



## **Texas Nursing: Our Future Depends on It**

A Strategic Plan for the State of Texas  
To Meet Nursing Workforce Needs of 2013

Developed by:



Addressing Nursing Education Capacity

In Collaboration with:  
Texas Board of Nursing  
Texas Higher Education Coordinating Board  
Texas Nurses Association  
Texas Center for Nursing Workforce Studies  
Texas Hospital Association  
Texas Workforce System  
American Association of Retired Persons – Texas Office  
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## A. Summary

The nation and Texas faces a shortage of nurses predicted to worsen over the next twenty years as baby boomers age and the need for health care grows. Texas schools of nursing, like others across the nation, face significant barriers to increasing capacity and output of graduates. Nursing schools face the challenge of revising curricula and educational approaches to better match the realities of clinical practice in the 21<sup>st</sup> century, including the need to continuously improve the quality and safety of nursing and health care delivery across the state.

*Texas must strive for synergies, partnerships, disruptions and innovation in order to meet the goal of producing sufficient initial RN licensure graduates.*



The purpose of this Strategic Plan to Address Nursing Education Capacity in Texas is to provide comprehensive strategies which address the complexity of nursing education capacity for the State of Texas and the need to increase the number of graduates to meet demands projected for 2013 and ultimately 2020 by the Texas Center for Nursing Workforce Studies (TCNWS).

This strategic plan supports growth, regionalization and partnerships as the primary framework to operationalize actions needed by Texas to meet this overwhelming challenge. With the critical shortages of nurses and nurse educators, schools of nursing must double enrollments or the state risks being left behind. Regionalization has many benefits, not the least of which is an increased ability to operate efficiently. Currently, there are almost one hundred schools of nursing across the state. The only traditional stumbling block to regionalization is the fear of giving up autonomy. The fear of change can be a strong motivator to maintain the status quo. To meet the workforce needs of the state, regionalization and support from health consumer and system partners appears to be primary mechanisms which can assure local control while maximizing resources.

## B. Background

Texas began addressing the reemerging nursing shortage in 1999 under the leadership of the Texas Nurses Association – joined by the Texas Hospital Association, Nursing Education Policy Coalition (no longer in existence), and the Greater Houston Partnership. These stakeholders developed a legislative agenda which resulted in the passage of the Nursing Shortage Reduction Act (NSRA) of 2001 (77<sup>th</sup> Texas Legislature). During the 2003 Texas Legislative Session (78<sup>th</sup>), the Texas Center for Nursing Workforce Studies was established. Each subsequent year, the legislature has continued to fund and expand the NSRA, resulting in significant investment by the state in addressing the nursing shortage. Multiple reports have been produced in response to legislative requests including the 79<sup>th</sup> and 80<sup>th</sup> Texas Legislatures.

This plan was developed by the Texas Team in coordination with the Office of the Governor for the State of Texas and in response to a call to action by the Center to Champion Nursing in America – a joint initiative of AARP,

the Robert Wood Johnson Foundation, U.S. Health Resources and Services Administration (HRSA), and the U.S. Department of Labor. The Texas Team was selected to join 16 other states at a national Nursing Education Capacity Summit (June 2008) hosted by the Center to Champion Nursing in America. The Texas Team eagerly worked to develop a strategic plan which designs new approaches to increase nursing education capacity in the State of Texas. Coordination and collaboration among all public and private producers of nurses and consumers of nurses will be critical as Texas plans to meet the healthcare needs from 2013 through 2020.

The Texas Team held seven meetings in 2008 – June through December – to discuss nursing workforce issues, nursing education capacity issues and to specifically identify strategies which address the “bottle neck” occurring in nursing education. The Texas Team’s work was augmented by the work of Texas Center for Nursing Workforce Studies, the Texas Higher Education Coordinating Board Advisory Committee on RN Nursing Education (ACORN), the Texas Nurses Association, the Texas Hospital Association and the Texas Board of Nursing. Specifically, the Texas Team integrated components from reports and work plans generated by all these collaborating partners.

### C. Coordination and Implementation

The strategic plan is designed to provide guidance over the next four years to state and local nursing workforce planners, hospitals, community colleges, universities, and schools of nursing by communicating the necessary steps needed to address nursing education capacity challenges facing the state. The plan is designed as a living document that will be updated over time as the nursing education and workforce environments change and as the priority actions are addressed and implemented.

Under this plan, state agencies and partners represented by the Texas Team are responsible for strengthening coordination and collaboration among the nursing workforce partners – governmental agencies, community colleges, universities, health sciences centers, local and regional workforce entities, hospitals, health professional associations, businesses and other private/public foundations and entities – to implement the priority actions and achieve the goals set forth in the plan. The Texas Team and endorsing organizations will also serve as the forum for discussion and as the decision making body for changes to the strategic plan.

Under the plan, all nursing education capacity planning and development activities will be tracked and performance measured to guarantee progress is achieved. Nursing workforce funding streams – federal, state, local, and private – will be identified, coordinated, and linked to the strategic plan to ensure maximum return on investment.

*Nursing education capacity is a broad term which describes the national need to educate and graduate a professional nursing workforce to sufficiently meet the nation’s future need for nurses.*



## D. Endorsing Organizations and Plan Availability

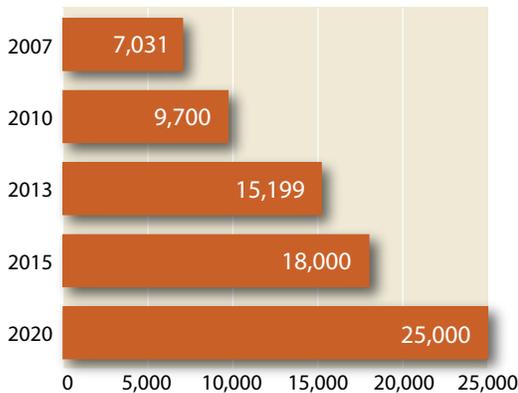
Stakeholders provided input into the development of this plan during fall 2008. Those organizations and stakeholders that have endorsed this plan agree with the content, and agree to support and promote initiatives within their own organizations to implement the plan. The plan is a living document and can be accessed along with updated materials and a list of stakeholders at

<http://www.dshs.state.tx.us/chs/cnws/default.shtm>.

The Texas Team wishes to thank all those stakeholders who have engaged in development, support, and implementation of the plan.

