outcomes, or explore other ways to simplify?)	9
Reporting and Communication	10
Student diversity (for example, should we add incentives for under-represented groups?)	11
Many nurses are not from Texas. Although funding is not available for fully online program graduates from out-of-state, should there be more limitations?	12
Limitations on who can Apply?	13

Dr. Julie Eklund, THECB, provided highlights from the data requested by the work group at the previous meeting. The data was included in the agenda materials. She said the table titled "Nursing Graduates by Academic Year and by Sector" includes ADN and on up, so it includes Masters and Doctoral graduates.

A work group member asked that the nursing graduate information be broken out by level: ADN, baccalaureate, and graduate (APRN, DNP).

Dr. Ginger Gossman, THECB, instructed the members to break out into three groups and discuss solutions to the top five challenges from the survey results.

When the members returned from the breakout session, Dr. Ginger Gossman, THECB, provided instructions for the next breakout session. She asked the groups to design a program that would include the solutions they discussed in the first breakout session.

When the members returned from the second breakout session, Dr. Ginger Gossman, THECB, asked each group to share their overarching program idea and the top two ideas out of that program design.

Dr. Ginger Gossman, THECB, shared for group two. The focus of its program is faculty recruitment and retention. It would provide incentives to attract teachers, such as tax breaks, loans, scholarships, and forgiveness. It would retain teachers with specific salary benefits. For example, the governor of Virginia said that new faculty members would get a percentage increase above what the institution would normally offer. Also, full time-faculty members and their children should be able to attend the institution where the faculty member teaches for free. These programs should be mandated by statute.

Dr. Marla Erbin-Roesemann, Texas State University, shared for group one. The recommendation is to combine the three programs into one and provide annual funding with no refunds. Factors, such as increasing initial licensure, increasing pass rates, and retaining faculty, should be weighted. The program should build in maintenance of quality. She said the group also talked about quality improvement, professional development, and incentives for faculty.

Dr. Julie Eklund, THECB, shared for group three. The recommendation is to use a three- to five-year rolling average, with the funds provided up front. The rolling average, and the fact that funding would be for two years, would provide more stability. The program would have a simplified, clear, and transparent timeline that would allow schools to plan. She said the group also talked about weighting initial licensure and having a smaller pool of money for RN-to-BSN. The RN-to-BSN is important because faculty may come from this group. She said that in terms of outside the box approaches, the group talked about creative ways to expand clinical opportunities.

Ms. Beverly Skloss, Texas Board of Nursing, who was also from group three, elaborated on the clinical idea, saying it could involve a dedicated education unit

that would take advantage of capacity at facilities. She said the group also talked about having only one program, with funding up front, as noted earlier.

Agenda Item IV: Planning for subsequent meetings

Dr. Ginger Gossman, THECB, said one of the activities the group didn't have time to do was to trade papers for grading. She wanted the groups to trade program design ideas and pick out the best ideas and the ideas that weren't salient to the nursing shortage problem. It was decided that THECB staff would put these ideas in writing and send them to the members, and then the members would share their critiques before the next meeting.

Dr. Kathryn Tart, University of Houston, asked the THECB to send the timeline that Mr. Buchanan had, and that would help members see how the various ideas would work.

