

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

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Monday, June 15, 2020

1:00 p.m.

Agenda

- I. Call to order
- II. Consideration and approval of the minutes from the May 14, 2020, meeting
- III. Discussion of ways to improve the state's efforts to address the nursing shortage
- IV. Planning for subsequent meetings
- V. Adjournment

**Meeting of the NSRP Rider 28 Study Work Group
Texas Higher Education Coordinating Board
Via Webinar
Thursday, May 14, 2020
1:00 p.m.**

Minutes

Attendees:

Ms. Gail Acuna, Dr. Nina Almasy, Ms. Julie Arteaga, Ms. Tracey Cooper, Dr. Julie Eklund, Dr. Marla Erbin-Roesemann, Dr. Nancy Fahrenwald, Dr. Janice Hooper, Dr. Stephen Johnson, Dr. Deborah Jones, Ms. Linda Lane, Ms. Pamela Lauer, Dr. Elizabeth Merwin, Ms. Beverly Skloss, Dr. Stacey Silverman, Dr. Kathryn Tart, Dr. Poldi Tschurch, Dr. Tetsuya Umebayashi, Ms. Sally Williams, Dr. Cindy Zolnierrek

Absent: Dr. Jonas Nguh, Dr. Brenda Nichols, Dr. Linda Yoder

Staff: Dr. Ginger Gossman, Ms. Emily Cormier, 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 1:00 p.m.

Agenda Item II: Consideration and approval of the minutes from the February 13, 2020, meeting

The work group approved the minutes from the February 13, 2020, meeting with no changes.

Agenda Item III: Discussion of initiatives and efforts outside Texas to address nursing shortages

Dr. Julie Eklund, THECB, introduced Tim Henderson, who did research for the work group regarding nursing shortage initiatives in other states.

Mr. Henderson, consultant, discussed the information in his PowerPoint regarding state legislative efforts to address shortages of initial licensure nurses. This PowerPoint was included in the agenda materials. He broke out legislation into the following five categories: 1) didactic faculty, 2) clinical faculty/preceptors and training sites, 3) students, 4) educational pathways and partnerships, and 5) workforce planning, evaluation and investment.

Regarding didactic faculty/grant funds, Maryland's measure provides statewide competitive grants to attract and retain minorities into nursing. New Mexico's measure supports RNs seeking employment as educators or obtaining additional

education. South Carolina's law supports salary enhancement for current educators and provides funds to hire new faculty.

Regarding loan repayment, scholarships, "pay it forward" programs, Colorado has a law that pays up to \$20,000 for two or more consecutive years that a nurse is in a qualified nurse faculty position. Indiana does something similar, but it includes adjunct faculty. Maine pays up to \$30,000 a year for up to five years and up to 50 percent of the recipient's loan balance. Oregon will pay up to 20 percent of any faculty member's loan, or up to \$10,000 per year, for one to three years for those earning a master's degree, and up to five years for those earning a doctoral degree.

Regarding didactic faculty/educator tax credits, Illinois provides a tax credit for up to two-and-a-half percent of a faculty member's federally adjusted gross income.

Regarding clinical faculty/new clinical training programs, Florida has a pilot project to implement new nursing residency programs in nursing homes, home health agencies, and in other community-based settings. Hawaii is funding a new nursing residency program where residents may qualify for stipends and loan repayments. The residents may be required to work for two years at designated sites in underserved locations as preceptors. Massachusetts has a two-year nurse practitioner residency program at federally funded community health centers.

In terms of expansion grants for existing clinical training programs, Minnesota provides funds to plan and implement the expansion or creation of new clinical training programs specifically for APRNs, with the focus on primary care. Utah has a program that funds rural residency programs in nursing and other health profession programs.

In terms of tax credits for preceptors, Colorado has a \$1,000 a year credit for supervision of not less than four weeks a year for preceptors. The focus is on rotations in primary care in rural areas. Hawaii has a \$1,000 credit for each uncompensated supervision, for as much as \$5,000 per year. Georgia pays \$375 for the first three preceptor supervised uncompensated rotations, and then \$750 for the next four to ten rotations. The rotations must be in community-based settings. South Carolina will offer a tax credit to a preceptor for uncompensated supervision for at least two preceptor rotations a year. The credit is \$750 per rotation, up to \$3,000 a year if at least half of the practice where the preceptor works is composed of Medicare, Medicaid, and self-pay patients. The compensation is less if only 30 percent of the practice is composed of Medicare, Medicaid, and self-pay patients.

Most states have loan repayment programs for nursing scholarships, so Mr. Henderson didn't talk much about that.