## E. Key Findings and Recommendations

- Texas and the nation are facing a critical shortage of registered nurses (RN). According to a recent report by the TCNWS, Texas will not produce sufficient RNs to meet the healthcare demands of Texans through 2020 without major interventions to increase RN supply.
- Between 2005 and 2020, demand for RNs is expected to increase by 86% and supply by only 53%.
- Texas schools of nursing turned away 41% (7,765) of qualified applicants to nursing schools in 2007. In 2007, 85 initial RN licensure nursing programs reported a need for 265 additional full-time and 159 part-time faculty and 93 clinical assistants to increase enrollments by 20%.
- Texas schools (86 initial licensure programs) produced 7,031 RN graduates in 2007. For supply to meet demand, the number of new graduates must grow to 9,700 in 2010; 15,199 by 2013; 18,000 in 2015; and to 25,000 in 2020.
- Although Texas has already implemented multiple strategies via a variety of partnerships and legislative initiatives to meet demand by 2020, additional support is necessary to achieve these goals.
- Increasing capacity in nursing programs will involve:
  - Acquiring the financial resources to recruit and retain additional qualified faculty and students
  - Acquiring additional clinical instruction sites
  - Fostering innovative public-private partnerships
  - Developing other educational modalities (e.g., simulation centers).
- Texas schools of nursing are not all equal. They differ in size, in ability to expand capacity, in graduation and retention rates, in efficiencies in producing graduates, and in availability of resources. Consequently, a single across-the-board approach to increasing RN graduates is not likely to work.



- With a critical shortage of nurse educators, schools of nursing must change or the state risks being left behind. The state must educate, recruit and retain a sufficient nursing faculty workforce. New educational modalities and regional sharing of resources are required to assist in addressing the faculty shortage.
- Regionalization appears to be a primary mechanism which can assure expanded capacity while maintaining local control and maximizing limited resources.
- Not all schools will be able to or will want to increase production of initial RN graduates. However, all schools must be incentivized to produce the maximum number of nursing graduates possible and to support regional efforts to meet the goal of doubling the number of initial RN graduates by 2013.
- A strong need exists for alignment of the State's resources around a shared vision and plan.
- Engaging a broader base of stakeholders is necessary to create new partnerships and successes.
- Texas businesses, including hospitals and health plans, have a vested interest in assuring healthy Texans and can play a significant role in solving this state-wide nursing shortage. It behooves Texas businesses to take a proactive approach to mitigate these costs wherever possible. Texas businesses must engage as partners in solving the nursing shortage.
- Education, health care sectors, private sectors (including businesses), policy and regulation must be linked together to address the shortage of nurses in a synergistic effort to increase the capacity of nursing schools across the state.



## F. Goals and Objectives

This strategic plan communicates high-level goals and strategic objectives, while priority actions are presented in a more detailed action plan.

Three goals serve as the foundation for the strategic plan:

*Support Growth and Accountability* By 2013, double the number of initial RN graduates from Texas Schools of Nursing to 15,199.

*Develop Regional Academic Partnerships* Create new efficiencies and innovations in nursing education through development of regional partnerships which support doubling the number of initial RN graduates.

*Leverage New Partnerships* Establish new relationships and partnerships with health care consumers, system participants (e.g., hospitals, health plans, and business communities) and academic institutions to support development of the nursing workforce.





### Goal 1: Support Growth and Accountability

By 2013, double the number of graduates from Texas Nursing Schools to 15,199.

**Strategy 1.1:** Support the strategies recommended by the Texas Nursing Workforce Shortage Coalition to seek funding in the 81st Texas Legislature which supports doubling initial RN licensure graduates by 2013.

**PRIMARY LEAD:** *Texas Nursing Workforce Shortage Coalition (A joint effort of: Arlington Chamber of Commerce, Brazos Valley Chamber of Commerce, Dallas-Fort Worth Hospital Council, Deans & Directors of Texas Schools of Nursing, Greater Houston Partnership, Greater San Antonio Hospital Council, Teaching Hospitals of Texas, Texas Association of Business, Texas Hospital Association, Texas Nurses Association, and Texas Organization of Rural & Community Hospitals).*

The Nursing Workforce Shortage Coalition represents a broad based group of stakeholders representing business, education, and consumers of healthcare. The coalition agrees that the best way to approach the goal of doubling the number of initial RN licensure graduates by 2013 is via expansion of the Nursing Shortage Reduction Program (initially passed by the legislature in 2001).

Phase I of the Nursing Shortage Reduction Program included \$14.7 million per biennium. Even with this level of funding, it is estimated that by 2013 production will lag behind demand by approximately 5,000 RNs per year. The initial \$14.7 million has produced a cumulative 55 percent growth in nursing graduates. However, the Coalition believes that further investment of state funds into the Nursing Shortage Reduction Program is necessary to reach the goal of 15,199 initial RN graduates in 2013 in order to meet the needs of Texas citizens.

Coalition members support strategies created by regional coalitions of nursing schools and community partners, while being accountable for producing more nursing graduates. All funding supporting such strategies should be based on a business plan and provide evidence of outcomes related to goal achievement. Accountability for those receiving additional state and/or private funding must be linked to productivity outcomes (i.e. production of graduates).

**Strategy 1.2:** Establish targets and measure progress on producing graduates utilizing “business model” concept.

*PRIMARY LEAD: TCNWS & Texas Higher Education Coordinating Board (THECB)*

To meet growth projections, Texas must establish target numbers for graduates and monitor progress toward meeting those targets to assure that the state has sufficient resources to meet the nursing health care needs of 2013 and beyond. All schools of nursing in the state must respond to the need for growth and set strategic goals to reach the overall number of graduates needed to meet workforce demands. This plan supports the concept of regionalization, and recommends that the state be divided into regions, and that each region of the state be given a target goal or “fair share” of the total number of graduates needing to be produced by Texas schools of nursing. Each region would then utilize strategies identified within this plan and/or potential other strategies not identified in order to achieve the established target number of RN graduates by 2013.

**Strategy 1.3:** Calculate graduation rates and promote best practices.

*PRIMARY LEAD: THECB and Texas Board of Nursing (TBON)*

Ensuring the graduation of nursing graduates from Texas Schools of Nursing is a critical strategy toward goal achievement of doubling the number of graduates. The TCNWS 2007 Update on Professional Nursing Programs reported additional resources were needed to retain students. Graduation rates will be calculated for all schools in the state and best practices will be promoted across schools by the THECB and BON. Examples of best practices include ACE (Achieving College Excellence) which provides academic support through tutorial services, peer advising, and workshops to enhance academic performance and student development (i.e., time management, stress reduction, study skills and test-taking skills). Retention strategies should be coordinated across designated regions, assuring that schools with low graduation rates are mentored/supported by partner regional schools.



