

Central Regional Executive Summary

Eighteen organizations were interviewed in the Central Region. The complete list of survey participants is available in Regional Appendix 1. All list and ranked-list questions were totaled to develop regional frequencies. Responses are listed by institution type and comments are noted as reported with repetitive comments consolidated into singular statements. The following pages provide a detailed summary of this Region's current partnership efforts, identify gaps and the resources needed to improve programming efforts and strengthen existing partnerships or create new ones.

Partnership Parameters

The great majority of partnership activities in the Central Region focus on rapidly increasing the supply of nurses and meeting future demand, with only five (5) focused on increasing nursing faculty. The total number of partnership activities identified by respondents was forty-seven (47). Almost equal numbers are focused at the LPN and ADN levels with less at the BSN and MSN levels, with fewer focused at the PhD level. Most of the partnerships are characterized as "moderate" or "most successful". Appendix 2 provides a summary of partnership parameters. Program examples include new graduate residency programs focused on improving transition between education and entry into practice environments; a developing partnership, between two public schools, one private school and a health care facility that plans to fast track CNAs to RN, and a health care facility that employs students from a local nursing program as student nurse aides.

Characteristics of Partnerships

The most frequently reported characteristics of most successful partnerships in this Region are flexible work schedules for employees attending school; strong orientation programs for students when they begin work on patient care units; strong, trusting, and highly interactive relationships among the participants; clearly defined roles for faculty in practice settings. Other important factors were strong orientation programs for clinical faculty; preceptor development programs; clearly defined roles for clinicians who serve as adjunct faculty, and secured slots for employees in courses.

Both the schools of nursing and health care facilities agreed that the most important contribution of the health care facility's nursing leaders to successful partnerships is that staff are recognized and rewarded for participating in clinical education of nursing students. They also agreed that the most important contribution of the nursing faculty to a most successful partnership is for faculty to maintain the clinical knowledge and expertise required to be effective partners with nurses in the clinical setting.

Partnerships were characterized as Least Successful because of thinly stretched faculty; poorly prepared clinical instructors; lack of student preparedness and the overall quality of students. The match required of some grants precluded some institutions from participating in partnerships. Others felt that some partners lacked personnel with strong organizational and follow-through skills.

Schools of Nursing Perspective

From the Schools' perspective, securing an adequate number and type of clinical sites is difficult. This region reports a consistent need for clinical rotation sites with a specific need for pediatric and obstetrics. Competition among schools for clinical rotation sites is especially keen with schools scheduling clinical rotation experiences on the weekends. Schools both worry and resent that they may lose a site to another school. Schools also report that agency staff say they are overworked and don't want students in clinical settings.

Schools report the lack of budgeted faculty positions and the lack of available clinical sites as the most frequent reasons for turning away students. Four of the five schools of nursing report having a student-retention plan. One of the schools of nursing reports having a strategic plan for nursing faculty recruitment and development; three do not.

Health Care Facility Perspective

Central Region health care facilities identified the need for improvement in the competency of nursing school faculty and the quality and level of student preparedness as consistent themes. They also cited the need for more ADN-to-BSN and BSN-to-MSN programs that are coordinated, standardized, and unified so that students can progress through them efficiently. The trend in ideal nurse staffing percentages indicates a call for more BSN prepared nursing staff.

Ten of the thirteen health care facilities reported having a strategic direction for nursing workforce development. These plans include increasing BSN and MSN prepared nurses, increasing connections with area high schools, supporting staff by paying for professional development programs.

Barriers

Central Region respondents identified several barriers to meeting their strategic nursing workforce needs. Across all organization types, there is a strong call for additional funds in this Region. Schools of nursing barriers include a lack of nursing faculty, low faculty salaries, insufficient numbers of clinical placement sites, collective bargaining agreements that are not flexible enough for the unique needs of nursing education.

Health care facility-reported barriers include a lack of funding that supports nurses advancing their education, a lack of nursing faculty, the inability to provide replacement support or create "space" in the nurses' day for nursing professional development, and the need for more nursing education programs.

Regional Needs

Central Region respondents identified the following nursing workforce development needs:

- More nursing faculty who are highly qualified and competitively paid.