Mr. Henderson said three states provide financial assistance in the form of grants and stipends to qualified students. Michigan awards these types of grants to minority students who agree to serve in a health professional shortage areas upon completion of their training. Similarly, Wisconsin has a program for students who agree to work in a Veterans Home after they graduate.

New Jersey has a tax credit that goes to employers who contribute to the loan repayment of nursing students who agree to work in their settings upon graduation.

There are several states that are making special accommodations for nurses. New York provides a temporary exemption to nursing students who are unable to begin or complete their BSN due to lack of access to an educational program. This would be, for example, for a qualified student who applied on at least two occasions to a BSN program and was denied access mainly because there weren't enough seats available in the program. With the exemption, the student wouldn't have to reapply for the programs.

Regarding educational pathways and partnerships, particularly as it relates to streamlining the articulation of ADN to BSN pathways, California requires certain schools to implement degree pathways between California community colleges and Cal State. Maryland revised its two-plus-two transfer scholarship and increased the award.

Several states are supporting high school to college nursing apprenticeship and career pathway programs. Maryland is required to create a statewide media campaign which is funded by both state and local matching funds to promote participation by students and employers in career or technical education apprenticeships for nursing and other professions that are facing shortages. West Virginia requires that a work group be established to plan and implement a new nursing career pathway initiative. The program would begin in high school and progress through college, providing employment opportunities with industry partners.

Regarding common curriculum for undergraduate nursing education, New Mexico has provided funds to the University of New Mexico to 1) establish programs that coordinate nursing education statewide and to 2) improve the outcomes of the programs.

Mississippi directed The Board of Trustees of higher education to conduct a one-year feasibility study to investigate the idea of nursing schools across the state sharing the utilization of clinical simulation labs.

Washington state established a course equivalency program for nurses so it would be more in sync with the courses paramedics need. This would streamline the ability of paramedics and other health professionals to pursue a nursing degree.

In terms of workforce planning, evaluation and investment, several states are assessing where they are regarding their supply of nurses so they can plan how to address their shortages.

In terms of workforce development, Arizona had an ambitious initiative, which didn't pass, that would have established and fully funded the Arizona Nursing Academy under the State Board of Regents to provide incentives to students to enter nursing and to commit to practice in Arizona. The initiative included a full-scale recruitment, marketing, and promotion plan. It would have tracked postgraduate service requirements, and it would have distributed funds between the institutions. These requirements also included making sure the academies provided programs that involved accelerated educational pathway models for critical need areas. It required each nursing program that participated to provide each full-time student scholarships with state funding for tuition and fees.

Illinois has an initiative to expand and retain nurses who work in nursing homes. Maine authorizes a bond issue to support nursing education, specifically for enhancing economic development for rural and underserved parts of the state.

A couple of states provide tax credits for nurses who practice in underserved areas. In Georgia, a nurse practitioner is allowed a tax credit up to \$10,000. The credit may be for up to 10 years if the nurse practitioner continues to work in a rural area.

Dr. Cindy Zolnierrek, Texas Nurses Association, asked what kind of funding is provided for new clinical training programs for RN and what is provided for APRN.

Mr. Tim Henderson, consultant, said the Massachusetts measure was for nurse practitioners. The other states didn't specify if their measures were for RN or APRN.

Dr. Kathryn Tart, University of Houston, asked if the tax credit for preceptors comes from a state or a federal tax.

Mr. Tim Henderson, consultant, said the tax credit was from a state tax.

Dr. Kathryn Tart, University of Houston, said Texas has a scholarship for preceptors, but a lot of those programs are unfunded mandates. She said New York has a mandate that nurses must obtain a BSN within ten years of earning an associate degree in nursing. She asked if Mr. Henderson found out anything about that.

Mr. Tim Henderson, consultant, said he didn't, but he could explore it further.

Dr. Kathryn Tart, University of Houston, said the Robert Wood Johnson Foundation funded nine states from 2012 to 2016 for academic progression in nursing. These initiatives helped move students forward from their associate degree to a bachelor's degree.

Mr. Tim Henderson, consultant, said he was aware of the work done through the foundation, but much of it didn't become state policy.

Dr. Janice Hooper, Texas Board of Nursing, asked if there was data on which of these strategies were most effective.

Mr. Tim Henderson, consultant, said that was outside his scope of effort.

Dr. Ginger Gossman, THECB, asked the work group if they wanted Mr. Henderson to look deeper into any of these initiatives.

Dr. Julie Eklund, THECB, asked work group members to either let us know now or after the meeting if there are things they want us to look at closer.