## Goal 2: Develop Regional Academic Partnerships

Create new efficiencies and innovations through development of regional academic partnerships.

**Strategy 2.1:** Create regional nursing school/academic partnerships which support rapid growth of high quality educational programs.

In order to double the number of initial RN graduates by 2013 followed by the needed four-fold increase in graduates by 2020, a strategically coordinated response must be launched which engages all existing and future schools of nursing in the state. Texas currently has 94 schools of nursing along with a growing number of new schools preparing initial licensure graduates. To increase the supply of nurses to meet healthcare needs of a growing and diverse population presents unique challenges in a large state such as Texas.

Regionalization is envisioned as the backbone to success in achieving this goal. Regionalization provides opportunities for a unified, strategic approach to address the nursing shortage and to overcome nursing education capacity issues in order to meet the states needs. By creating regional innovation systems that can drive expansion of nursing schools, assets – human, capital, institutional and community – can be leveraged to address the critical shortage of nurses. A systematic regional process can be utilized to identify innovation assets or develop strategies to ensure that these assets are sufficiently linked and leveraged.

The fear of change can be a strong motivator to maintain the status quo. But with critical shortages of nurses and nurse educators, schools of nursing must change or the state risks being left behind. This strategic plan supports regionalization of Texas Schools of Nursing. Regionalization has many benefits, not the least of which is an increased ability to operate efficiently. As of November 2008, there were 94 schools of nursing across the state.

To meet the nursing workforce needs of the State regionalization appears to be one primary mechanism by which local control can be assured while maximizing resources and leveraging regional assets/strengths.

*Sub-Strategy 2.1.1: Support curriculum model/s for RN nursing education in Texas which promotes regional sharing of resources.*

*PRIMARY LEAD: THECB*

Beyond the challenge of increasing capacity to educate a sufficient number of qualified RN graduates, Texas nursing schools are also challenged to make curriculum revisions. The 2003 Institute of Medicine Report, "Health Professions: A Bridge to Quality", calls for educational institutions to ensure that their health educational programs help students "develop and maintain proficiency in five core areas:

- Patient safety coupled with patient-centered care;
- Working as part of interdisciplinary teams;
- Practicing evidence-based nursing;
- Focusing on quality improvement; and
- Using information technology.

The Robert Wood Johnson Foundation funded Quality and Safety Education for Nurses (QSEN), to assist programs to integrate these competencies into the undergraduate nursing curricula.

This Texas plan supports "A New Curriculum Model for Initial RN Licensure Programs" developed by the THECB in fall 2008 which utilizes the five core competencies identified by the Institute of Medicine (IOM) and QSEN strategies for integration into the nursing curricula. Regional application of this or similar models of nursing education curricula would facilitate regional sharing of resources, including shared faculty through joint or adjunct appointments and shared expertise in curricular design.

*Sub-Strategy 2.1.2: Create and implement a plan which aligns regional faculty resources and development initiatives.*

*PRIMARY LEAD: Designated Regional Leaders in Collaboration with Regional Schools and Partners*

The nurse faculty shortage presents a significant barrier to increasing a school's enrollment capacity. Efforts to increase the number of Texas faculty have focused on expansion of masters/doctoral education programs and targeting clinical practice nurses for faculty extension/clinical education support roles. This plan further endorses collaboration among community colleges, universities and health sciences centers to leverage scarce faculty resources. Schools of nursing, hospital partners, and other health care

entities located in identified regions of the state should work together to “share faculty” among regional schools/hospitals/entities, collaboratively designing and implementing a plan to “grow their own”, and initiate developmental activities which leverage a regional approach.

Regional partners should also support students and graduates to progress up the nursing career ladder – from high school to certified nursing assistant, to licensed vocation nurse, to registered nurse, to baccalaureate preparation, and on to the highest levels of education – including supporting those who seek to become nurse educators. Each region should assess mechanisms to assure sufficient numbers of nursing faculty and create methodologies/strategies to develop a robust faculty pipeline needed to double initial RN licensure graduates by 2013.

*Sub-Strategy 2.1.3: Create regional interdisciplinary clinical simulation centers which expand clinical education capacity and support new models of clinical education.*

*PRIMARY LEAD: THECB*

The utilization of clinical simulation centers as a venue for clinical education in the health professions is growing. The aviation industry was on the forefront of creating “simulated environments” with the advent of “flight simulators” in training pilots to fly before venturing into the sky with hundreds of customers. Historically health professionals have learned to “fly” in real health care settings (i.e. hospitals, clinics, operating rooms) with real patients. New evidence based educational outcomes are emerging which validate the value of clinical simulation as a safe and highly effective strategy in the education of nurses and other health care providers. These centers provide health professions students an opportunity to learn in a simulated environment before delivering care to actual patients. Simulation is used to improve clinical decision making, psychomotor skills, communication techniques, and improve teamwork. Students are able to make mistakes and learn from those mistakes without risks to patients, allowing the learner to review and practice procedures as often as required to obtain proficiency without harm to patients. Some believe that in the future at least 50% of all nursing clinical education can be provided in clinical simulation centers, while conserving already overcrowded and congested clinical sites for expanding numbers of students.

Clinical simulation centers are designed to replicate a clinical setting. Cost of building simulation centers vary according to design, equipment and volume of planned usage. A regional approach should be utilized to share this type of valuable resource in order reduce cost and maximize production of initial RN graduates across the state. Regionalization of clinical simulation resources can be realized through academic and community coordination, regional arrangements to share faculty and technical resources, collaborative and innovative models of education, and the commitment of partnerships

*This strategic plan supports growth, regionalization and partnerships as the primary framework to operationalize actions needed by Texas to meet this overwhelming challenge.*



that can bring creative funding which promotes excellence in nursing education, patient safety and interdisciplinary teamwork.

Sub-Strategy 2.1.4: Develop regional clinical placement of students to maximize competency attainment and faculty resource sustainability.