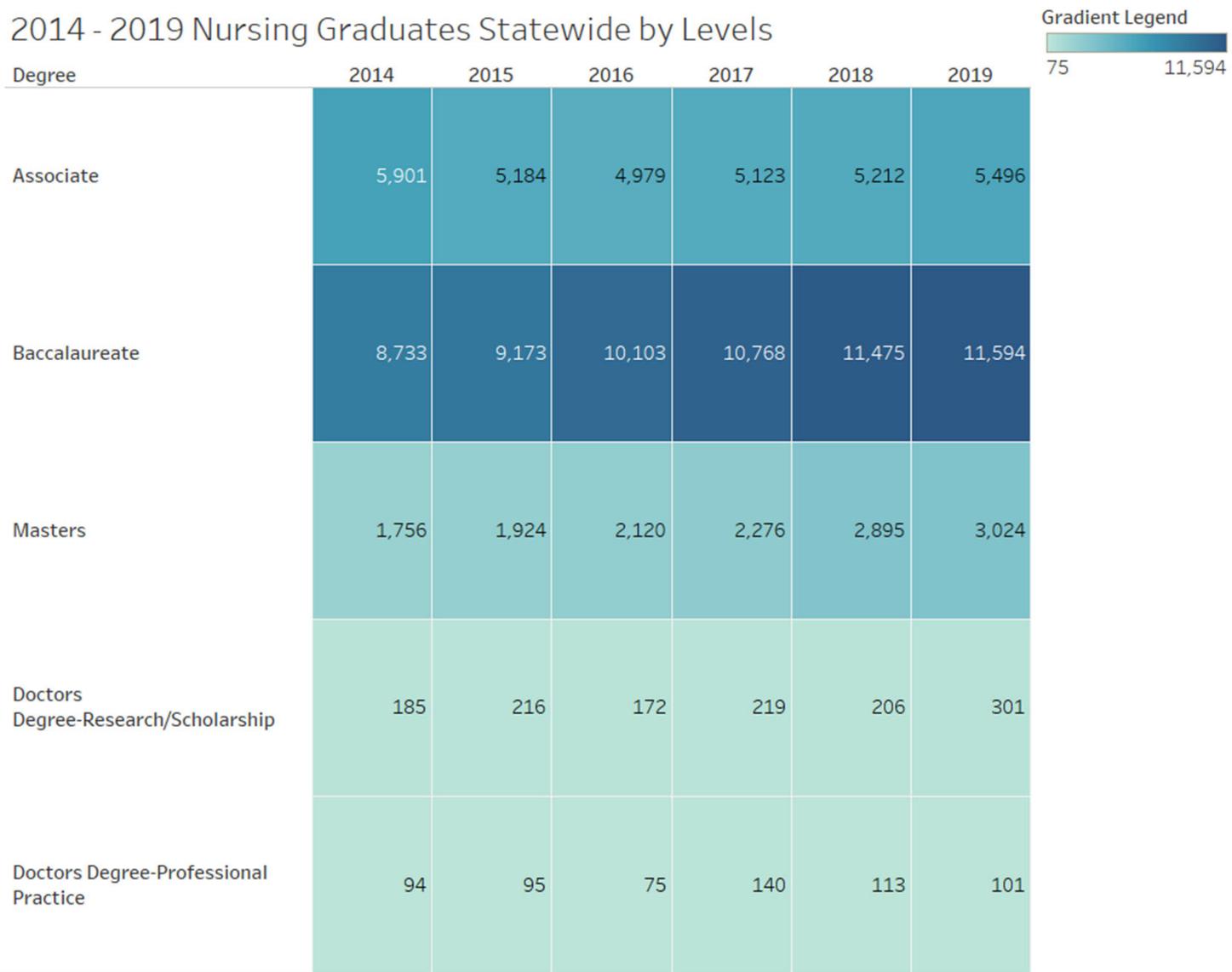
Dr. Julie Eklund, THECB, said a consultant may be brought to the next meeting to talk about what is being done in other states.

The work group discussed meeting dates for the next meeting, which will be in April.

Agenda Item V: Adjournment

The meeting was adjourned at 12:30 p.m.

2014 - 2019 Nursing Graduates Statewide by Levels



2014 - 2019 Nursing Graduates Statewide by Levels – Supplemental Data

		2014	2015	2016	2017	2018	2019
Universities	BS	691	603	719	689	788	651
	BSN	4,703	5,166	5,685	6,163	6,406	6,473
	DNP	26	45	29	50	67	90
	MS	223	253	240	232	213	203
	MSN	874	933	1,083	1,256	1,708	1,967
	PHD	46	35	23	53	35	43
	Totals	6,563	7,035	7,779	8,443	9,217	9,427

		2014	2015	2016	2017	2018	2019
Health Institutes	BSN	2,101	2,011	2,284	2,457	2,505	2,601
	DNP	88	125	91	98	92	140
	MSN	420	539	551	532	730	747
	PHD	25	11	25	15	12	13
	Totals	2,634	2,686	2,951	3,102	3,339	3,501

		Major	2014	2015	2016	2017	2018	2019
Four-year Independent	Baccalaureate	51.3801	1,125	1,199	1,160	1,096	1,241	1,269
		51.3813	0	0	2	16	12	21
	Masters- All Majors		239	199	246	256	244	107
	Doctors Degree- Research/Scholarship All Majors		0	0	4	3	0	15
	Doctors Degree- Professional Practice All Majors		94	95	75	140	113	101
	Totals		1,458	1,493	1,487	1,511	1,610	1,513

Note: Four-year Independent institutions do not report specific degrees, only degree level of degree.