Dr. Kathryn Tart, University of Houston, said there was a lot of data from the federal government's demonstration project for residency programs for nurse practitioners. She asked if there was anyone on the call who could talk about how that worked. She said it was a good program. Texas, Illinois, Florida, and maybe California or New York were part of the program. She said she would like to find out more about it.

Dr. Julie Eklund, THECB, said THECB staff would be happy to look at that.

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

Dr. Julie Eklund, THECB, presented the results from the survey THECB staff sent to work group members regarding their thoughts about the design ideas developed by the three sub-work group at the February 13, 2020, meeting. The PowerPoint with the survey results was included in the agenda materials. The ideas were broken out into two groups: 1) program structure and 2) other state funding strategies.

Dr. Janice Hooper, Texas Board of Nursing, said she has been working with the committee at NCSBN regarding quality indicators of nursing programs, and one of the quality indicators related to students staying in a program is retention of faculty.

Dr. Julie Eklund, THECB, said the plan is to present a strawman to the work group before the next meeting which would be developed based on the feedback received from group members through surveys and in prior meetings. There will be one

related to program structure and one related to other initiatives. Members of the work group are welcome to send ideas for a strawman to THECB staff.

Dr. Kathryn Tart, University of Houston, said the RN-to-BSN is a pipeline for students to earn a bachelor's degree so they can go on to the master's degree and higher. It may not be a priority for funding, but it should be part of the program.

Dr. Steven Johnson, WGU-Texas, echoed Dr. Tart's comments. He said the pipeline to the MSN is critical. When the program was created, the Legislature's focus was on professional nurses.

Dr. Elizabeth Merwin, UT Arlington, echoed Dr. Tart's and Dr. Johnson's comments. She said she also supports articulation and a streamlined approach from community colleges.

Ms. Linda Lane, Texas Tech HSC, said she agrees that RN-to-BSN programs are important, but they are lucrative programs. There are no clinicals involved and it's mostly online. These programs more than pay for themselves. This funding wouldn't be appropriate for these programs.

Dr. Kathryn Tart, University of Houston, said there are clinicals for RN-to-BSN programs.

Dr. Cindy Zolnierrek, Texas Nurses Association, said when the program was redesigned in 2009, the focus was on the prelicensure program. The survey results confirm that there is a need to focus there, but not to the exclusion of other programs.

Dr. Julie Eklund, THECB, said it would be helpful if there is data available about students who do take the pathway from RN-to-BSN to graduate nursing programs with the intention of teaching.

Dr. Kathryn Tart, University of Houston, said the deans and directors have that data, and she would try to get it.

Dr. Tetsuya Umebayashi, Tarrant County College, said he values RN-to-BSN programs, but if we don't have many prelicensure students graduate, then we won't have many RN-to-BSN students either, so it's important to focus on prelicensure students as well.

Dr. Julie Eklund, THECB, asked if we should include a passing rate as an indicator of quality.

Dr. Janice Hooper, Texas Board of Nursing, said she would try to get a list of the quality indicators from the committee on outcomes and metrics. NCLEX was high on the list.

Dr. Elizabeth Merwin, UT Arlington, asked if the report Dr. Hooper mentioned will include benchmark data for the metrics.

Dr. Janice Hooper, Texas Board of Nursing, replied that the plan is to have scoring so we can see when programs have risk factors and we can try to help them early on. There will be a supplemental journal coming out in July.

Dr. Kathryn Tart, University of Houston, said Dr. Hooper has a list of quality indicators we could use related to programs with better test scores.

Dr. Janice Hooper, Texas Board of Nursing, said every October they give a report of their analysis of what they learn from the self-studies to the board members, and that report is available to institutions so they can benchmark their programs against those qualities. She said she will send those to Dr. Eklund.

Dr. Tetsuya Umebayashi, Tarrant County College, said he had concerns about the idea of annual funding with no refunds because a program may say they will have an increase of 20, but only have an increase of 10. In this scenario, they would not have to refund money, even though they didn't meet the criteria.

Dr. Julie Eklund, THECB, said the funding would be based on historical performance, not on projected performance; therefore, the program would earn the money before it receives it.

Ms. Tracey Cooper, Temple College, said one option would be to base funds on a two- to three-year cycle.

Dr. Julie Eklund, THECB, said that approach would bring some stability.

Dr. Julie Eklund, THECB, said a three- to five-year rolling average would add consistency. She said THECB staff would look at past data to see what funding would have looked like using a rolling average.

Dr. Julie Eklund, THECB, said the following comment in the survey responses about combining the three programs resonated with her: "Simplifying the process is more important than combining."

Dr. Ginger Gossman, THECB, said there were several people who commented in the chat that they agreed that simplifying would be better.