*PRIMARY LEAD: Regional Partners with support from THECB and TBON*

As a practice oriented profession, nurses learn to provide care in actual care delivery settings – hospitals, clinics, community centers, etc. (clinical affiliates) – under the supervision of faculty. Texas schools of nursing consistently report insufficient space in clinical affiliates as a barrier to expanding enrollments and graduations. To meet the goal of doubling graduates by 2013, an efficient method of managing clinical placement is essential to increase the capacity for enrollments. Some areas of the state utilize computerized/standardized clinical placement tools and methodologies. Regions should develop systems which maximize collaboration and increase clinical placement availability, including clinical placement in regional clinical simulation centers.

Sub-Strategy 2.1.5: Develop regional portal/pathway education systems to increase nursing school admissions, promote retention activities, and seamless transition between associate and baccalaureate education.

*PRIMARY LEAD: Regional Partners with support from THECB and TBON*

Lack of standardized application systems result in duplication of applications, vacant admission slots and the inability to utilize resources to assess, track and retain “at risk students”. Texas is currently funding two pilots through the 2008-2009 Nursing Innovation Grant Program to address both a common application portal and a robust retention portal. Strategies being tested include a standardized student application portal; centralized student database which addresses student background, academic and environmental variables; protocols for identifying at-risk students at point of entry into nursing school; standardized intervention protocols; and collection of data to assess effectiveness of intervention strategies employed to retain students. These two pilots should be considered “alpha” testing and lessons learned should be applied on a larger statewide, regional “beta testing” in other areas of the state.



### Goal 3: Leverage New Partnerships

Establish new relationships and partnerships between and among health care system participants (e.g., hospitals, health plans, and business) and academic institutions to support development of nursing workforce.

#### Strategy 3.1: Support New Producers

*PRIMARY LEAD: TBON*

Texas currently has 94 schools of nursing preparing initial RN licensure graduates. Recent state and national trends indicate a proliferation of schools of nursing across the country. The challenge of doubling the production of initial RN licensure graduates by 2013 is daunting; and even more so to obtain a four-fold increase by 2020. Texas should support new producers. The TBON – who first learns of intent for new producers to start new programs – should identify mechanisms to assure integration and support for new producers into the various regions of the state. Partner clinical affiliate agencies should strategically assure that current and planned clinical placement of nursing students be managed to maximize production of initial RN licensure graduates while assuring delivery of safe nursing care to patients. Regional leaders should seek integration of new producers into existing systems of education and care delivery, utilizing strategies which leverage regional resources – including faculty, clinical simulation centers, and clinical space.

#### Strategy 3.2: Develop and expand partnerships between nursing programs and their clinical and community affiliates.

*PRIMARY LEAD: Texas Hospital Association (THA)*

The state and nursing must have the support of hospitals and other consumers of nurses to reach the goal of doubling the number of initial RN graduates by 2013. Many hospitals and clinical/community affiliates have a long history of

supporting nursing education, however all must seriously consider stretching to maximize support of nursing schools in their regions and, when possible around the state. Examples of support mechanisms include traditional methodologies such as provision of scholarship support for students and provision of clinical faculty. All hospitals, clinical and community affiliates must consider leveraging of practicing nurses to serve as clinical faculty; provision of incentives to nursing faculty – such as endowed chairs and professorships, development of practice-scholar roles; provision of scholarships/tuition support for students enrolled in graduate nursing education programs; creation of designated clinical units; support for clinical simulation centers; and other innovations.

**Strategy 3.3: Utilize Asset Mapping to leverage regional public/private partnerships to strengthen educational infrastructure.**

*PRIMARY LEAD: Regional partners with support of AARP, Center to Champion Nursing, Texas Nurses Foundation*

Asset mapping is a tool designed to support development by cataloguing resources, identifying needs, and strengthening or forming new partnerships toward common goals. Asset mapping supports the sharing of knowledge about isolated or underutilized resources. Those resources could be leveraged toward the goal of doubling nursing graduates. As leaders see common interests and organizational links, they may be inspired to strengthen or form new partnerships to build upon the system's assets. Asset mapping should be promoted at a regional level to encourage the realignment of existing efforts in educational, workforce and economic development programs to meet the challenge of doubling initial RN graduates by 2013. Each region will need to ascertain the necessary resources to meet this goal.

**Strategy 3.4: Seek support from Texas U.S. Congressional delegation to secure additional federal funding for nursing workforce projects in Texas and identify federal policies and regulations which serve as roadblocks to capacity expansion.**

*PRIMARY LEAD: Honorable Representative Donna Howard in collaboration with the Texas Office of State-Federal Relations*

Texas should provide leadership in educating the Texas U.S. Congressional delegation on the critical impact and economic implications of failing to meet the nursing workforce demands from 2013 through 2020. Leadership is needed that describes policy and regulatory requirements that both facilitate and create barriers to expanding nursing education capacity; describe options for innovation that would further enable capacity expansion; and identify federal funding streams to support capacity expansion.

## G. Strategic Action Plan

Appendix A contains a detailed strategic action plan with identified activities and methods of delivery, responsible entities, proposed timelines for achievement, and anticipated outcomes. As previously noted, "A Strategic Plan for the State of Texas to Meet Nursing Workforce Needs of 2013" is a living document that will be updated and continually evolve over time as the nursing workforce and education environments change and as the priority actions are addressed and fully implemented.

## H. Reference Documents & Resources

Allen, P., Schumann, R., Collins, C., & Selz, N. (2007). Reinventing practice and education partnerships for capacity expansion. *Journal of Nursing Education*, 46(4), 170-175

Association of Academic Health Centers (2008). *Out of order out of time: The state of the nation's health workforce*. Washington, DC: AAHC.

Boller, J. & Jones, D. (2008). *Nursing education redesign for California: White paper and strategic action plan recommendations*. Berkley, CA: California Institute for Nursing and Health Care. [www.cinhc.org](http://www.cinhc.org) or [info@cinhc.org](mailto:info@cinhc.org)

Brown, T. (2008). Design thinking. *Harvard Business Review*, 86(6), 84-92.

Council on Competitiveness (2005). *Illuminate - Asset mapping roadmap: A guide to assessing regional development resources*. Washington, DC: U.S. Dept. of Labor.

Green, A. & Kishi, A. (2008). Blowing open the bottleneck: A firsthand account of the national nursing education capacity summit. *NurseWeek*, Aug.