- Nursing education programs that are more aligned with current nursing practice, and produce nursing students who are better prepared to transition to the RN role in the health care system
- Greater involvement of health care facilities in nursing program curriculum development
- All organizations working together to promote the role of faculty as a career choice, with emphasis on attracting younger faculty and the innovation they bring to teaching.
- Decreased competition between schools for clinical placements
- More centralized nursing workforce planning data and efforts
- A registry of available faculty
- A seamless, unified, coordinated, standardized, and formalized curriculum pathway that facilitates and accelerates progression through LPN, AD, BSN, MSN, and PhD education levels.
- More full-time rather than part-time faculty
- More flexibility in faculty-collective bargaining agreements on non-traditional hours (evenings and/or weekends)
- More LPN-to-RN, AD-to-BSN, BSN, and MSN programs.
- More tuition reimbursement, scholarships, and loan forgiveness programs.

Survey Respondents

18 organizations were interviewed and identified that they had partnerships. The complete list of participating organizations can be found in the Appendix. The types of institutions, facilities, or agencies that participated in the Central region include:

- **Schools of Nursing - 5**
- **Acute Care Facilities – 7**
- **Long-term Care Facilities –5**
- **Home Health Care Organizations - 1**

Responses

The following pages contain a summary of all responses for the Central region, excluding any institutions, facilities, or agencies that indicated that they had no partnerships. The actual questions are noted in *italics* with the summary of responses noted below the questions. Multiple item list questions are ranked by the frequency of responses. All comments are summarized with common themes noted.

Note:

Questions 1-8	were asked of all participants.
Questions 9-15	were asked of Schools of Nursing only
Questions 16-21	were asked of Health care facilities/agencies
Questions 22-26	were asked of all participants

Questions 1 and 2 - Completed by all

Beyond clinical placements, what partnership relationships do you have that focus on rapidly increasing the supply of skilled nurses; increasing nursing faculty and/or focus on the future demands of the health care industry? Please define the levels of education accomplished.

See Regional Appendix 2 for full display of all responses to Questions 1 and 2. Listed below is a summary of information and comments provided for these two questions. Responses are listed by institution type. Program Examples highlight specific features mentioned by respondents when describing their **successful** partnerships.

Acute Care Responses

Number of Partnerships Range 1-4 partnerships per facility.

Types of Partnerships

- Most partnerships are focused on meeting future demands and rapidly increasing the supply of nurses. Only 1 of the mentioned partnerships focused on increasing the supply of faculty.
- Partnerships mentioned included private schools of nursing, state schools of nursing, workforce development programs (NUCLI and ECCLI), high schools, and other community-based organizations.

Long-term Care Responses

Number of Partnerships Range 1-3 partnerships per facility

Types of Partnerships

- Partnerships are focused on CNA-to-LPN, or ADN development.
- Most partnerships focused on rapidly increasing the supply of nurses and/or on the future demand, including NUCLI and ECCLI.

Home Health Care Responses

Number of Partnerships Range One agency with partnership

Types of Partnerships

- A variety of publicly funded and private schools of nursing

Schools of Nursing Responses

Number of Partnership Range 1-7 partnerships per school

Types of Partnerships

- Most partnerships are with health care facilities, and focus on nursing student education, and staff development. They involve faculty development, mentorship programs, and LPN-to-RN, ADN-to-BSN programs, and BSN-to-MSN programs.

Program Examples

- School of Nursing has graduate entry program focused on those with a BS in other field in 1 year eligible for RN license certificate of completion, then in next 20 months complete MS program.
- Developing partnership, between 2 public schools, 1 private school and health care facility that plans to fast track CNAs to RN.

- New graduate residency programs focused on improving transition between education and entry into practice environment. One facility has implemented and another will soon to implement.
- Health care facility employs students from local nursing program as student nurse aides. Program has served to increased interest in rehabilitation setting.
- Several long-term care facilities offer flexible programs that allow employees/students to work reduced hours while in school, but still retain benefits (i.e., health insurance, or eligibility for scholarships, grants, funds that pay for uniforms, books, tuition reimbursement, etc). Most require some kind of work commitment to facility upon program completion required to forgive loan.

Question 3 – Completed by all

For your Most Successful Partnership, please indicate all the items that represent current or recent joint endeavors that occur because of the partnership.