Dr. Kathryn Tart, University of Houston, said you can run into problems when you add permanent faculty lines with NSRP funding, which is soft money.

Dr. Julie Eklund, THECB, suggested the work group develop two strawmen: one focused on modifying the current program and the other focused on other initiatives.

Dr. Cindy Zolnierek, Texas Nurses Association, said Dr. Eklund's suggestion makes a lot of sense. She said she would like the group to spend more time fleshing out the initiatives from the other states that Mr. Henderson discussed to see which ones might work in Texas.

Dr. Marla Erbin-Roesemann, Texas State University, said she agrees with Dr. Zolnierek's suggestion, but she also wants to make sure these are not unfunded mandates, because that would put a greater burden on the university.

Dr. Ginger Gossman, THECB, asked for suggestions about how to get that work done before the next meeting.

Dr. Cindy Zolnierek, Texas Nurses Association, suggested that a subcommittee be appointed and that it include lobbyists who are familiar with the issues and who have a good understanding of the funding sources.

Dr. Julie Eklund, THECB, suggested that in the interest of time the group have several sub-groups look at the bills from other states, or THECB staff could do a quick survey to see which of the initiatives from other states work group members are most interested in.

Dr. Nancy Fahrenwald, Texas A&M, said she liked the idea of doing another survey and then having small groups look at a few of the initiatives from other states.

Dr. Kathryn Tart, University of Houston, said she thought these were all good ideas.

Dr. Julie Eklund, THECB, said groups of three representing the various sectors could be appointed to look at a set of initiatives after a quick survey regarding areas of interest.

Agenda Item V: Planning for subsequent meetings

Dr. Ginger Gossman, THECB, said THECB staff would clarify next steps in an email to the work group.

Agenda Item VI: Adjournment

The meeting was adjourned at 3:00 p.m.

From: Hooper, Janice

Sent: 14 May 2020 16:26

To: Julie.Eklund@THECB.state.tx.us; ginger.goss@THECB.state.tx.us; B.J.Bishop@thecb.state.tx.us; david.young@thecb.state.tx.us

Cc: Skloss, Beverly; Benton, Kristin

Subject: NSRP Rider 28 Study Meeting Today

Julie and Ginger:

Thanks for a very good meeting. I think you handled it skillfully and at about the right pace.

I don't mean to imply that you should use everything from NCSBN, but some of the areas you discussed resonated with me because the NCSBN Education Outcomes and Metrics Committee's research findings supported many of the ideas. I will provide the list of quality indicators for programs found successful through data from thousands of data points (See attachment - probably more information than you need). The Metrics committee carried out several research studies, one of which was to look at program data for five years from all nursing programs in 43 states. Another was a Delphi study specifically looking at data related to quality indicators and risk factors for nursing programs. I will list the quality indicators but the one that stood out to me today was one about consistent faculty (rather than where faculty are continuously in turnover and the program is using a lot of adjunct faculty). Rewarding a program for retention of qualified faculty is worth considering.

Dr. Tart suggested I provide information gathered from Self-Study Reports in which programs with a low NCLEX pass rate analyze their programs and identify factors that may have contributed to the pass rate and they then plan corrective measures. The information below provides aggregate information from about 60 Self-Study Reports showing common self-identified weaknesses in their programs. This is from a more negative perspective and may not be as useful for the committee:

Common Areas of Weakness Identified in SSRs from Professional Nursing Programs:

1. Admission and readmission criteria are too low, too lax: Programs acknowledge that many students who failed the NCLEX examination did not meet the admission criteria. Readmission

criteria for students who failed a course or courses were not strictly followed and these at-risk students were allowed to repeat multiple courses.

2. Student policies were not followed regarding grading and testing irregularities.
3. Faculty have not been provided with ongoing faculty development. New faculty need a planned orientation with mentoring by seasoned faculty. Areas recognized as needs for faculty development include test item development, test blue-printing, item analysis, teaching strategies, and clinical instruction/grading.
4. Curriculum has not been regularly reviewed and revised. The changing environment in health care requires updating the program of study.
5. The Total Program Evaluation Plan has not been effectively used for quality improvement of the program.

Another anecdotal finding from many SSRs is that faculty are not consistent in their grading and evaluating students.

Considering that the goal for the NSRP committee is to suggest funding strategies to help reduce the nursing shortage, it was helpful for me to have this visual:

Capacity to take more students through faculty growth and retention (funding incentives for faculty)	Ensure quality in nursing educational programs by setting criteria (NCLEX, graduation rates, sound curriculum, valuable clinical learning experiences)	Support programs to assure nurses are qualified as faculty and as nurse leaders (support for RN-to-BSN, graduate programs)
Result: more nursing students	Result: successful nursing students	Result: Growth of the Profession

Can funding be based on previous year's performance rather than projected performance?