Green, A., Fowler, C., Sportsman, S., Cottenoir, M., Light, K., and Schumann, R. (2006). Innovation in nursing education: A state-wide grant initiative. *Policy, Politics, & Nursing Practice*, 7(1), 1-9.

Green, A., Wieck, KL, Willmann, J., Fowler, C., Douglas, W., and Jordan, C. (2004). Addressing the Texas nursing shortage: A legislative approach to bolstering the nursing education pipeline. *Policy, Politics, & Nursing Practice*, 5(1), 41-48.

Health Industry Steering Committee (2008). *Clinical rotation system*. Capital Area Workforce Board. Available on-line [www.ctxplacement.org](http://www.ctxplacement.org)

Jackson, E. (2008). *State innovations to combat the nursing shortage*. A paper prepared for the Texas Nursing Education Capacity Team. Austin, Texas: Author.

Joynt, J. & Kimball, B. (2008). *Blowing open the bottleneck: Designing new approaches to increase nurse education capacity*. A white paper presented at the Center to Champion Nursing in America National Nursing Education Summit 2008. Arlington, VA: UCSF Center for Health Professions.

Kishi, A. & Green, A. (2008). A statewide strategy for nursing workforce development through partnerships in Texas. *Policy, Politics, & Nursing Practice*, 9(3), 210 – 214.

Kuhn, Thomas, S., (1970). *The structure of scientific revolutions*. Second Ed. Enlarged. The University of Chicago Press, Chicago.

Massachusetts Board of Higher Education & Massachusetts Organization of Nurse Executives (2006). *Creativity & connections: Building the framework for the future of nursing education & practice*. Worcester, MA: Author. Available at [www.massone.org](http://www.massone.org) or [www.mass.edu](http://www.mass.edu)

OCNE (2007). *Update on progress – final edition*. Oregon Consortium for Nursing Education. Available on-line [www.ocne.org](http://www.ocne.org)

Pennsylvania Center for Health Careers (2006). *Increasing Pennsylvania's clinical education capacity: Recommendation report from the clinical education taskforce*. Harrisburg, PA: Pennsylvania Workforce Investment Board. Available on-line [www.paworkforce.state.pa.us](http://www.paworkforce.state.pa.us)

Schramm, J. (2006). *The SHRM 2006 symposium on health care costs and the future of U.S. competitiveness*. Alexandria, VA: Society for Human Resource Management.

Starck, P., Love, K., & McPherson, R. (2008). Calculating graduation rates. *Journal of Professional Nursing*, (24)4, 197-204.

State Health Coordinating Council (2008). *How can Texas maximize the use of regional interdisciplinary simulation centers in the initial and continuing education of Texas health professionals, while supporting innovative educational research and promoting excellence in health professions education, patient safety and training assessment? A white paper prepared for SHCC*. Austin, Texas: Author.

Texas Higher Education Coordinating Board (2008). *A new curriculum model for initial RN licensure programs*. Austin, TX: Author. Available at <http://www.theccb.state.tx.us>

Texas Higher Education Coordinating Board (2008). *Overview of current funded innovation grants in Texas AY 20080-AY 2009. A summary document prepared for the Texas Nursing Education Capacity Team*. Austin, TX: Author.

Texas Higher Education Coordinating Board (2006). *Strategies to increase the number of graduates from initial RN licensure programs: A report to the Texas Legislature*. Austin, TX: Author.

Texas Center for Nursing Workforce Studies (2008). *2007 update on professional nursing programs: Resources needed to increase capacity, geographic location, and length of curriculum*. Publication #25-13026. Austin, TX: Kishi, A. Available at <http://www.dshs.state.tx.us/chs/cnws/default.shtm>

Texas Center for Nursing Workforce Studies (2008). 2007 update on faculty demographics in professional nursing programs. Publication #25-13027. Austin, TX: Kishi, A. Available at <http://www.dshs.state.tx.us/chs/cnws/default.shtm>

Texas Center for Nursing Workforce Studies (2008). 2007 update on student admission, enrollment, and graduation trends in professional nursing programs. Publication #25-13025. Austin, TX: Kishi, A. Available at <http://www.dshs.state.tx.us/chs/cnws/default.shtm>

Texas Center for Nursing Workforce Studies (2007). Professional nursing education in Texas: Demographics & trends: 2006. Austin, TX: Kishi, A. Available at <http://www.dshs.state.tx.us/chs/cnws/default.shtm>

Texas Health Care Policy Council (2007). Commitment to health workforce planning: A strategy for addressing Texas' health workforce needs. A policy paper developed by the Texas Health Workforce Planning Subcommittee and the Texas Health Care Policy Council. Austin, TX: Author. Available at <http://www.dshs.state.tx.us/chs/cnws/default.shtm>

## I. Acknowledgements

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# **“Texas Nursing: Our Future Depends on It”**

A Strategic Plan for the State of Texas  
To Meet Nursing Workforce Needs of 2013

## Attachment A Detailed Action Plan

Developed by:



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## A. INTRODUCTION AND OVERVIEW

This detailed action plan was developed to accompany the **Strategic Plan to Address Nursing Education Capacity in Texas** (2008) which addresses the complexity of nursing education capacity for the State of Texas and the need to increase the number of graduates to meet demands projected for 2013 and ultimately 2020 by the Texas Center for Nursing Workforce Studies (TCNWS).

The plan identifies the entities/agencies primarily responsible for implementing the recommended strategies and sub-strategies, identifies the key participants, suggests specific activities and/or methods for achieving the related strategies, and includes recommended timelines and anticipated outcomes. Within the context of this initial detail, the plan is a living document that will be updated over time as the nursing education and workforce environments change and as the priority actions are addressed and implemented.

## B. DETAILED ACTION PLAN

### Goal I: Support Growth and Accountability

By 2013, double the number of initial RN graduates from Texas Nursing Schools to 15,199.

**STRATEGY I.1:** Support the strategies recommended by the Texas Nursing Workforce Shortage Coalition to seek funding in the 81st Texas Legislative Session which supports doubling of initial RN licensure graduates by 2013.

