

Non-Partnership Group Executive Summary

Sixteen health care facilities across the state reported that they had no partnerships beyond clinical placements. The complete list of non-partnership survey participants is available in Non-Partnership Appendix 1. The facilities in this group included hospitals, a long-term care facility and a large group of home health care facilities. While noting that they had no partnerships as defined within the survey, most facilities had ideas and suggestions on how they are working to improve nursing education and address the nursing shortage. The following pages provide a detailed summary of these suggestions; identify gaps and the resources needed for these organizations to enter into partnerships.

Successful Programs and Established Relationships

Several non-partnership organizations have developed programs and relationships with others in their area. They include: a student aide program; preceptor program; flexible work schedules for employees attending school; continuing education programs; shared funding of grant initiatives; faculty sitting on the grant advisory committees. The respondents indicated their programs premised on strong and trusting relationships between the facilities and organizations. Additionally, in one program, school of nursing faculty is regarded as highly motivated, serving as professional role models for students and staff.

Trends in ideal nurse staffing comments indicate a call for more BSN prepared nursing staff, with some organizations calling for BSN as the required entry into practice within their setting.

Seven health care facilities reported having a strategic direction for nursing workforce development; nine do not. These plans include continuing education programs, a hospital's global plan for recruitment and retention; hospital paying for certification in specialties; another developing an onsite RN-to-BSN program. A long-term care facility offers in-house training courses in English and geriatrics. Home health agencies report a need to attract the attention of schools of nursing.

Barriers to Partnership

Most of the respondents in this category indicated that their lack of size and/or lack of resources was their major barrier to developing partnerships beyond clinical placements. Some respondents indicated that the lack of educational programs in their geographical area; the lack of specialty education programs and the lack of involvement of nursing school faculty were additional factors blocking the development of successful partnerships. Across all organization types, there is a strong call for increased funding sources.

Non-Partnership Group Needs

Non-partnership Respondents identified the following nursing workforce development needs:

- Schools of nursing willing to be partners with small facilities who lack resources.
- More nursing faculty who are highly qualified and competitively paid.

- Improved preparation for clinical faculty including teaching strategies and methodologies.
- Creative and new teaching methodologies, not the traditional lecture format, especially for the ADN-to-BSN students.
- Greater focus on the importance of obtaining BSN shortly after ADN.
- Greater input from and participation of nursing leaders in nursing curriculums.
- A seamless, unified, coordinated, standardized, and formalized curriculum pathway that facilitates and accelerates progression through LPN, ADN, BSN, MSN, and PhD education levels.
- More LPN-to-RN, ADN-to-BSN, BSN, and MSN programs, some of which are onsite.
- More financial aid.
- More social help so interested staff can attend school.

Survey Respondents

Statewide, 16 of the interviewed facilities reported that they had no partnerships. These facilities were spread across various regions. While noting that they had no partnerships as defined within the survey, most had ideas and suggestions on how they might develop partnerships and work to improve nursing education. Given the interest and ideas expressed by this group, their responses were grouped into this category and are noted in the following pages. The types of facilities that are grouped into this non-partnership category include:

Acute Care Facilities - 4

Long-term Care Facilities - 1

Home Health Care - 11

Responses

The following pages contain a summary of all responses for the group of facilities that reported having no partnerships at the time of survey. As no schools of nursing were included in this grouping, the summary includes only those questions completed by health care facilities. The actual questions are noted in *italics* with the summary of responses noted below the questions. Multiple item list questions were ranked by frequency of response. All comments are summarized with common themes noted.

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.

The facilities in this group had no partnerships with schools of nursing as defined by the survey. The activities that these facilities were involved with encompassed a variety of programs related to clinical placements, workforce development and activities with community organizations or grant work related to the nursing shortage.

Program Examples (defined as non-partnership activities)

- Although no partnership, facility indicated that they have established a student aide program, preceptor program, and flexible work schedules for employees attending school.
- Facility offers continuing education; have shared funding through the ECCLI grant program; and feels that they have a strong and trusting relationship with facilities and organizations with whom they work.
- Facility staff sits on the grant advisory committee, recruits students, and participates in shared funding activities.

Questions 3-5- Completed by all

Question 3 -*For your Most Successful Partnership, please indicate all the items that represent current or recent joint endeavors that occur because of the partnership.*

Question 4 –*In your Most Successful Partnership, the health care facility participates in/or provides:*

Question 5 –*In your Most Successful Partnership, the school of nursing participates in/or provides?*

As this group of facilities reported no partnership activities, there were no comments for these questions.