If I can help in any way, please call on me. Thank you.

Sincerely,

Janice I. Hooper, PhD, RN, FRE, CNE, FAAN, ANEF

Nursing Consultant for Education

Texas Board of Nursing

Regulatory Quality Indicators

1. Institutional administrative support of the nursing program.
2. Consistent administrative leadership in the nursing program.
3. Consistent full-time faculty, as opposed to reliance on adjunct faculty.
4. Faculty teaching clinical courses demonstrate current clinical competence.
5. Evidence-based curriculum that emphasizes critical thinking and clinical reasoning skills.
6. Evidence-based curriculum that emphasizes quality and safety standards for patient care.
7. Clinical experiences with actual patients that prepare students for the reality of clinical practice.
8. Significant opportunities for a variety of clinical experiences with diverse populations.
9. Quality simulation is used to augment clinical experiences.
10. Admission criteria that emphasize a background in the sciences.
11. Program has national nursing accreditation.
12. Program has a systematic process in place to address and remediate student practice errors.
13. Collaboration between education and practice when planning for clinical experiences.
14. Consistently has a pattern of NCLEX pass rates that meet set standards.
15. Faculty are able to role model professional behaviors.
16. Administrative support for ongoing faculty development.
17. Ongoing systematic evaluation of the nursing program.
18. Comprehensive student support services.

Red Flags

1. Unwillingness of healthcare institutions to host clinical experiences for the nursing program's students.
2. Trend of NCLEX pass rates is inconsistent or decreasing.
3. Complaints to the nursing program or board of nursing from employers, students or faculty.
4. Over-reliance on simulation to replace clinical experiences with actual patients.
5. Pattern of student attrition.
6. Pattern of faculty attrition.
7. Limited clinical experiences that do not prepare the students for practice.
8. Lack of consistent and prepared clinical faculty.
9. Pattern of nursing program administrator attrition.
10. Poor leadership in the nursing program.
11. Curriculum is based on "teaching to the NCLEX."

Program Outcomes

1. Graduation rates of students in the nursing program.
2. Employer satisfaction with the graduates' readiness for practice.
3. NCLEX pass rates of the nursing program.
4. Consistency of graduate employment rates with regional data on nurse employment rates.
5. Graduates' satisfaction with the nursing program.
6. Relationship the nursing program has with its clinical partners.
7. History of board of nursing discipline with the graduates of the nursing program.
8. Graduate preparedness to practice for an interprofessional environment.

NSRP Strawman

There are two components to the NSRP strawman: the first relates to the structure of the current program and the second relates to other state funding strategies to address the state's nursing shortage. The strawman below relates to the first component.

The proposal is designed to do the following

- Make the program easier to understand and administer
- Make funding more consistent and predictable
- Prioritize initial licensure nurses
- Incorporate a measure of quality

Proposed changes

- Have one program instead of three, based on the increase in the number of nursing graduates. Below are the CIP codes for the program:

	2020 CIP Codes
Registered Nursing / Registered Nurse	51.3801
Nursing Administration	51.3802
Nurse Anesthetist	51.3804
Nurse Practitioner	51.3805
Nurse Midwife/Nursing Midwifery	51.3807
Nursing Science (PhD)	51.3808
Public Health/Community Nurse/Nursing	51.3811
Clinical Nurse Specialist	51.3813
Nursing Education	51.3203
Nursing, Practice (DNP)	51.3818
Clinical Nurse Leader	51.3820
Diploma Programs	N/A

- **RN to BSN Funding Limit.** Increases for RN-to-BSN graduates will be funded at the same rate as increases for initial licensure graduates, except the award limit for increases in RN-to-BSN graduates is 20% of the total appropriation. If the 20% award limit is reached, the per-student award amount for increases for RN-to-BSN graduates will be decreased. Currently, RN to BSN data is not uniformly reported, so additional data collection would be required to implement this recommendation in the next biennium.
- **Graduate Degrees.** Include a weight of 2.0 for increases in graduate nursing degrees earned in areas that lead to instructional credentials for graduates (CIP codes 51.3808 and 51.3203)
- **Quality.** Factor in an incentive to prioritize program quality while rewarding growth by varying funding rates based on NCLEX pass rates. The following rates would be based on the most recent year. These calculations will be done for all awards, including graduate nursing degrees earned in areas that lead to instructional credentials.
 - Institutions with a pass rate of 90% or higher: 1.0
 - Institutions with a pass rate of 80% to 89.99%: 0.9
 - Institutions with a pass rate below 80%: 0.8
 - Institutions on probation would not be eligible to participate in NSRP (which is the current practice)