#### PRIMARY LEADERS:

*Texas Nursing Workforce Shortage Coalition Texas Nursing Workforce Shortage Coalition (A joint effort of: Arlington Chamber of Commerce, Brazos Valley Chamber of Commerce, Dallas-Fort Worth Hospital Council, Deans & Directors of Texas Schools of Nursing, Greater Houston Partnership, Greater San Antonio Hospital Council, Teaching Hospitals of Texas, Texas Association of Business, Texas Hospital Association, Texas Nurses Association, and Texas Organization of Rural & Community Hospitals).*

## SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY (RESPONSIBLE ENTITY)	OUTCOME (S)
May - Nov '08	Establish coalition and build consensus to support legislative strategies to achieve goals.	Coalition formed and engaged in addressing nursing education capacity issues.
Nov '08 - Jan '09	Seek legislative support for strategies agreed upon by coalition.	Sponsors identified and engaged.
Feb - March '09	Support introduction of legislation which supports concepts agreed upon by coalition members.	Legislation introduced.
March - May '09	Monitor and support legislation during session, assuring passage.	Legislation passed.
May - Aug '09	Support & monitor implementation strategies	Legislation enacted.

**STRATEGY 1.2:** Establish targets and measure progress on producing graduates utilizing a “business model” concept.

*PRIMARY LEAD:* TCNWS & Texas Higher Education Coordinating Board (THECB)

*KEY PARTICIPANTS:* Schools of Nursing

#### SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY (RESPONSIBLE ENTITY)	OUTCOME (S)
Jan '09	Introduce regional concept at Deans and Directors (Summit Team, THECB)	Concept is introduced as part of statewide plan
Apr '09	Discuss details of regional collaborations at Partnerships Conference (Summit Team, THECB)	Nursing programs have special forum to discuss issues of regionalization.
By May '09	Establish regions (THECB, Nursing programs)	Regions begin coordinating efforts at institutional level to meet statewide targets.
June '09	Develop draft graduation targets at the regional level thru 2014. (TCNWS and THECB)	Graduation targets proposed.
Aug '09	Hold regional meetings of nursing programs to discuss regional targets and targets for institutions within each region. Discuss target with institution's administration/community stakeholders(Nursing programs)	Nursing programs discuss individual targets in the context of regional targets
Sep '09	Report back adjusted targets for region and individual programs (Nursing programs). Make adjustments to previous targets (TCNWS and THECB)	Graduation targets are set
Marc'10	Integrate targets in business plans for AY 2011 (Nursing programs)	Targets determine institutional and community resources sought in business plan.
Nov '10	Report graduates to TCNWS and THECB for AY2010 (Nursing programs) Report progress toward individual program targets to key stakeholders (Nursing programs)	Graduation data are available for analysis. Stakeholders informed of outcomes.
Jan '11	Revise statewide targets (TCNWS) and notify regions of any adjusted individual program targets to meet revised targets (TCNWS and THECB)	Targets reflect revised projections
Nov '11	Report graduates (Deans and Directors). Repeat cycle	Graduation data are available for analysis.

**STRATEGY 1.3:** Calculate graduation rates and promote best practices

*PRIMARY LEAD:* THECB and Texas Board of Nursing (TBON)

*KEY PARTICIPANTS:* Nursing Programs

**SUB-STRATEGIES & PROPOSED TIMELINE**

DATE	ACTIVITY AND METHOD OF DELIVERY (RESPONSIBLE ENTITY)	OUTCOME (S)
By Aug '08 Completed	Report 2007 graduates (Registrars)	Data available for calculation.
Oct '08 Completed	Calculate graduation rates. Receive feedback from schools on calculations and results. Report results. (THECB)	2007 graduation rates finalized and included in report to Legislature
Nov '08	Certify 2008 graduates (Registrars)	Data available for calculation
Feb '09	Prepare criteria and procedure for determining (THECB; ACORN, TCNWS staff)	"Best practices" are defined for purposes retention best practices of recognizing programs
Dec '08-Feb '09	Receive feedback from schools on calculations and results for 2008 graduates. (THECB)	2008 graduation rates finalized
Feb '09	Solicit "best practices" from eligible programs. Evaluate submissions. (THECB, ACORN)	Definitions of "best practices" are operationalized.
By June 2009	Catalog best practices in central repository and make them available on agency website (TBON)	Best practices are accessible for peer review, replication and refinement
Oct '09	Make presentation of "best practices" at Deans and Directors meeting (Recognized programs)	Best practices are shared at professional gathering.
Nov '09	Report 2009 graduates (Registrars)	2009 graduation rates finalized
	Repeat cycle	

## Goal 2: Develop Regional Academic Partnerships

Create new efficiencies and innovations through development of regional academic partnerships.

**STRATEGY 2.1:** Create regional nursing school/academic and clinical partnerships which support rapid growth of high quality educational programs.

**SUB-STRATEGY 2.1.1:** Support curriculum model/s for RN nursing education in Texas which promotes regional sharing of resources.

*PRIMARY LEAD: THECB*

*KEY PARTICIPANTS: TNA, TBON, TCNWS, Deans & Directors, Nursing Programs*

### SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY (RESPONSIBLE ENTITY)	OUTCOME(S)
May '09-May '10	Support curriculum development & create opportunity for peer review (Key participants)	Curriculum is developed by THECB, ACORN, TBON.
Sep '09 -Dec '09	Conduct inventory and assess local "best practices", current and future partnerships, and the potential for sharing faculty and instructional technology as part of the process for developing regional pilots (Nursing programs)	Identify strengths, weaknesses and "best practices" in programs within regions.
Dec '09-May '10	Develop plan for accessing best practices and resources at regional level (Nursing programs).	Regional identities are solidified for future pilot
Apr '10	Conduct statewide forum on the proposed curriculum model(s) (THECB)	Nursing programs provide feedback on proposed model(s).
July '10	Announce grant opportunities (THECB)	Funding is tied to faculty pooling and plan for implementing curriculum
Sep '10	Write final report with implementation plan and other recommendations for regional pilots (THECB, TBON, and ACORN)	Curriculum model and implementation plan are completed.
Oct '10 or Jan '11	Announce grant awards for regional pilots. (THECB)	Grantees operationalize curriculum and faculty sharing models through regional plan and pilot funds.
Aug '11	Report progress on regional pilots (Grantees)	Progress on pilots is reported to all programs. Stakeholders are informed of outcomes.
Sep '11	Assess progress on grants (ACORN)	Committee provides oversight on grants.
Nov '12	Submit 2nd year pilot evaluations. (Grantees) Conduct forum to discuss evaluations (ACORN, THECB)	State and Regions evaluate new models.
Nov '12	Submit 3rd year pilot evaluations (Grantees) Conduct forum (ACORN, THECB)	State evaluates new models