		2014	2015	2016	2017	2018	2019
Community/ Technical	AAS	5,693	4,987	4,721	4,772	4,944	5,219
	Totals	5,693	4,987	4,721	4,772	4,944	5,219

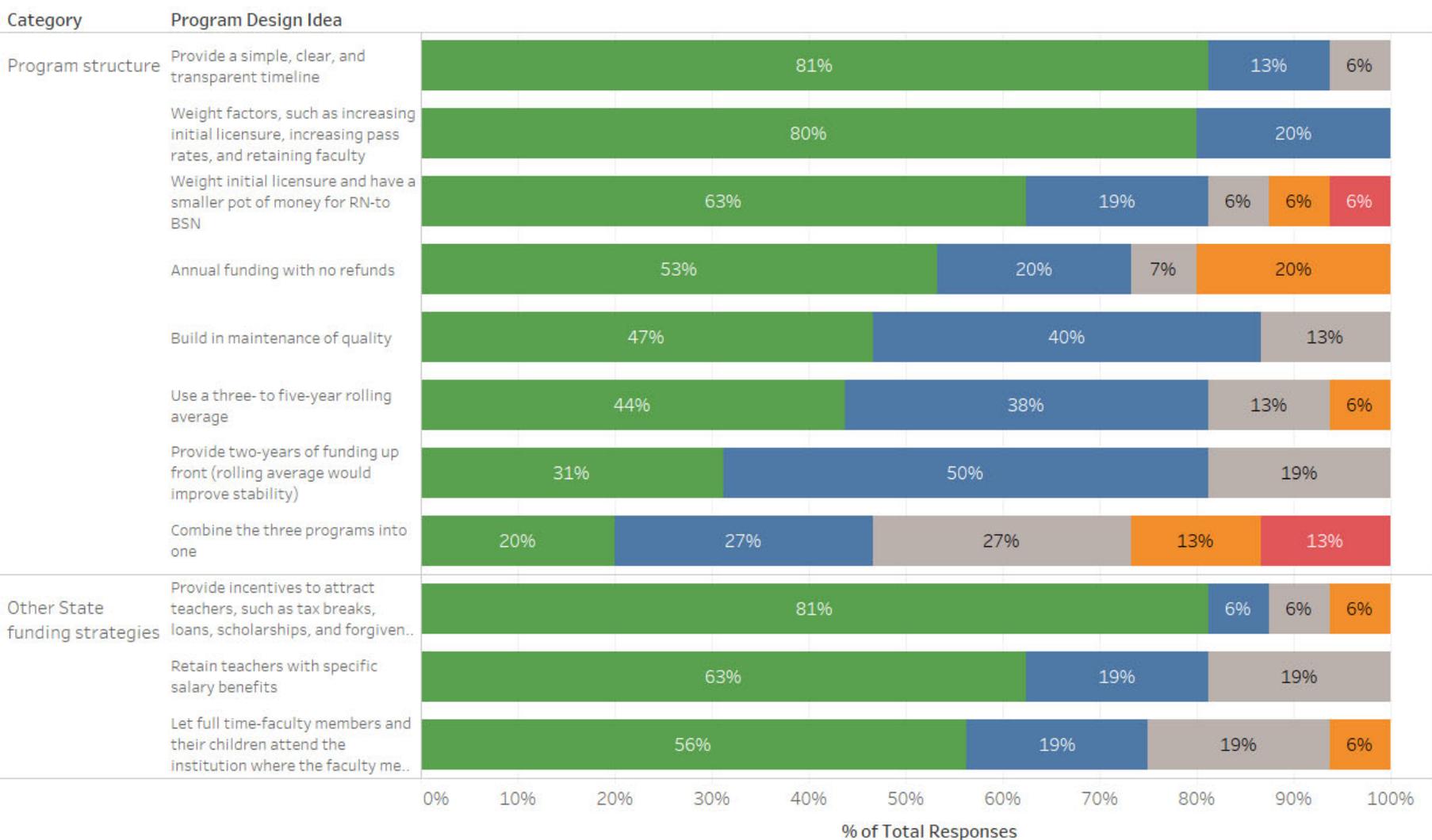
		2014	2015	2016	2017	2018	2019
Career	AAS	208	197	258	351	268	277
	BS	113	194	253	347	523	579
	CERT	141	131	127	111	144	140
	Totals	462	522	638	809	935	996

