Nebraska Center for Nursing

Annual Report (draft)
2011
Authors:

Karen Bowen, MS, RN, Executive Director Nebraska Center for Nursing
Juan Ramírez, PhD, Independent Consultant
Sheila Exstrom, PhD, RN, Nursing Education Consultant
Rita Thalken, Information Technology and Business Systems Analyst

The Nebraska Center for Nursing, PO Box 94986, Lincoln, NE 68509-4986, USA.

Phone: (402) 471-0317. Fax: (402) 471-1066.

www.center4nursing.com
The supply and demand models project a nursing shortage of nearly 5,600 nurses (LPNs and RNs) in the State of Nebraska by 2020.

Nursing professionals represent over 40% of the total health care workforce in the State of Nebraska.

EXECUTIVE SUMMARY

The Nebraska Center for Nursing (CFN) has been collecting and analyzing nursing workforce data since the year 2000. This valuable collection of information has allowed the Center to closely monitor the needs for nursing practitioners in the State of Nebraska. Monitoring the status of the nursing workforce in the state of Nebraska is one of the most important objectives of the Nebraska Center for Nursing.

It is expected that all 50 states will experience a shortage of nurses by the year 2015. It is our mission to keep the public and policy-makers informed of our efforts, as well as the severity of the nursing shortage in Nebraska.

According to the national nursing workforce statistics released in July 2009, the nursing shortage is projected to grow to 260,000 RNs by 2025. Our own studies conducted at the CFN in 2006 indicate that the projected demand for registered nurses will exceed the supply in coming years.

One of the major threats to the current and future nursing shortage is the aging of the nursing population which will raise retirement rates to a higher level than the workforce replacement with new nurses. In Nebraska, this major threat will especially impact rural areas, where the current average age of nurses is three years older than in metropolitan areas. Rural areas are also currently threatened by a deeper nursing shortage than urban areas.

Nursing enrollments and graduations have steadily increased for both LPNs and RNs since 2001. A 108.3% enrollment increase has been achieved between 2001 and 2010. Graduation rates have increased 86.6% since 2001. A 30% increase in baccalaureate enrollment between 2009 and 2010 was found in nursing schools in Nebraska. For more details about changes in enrollment and graduation rates by educational level, see page 18 of the report.

The largest percentage of nurses is employed at hospitals (57.9%). Demand there will continue. However, the Center for Nursing predicts more nurses will be needed in other areas as the range of healthcare settings and the delivery of healthcare services expands.

The supply of nurses needs to increase. This has proven to be a slow process; therefore increasing nursing supply is imperative for the State of Nebraska to avoid greater nursing shortages in the next decade, especially in rural communities. Some of the measures to

---


2 Based on 2010 RN Renewal Survey.
increase nursing supply are reversing net out-migration trends, getting more men and minorities into nursing, getting more applicants into schools and by increasing graduation rates. The board and staff of the Nebraska Center for Nursing have developed a Strategic Plan 2010-2015 which addresses these needs to deter the nursing shortage. Specific goals and strategies to address these needs can be found in the Appendix.

We invite you to read the information on the pages that follow and learn more about the current status of the nursing workforce in the State of Nebraska.
# Contents

EXECUTIVE SUMMARY ......................................................................................................................... 3

ACKNOWLEDGMENTS ............................................................................................................................. 7

  Nebraska Center for Nursing Board Members 2010-2011 ..................................................................... 8

Budget for the Nebraska Center for Nursing .......................................................................................... 9

INTRODUCTION ......................................................................................................................................... 11

NURSING WORKFORCE ............................................................................................................................ 11

  Nurses per 100,000 people ................................................................................................................... 11

  Nurses of active LPNs and RNs in Nebraska ......................................................................................... 13

  Nursing Shortage .................................................................................................................................. 14

  Location of Nebraska RNs (2010) ....................................................................................................... 15

  RNs per 1,000 People by County ......................................................................................................... 16

  Nursing Enrollment and Graduation Trends .......................................................................................... 17

  Nursing Programs in Nebraska ............................................................................................................. 18

APRNs in the State of Nebraska ............................................................................................................... 19

  APRNs Specialties ................................................................................................................................. 19

  Geographic location of APRNs in Nebraska ......................................................................................... 19

CONCLUSIONS and RECOMMENDATIONS ............................................................................................ 21

APPENDIX .................................................................................................................................................. 22

  Strategic Plan to Address the Nursing Workforce: 2010-2015 ........................................................... 22
This page intentionally left blank
ACKNOWLEDGMENTS

The Nebraska Center for Nursing appreciates all the assistance and support that has been provided by the Nebraska Board of Nursing to accomplish its goals over the last ten years. Due to their commitment and hard work the State of Nebraska has become a better place for the nursing workforce.