Question 6 – Completed by all

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

While not involved with partnership activities, the facilities identified positive relationships with schools of nursing with the following comments.

Acute Care:

Individuals (the School of Nursing faculty) are very highly motivated. They are professional role models for students and staff. Having nursing students at the facility has increased the levels of practice of the employees (staff nurses). This is a good thing. Staff nurses have to be on their toes.

Long-term Care:

Great initial dialogue, and enthusiasm and trust were developed in short amount of time. Facility provides refreshments at classes to students. The appropriate person is available to answer questions when needed. Facility provides needed transportation to students.

Home Health Care:

Student clinical placements contribute to a positive community relationship. There is a willingness to collaborate, to take responsibility for adequate preparation of students, and follow through on both sides.

Question 7 – Completed by all

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

Acute Care:

No additional comments

Long-term Care:

No additional comments

Home Health Care:

A few years ago, we stopped taking students as they were “dropped off” and we were left to deal with them.

Question 8 – Completed by all

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

No Additional Comments

Questions 9-15: Were asked of Schools of Nursing only

There were no schools of nursing included in the non-partnership group.

Questions 16 and 17 – Completed by the health care facilities

Question 16 – Within your budgeted nursing staff, what is the percentage of: LPNs; RNs with diploma; RNs with AND; 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 Non-partnership category.

Notes:

- 16 health care facilities – 4 acute care, 1 long-term care and 11 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 nurse staffing percentage spread across multiple 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
NPA1	1.7	SC	SC	SC	1.7	0
NPA2	3	25	55	15	2	0
NPA3	X	X	X	X	X	X
NPA4	1	30.8	20.1	35.9	4.3	0
NPLTC1	SC	SC	X	X	X	X
NPHH1	SC	SC	X	X	X	X
NPHH2	0	SC	SC	X	X	X
NPHH3	0	4	0	76	20	0
NPHH4	0	31	32	37	0	1
NPHH5	1	1	8	25	1	0
NPHH6	21	0	21	36	21	0
NPHH7	2	18	38	29	14	X
NPHH8	23	14	55	8	SC	SC
NPHH9	0	25	25	50	X	X
NPHH10	3	47*	*47*	49	1	0
NPHH11	SC	25*	*25*	*25	2-5	0

NPA1 - The largest percentage of budgeted nursing staff is RN with BSN, the smallest percentage of budgeted nursing staff is RN with ADN,
 NPA4 – Data pertains to direct care staff only.

NPLTC1 – 1 FTE LPN, 1.5 RN/ADN

NPHH1 – Less than 5% of staff are LPN; less than 5% of staff holds MSN.

NPHH2 – Agency has 35-40 nurses, the majority of which hold diplomas, also have some RN/ADNs, 10 BSNs, a wound care specialist, and a couple of Nurse Practitioners.

NPHH8 - 1 person who holds an MSN and 1 person who holds a PhD.

NPHH11 – less than 10 % of staff are LPN.

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
NPA 1	0	5	30	60	5	0
NPA2	0	25	35	35	5	0
NPA3	X	X	X	X	X	X
NPA4	SC	SC	X	100	X	X
NPLTC	X	X	X	X	X	X
NPHH1	SC	SC	X	X	X	X
NPHH2	X	50	X	50	X	X
NPHH3	0	4	0	76	20	0
NPHH4	0	0	0	84	16	0
NPHH5	2	0	0	98	0	0
NPHH6	0	0	0	100	0	0
NPHH7	SC	SC	X	30	X	X
NPHH8	30	10	30	25	4	1
NPHH9	0	25	25	50	X	X
NPHH10	0	0	0	85	13	2
NPHH11	SC	SC	X	X	X	X

Comments:

NPA4 – Decrease ADN and increase BSN at staff level.

NPHH1 – Are looking to increase RN/ADN, RN/BSN, and LPN.

NPHH2 - Create share, give and take of talents one possessing excellent clinical skills (diploma) and the other (BSN) theoretical and clinical.

NPHH3 – Ideal mix is same as current mix.

NPHH7 – Planning to phase out RNs with diploma. Would like to see BSN as entry level. ADN grads not prepared for today’s workplace.

NPHH9 – Same percentages as a presently staffed.

NPHH11 – Experience and critical thinking skills more important than specific academic preparation. BSN and beyond would be best. No new grads, they cannot handle the independent practice.

Question 18 - Completed by healthcare facilities

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

N=16

	Yes	No
Non Partnerships Group	7	9

Comments:

Acute Care:

Hospital offers forgivable loan program for employees; must maintain a C grade or better and must work for the hospital for 2 years after graduation; also offer tuition reimbursement \$1500/year.