NSRP March Survey Results

Overview

- At the February 13, 2020, meeting, the work group ranked the top eight challenges that were mentioned at the October and January meetings. Members broke out into three groups to discuss solutions to the top five challenges from the survey results, and then they were asked to design a program that would include those solutions. The groups then reported their design ideas back to the main group.
- In March, THECB staff sent a survey to work group members asking them to provide feedback on the elements of each breakout group's program design ideas using the Likert five-point scale (strongly agree (5); agree (4); undecided (3); disagree (2); and strongly disagree (1)). Members were also given the opportunity to comment more in depth on the elements. This PowerPoint presents the results of the survey.
 - Slide three provides a graphical representation of the results, using the following colors: green (strongly agree), blue (agree), grey (undecided), orange (disagree), and red (strongly disagree).
 - Slide four shows the number of respondents for each level of agreement/disagreement.
 - Slides five through fifteen show the comments grouped by color so that similar comments are the same color.

Percent



CrossTab

Category	Program Design Idea	1 - Strongly Agree	2 - Somewhat Agree	3 - Undecided	4 - Somewhat Disagree	5 - Strongly Disagree
Program structure	Provide a simple, clear, and transparent timeline	13	2	1		
	Weight factors, such as increasing initial licensure, increasing pass rates, and retaining faculty	12	3			
	Weight initial licensure and have a smaller pot of money for RN-to BSN	10	3	1	1	1
	Annual funding with no refunds	8	3	1	3	
	Build in maintenance of quality	7	6	2		
	Use a three- to five-year rolling average	7	6	2	1	
	Provide two-years of funding up front (rolling average would improve stability)	5	8	3		
	Combine the three programs into one	3	4	4	2	2
Other State funding strategies	Provide incentives to attract teachers, such as tax breaks, loans, scholarships, and forgiveness	13	1	1	1	
	Retain teachers with specific salary benefits	10	3	3		
	Let full time-faculty members and their children attend the institution where the faculty member teaches for free	9	3	3	1	

Annual Funding with no refunds

<p>I fully support.</p>	<p>This will be of benefit to programs so they can use the money as intended rather than wait to see if they have to pay it back.</p>	<p>I think this would only work after the fact for the Over 70 program. You could apply for the program after you know what your growth has been.</p>	<p>Refunds may be appropriate, but not year to year, perhaps based on aggregate outcomes over 3 years. We still want performance outcomes.</p>
<p>I think refunds are necessary because there could be schools receive funds but never increase enrollment.</p>		<p>once the funds are given they should be expendable, the over 70 creates confusion and hesitancy for administrators to plan and spend the funds because of fear of having to return funds</p>	<p>Would prefer a 2 year cycle at least, which would stabilize funding for faculty and the cohort of students over their time in the program.</p>
<p>Nursing units must have oversight of the program, not Community College Administrators. So I believe that if audited and the money was not spent by nursing for nursing the institution would have to refund the funds, not the nursing program</p>	<p>this sounds like no oversight</p>	<p>need more explanation of what this is - advanced funds, funds dispersed after increased grads achieved???</p>	
<p>Seems to be the major negative issue.</p>			

Build in maintenance of quality

<p>I don't know what this means</p>	<p>Not clear what this means</p>	<p>Critical to support the most successful programs</p>	<p>Very hard to keep up quality, need this one!</p>
<p>Quality may be the key to funding. Criteria would need to be established. Quality indicators from a multisurvey study will be presented from NCSBN soon.</p>	<p>what would be in the quality indicators and the levels for the criteria that should be met?</p>	<p>I support, but we will need to have discussions on how we will do so.</p>	
		<p>There should be incentive to improving the workforce quality not just quantity. Leave out RN to BSN programs in the funding. The ADN programs get money for those RN graduates and right not the outcomes are not measurable nor seem to add to the quality of the workforce.</p>	<p>need clarification what this means - quality is currently measured in all but regular program by retention and NCLEX pass rates</p>

