

Northeast Regional Executive Summary

Fourteen organizations were interviewed in the Northeast 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 focus of partnership activities in the Northeast Region is on meeting future demand, rapidly increasing the numbers of nurses, with only five (5) activities focused on increasing nursing faculty. The total number of partnership activities identified by respondents was thirty-four (34). The majority of partnership efforts are focused at the BSN and Associate Degree levels. Most of the partnerships are characterized as "most successful". Regional Appendix 2 provides a summary of partnership parameters. Program examples include a hospital-based scholarship program for students accepted into local community college, upon graduation students pay back one year to hospital; a school that offers an onsite Nurse Educator Certificate; a program in which a NUCLI-funded career coach and hospital are working together to retain students through a mentor program; and an on-site ADN-to-BSN program that is a joint effort between a community college, a state college and the health care facility.

Characteristics of Partnerships

The most frequently reported characteristics of most successful partnerships in this region are strong and trusting relationships among the participants; recruitment of students into school programs; representatives from the health care facilities serving on the school's advisory committees; flexible class scheduling; clearly defined roles for faculty in practice settings; and recruitment of students as health care facility employees.

Both the schools of nursing and health care facilities agreed that the most important contribution of the health care facility's nursing leaders to most successful partnerships is that staff are recognized and rewarded for participating in clinical education of nursing students. Both also agreed that the most important contribution of nursing faculty to a most successful partnership is that the faculty and school of nursing administration nurture clinical preceptors who model the competencies they want students to attain.

Partnerships were characterized as Least Successful because of the reluctance of state nursing schools to enter into relationships beyond clinical placements or participate in brainstorming activities to develop new kinds of programs; the lack of health care facility staffing to ensure a program's success; and a lack of consistency and methods to provide student remediation in accelerated programs.

School of Nursing Perspective

From the Schools perspective, securing an adequate number and type of clinical sites is always a challenge. Some schools report difficulty in expanding their programs because of the near-finite number of clinical sites to which they have access, and the difficulty in securing additional ones. Those who have increased enrollments are scrambling to find more clinical sites. There is a consistent need for pediatric, obstetrical, and behavioral health. The lack of clinical placement sites was the most frequently cited reason for turning students away. Other important factors that impact student acceptance rates are the lack budgeted faculty positions and the lack of qualified faculty. All schools of nursing report having a student-retention plan. Components of the student retention plans include an early alert system; tutoring; nursing faculty advisors for each nursing student; and time spent with students included in faculty's workload. Four of the five schools of nursing in the region report having a strategic plan for nursing faculty recruitment and development. Components of these plans include open houses on campus; mentoring part-time faculty who show promise; and an annual faculty development program.

Health Care Facility Perspective

Northeast Region health care facilities identified the need for nursing faculty who are more aware of the service demands on nurses and whose clinical skills are current; clinical instructors who spend time on units before bringing students to units; greater alignment between nursing curriculum and demands of practice; education programs that are flexible and responsive to the work/life issues faced by students. Eight of the nine health care facilities interviewed report having a strategic direction for nursing workforce development. These plans often call for more BSN and MSN prepared nurses; continuation of the ECCLI initiative; programs that facilitate the professional development of all employees and development of student nurse programs and clinical ladders.

Barriers

The Northeast Region respondents identified several barriers to meeting their strategic nursing workforce goals. The schools of nursing report the lack of specific funding for nursing program development and the lack of faculty professional development activities as major barriers.

Health care facility- reported barriers include the inability to provide release time to employees due to staffing and budgetary constraints, and a lack of LPN-to-RN, BSN-to-MSN nursing programs that promote the professional development of their nursing staff.

Northeast Region Respondents identified the following nursing workforce development needs:

- Clinically competent nursing faculty who regularly spend time in the clinical setting, so that their clinical skills are up-to-date, and they know the patient care unit before bring students onto the units.

- Greater involvement of health care facilities in nursing program curriculum development.
- Additional MSN nursing programs that are conveniently scheduled and located within the Northeast Region.
- Decreased competition between schools for clinical placements.
- Face-to-face meetings among all constituents that encourage open dialogue and communication, improved relationships, and discussion of shared and individual goals between nursing programs and health care facilities.

Survey Respondents

14 organizations were interviewed and identified that they had partnerships. The complete list of participating organizations can be found in the Northeast Region Appendix 1. The types of institutions, facilities, or agencies that participated in the Northeast region include:

- **Schools of Nursing - 5**
- **Acute Care Facilities – 7**
- **Long-term Care Facilities –2**
- **Home Health Care Organizations -None**

Responses

The following pages contain a summary of all responses for the Northeast 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 - 2-4 partnerships per facility.

Types of Partnerships

- Most partnerships are focused on meeting future demands and rapidly increasing the supply of nurses. Only six (6) 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 ECLI) and community-based organizations (Red Cross, high schools).