N = 17

	YES
Flexible work schedules for employees attending school	14
Strong, trusting relationships with individuals in partnership	13
Preceptor Development Program.	11
Shared Funding of initiatives (please define)	10
Measurable Outcomes	10
Onsite Classes	9
Flexible class scheduling (night weekend/other)	9
Student Nurse Intern Program	8
Cost effective (ROI)	6
Continuing Ed (workshops, conferences)	5
Healthcare Facility provides/ support - clinical faculty	4
Student Nurse Aide Program	3
New Grad Residency Program	3
Healthcare Facility provides/ support - Academic Faculty	2
Other – See comments section	

Comments:

Acute Care:

Shared funding is tuition reimbursement.

Measurable outcomes are seen as the number of new graduates ready to assume positions as RNs.

Have a 6-month new grad residency program; helps retain new grads while orienting and teaching them acute care.

Shared funding \$100,000 for faculty salary; \$30-40,000 for equipment for nursing labs; \$30-50,000 for preceptor pay.

Long Term Care:

Have flexible work schedules and benefits paid while working less hours.

Home Health Care:

Plans for onsite classes are under development. Offer refresher course and/or transition course into home care.

Schools of Nursing:

Measurable Outcomes seen as decreased vacancy rate annually by 20%; retain 90% of those accepted into the program; increase overall graduation rate by 17 %

Question 4 – Completed by all

In your Most Successful Partnership, the health care facility participates in/or provides:

N = 17

	YES
Strong orientation programs for students when begin work on patient care units.	14
Clearly defined roles for faculty in practice settings.	13
Strong Orientation Programs for clinical faculty.	12
School Advisory Committee.	11
Recruitment of students.	9
Employees with positions in both organizations.	8
Ads that promote nursing in both organizations.	8
Shared Funding Initiatives.	7
Curriculum development and evaluation.	4
Joint Leadership Development.	3
Other – See comments section.	

Comments:

Acute Care:

Facility sits on school advisory committee of each program. Informally participates in curriculum development and evaluation.

Long-term Care:

Sit on school advisory committee

Home Health Care:

No additional comments

Schools of Nursing:

Majority of faculty have joint appointments in healthcare facility

Question 5 - Completed by all

In your Most Successful Partnership, the school of nursing participates in/or provides:

N = 17

	YES
Clearly defined roles for clinicians who serve as adjunct faculty	8
Active Student Retention Program	8
Committees in health care facility	8
Recruitment of students as employees into health care facility	6
Leadership development education	5
Research projects	3
Other – See comments section	

Comments:

Acute Care:

Graduate students with research projects that are mutually agreed upon to meet the learning component and accomplish a hospital need.

Have started a consortium in region, links area hospitals to plan for new DOL grant.

Long-term Care:

No additional comments.

Home Health Care:

Serve on committees in health care facility; program evaluation is a collaborative effort.

Schools of Nursing:

Partners meet every month.

School provides writing coach, student affairs program, and test taking skills, individualized programs for students.

Question 6 – Completed by all

Beyond the above elements, what other contributing factors make the most successful partnerships successful?

Acute Care:

Close connection to local neighborhood.

Strong relationship between hospital president and college president. Also strong relationship with program director and VP of nursing and HR.

Long-term Care:

The availability of slots to get our employees into courses. Flexible scheduling on part of facility and school (available classes – w/e & eves)

The culture in the facility embraces the philosophy that each employee is a part of teaching, coaching team, supporting students as they learn; also, employees mentor one another as they work in the facility.

The people involved with our Program really make the difference - There is good collaboration, and the communication is open. There is a genuine commitment by this group that is palpable.

Home Health Care:

We have a great relationship with the faculty to think of ways to bring nursing into the future; collaboration must continue.

School of Nursing

There is one point person who is good on follow through and has strong organizational skills.

Collaborative working relationship and positive dynamics.

Ability of school of nursing to sit the on the governance of Board of the healthcare facility.

Question 7 – Completed by all

In those partnerships ranked as Least Successful, what are the major contributing factors?

Acute Care:

School lacks flexibility in scheduling student nurses to maximize the clinical experience. There is a lack of follow through with this partner. They ask for support, but then don't utilize. They do not provide purpose/objectives for education to staff. The students are not prepared and the quality of students is an issue.

Clinical instructors, especially new ones, need more structure from the school. This has led to frustration for students. Faculty lack skills in how to prioritize, how to deal with patients and families, how to deal with and mentor students.

We need a partnership with a focus on developing pathways for ADN-to-BSN

Long-term Care:

Held one Mentor Program for CNAs but it was not successful.