Combine Three Programs

<p>Limit the funding in each; retaining the largest amount in the most flexible program</p>	<p>assume the one program is the general program</p>	<p>Ok</p>	<p>The program should focus on pre-licensure and provide for RN-BSN programs to a lesser extent</p>
<p>Make the programs easier to administer and provide money to improve the quality not just quantity.</p>	<p>schools have several programs to keep track of increases redundancy in working with accountinf dept to generate reports, reconciliations, expenditures etc, combining the programs helps administrators better keep track</p>		
<p>This might not be necessary if we revise some weak areas of each program.</p>	<p>Would like to discuss this more because I am not sure how this will address the issues we have been discussing. It may help with the application process</p>	<p>Simplifying the processes is more important than combining. It depends on whether they all serve the same purpose or not,</p>	
<p>We would not benefit from this.</p>	<p>no, two maybe but not three. the less than 70% shouldn't be considered in the other programs.</p>		

Fulltime Faculty and Children Attend Free

<p>All of these are separate initiatives unrelated to the NSRP funding prope</p>	<p>This may not be applicable for community colleges.</p>	<p>for pre-licensure and graduate nsg programs</p>	<p>These must be funded mandates</p>	<p>This depends on practicality in finances.</p>	<p>Children can already go to school free where the faculty member teaches: Add must be in good academic standing, university fees waived (not just tuition), faculty members would only be able to do nursing (MSN) or a doctoral degree to be used in nursing, like EdD, DrPH, DNP, DNSc,</p>
<p>Children may attend at my institution but not faculty members and only for first degree.</p>					<p>This is being done in many schools still in Texas, so no new benefit for my faculty.</p>
<p>OR CHILDREN ATTEND ANY TEXAS STATE Postsecondary institution - more appealing as not all students are admitted into the local university</p>	<p>none</p>	<p>This would be a big incentive, but I think each University would have to make that decision. Unless these particular fund could be used to pay for the tuition, etc.</p>			

Simple, clear, transparent timeline

Assures clear communication and adherence	I think it is already clear	Ok	na
Definitely transparency in all aspects would improve the program.	Please	Yes, this would be a benefit.	new deans/directors have no idea what money is available and for how long
I fully support. This is essential for enrollment planning purpose.			

Incentives to attract teachers

All of the above. If we can do it, let's do it.	Loans with no interest.	Not sure how this would work, but I like the idea	All of these are separate initiatives unrelated to the NSRP funding proper	These must be funded mandates
Compensation is a major motivator.	This would be a wonderful incentive to attract especially the specialized faculty into our programs.		for pre-licensure and graduate nsg programs	
I fully support.	nursing shortage funds could be given and then repayment is based upon working in a shortage area (teaching).		none	

Two-year up front funding

Agree	I support	the funding would be more secure up front	
Helps us innovate	Ok		
Based on what?	Might not be practical financially at state level.	na	this would be useful if we got sufficient \$ to hire a faculty member

Retain teachers with salary benefits

<p>none</p>	<p>All of these are separate initiatives unrelated to the NSRP funding prope</p>	<p>I fully support.</p>	<p>The only problem I see is maintaining the salary when this funding ends</p>
<p>Retaining QUALITY teachers is key.</p>	<p>Yes, establish a minimum salary for faculty such as CUPA data. Some colleges pay so poorly that the quality of the faculty are not what they deserve.</p>	<p>Incentive fund for faculty retention is important to support ongoing professional development and retention</p>	<p>These must be funded mandates</p>
<p>Use a salary scale such as AACN's to keep people in the 75% bracket at least for state universities.</p>	<p>Use a salary scale such as AACN's to keep people in the 75% bracket at least for state universities.</p>	<p>for pre-licensure and graduate nsg programs</p>	