Long-term Care Responses

Number of Partnerships Range - 1-2 partnerships per facility.

Types of Partnerships

- Most partnerships are focused on CNA or LPN development, and involve workforce development programs.

Schools of Nursing

Number of Partnership Range - 2-4 per school

Types of Partnerships

- Most partnerships are with other schools of nursing or health care facilities. Some partnerships were 3-way partnerships involving 2 schools of nursing and 1 health care facility. They involve scholarship programs, faculty development, mentorship programs, and ADN to BSN linkage programs.

Program Examples

- Hospital-based scholarship program that pays full tuition, fees and associated costs (books, uniforms etc); school does not give a discount on tuition.
- School offers Nurse Educator Certificate Program for nurses interested in teaching or MSN.
- Hospitals give employees up to 16 hours of paid release time to go to school.
- Hospital provides RN for clinical faculty and hospital pays salary.
- Career coach and hospital working together to retain students through a mentor program.
- Community college and state college started an ADN to BSN program on-site at the health care facility.

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 = 14

	YES
Strong, trusting relationships with individuals in partnership.	13
Flexible class scheduling (night weekend/other)	11
Preceptor Development Program	10
Flexible work schedules for employees attending school	9
Shared Funding of initiatives (please define)	8
Measurable Outcomes	8
Cost effective (ROI)	7
New Grad Residency Program	7
Healthcare Facility provides/ support - clinical faculty	6
Student Nurse Intern Program	5
Continuing Ed (workshops, conferences)	5
Student Nurse Intern Program	5
Onsite Classes	5
Student Nurse Aide Program	4

Comments:**Acute Care:**

Hospital started new graduate residency program.

Hospital helps recruit faculty and is looking at doing a shared faculty program.

Hospital has a mentor program that assists school in retention of students.

Continuance of partnership activities may be too costly for hospital with current budget constraints.

Hospital pays student nurses more as part of a student nurse aide program and is working with School of Nursing to develop on site classes.

Long-term Care:

Class schedules are developed around facility's ability to schedule replacements for staff who attend.

Schools of Nursing:

Measurable outcomes seen in the positive attitudes among managers and staff in welcoming students and individuals who continue their education through MSN level.

Question 4 - Completed by all

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

N = 14

	YES
Recruitment of students	13
School Advisory Committee	12
Clearly defined roles for faculty in practice settings	11
Strong orientation programs for students when begin work on patient care units.	10
Strong Orientation Programs for clinical faculty	10
Ads that promote nursing in both organizations	8
Curriculum development and evaluation	7
Shared Funding Initiatives	6
Joint Leadership Development	5
Employees with positions in both organizations	5

Comments:**Acute Care:**

No additional comments

Long-term Care:

Faculty involved with facility from start.

Faculty is oriented to understand needs of students from this setting.

There is a team of facility administrators and school administration that meet on a regular basis.

Schools of Nursing:

Clearly defined roles for faculty in facility are very beneficial.

Question 5 - Completed by all

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

N = 14

	YES
Recruitment of students as employees into health care facility	10
Clearly defined roles for clinicians who serve as adjunct faculty	9
Active Student Retention Program	9
Committees in health care facility	6
Leadership development education	6
Research projects	3

Comments:**Acute Care:**

No additional comments.

Long Term Care:

School of Nursing provides career counseling.

Schools of Nursing:

School expedites admission of qualified employees from partner healthcare facility.

Question 6 – Completed by all

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

Acute Care:

Openness between hospital and college.

Support from hospital administration (CEO,CNO).

Constant communication and ongoing meetings between hospital and school of nursing.

Creativity in approaches.

Long-term Care:

Spent a lot of time in preparation, built trust among partners and established ground rules.

Everyone knows expectations.

Signed waiver so that facility and school can discuss students' progress and needs.

The faculty understands needs of students and obstacles and are sensitive to students' work, family issues.

School provides tutoring for students having difficulty.

Flexible work schedules with employees released for school.

Mentoring available in each facility.

Schools of Nursing:

Senior nurses mentor students. Hospital recognizes nurses who mentor in their performance evaluations.

School is treated as a valued guest at the facility.

Have liaison person at facility as formal part of relationship.

On-site programs strengthen relationship with healthcare facility.

Question 7 – Completed by all

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

Acute Care:

Partnerships with state schools are limited to clinical rotations, not true partnerships; these schools appear not interested in being involved with hospital beyond clinical placements.

Attempted partnership with ADN program, but there were not enough resources to drive the program; hospital needs one person dedicated to “drive” all partnerships.

Stronger relationships exist when partners are able to brainstorm certain ideas with schools; not all schools want to participate in this type of process.