Home Health Care:

Geography is a problem as the agency is located quite a distance from this school of nursing, so travel time is an issue.

Schools of Nursing:

The match requirement of some grants impacts the partnership relationship. Health care facilities in this area are strapped for cash so match is an issue for them. The more dollars they have to invest the less they are interested in participating.

Need someone who is strong on organizational skills and follow through. It takes time to do the job right.

Inability of partners to work out logistics and hold commitments; need to be willing to listen and sustain partnership and governance structures.

Question 8 – Completed by all

What's needed to improve the outcomes of the Least Successful partnerships?

Acute Care:

Some programs are struggling with inconsistent faculty and lack of faculty. Some schools utilize faculty only for clinical – not involved in program. Faculty stretched thin.

Meetings with instructors prior to their working in faculty with students and after to evaluate, education programs. These could be CEU programs for instructors; regular meetings with managers where students are. This collaboration would work well.

Long-term Care:

No additional comments

Home Health Care

No additional comments.

Schools of Nursing:

More - money; staff; commitment, and organization.

Question 9 – Completed by Schools of Nursing

Do you have an adequate number and type of clinical sites?

Adequate Number

N = 5

Region	Yes	No
Central	2	3

Comments:

Yes, but getting tighter.

There is a very competitive environment between schools for limited sites. The larger schools are bumping smaller schools for the same agencies.

Agencies say that their staff are overworked and don't want students.

We need to have acute and sub acute agencies value having students.

Adequate Type

N = 5

Region	Yes	No
Central	2	2

Comments:

Need more pediatrics and maternity. The BORN standard of 4-6 students on unit is hard to meet.

Now doing clinical on weekends and evenings.

Question 10 – Completed by Schools of Nursing

If you have had to turn qualified students away within the past 12 months, please prioritize the following reasons, with number one (#1) being the most frequent reason for turning students away.

N = 5

	Rank	Respondents
The lack of budgeted faculty positions	1	3
The lack of available clinical sites	2	3
The lack of available clinical sites	3	1
The lack of lab space	3	1
Other	4	1

Comments:

Last year this school took in 535 completed applications, 100 were accepted, if were not constrained by the above approximately another 75 more students might/could have been accepted.

Lack of classroom space is an issue. We have few large classrooms.

Have the budgeted positions, but can't fill the positions. Have 2 open positions filled with part timers.

Over time have lost "funded" positions, as school doesn't have money to maintain the positions.

School has a waiting list – had 300 inquiries about the graduate entry program, 46 admitted.

Question 11 – Does your School of Nursing have an active student retention plan?

N = 5

Region	Yes	No
Central	4	1

Comments:

No, the idea is to admit qualified students.

Have student retention program for the whole college, not specific to nursing department.

For nursing department use the J&J remedial pre-nursing program, includes time management, life style management, math, and English reviews "it's a good program."

Use an ATI program with tutoring lessons geared to NCLEX test plan. Below certain score remediation work implemented.

Use database on students able to calculate # hours a student can work before they become at risk for failure.

Identify students who are at risk to fail, then faculty works with them.

Have a critical thinking course – if students fail class, they have to take critical thinking course before repeating the failed course.

School provides writing coach, student affairs program, and test taking skills, individualized programs for students.

Question 12 – Does your School of Nursing have a strategic plan for nursing faculty development?

N = 5

Region	Yes	No
Central	1	4

Comments:

No, we need one.

Not a formal one. Trying to work on salary. College has faculty development courses.

Have internal peer-development in nursing program.

Have plan to grow research mission.

Strategy is to build on other mission components – education and clinical service.

Provide internal peer review and grant writing consultation. 75% of the faculty practice at Medical Center, 15 % have own practice sites

Question 13 – Completed by the Schools of Nursing

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

N = 4

	Rank	Respondents
Faculty maintain clinical knowledge & expertise required to be effective partners with nurses in the clinical setting	1	2
Faculty and SON administration seek and use clinician input/feedback	2	1
Faculty enhance quality of pt care in the clinical setting	2	1
Faculty and SON administration nurture clinical preceptors who model the Competencies they want students to attain.	2	1
Faculty maintain clinical knowledge & expertise required to be effective partners with nurses in the clinical setting	3	1
Faculty and SON administration seek and use clinician input/feedback	3	1
Faculty enhance quality of pt care in the clinical setting	3	1
Faculty and SON administration nurture clinical preceptors who model the Competencies they want students to attain.	4	2