3 to 5-year Rolling Average

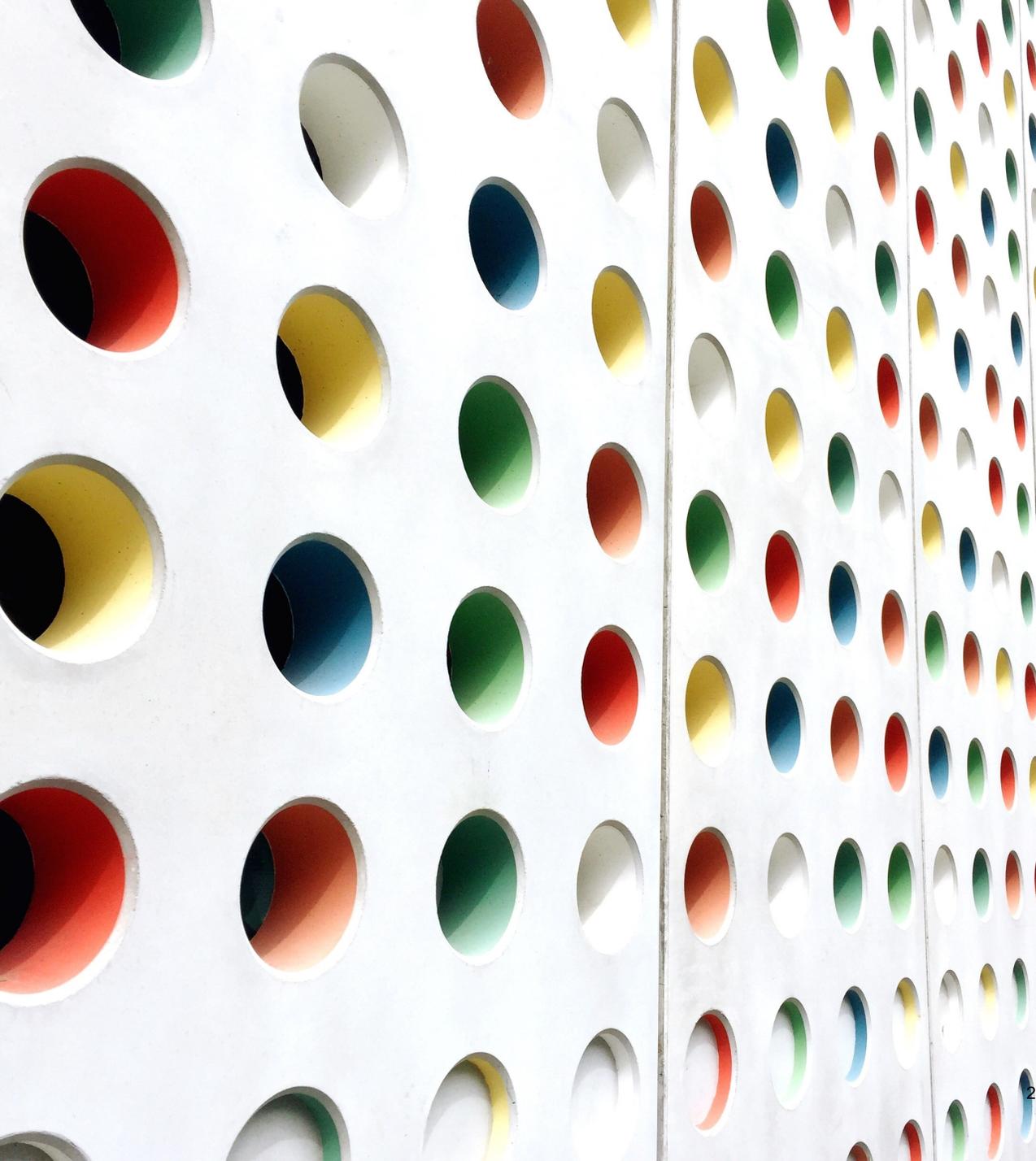
<p>Better way to assess outcomes</p>	<p>i like the idea, it helps with the swings in enrollment</p>	<p>Neither agree or disagree</p>	<p>Ok</p>
<p>I agree, any increase after a certain point could be rewarded</p>			
<p>Might be helpful to look at data to see if this would have made a difference.</p>	<p>use a 3 year rolling average</p>	<p>na</p>	
<p>Yes, this evens out the numbers for a more stable baseline.</p>			

Weight Factors

<p>Could also include weight for number of students passing the NCLEX annually. I do think the RN-BSN programs and the Graduate program numbers should not count</p>	<p>Since the purpose of this fund is to increase the number of professional nurses in Texas, we should focus more on increasing initial licensure, not RN-BSN.</p>	<p>need more explanation of this element - does this mean combine into one fund with this weighting?</p>	<p>Look at retention rates of students instead of faculty</p>
<p>Ok</p>			<p>Retaining and recruiting faculty is becoming more important!</p>
<p>Indicators of quality are essential</p>	<p>Part of quality indicators.</p>	<p>Yes, provide incentive to improving the quality of the education for students.</p>	<p>Yes, Quality, retention rates, NCLEX rates, but also FTIC, First Gen students, retention of faculty, etc</p>
			<p>Initial licensure should be a priority!</p>