Schools of Nursing:

The joint appointment relationship is not successful as the facility cannot give faculty enough release time for clinical faculty role

Accelerated programs not successful if they lack consistency and methods to provide remediation.

Question 8 - Completed by all

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

Acute Care:

In working with state schools, hospital needs more collegial relationships with School of Nursing.

Need School of Nursing to share more information with staff on units.

Long-term Care:

No comments.

Schools of Nursing:

More release time for joint appointment faculty.

More release time for students (work only 16 hours instead of 20 to get benefits).

Question 9 – Completed by the Schools of Nursing

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

Adequate Number

N = 5

Region	Yes	No
Northeast	3	2

Adequate Type

N = 5

Region	Yes	No
Northeast	2	3

Comments:

Need more pediatric, maternal-child and mental health rotations.

With increasing enrollment in freshman class, will need to double clinical sites.

Cannot expand program with current clinical sites.

Question 10 – Completed by the 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 available clinical sites.	1	2
The lack of budgeted positions.	2	2
The lack of available clinical sites.	2	2
The lack of lab space.	3	1

Other:

Lack of faculty to fill budgeted positions.

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

N = 5

	Yes	No
Northeast	5	0

Comments:

Part of overall college program—early alert, tutoring.

Each nursing student has a faculty advisor.

Senior student nurses outreach to freshman/sophomores.

At-risk program run out of academic center; full –time instructor for at-risk students in nursing courses for three out of four semesters.

Time with students worked into faculty’s workload.

Especially looking at cultural diversity of students.

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

N = 5

	Yes	No
Northeast	4	1

Comments:

Not separate from other departments.

Hold open houses; have on campus mentoring program.

Problem with service paying more than education.

Hold annual faculty development program.

Have small grant for new faculty development.

“Grow our own” by monitoring part-timers who show potential.

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 and SON administration nurture clinical preceptors who model the competencies they want students to attain.	1	2
Faculty and SON administration seek and use clinician input/feedback.	2	2
Faculty enhances quality of pt care in the clinical setting.	3	1
Faculty maintains clinical knowledge & expertise required to be effective partners with nurses in the clinical setting.	3	1
Faculty and SON administration nurture clinical preceptors who model the competencies they want students to attain.	3	1
Faculty and SON administration seek and use clinician input/feedback	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 agency leaders and staff:

N = 4

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

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 = 4

	Rank	Respondents
Recruit full time faculty	1	4
Retaining faculty	2	2
Offer evening/weekend classes	3	1

Comments:

Collective bargaining has negative impact because it is hard to recruit.

Does not impact offering week-end or evening classes.

Slightly more negative impact on hiring full-time faculty. Also prevents FT faculty from teaching on week-ends or evenings.

QUESTION 16 and 17 – Completed the by health care 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 Northeast Region.

Notes:

- 9 health care facilities – 7 acute care and 2 long-term 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/Ph.D
NEA 1	7	*	* 92 *	*	1	0
NEA 2	5	10	40	40	5	0
NEA 3	5	20	60	10	5	X
NEA 4	1	25	60	10	4	SC
NEA 5	X	X	X	X	X	X
NEA 6	2	25	25	45	3	SC
NEA 7	40	20	28	12	2	0
NELTC 1	70	10	9	8	3	0
NELTC 2	70	*	* 30 *	*	X	X

Comments

NEA 1 – 92% spread across the three RN levels.

NEA 2 – Not hiring LPNs at this time.

NEA 4 – Ph.D. less than 1 %

NEA 6 - Ph.D. less than 1 %

NELTC 2 – 30% spread across the three RN Levels. Only 1 or 2 BSNs outside of administration.

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

Survey Id	LPN	RN/diploma	RN/AD	RN/BSN	RN/MSN	RN/Ph.D.
NEA 1	0	0	20	60	20	1
NEA 2	X	X	X	75	25	X
NEA 3	0	0	20	60	20	X
NEA 4	5	5	20	40	20	10
NEA 5	X	X	X	X	X	X
NEA 6	2	16	18	50	10	2
NEA 7	25	10	20	30	5	x
NELTC 1	50	0	10	40	x	0
NELTC 2	55	*	* 45 *	*	X	X

Comments:

NEA 1 – Want to move diploma RNs to ADN, ADNs to BSN and BSN to MSN.
 NEA 5 – Want higher percentage of BSNs but see a real place for ADNs both clinically and operationally. We need to define RN entry level and each level of academic preparation.
 NELTC 2 – 45% spread across the three RN Levels.

Question 18- Completed by the health care facilities

Does your institution have a strategic direction for nursing workforce development?
 N = 9

Region	Yes	No
Northeast	8	1

Comments:

Acute Care:

Need to move more staff into BSN and MSN programs; currently working with area School of Nursing to develop a plan.
 Need to help all employees further education.
 Are developing student nurse program and clinical ladder program for new graduates.