Comments;

No additional comments

Question 14 – Completed by the Schools of Nursing

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

The health care facility/agency nursing leaders and staff:

N = 4

	Rank	Respondents
Recognize/reward nurses who participate in clinical education of nursing students.	1	2
Seek & use faculty feedback about hospital policies & guidelines	2	1
Recognize/reward nurses who participate in clinical education of nursing students.	2	1
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	2	1
Involve faculty in patient care improvement projects	3	2

Comments

No additional comments

Question 15 – Completed by the Schools of Nursing

Please rank in order of importance, the impact collective bargaining has on the following elements. Please rank with number one (# 1) being the most important.

N = 5

	Rank	Respondents
Recruit full time faculty	1	3
Retaining faculty	2	2
Offer evening/weekend classes	3	1

Comments:

Regarding recruiting full-time faculty: our school uses a point system that gives credit for teaching but not for being in practice.

Faculty salaries are too low - when recruiting potential faculty, they say “I would love to teach but can’t afford to do so”. (2 responses)

Have 4 excellent MSN/teachers, but cannot tenure them due to union contract because they need a PhD

Should create a special clinical track for nursing faculty.

Our faculty is not unionized.

Questions 16 and 17 Completed by the healthcare facilities

Question 16- *Within your budgeted nursing staff, what is the percentage of: LPNs; RNs with diploma; RNs with ADN; RNs with BSN; RNs with MSN and RNs with PhD?*

Question 17 - *What is the ideal percentage of each of these categories for your organization?*

Complete record of all responses regarding nurse-staffing percentages given by health care facilities in the Central Region.

Notes:

- 13 health care facilities – 7 acute care, 5 long-term care and 1 home health care were interviewed.
- Data are reported exactly as reported by respondents.
- All numbers reported here are percentages.
- “0” equals zero
- “X” means no data value reported by respondent.
- “SC” means See comments
- “* ” means that nurse staffing percentage is spread across several categories
- Several respondents provided comments either in addition to or in place of data values; all comments are included under the table in the Comments section.

Question 16 – *Within your budgeted nursing staff, what is the percentage of:*

Survey Id	LPN	RN/diploma	RN/AD	RN/BSN	RN/MSN	RN/PhD
CA 1	2	X	74	24	SC	0
CA 2	SC	95 *	* 95	5	X	X
CA 3	5	95*	95*	95*	X	X
CA 4	X	X	X	X	X	X
CA 5	20	47 *	* 47	26	7	0
CA 6	2	13	38	39	8	0
CA 7	6	71 *	* 71	21	2	0
CLTC 1	60	X	10	30	X	X
CLTC 2	40	60 *	* 60 *	* 60	X	X
CLTC 3	60	40	X	X	SC	X
CLTC 4	60	40 *	* 40 *	* 40	X	X
CLTC 5	50	50 *	* 50 *	* 50	X	X
CHH 1	5	15	25	40	5	SC

Comments:

CA 1 – Regarding RN/MSN - 25 persons, mostly clinical specialists, NPs, and educators.

CA2 – 95 % of RNs are spread across RN/diploma and RN/AD

CLTC 3 – 1 person with MSN.

CHH 1 – 2 PhDs

Question 17 - What is the ideal percentage of each of these categories for your organization?

Survey Id	LPN	RN/diploma	RN/AD	RN/BSN	RN/MSN	RN/PhD
CA 1	X	X	X	X	X	X
CA 2	0	100 *	* 100 *	* 100	X	Xx
CA 3	5	95*	95*	95*	X	X
CA 4	X	X	X	75	25	X
CA 5	10	10	20	40	20	X
CA 6	0	X	10	60	30	X
CA 7	0	20	73 *	* 73	5	2
CLTC 1	40	X	20	40	X	X
CLTC 2	X	30	40	30	X	X
CLTC 3	50	50	X	X	X	X
CLTC 4	30	70 *	* 70 *	* 70	X	X
CLTC 5	50	50 *	* 50 *	* 50		
CHH 1	X	X	X	50	40	10

Comments:

CA 1 – Want to increase LPNs, as alternatives to CNA (PCTs)

CA 2 – No LPNs and 100% RN staff.