Hospital offers a nurse scholarship program in which a non-RN may receive financial assistance to obtain an RN (ADN); work schedule is set around nursing school schedule. Facility is using 2 nursing workforce development grants to develop a program that will focus on recruitment and retention; will include preceptor support, and orientation for new grads; second grant is providing funding to assist with education NA/LPN, ADN programs: this grant includes matching funds.

Hospital has a global plan for recruitment and retention; has a fund for CNA-to-ADN or BSN - \$20,000 per person per year, pays for certification in specialties; developing an onsite RN-to-BSN program.

Private schools are more interested in working with hospitals than state schools.

Long-term Care:

Offers in-house training; courses include: English as Second Language and Geriatrics 101; employees get a salary increase upon completion of this course.

Facility is working with its Board to offer grants and scholarships to staff.

Using grant to offer career coaching to employees on opportunities to improve their professional standing.

Home Health Care:

No written plan specifically intended to increase nurses; it is incorporated into overall strategic plan.

Are focusing on being creative, flexible, with weekends and off-shift incentives.

Developing the LPN/RN collaborative practice model.

Retention and recruitment plan is written; established a continuing education program, goal is to develop, retain, and recruit nurses.

Do clinical placements now but need to get colleges interested in partnering; want to provide greater educational opportunity for nurses.

Using the corporate strategic plan; need to develop a more formal recruitment plan at the local level.

Question 19 – Completed by healthcare facilities

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

Acute Care:

An academic/school of nursing partner.

Core classes offered onsite.

Additional financial and staffing resources.

An on-site RN-to-BSN program.

Nursing faculty who are more involved in working with the organization.

Long-term Care:

More financial aid to attend school; then work/pay back program of “loan”.

Stipends for students while they are going to school.

Home Health Care:

More money; it's difficult for home health care to compete with hospitals resources.

Need partnerships in which partners are involved in design and implementation of curriculum; joint faculty appointments so that those teaching/writing the curriculum have current experience in home health care.

Faculty appointments of competent clinical nurses.

More faculty interest in students.

Need to increase on-site faculty assistance for students; staff should not have to be totally responsible for students assigned to them.

Increased understanding of the demands and clinical skills needed by home health nurses.

Inclusion of home health care in nursing school curriculums.

More onsite courses to complete BSN.

Creative and new methodologies, not traditional lecture format, especially for ADN-to-BSN.

Flexible times for classes; employment, families and childcare needs are issues.

Online courses.

Access to educational resources.

Better linkages or an education coalition that shares or provides educational opportunities.

More nursing faculty.

Raising the bar of professionalism; explore the need for all nurses to have BSN to practice professionally.

Better articulation agreements between tiers of education.

A weekend program would be helpful.

More graduate or direct entry BSN programs for those with degrees in something other than nursing.

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.

- *Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.*
- *Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.*
- *Faculty and SON administration seek and use clinician input/feedback.*
- *Faculty enhances quality of pt care in the clinical setting.*

As the facilities in this group had no partnership activities beyond clinical placements, they indicated what the most important contributions to a partnership would be if they were to have one. Five out of the 16 facilities responded and ranked the most important contribution for schools of nursing to a successful partnership as faculty and school of nursing administration seeking and using clinician input/feedback.

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.

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

As the facilities in this group had no partnership activities beyond clinical placements, they indicated what the most important contributions to a partnerships would be if they were to have one. For the most important contribution of healthcare facility/agency nursing leadership and staff, five out of the 16 facilities responded and ranked recognizing/rewarding of nurses who participate in clinical education of nursing students as the most important contribution.

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:

Nurse-Staff Ratio Bill will be a barrier

Wage index in western Mass. not appropriated fairly; hospital's weak financial position limits tuition reimbursement.

An unfair reimbursement system that forces small hospitals to pay a disproportionate share of free care debt.

Insufficient numbers of MSN programs in our western Mass. geographic area.

Process to transition from ADN to BSN is cumbersome and not standardized.

ADN programs need to emphasize importance in obtaining BSN within short amount of time of graduation.

Need a more efficient nurse licensing system from the Board of Registration in Nursing, and more information on the BORN website.

Long-term Care:

More financial and social help so that interested staff can attend school.

Home Health Care:

MSN/PhD required for faculty; need to make allowance for clinically expert BSN.

Medicare issues; ability to pay nurses for their expertise.

There should only be one entry level for nursing and that is BSN.

BSN should be required for practice in home care.