Long- term Care:

Need to continue ECCLI initiative.
 Need to grow our own.
 Give staff tools to pass NCLEX.

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:

Need for Schools of Nursing to recognize the need for more flexibility in scheduling of classes.
 Schools of Nursing need to understand that staff cannot balance work and school demands with a traditional school schedule.

Need more combinations of funding from hospitals, schools and government.
 Need more BSN to MSN programs in this region.
 Need more faculty for Schools of Nursing.
 More collaborative efforts to provide precepting and mentoring programs.
 Need one dedicated person to drive strategic goals in hospital and with partners.
 More faculty initiatives.
 Availability of LPN-RN programs.

Long term Care:

Need more funding and support for clinical instructors.
 Continue to build alliances.
 Need to help recruit faculty.

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 = 9

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

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 = 9

	Rank	Respondents
Recognize/reward nurses who participate in clinical education of nursing students.	1	6
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	4
Seek & use faculty feedback about hospital policies & guidelines.	4	6

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:

Easier process to license out of state RNs.

Long term Care:

No comments.

Schools of Nursing:

BORN regulation on faculty qualifications is limiting.

Lack of pay raises due to community colleges is counter productive to retaining and attracting new faculty.

Need more flexibility by BHE in new performance indicator (re: percentages passing NCLEX).

Question 23 –Completed by all

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

Acute Care:

More evidence of current practice standards from faculty, especially clinical faculty who do not appear to be up to speed.

More exposure of academic faculty to clinical practice.

More convenient, local MSN program.

Paid residency programs.

More clinical experience and pharmacology knowledge in new graduates.

Access to LPN to RN program.

Long-term Care:

Need more focus on LTC.

More organized alliances between schools, facilities and faculty.

Contributions of Workforce Boards are a major asset in process.

Schools of Nursing:

Let the Chair of Nursing be the decision-maker, not have to run everything by dean/director of health professions.

Earmark specific funds for nursing programs.

More funding for faculty mentoring.

Better state support for faculty salaries.

Ability to fast track students.

More faculty development to utilize innovative teaching methods.

More online course training.

More evaluations of students to be sure they “get it”.

Question 24- Completed by all

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

Acute Care:

Staffing and budget restrictions.

Enabling staff to attend programs.

Ability to provide release time.

Long Term Care:

Financial support and time for staff for education.

Career ladders needed to prepare students.

Need remedial training to prepare staff for education.

Schools of Nursing:

Lack of qualified faculty.

Funding and lab space.

Competing with other nursing programs for clinical placements.

Question 25- Completed by all

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

Acute Care:

Clinical instructors should spend more time on hospital units before they bring students into the units.

SONs should involve hospitals in curriculum development.

More face to face interaction on programs and curriculum.

Better feedback and communication with Schools of Nursing

Long-term Care:

Everyone must be willing to devote much time and energy to make it work.

You need a tight team.

Schools of Nursing:

Take Dept. Chairs out of union.
Facilitate respect between agencies.
Develop good working relationships.
Faculty should be promoted at the agency.
Students are ambassadors; they need reminders on manners, confidentiality.
Decrease competition between schools for clinical placements.
Each partner has to communicate needs.

Question 26 -Completed by all

Additional comments:

Acute Care:

Survey was a good learning experience.
Looking forward to actions to follow this survey.

Long Term Care:

Every administration should network constantly with Schools of Nursing.
Everyone needs to devote time and energy to make the programs work.

Schools of Nursing:

Appreciate issues being looked at.
Many agencies are decreasing the number of students allowed into the agency with each clinical rotation.
Some facilities are asking to decrease faculty to student ratio from 1 faculty per 10 students to 1 faculty per 6 or 8 students.
Survey was a good process, easy to understand.

NORTHEAST REGION SUMMARY

Appendix 1

List of Participating Organizations

Caritas Holy Family
Emerson Hospital
Kindred Hospital North
Lawrence General Hospital
Ledgewood Rehabilitation
Life Care Center of North Shore
Lowell General Hospital
Merrimack Valley Hospital
Middlesex Community College
North Shore Community College
North Shore Medical Center
Northern Essex Community College
Salem State College
UMass Lowell

APPENDIX 2											
NORTHEAST REGION											
Partnership Parameters											
	Focus			Educational Level					Partnership Status		
Institution Type	Rapidly Increase Nurses	Increase Faculty	Increase Demand	LPN	AD	BSN	MSN	PhD	Least	Moderate	Most
SON	6	4	10	1	3	4	2	1	0	4	6
Acute Care	5	1	4	0	7	8	2	0	0	1	7
Long-term Care	2	0	2	3	1	1	1	0	0	0	3
Home Health Care	No	Respondents									