**STRATEGY 2.1.2:** Create and implement a plan which aligns regional faculty resources and development initiatives.

*PRIMARY LEAD:* Texas Team in Collaboration with Deans and Directors

*KEY PARTICIPANTS:* Designated Regional Leaders in Collaboration with Regional Schools and Partners; TBON and THECB

### SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY (RESPONSIBLE ENTITY)	OUTCOME (S)
By May 2009	Texas Team works with Deans and Directors to identify designated regions and regional leaders.	Regions and regional leaders identified.
Sep '09-Dec '09	Assess faculty vacancies and faculty development needs in the context of individual programs, faculty expertise at individual programs, and technology resources (Nursing programs)	Regions identify faculty vacancies and training needs in the context of instructional technology resources
Jan '10	Compile information from each region and prepare statewide report on faculty openings, faculty resources and faculty development needs (TBON and THECB)	Statewide and regional data are available to programs and Legislature.
By Apr '10	Use data to create possible faculty sharing/bank initiative (Nursing programs)	Data are applied to major initiatives and criteria established
By July '10	Announce grant opportunities (THECB)	Funding is tied to faculty sharing efforts and new curriculum models
By May '10	Develop institutional budget request for faculty development not included in pilots (Nursing programs)	Programs identify costs for local response.
May '10	Develop state funding request for faculty development not included in pilots (TNA,THA)	Key stakeholders identify costs for legislative action.
Oct '10 or Jan '11	Announce grant awards for regional curriculum /faculty sharing pilots (THECB)	Grantees implement faculty development plan.
Aug '11	Report progress on funded pilots and other faculty development initiatives (Grantees, other programs)	Faculty development efforts are reported to all schools.
Nov '11	Discern best practices of faculty sharing from pilots and other faculty development initiatives (THECB consultant and ACE/ACORN)	Stakeholders informed of outcomes.
Jan '12	Catalog best practices in central repository and make them available on agency website (TBON)	Best practices are accessible for peer review, replication, and refinement
Sep '11-Feb '12	Repeat biennial assessment of faculty vacancies, faculty expertise, and faculty development needs (Nursing programs)	Regions identify faculty vacancies and training needs
	Regional initiatives evolve until goals met	Graduate target goals met.

**SUB-STRATEGY 2.1.3:** Create regional interdisciplinary clinical simulation centers which expand clinical education capacity and support new models of clinical education.

*PRIMARY LEAD: THECB*

*KEY PARTICIPANTS: THECB, Deans & Directors, College Presidents, Hospitals*

**PROPOSED TIMELINE**

DATE	ACTIVITY AND METHOD OF DELIVERY (PERSON[S] RESPONSIBLE)	OUTCOME(S)
By Mar '09	Utilize asset mapping to identify clinical simulation centers across state (THECB)	Statewide clinical simulation resources identified
By Sep '09	Meeting of regional groups to define areas for regional simulation collaboration.	Regional collaboration documented and initiated
By Dec '09	Best practices and models for use in regional simulation centers identified and developed.	Best practices/models produced
Spring '09	THECB host statewide conference to share best practices featuring interdisciplinary clinical simulation across state.	Best practices shared.
	Regional initiatives evolve until goals met	Graduate target goals met.

**SUB-STRATEGY 2.1.4:** Develop regional clinical placement of students to maximize competency attainment and faculty resource sustainability.

*PRIMARY LEAD: Regional Partners with support from THECB and TBON*

*KEY PARTICIPANTS: Nursing Programs, Hospitals, Clinical Affiliates*

**SUB-STRATEGIES & PROPOSED TIMELINE**

<b>DATE</b>	<b>ACTIVITY AND METHOD OF DELIVERY (RESPONSIBLE ENTITY)</b>	<b>OUTCOME(S)</b>
Dec '11	Survey done to determine current models	Best practices are identified
Mar '12	Models reviewed and two pilot regions identified to develop and expand further	Regional meetings held
May '12	Selected models refined for region and criteria for model defined	Software for data base/assignments selected
Aug '12	Clinical faculty data base survey done and needs established	Regional faculty needs document developed.
Jan '13	Regional placement models tested.	Faculty sharing done
Jul '13	Data on regional placement models collected.	Outcomes reported for replication.
Sep '13	Replication implemented statewide.	Continue/repeat data collection, evaluation, and action cycles
	Regional initiatives evolve until goals met	Graduate target goals met.

**SUB-STRATEGY 2.1.5:** Develop regional portal/pathway education systems to increase nursing school admissions, promote retention, and facilitate seamless transition between associate, baccalaureate and graduate education.

*PRIMARY LEAD: Regional Partners with support from THECB and TBON*

*KEY PARTICIPANTS: Nursing Programs, Hospitals, Clinical Affiliates*

#### SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY (PERSON[S] RESPONSIBLE)	OUTCOME(S)
Jan '10	One to two regions identified to replicate West /EastTX Portal/Retention projects & expanded pathway initiatives	One to two regional partnerships established to support replication.
Mar '10	Meeting of regional groups to define collaborative areas and to develop mechanisms to facilitate seamless transition between ADN, BSN and graduate programs	Collaborative pathways determined (i.e. tuition, application processes, credit transfer)
June '10	Portal/Pathway criteria refined with roadblocks outlined	Roadblocks identified and resolved.
Aug '10	Roadblocks addressed at appropriate level (Local, regional, state)	Pathway criteria exist and ready to be operationalized.
Jan '11	Pilots models enacted	Students accepted via regional criteria
July '12	Data regarding pilots collected and compiled	Pilot reports ready
Aug '12	Report distributed state wide with additional regions targeted for expansion of plan.	Other regions utilize regional portals/tuition/seamless transition by January 2013
	Regional initiatives evolve until goals met	Graduate target goals met.

### Goal 3: Leverage New Partnerships

Establish new relationships and leverage partnerships between and among health care system participants (e.g. hospitals, health plans, and business) and academic institutions to support development of the nursing workforce.