No financial incentive to get BSN, staff nurse rate does not change.

Different set of rules for state funded care versus privately funded agencies.

Homecare students cannot carry an independent load because agency cannot bill for it; this may discourage use of home care as clinical placement.

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:

Greater preparation of new grads for the clinical role.

More nursing faculty.

Greater access to a nursing program.

More flexible hours; traditional college class schedules are not good for working students.

More affordable programs.

Incentives for educators to maintain clinical competence; have offered opportunities for instructors to gain competencies during summer break.

More consistent clinical faculty; have difficulty in keeping new faculty oriented and up-to-date on organizational issues.

Long-term Care:

Facility is developing a geriatric research program with non-state school.

Give students a chance to do clinical at non-traditional times.

Home Health Care:

Faculty should be clinically current, up-to-date with the actualities of what is happening in practice.

Increase Home Health care and community health experience in nursing education programs and throughout the entire clinical experience.

Educational programs available at or close to work settings.

Nursing education needs to be changed into 4 years with a 5th year as a preceptorship for the student; new graduates are not prepared to enter the workforce and meet the needs of the patients.

Students should enter workforce with adequate critical thinking skills and be able to be independent in their practice.

Access to school programs is sufficient but process for entry is cumbersome and often a deterrent as students have to reapply several times before acceptance.
Faculty salaries need to be increased to be more equitable with hospitals.
Need web-based and face-to-face opportunities

Question 24 – Completed by all

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

Acute Care:

Nurse educator positions are hard to fill; nursing units have to assume all the responsibility for educational programs.
Getting employees to attend educational programs.
Insufficient funds to support a formal internship program.
Hospital has had many ideas and programs, but lacks fund to support or continue.
The inability of people to manage work and family issues.
The inability to have people attend school on paid time and to have the additional staff to work.
Need to identify the value of BSN.

Long-term Care:

Vouchers for food, parking, childcare, needed; develop an education package versus a tuition package.

Home Health Care:

Freeing staff during work time to attend an educational program.
Cost of providing the educational program.
Motivating staff to continue their education on their own.
Need involved faculty on an ongoing basis; RNs and managers are very busy, it's difficult to give students a good experience.
Not enough educational opportunity in geographical area; more specialty classes need to be made available in geographically convenient locations.
Schools need a specialty that they take out as a road show or convenient regional location.
There is no flexibility; the scheduling of nursing courses and the times/days are changed each semester.
Agency offers tuition reimbursement, but the problem is scheduling, accommodating work and school schedules.

Question 25 – Completed by all

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

Acute Care:

Maintain frequent contact with the schools.
More collaboration between education and service.
Schools need to offer “something” of value to facility if they want funding to support the school of nursing.

Long-term Care:

Developing a GED program.

Home Health Care:

It requires time to orient nursing faculty to the organization, no exchange/payback in return for that assistance; sometimes agency receives a voucher for a course or educational program.

Faculty needs greater awareness of clinical settings.

Need to take time to initiate dialogue with schools of nursing and agencies; someone needs to host so they can come together and talk about how they can work together to solve issues.

More communication between agency and schools of nursing, presently meeting 1-2 times per year.

Faculty should spend a day/some time with nurses in the home health care setting to gain better understanding of “reality”.

Collaboration around and interest in home care research.

Question 26 - Completed by all***Additional Comments*****Acute Care:**

Need more flexibility, innovation, and creativity by schools of nursing in their relationships to institution. Schools need to be more action focused.

Long-term Care:

Use student loan forgiveness or work service models to encourage interest in nursing careers.

Develop more activities to steer students into nursing.

Success with minority students/parents who will be a role model for their children to possibly choose nursing for the future.

Home Health Care:

Greater funding to increase the nursing faculty.

More advanced assessment, independent decision-making courses.

Need to designate the entry level of nursing practice; RN is reimbursed less than a physical therapist, but RN has much more responsibility.

Educate public to home health care and the role of RN; this will help nursing career development.

Develop partnerships at the high school level with additional career counseling aimed at nursing careers.

**NON-PARTNERSHIP SUMMARY
APPENDIX 1**

List of Non-Partnership Health Care Facilities

Chicopee VNA
Community Nurse and Hospice
Community VNA of Attleboro
Goddard House in Brookline
Mary Lane Hospital
Natick VNA
New England Home Health Services, Inc
Noble Hospital
North Hill Home Health
Partners Home Care
Quabog VNA and Hospice
South Shore VNA
Southcoast Home Care Services
TLC Home Health Care
Winchester Hospital
Wing Medical Center