CA 3 – Satisfied with LPN and RN #s are they are.

CLTC 2 – RNs and LPNs – each educational level brings strengths and qualities to patient care and for this organization funding is a major consideration.

CLTC 4 – 70% are RN/diploma, RN/AD and RN/BSN, to better address the complex needs of residents; knowledge base and critical thinking skills.

CLTC 5 – At present this works very well! It also meets the regulations.

CCHH 1 – want BSN, MSN and PhD for autonomous/critical thinking skills.

Question 18 Completed by the health care facilities

Does your institution have a strategic direction for nursing workforce development?

N = 13

Region	Yes	No
Central	10	3

Comments:

Acute Care:

A number of initiatives have begun - connection with academic partners and leadership development within the organization training for managers.

Doing total reorganization approach. Using Sen. Moore’s bill to assess where they are and where they need to go. Increasing the number of LPNs due to turnover of PCAs.

Increasing the number of BSNs.

Retention – looking at longevity and work hours. Evaluating aging nurses. Looking to strengthen pipeline – want to get high schools involved in organization.

For Nursing Assistant- working with Red Cross. Create LPN link to RN programs.

On the Master level working with NP Council to blend NP/nurse educator role.
Considering scholarships for BSN with Worcester State, will provide flex scheduling for students.

The facility pays RNs to sit for specific Certification exam and pays for association membership.

Continue to educate incumbent workers to enter nursing,

Long-term Care

Yes, Bridge to Nursing Program – ECLI; Partnerships with local schools; Tuition reimbursement

Development of fast track process for LPN-to—AD-to-BSN in collaboration with area colleges.

Continuing education partnership with a LTC collaborative group in order to share the costs, expertise and ultimately enhance competency of nursing.

Home Health Care

Yes. Using evidence based practice. Increased use of research to guide practice. Shared leadership, increasing certification of staff – help staff fund certification activities, Encourage participation in degree programs; increasing video conferencing and on-site classes.

Question 19 - Completed by the health care facilities

What additional resources are needed in your region to ensure achievement of your strategic goals for your nursing workforce?

Acute Care:

The right number of educators to meet the needs of the RNs in the workforce.

Increase the competency of faculty

Increase the availability of highly qualified students;

Increase the salaries for faculty

Consumer counsels that help validate the direction of patient care.

More focus on high and middle school.

More career coaching and counseling (like NUCLI)

Need a regional and statewide focus on faculty development

Looking at on-line education

Long-term Care:

Additional faculty to create additional slots in the nursing programs.

Funding to support continued partnerships

Development of fast track process for LPN-to—AD-to-BSN in collaboration with area colleges.

Continuing education partnership with a LTC collaborative group in order to share the costs, expertise and ultimately enhance competency of nursing.

LTC needs to partner with academia to prepare nurses for all types of health care;

Funding!

Home Health Care

Money/funding

Question 20 – Completed by the health care facilities

In the partnership you ranked most successful, please prioritize the importance of the following elements. Please rank with number one (#1) being the most important.

N = 13

	Rank	Respondents
Faculty maintain clinical knowledge & expertise required to be effective partners with nurses in the clinical setting	1	6
Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.	2	6
Faculty and SON administration seek and use clinician input/feedback	3	5
Faculty enhance quality of pt care in the clinical setting	4	9

Comments:

No additional comments

Question 21 – Completed by the health care facilities.

In the partnership you ranked Most Successful, please prioritize the importance of the following elements. Please rank in order of importance with number one (#1) being the most important.

The health care facility/agency nursing leaders and staff:

N = 13

	Rank	Respondents
Recognize/reward nurses who participate in clinical education of nursing students.	1	8
Seek & use faculty feedback about hospital policies & guidelines.	2	4
Recognize/reward nurses who support efforts to generate new knowledge through research or quality improvement projects.	2	4
Involve faculty in patient care improvement projects.	3	7

Comments:

No additional comments

Question 22 – Completed by all

What state statutes, regulations or policies present barriers to you as you try to enhance the nursing workforce?

Acute Care

HIPPA regulations

One limitation was union, now talking about clinical ladders were not willing to discuss previously.

Role of LPN; the limitations on their role.

Tighter criteria for accepting students into schools.

Long-term Care

Licensing process – support the program development for transition period – that is from time of graduation to actual licensing i.e., what can a graduate be allowed to perform,

Too many regulations that require paper work!