#### STRATEGY 3.1: Support New Producers

PRIMARY LEAD: TBON

KEY PARTICIPANTS: THECB, TNA, TBON, TCNWS, Deans & Directors

#### SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY	OUTCOME (S)
Nov '08 Completed	New program proposal process streamlined by BON to eliminate duplication between state agencies.	Enhanced efficiency in proposal process with shorter timeline for approval of new programs.
Nov '08 Completed	New proposal guidelines developed by BON	Clarification of requirements for establishing new programs.
Nov '08 Completed	Regular contacts with newly established programs to offer consultation & assistance in program implementation by BON Education Consultants.	Early identification of questions & problematic areas in new programs.
Jan '09	BON solicits support from existing Schools to serve as "partners" in support of emerging programs.	Emerging programs are "partnered" with existing school for mentoring.
Sep '09	BON provides annual faculty workshops on education methods & strategies in place	Faculty development needs enhanced.
Dec '09	BON Develops new written materials to assist programs with successful initiatives. Products to include: Handbook for New Programs, Updated Program Guidelines	Informational assistance to programs.

**STRATEGY 3.2:** Develop and expand partnerships between nursing programs and their clinical and community affiliates.

*PRIMARY LEAD:* Texas Hospital Association (THA)

*KEY PARTICIPANTS:* THECB, TBON, Deans and Directors, Texas Nursing Workforce Shortage Coalition, Hospitals and Clinical Affiliates

### SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY (RESPONSIBLE ENTITY)	OUTCOME(S)
Sep '07 Completed	Inventory initial licensure programs to identify current partnerships. The inventory will document four major categories of partnering activities: (1) work study/financial aid, (2) faculty/preceptors, (3) collaborative educational programs, (4) resources/equipment. (THECB, TBON)	Results document the benefits to clinical affiliates, community, and the educational institutions and may serve as a resource for programs setting up clinical and community affiliates.
Sep '07 Completed	Conducts grant competition to pilot two urban and two rural partnerships. (THECB)	A minimum of four partnerships are funded.
Oct '07 Completed	Presents the results of the first statewide inventory of partnerships at Deans and Directors Meeting. (THECB, TBON)	Results are distributed and include a list of possible mentorship opportunities for programs wanting to start a partnership.
Fall '07 Completed	Posts inventory on website (TBON)	Readily available information promotes collaboration and innovation.
Spring '08 Completed	Hosts a one-day workshop at the Deans and Directors meeting to discuss clinical and community partnerships. (THECB, TBON)  Presents progress report on previously funded grants. (THECB, TBON, Grantees)	Information dissemination creates environment for change.
Fall 2008 Completed	Present reports on the effectiveness of pilot partnerships at the Deans and Directors meeting. (Grantees)	Reports encourage more partnerships.
Spring '09	Re-inventory initial licensure programs to determine growth in partnerships (TBON, THECB)	Reports continue to encourage partnering activities.
Spring '09	Uses updated inventory and reports on effective partnerships to develop legislative request for additional grant funding. TNA and THA	Legislation is drafted for additional grant funding.
By Oct '09	Publish compendium of funded and non-grant funded partnerships that are effective. (THECB, TBON)	Document is distributed to nursing programs and major stakeholders.
2009-2010	Awards new grants to support partnership programs (THECB)	New partnerships are created, existing partnerships are expanded.

**Notes:** Spring 2009 Statewide Nursing Conference, “We Can Do it Together,” focuses on partnerships between nursing programs and those between nursing programs and clinical/community affiliates.

**STRATEGY 3.3:** Utilize Asset Mapping to leverage regional public/private partnerships to strengthen educational infrastructure.

*PRIMARY LEAD:* Regional partners with support of AARP, Center to Champion Nursing, and Texas Nurses Foundation

*KEY PARTICIPANTS:* Texas Team, Texas Nurses Association, Texas Hospital Association, health plans, business and local chambers of commerce.

### SUB-STRATEGIES & PROPOSED TIMELINE

DATE	ACTIVITY AND METHOD OF DELIVERY	OUTCOME (S)
Jan '10	Determine mechanisms for forming and supporting regional asset mapping working groups to build innovative regional solutions to the nursing shortage	Regional asset mapping working groups formed
Feb '10	Form working groups and define goals and methods for partner involvement, mapping assets and compiling and reporting data	Goals and methods identified
March '10	Identify and secure reports focused on regions from previous five to seven years	Regional reports collected
May '10	Survey regional leaders to learn about regional networks/systems, culture and assets for nursing education capacity building	Regional surveys and analysis completed
July '10	Develop, refine and validate assets through core working group and partner consultation	Assets defined
Sep '10	Determine measures of assets and methods of monitoring, evaluation or benchmarking.	Evaluation strategies developed
Oct '10	Obtain data about each asset for regions and comparator or benchmarked units	Data collection initiated and completed
Dec '10	Review aggregated data to develop key findings; share with workgroup;	Key findings developed and disseminated
Dec '10	Use findings to evaluate status/progress, and develop recommendations	Evaluation and recommendations completed
Jan '11	Present mapping, asset data, evaluation conclusions and recommendations with workgroup/partners	Recommendations presented to workgroup and partners
March '11	Develop action plans to build innovative regional solutions to the nursing shortage	Innovative regional initiatives launched
	Continue/repeat data collection, evaluation, and action cycles	Regional initiatives evolve until goals met

**STRATEGY 3.4:** Seek support from the Texas U.S. Congressional delegation to secure additional federal funding for nursing workforce projects in Texas and identify federal policies and regulations which serve as roadblocks to capacity expansion.

*PRIMARY LEAD:* State Representative Donna Howard in collaboration with the Texas Office of State-Federal Relations

*KEY PARTICIPANTS:* Senators, Congressional Delegation

**SUB-STRATEGIES & PROPOSED TIMELINE**

DATE	ACTIVITY AND METHOD OF DELIVERY	OUTCOME (S)
Feb/March '09	Members of TX Team meet with Texas Office of State-Federal relations to present/discuss final plan	Ensure staff understands plan development and strategies and TX Team is made aware of any federal actions pending in DC that could impact nursing education
March/Apr '09	Share final Plan with TX Congressional Delegation via State-Fed relations staff with cover letter signed by TXTEAM Members	Plan disseminated to state and federal policy leaders
March/Apr '09	Rep. Howard to follow-up personally via phone with key delegation members (2 Senators, House Members of Congressional Nurse Caucus, Appropriations, W&M Committee Members, etc.) to explain significance of Plan and offer to serve Legislative contact on these issues.	Plan implementation supported by state and federal policy leaders.
March - June '09	Coordinate with RWJ, AARP & ANA Partners on state and federal funding & grant opportunities.	Federal resources are secured and leveraged.
	Repeat cycle	Graduate target levels are met