- **Maximum Award.** The maximum award per increase in the number of graduates is \$25,000 per graduate, except the maximum award per increase for graduate nursing degrees earned in areas that lead to instructional credentials is \$50,000 per graduate due to the increased rate. Reductions based on NCLEX pass rates below 90 percent will be applied to the maximum award.
- **Process.**
 - Calculation is based on a three-year rolling average of the latest graduation data available. For the 2022-23 biennium, the award would be based on the average increase from 2017, 2018, and 2019 to 2019, 2020, and 2021. For new programs that don't have five years of data, the years available will be used to calculate the averages.
 - Funding for both years of the biennium will be calculated and distributed in the first year as soon as possible after institutions submit graduation data in October of odd-numbered years (even-numbered fiscal years).
 - No advances, and no settle-up process will be needed unless funds are spent on non-qualifying expenditures or are not spent within four fiscal years after the year of the award.
- Strike the statutory language that refers to NSRP funds as grants
- Add a new degree code on the CBM 009 for RN-to-BSN graduates to enable accurate and reliable tracking of graduates

Factors that would not change

- Nursing programs apply every biennium to participate in NSRP.
- Institutions have discretion in how they spend the funds, if the expenditures contribute to program goals
- Awards must supplement current nursing program funding (cannot replace existing funding)
- Awards or data submitted under this program are subject to audit by internal and/or external auditors
- Institutions will be required to submit an Annual Report

**NSRP Strawman
Increased Number of Graduates**

See Notes below.

See Notes below.							
Institution Name	Number of Graduates		Increased Number of Graduates	2	1	Total	2019 NCLEX Score
	Base Three Year Average FY 15-17	Current Three Year Average FY 17-19		Nursing Educator 51.3808 & 51.3817	All Other	Weighted Graduates	
Community Colleges (Including Tech and Tech Prep):							
Alvin Community College	70	76	6	N/A	6	6	93.98%
Amarillo College	108	122	14	N/A	14	14	95.65%
Angelina College	74	77	3	N/A	3	3	88.46%
Austin Community College	240	247	7	N/A	7	7	93.19%
Blinn College	86	86	-	N/A	0	0	97.65%
Brazosport College	27	25	-	N/A	0	0	74.29%
Central Texas College	70	62	-	N/A	0	0	95.95%
Cisco College	45	56	11	N/A	11	11	70.00%
Collin Co. Community College District	139	181	42	N/A	42	42	89.42%
Del Mar College	98	127	29	N/A	29	29	93.10%
Hill College	9	16	7	N/A	7	7	86.96%
Houston Community College	101	66	-	N/A	0	0	88.89%
Lamar State College - Port Arthur	74	32	-	N/A	0	0	100.00%
Lee College	66	66	-	N/A	0	0	88.46%
Mountain View - Dallas Co. Comm. College	22	30	8	N/A	8	8	94.74%
San Jacinto College Central & North Campus	177	139	-	N/A	0	0	98.20%
South Plains College	79	65	-	N/A	0	0	87.69%
South Texas College	197	241	44	N/A	44	44	88.42%
Tarrant County - South Campus + Trinity River Campus	249	276	27	N/A	27	27	87.29%
Temple College	75	74	-	N/A	0	0	92.63%
TX State Tech College - West Texas	57	75	18	N/A	18	18	76.62%
Weatherford College	125	135	10	N/A	10	10	91.57%
22 Total Community Colleges	2,188	2,274	226		226	226	

State Universities:

**NSRP Strawman
Increased Number of Graduates**

See Notes below.