Home Health Care

Medicare funding; not enough funding for nursing education.

Schools of Nursing

Union contract

Hiring policies, waivers helpful in hiring part-time.

None, believe that Massachusetts has creative policies and that BORN is responsive.

Question 23 – Completed by all

What suggestion/ideas or programs are needed to improve the quality of the nursing education in your area?

Acute Care

More in-house educators are needed to enhance connection with outside faculty.

Increases in the number of faculty

Improvement in the overall competency of faculty

Increases in the salaries for faculty

Improved clinical education of nursing students so that they are better prepared to transition to the RN role in health care system.

Clinical education needs include the “reality” of acute care clinical practice

Faculty participation in a mentor program over summer to get accustomed to acute care environment.

Need to increase BSN education opportunities for staff.

Faculty need to be more collaborative with hospital staff.

Faculty need to communicate clearer information about students to nurse preceptors.

Long-term Care

Instructor availability.

Change in eligibility requirements for instructors.

Training available so that nurses could become instructors

Promotion of faculty as career choice.

More student-training-time in long-term care.

Improved critical thinking knowledge and skills

Educating nurses on the legal perspective in documentation.

Home Health Care

Money/funding

Schools of Nursing

Need more money and collaborative energy.
 More new young faculty and the innovation they bring.
 More full-time faculty versus part-time faculty;
 Adequate programs for MSN in this area.
 Tuition remission at state schools.
 More centralized nursing workforce planning.
 A registry of faculty available to share in region.
 Need articulated model (unified curriculum).

Question – Completed by all

What is the greatest problem facing your facility/institution in providing nursing education support to your students/employees?

Acute Care

Information systems that vary from hospital to hospital.
 Adequate numbers of educators.
 Financial support to assist RNs to further education - AD>BSN; BSN>RN.
 Union mentality – no one will do anything free, have to pay them.
 Staff is tired from working unable to participate after work.
 Need forum for incumbent staff to work with students on specific topics.
 Creating a “space” in nurse’s day to focus on education – i.e., work/home balance.
 Having enough staff on units to support staff getting to attend educational programs or school. Need replacement support.

Long-term Care

Availability of LPN programs and their cost.
 Funding.

Home Health Care

Employee’s benefits take up much of the budget, leaving less to support education of employees.

Schools of Nursing

The need for more clinical sites.
 The lack of faculty.
 Union contract issues – not flexible enough, some faculty want non-traditional hours. (eves or weekends),
 Raise the salary level.
 Make it easier to hire/keep part-time faculty.
 Lab technology needs upgrading.
 Need financial aid for students. For many students working becomes the priority not school.
 Need more space- currently lease off-site space.

Question 25 – Completed by all

What suggestions do you have to enhance the relationship between your facility/institution and schools of nursing?

Acute Care

Regular meetings with CNO and Directors and school faculty with open communication and clear expectations.

Physical presence and setting of common goals between facility and school.

Joint problem solving.

More open mindedness at college level, parameter testing. Schools need to bend on curriculum.

A collaborative partnership of schools and hospitals with high schools to increase awareness of nursing programs.

Long-term Care

Clinical training onsite in nursing homes for students with faculty.

Representatives from LTC on boards of schools of nursing.

More partnership development by knowing who to contact in schools to try to arrange partnerships.

Home Health Care

Continue the open door policy; provide pay/salary/stipend to the facility people who give so much time to students – tuition reimbursement; free in-service, or similar ideas.

Schools of Nursing

More time to devote to the tasks at hand, the work that needs to be done.

Need to explore private funding.

Funded joint faculty appointments with agencies an schools,

New model of providing education.

State and federal governments need to subsidize salaries.

Work with health care facility to build linkages and develop evidence based practice.

Question 26 – Completed by all

Additional Comments

Acute Care:

This survey was a very good process – helps to reflect on how to proceed.

Looking forward to results and ideas for future.

Long-term Care

No additional comments

Home Health Care

No additional comments

Schools of Nursing

Money is the thing.

Massachusetts Association of Colleges of Nursing (MACN) is looking at this same issue, they have parallel concerns.

Have to look at smoother transition between AD (2-year) and BS (4-year). Courses should be offered collaboratively so 4-year accepts more courses, students don't have to retake.

Interesting survey, focus group follow-up will be beneficial.