Weight Initial licensure

<p>Critically important to increase pre-licensure graduates. The current crisis should be telling us how important this is.</p>	<p>I would like to see the RN-BSN programs be noneligible</p>	<p>No money should go to these programs as the ADN programs received money for the same product - a RN.</p>	<p>These are two separate items.</p>	<p>na</p>	<p>I fully support since the purpose of this fund is to increase the number of nurses in Texas.</p>
<p>Ok</p>	<p>We need to continue to increase the RN-BSN enrollments to have enough people come into the MSN programs for teaching, otherwise we will never have enough nurses eligible to teach</p>	<p>Getting RN's to complete the BSN is one of best ways of increasing the percentage of BSN prepared nurses in the workforce and should be rewarded equal to initial licensure;</p>	<p>The problem we will have with this one, is that too many students enter by CC path and then want a BSN but they are primary bread winners and the future of the state means we need the best educated bedside nurses we can get.</p>		
<p>RN-BSN programs received a large portion of the funds. Smaller colleges can't compete with thousands of "new" students.</p>					



State Legislative Efforts to Address Shortages of Initial Licensure Nurses

TIM M. HENDERSON, MSPH MAMC

Research Parameters

- ❑ All 50 states and DC (TX not reported)
- ❑ Nurses: ADN, BSN, APRN, Doctoral
- ❑ Legislation:
 - 2008 – 2020 (full text provided)
 - Laws; Bills (not adopted); Bills (pending- 2019/2020)
 - May include multiple objectives, other professions
 - Actions largely about improving supply
- ❑ No attempt to search state regulations *or* to evaluate implemented legislation.

Legislation: *Categorized by Objective*

- ❑ Didactic Faculty
- ❑ Clinical Faculty/Preceptors and Training Sites
- ❑ Students
- ❑ Educational Pathways and Partnerships
- ❑ Workforce Planning, Evaluation and Investment

Didactic Faculty

- ❑ Funding new doctoral degrees - emphasis on nursing education:
AR*, CA*, CT
- ❑ Grant fund: MD, NM*, NY, SC*
- ❑ Loan repayment, scholarships, “pay it forward” programs:
AR*, CO*, IN, ME*, NY, OK*, OR*, PA, SC*, WA
- ❑ Tax credit: IL
- ❑ Enabling public employee/teacher retirees to return to work as nurse faculty without losing retirement benefits: NC*

* Adopted

Clinical Faculty/Preceptors *and* Training Sites

- ❑ Funding for new clinical training programs/sites:
FL*, HI, MA, NY
- ❑ Expansion grants to existing clinical training programs:
MN, OK*, SC*, UT*
- ❑ Tax credit for preceptors:
CO*, GA*, HI*, MD*, NY, OR, SC*

* Adopted

Students

(ADN, BSN, APRN, DNP/PhD)

- ❑ Loan repayments, scholarships:
AL*, AR*, CA*, DE*, FL*, ID, IL*, IN*, NY, OK*, PA, WI*, WY* *plus*
- ❑ Grants/stipends: AR*, MI*, WI*
- ❑ Loan repayments – employer tax credit: NJ
- ❑ Special accommodations for degree application/completion:
Military applicants: CA, NJ*, NM, SC, VA*
Mental health nurses: KS*, NY
Other: NY*

* Adopted

Educational Pathways *and* Partnerships

- ❑ Articulate/streamline ADN-to-BSN pathways statewide: CA*, MA, MD*
- ❑ Create high school-to-college nursing apprenticeship and career pathway programs: MD, MO*, WV*
- ❑ Authorize community college(s) to offer BSN/ BSN completion programs: CO*, IL(pilot), MI, NJ, NY, WA*
- ❑ Establish plan for shared use of clinical simulation labs statewide: MS*
- ❑ Institute statewide common curriculum for undergraduate nursing education: NM*
- ❑ Determine course equivalences between ADN and other health professions programs: WA* (paramedic)

* Adopted

Workforce Planning, Evaluation *and* Investment

- ❑ Workforce assessment: AZ, FL*, MD, NY*
- ❑ Workforce development: AZ, IL*, ME*, NY, PA, SC*, WA
- ❑ Tax credit for practice in rural and underserved areas: GA, NY

* Adopted