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Institution Name	Number of Graduates		Increased Number of Graduates	2	1	Total	2019 NCLEX Score
	Base Three Year Average FY 15-17	Current Three Year Average FY 17-19		Nursing Educator 51.3808 & 51.3817	All Other	Weighted Graduates	
Sam Houston State University	77	104	27	0	27	27.0	96.36%
Stephen F. Austin State University	135	124	-	0	0	0.0	96.83%
Tarleton State University	162	198	36	0	36	36.0	83.70%
Texas A&M Univ. - Corpus Christi	327	354	27	0	27	27.0	92.80%
Texas State University	113	120	7	0	7	7.0	100.00%
Univ. of Texas at Arlington	3,686	4,737	1,051	0	1051	1,051.0	92.71%
Univ. of Texas at Austin	225	207	-	0	0	0.0	94.83%
Univ. of Texas at El Paso	497	497	-	0	0	0.0	97.64%
Univ. of Texas - Permian Basin	38	61	23	0	23	23.0	82.46%
Univ. of Texas Rio Grande Valley	215	180	-	0	0	0.0	92.50%
West Texas A&M University	174	167	-	0	0	0.0	97.01%
11 Total State Universities	5,649	6,749	1,171	0	1,171	1,171.0	
Independent Institutions							
Abilene Christian University	47	51	4	0	4	4.0	96.08%
Baylor University	215	256	41	0	41	41.0	93.44%
Concordia University	42	77	35	0	35	35.0	100.00%
Schreiner University	60	74	14	0	14	14.0	New
4 Total Independent Institutions	364	458	94	0	94	94.0	
Health Related Institutions:							
Texas Tech Univ. Health Sciences Center	1,153	1,300	147	14	133	161.0	96.72%
Texas Tech Univ. HSC at El Paso	82	128	46	0	46	46.0	91.07%
UT Health Science Center - Houston	548	715	167	7	160	174.0	96.98%
Texas A&M Health Science Center	157	201	44	1	43	45.0	99.28%
UT Medical Branch - Galveston	544	571	27	0	27	27.0	98.75%

**NSRP Strawman
Increased Number of Graduates**

See Notes below.

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Institution Name	Number of Graduates		Increased Number of Graduates	2	1	Total Weighted Graduates	2019 NCLEX Score
	Base Three Year Average FY 15-17	Current Three Year Average FY 17-19		Nursing Educator 51.3808 & 51.3817	All Other		
5 Total Health Related Institutions	2,484	2,915	431	22	409	453.0	
Total All Other Than Community Colleges							
42 Grand Totals - All Institutions	10,685	12,396	1,922	22	1,900	1,944.0	

Notes:

For example purposes, the base year is the average of graduates for FY 2015, FY 2016, and FY 2017 compared to the three year average of graduates for FY 2017, FY 2018, and FY 2019.

Nursing Educator weight has been increased from 1.5 to 2.0.

The RN to BSN graduate count has not been refelected due to the lack of uniform/complete data.

NSRP Strawman

Other State Funding Strategies

Note: Comments in red were provided by our consultant, Mr. Tim Henderson, MSPH MAMC

Sub-work Group One: Didactic Faculty

Members: Dr. Marla Erbin-Roesmann and Ms. Tracey Cooper

1. Pursue an initiative similar to the Faculty Salary Enhancement program from South Carolina for state colleges and universities which brings faculty salaries within the average for the geographic region of the state. Could be based on AACN salary data.

THECB staff note: The following is a summary of South Carolina's faculty salary enhancements initiative. This enhancement is intended to bring salaries for nursing faculty within the average for the geographic area in which the State of South Carolina competes for nursing faculty. In regard to these faculty salary enhancements, the Commission on Higher Education, upon consultation with members of the Advisory Committee on Academic Programs (ACAP) from institutions with accredited nursing programs and the chairperson, or designee, of the South Carolina Council of Deans and Directors in Nursing Education, shall determine and distribute funds from the Critical Needs Nursing Initiative Fund to the institutions where such faculty are employed. The governing body of the institution pursuant to its procedures shall then allocate these enhancements among its affected faculty in such amounts as it determines appropriate consistent with the guidelines of this chapter.

I have a message out to someone in SC, but in meantime, would recommend that this SC policy be explored further to detail how this work in TX in terms of geographic regions and current salary disparities and what this might mean for state funding.

2. Funding for faculty pursuing a doctorate with an emphasis on education. Tuition waivers at any state university for those faculty who teach in a state university school of nursing 50% or more during the academic year, to be reimbursed by the state. No unfunded mandates for universities already suffering from budget cuts. Must agree to teach for 5 years in nursing education in the state of Texas.

Sounds good. Perhaps can begin to define how much of the tuition would be covered by a waiver and what the degree looks like in terms of curriculum requirements and expected length of time to complete, etc.

3. Increase amount of money available for loan repayment participation, and include part-time faculty--50% or more per academic year. Must agree to teach for 5 years.

Sounds good.

Sub-work Group Two: Clinical Faculty, Preceptors and Training Sites

Members: Dr. Nina Almasy and Dr. Janice Hooper

Assumptions: Increasing the number of potential faculty and preparation of effective preceptors will provide additional instructional personnel.

Challenges in addressing nursing shortage in Texas:

- Include but not limited to shortage of qualified faculty, lack of preceptors, and lack of clinical sites.

Rationale: Many programs state on the NEPIS that one of the top reasons they cannot enroll more students is because there is a need for more faculty. Increasing the competencies for preceptors to serve as faculty-extenders may mean a more efficient use of preceptors and the ability to increase the clinical groups. Also, preparing working RNs to serve as adjunct nursing faculty will increase the faculty pool:

1. Del Mar College is implementing a Board-approved innovative pilot project where preceptors receive a 6-week course focusing on knowledge and skills for the preceptor role, followed by a shadowing experience with a seasoned nursing faculty. This preparation allows the clinical group to grow by two more students under the supervision of trained preceptors. Data thus far indicates satisfaction with this model and success in clinical instruction.

Recommendation: Funding for the preceptor training and stipends for preceptors engaging in the training.

Sounds interesting. Would the funding go to Del Mar's pilot project or to other nursing programs/preceptors to support their implementation of this model? How large would this funding need to be in terms of meeting the current demand for new preceptors?

2. The Texas Team Education Committee is preparing an online toolbox for working RNs who are interested in teaching students to gain teaching skills and to become an adjunct instructor.

Recommendation: Funding for preparation of working RNs to become adjunct faculty. Sounds good. What is the current level of interest in RNs doing this training? Would the funding be just for the cost of the toolbox or might it also include incentives for working RNs to do this (e.g., training stipend, CEUs, etc.)?

3. Provide incentives for nurses to serve as preceptors.

Recommendation: Explore providing tax credits to preceptors who enroll in nursing courses or serve as preceptors. Not sure this makes sense since TX has no state income tax.

Rationale: One of the quality indicators found by the NCSBN Education Outcomes and Metrics Committee is a nursing faculty who have maintained clinical skills. Quality in nursing education equates to a higher retention rate and graduation rate - thus more nurses to enter practice.

Recommendation: Provide an avenue for nursing faculty to receive ongoing professional development and skill updates through a funded program to allow faculty an annual two or three-week opportunity to follow practicing RNs in health care settings focused on practicing skills and using new equipment. This could be funded through stipends for faculty and could be planned during summer breaks or for newly hired faculty. Sounds interesting. I'm not fully clear on the intent of this idea. Is the intent to provide existing didactic faculty to refresh their clinical skills for purposes of enhancing their teaching knowledge???

Rationale: Board rules allow programs to hire Clinical Teaching Assistants working under the MSN-prepared faculty and by doing this, the clinical groups can increase by 5. This growth in the number of students under the supervision of the MSN-prepared faculty and the CTA increases the number of students progressing through the program.

Recommendation: Provide funding for programs who use CTAs in the faculty mix. Sounds interesting. Would the funds mainly support the hiring of CTAs? Would there a need also for funds to support the education of more CTAs as well?

Sub-work Group Three: Students

Member: Ms. Julie Arteaga

No recommendations at this time.

Sub-work Group Four: Educational Pathways and Partnerships

Members: Dr. Kathryn Tart and Dr. Tetsuya Umebayashi

1. Request that the BON list the current pathways and partnerships on their website under "Education - Formal Education Programs for Students", "Texas Approved RN Education Programs".

https://www.bon.texas.gov/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf The eighth column could be links to the Nursing Programs' CAB NET agreements, Dual Enrollment, Transfer Plans or Guided Pathways to Success.

RATIONALE: Quality indicator, incentivize for NSRP funding, transparency for students seeking a BSN.

2. RN-BSN stand-alone programs need to be listed publicly.

RATIONALE: Students do not know where they can attend such programs, nor with which Community College there is a pathway or partnership.

These sound like good ideas, but don't think they require a legislative fix. Perhaps a regulatory adjustment by the BON?

There is not a mechanism to determine National Accreditation for the programs. NSRP incentivize for funding, transparency for students. See my comment under #4.

3. New Associate Degree Nursing programs need a University Partner to be approved by the BON.

RATIONALE: Increases the pathway, partnerships and transparency for students, NSRP incentivize for funding.

See my above comment for #1 and #2.

4. All Nursing Programs should have National Accreditation or be in the active application phase. Currently in Texas there are 26 ADN programs and 3 BSN programs without National Accreditation.

https://www.bon.texas.gov/pdfs/education_pdfs/education_programs/ApprovedRNschoools.pdf

RATIONALE: Quality indicator, NSRP incentivize for funding.

Perhaps THECB can comment on the relevance for NSRP funding to incentivize quality improvement through accreditation??

While these recommendations do not specifically state how to distribute the funds, the intention is to support pre-licensure nursing programs and RN-BSN programs that demonstrate quality, transparency, pathways and partnership for eligibility for NSRP funding.

Sub-work Group Five: Workforce Planning, Evaluation, and Investment

Member: Dr. Cindy Zolnierrek

No recommendations at this time.