Special thanks to the following nursing education programs in Nebraska that provided important information about their nursing students:

- Bryan/LGH College of Nursing
- Central Community College
- Clarkson College
- College of Saint Mary
- Creighton University
- Kaplan University
- Metropolitan Community College
- Midland Lutheran College
- Mid-Plains Community College
- Nebraska Methodist College
- Nebraska Wesleyan University
- Northeast Community College
- Southeast Community College
- Union College
- UNMC College of Nursing
- Western Nebraska Community College

We would like to take this occasion to thank the thousands of nurses and employers, whose work provides care and promotes health for Nebraskans across the state. Without their cooperation and support, we would not have the data needed to determine key initiatives to address the nursing shortage in the State of Nebraska.
From left to right: Nolan Gurnsey, Carol Sukup, Kelli Stott, Linda Stones, Diane Hoffmann, Brendon Polt, Pamela List (Chairperson), Alice Kindschuh, Kathy Campbell, and Mary Wendl.


The 16-member volunteer board, appointed by the Governor, is made up of individuals from across the state.
Budget for the Nebraska Center for Nursing

The 2011 budget for the Nebraska Center for Nursing is divided into 3 categories: 1) Operating Expenses, 2) Travel Expenses, and 3) Consultant Services. Operating Expenses include conference registrations, publications, printing, postage, food, educational services, indirect cost allowance and rent. Travel Expenses include vehicle mileage, commercial transportation, meals and lodging. The Consulting Services include personnel who perform independent consultant work for the Center for Nursing (e.g., consulting website, consulting analyst). The chart below depicts the contribution in dollars and percentages that each category contributes to the budgeted expenditures of the Center for Nursing.

Funding for the Center for Nursing was made by the Legislature in 2004 and 2005. Beginning in 2006, the funding has been made through the nursing licensure cash fund.

The bar chart depicts the 2011 budgeted expenditures and actual expenditures for the Nebraska Center for Nursing.
This page intentionally left blank
INTRODUCTION
In 2000, the Nebraska Legislature created the Nebraska Center for Nursing to address the nursing shortage. The 16-member board was appointed by the Governor and charged with developing a strategic plan (see Appendix). There was a need for current, comprehensive data about the supply and demand of nurses in Nebraska to enable the Board to satisfy its mandate. Since then, a comprehensive survey (Registered Nursing Workforce Survey) has been mailed and made available on-line on a biennial basis to all Registered Nurses (RNs) in Nebraska in conjunction with the license renewal (on the odd numbered years data is collected for LPNs). This Report summarizes the nursing workforce statistics for LPNs and RNs; it presents a long-term study of the enrollment and graduation rates for LPNs and RNs since the year 1989; and it shows an analysis of the current situation of APRNs in the State of Nebraska based on the 2010 Renewal Survey.

NURSING WORKFORCE

Nurses per 100,000 people
One way to measure the needs for nursing health care professionals is to estimate the number of nurses per total population by geographic area (i.e., state or county level). According to the United States Health Care Profile (2006 and 2010), the estimated national average ratio of RNs to 100,000 population was 825 in the year 2004, 854 in 2008, and 860 in 2010, an increase of 0.7% in comparison to 2008. The chart below depicts the number of nurses per 100,000 people per state for the year 2010. An orange line shows the average number of nurses per 100,000 in the United States.

![U.S. Registered Nurses per 100K Population - 2010](image)

The map below shows the distribution of RNs per 100,000 people across the nation. Lighter colors on the map represent states below average number of RNs per population (average = 860), whereas darker colors show states above average. Southwestern states (total of eight states colored in yellow) have on average 674 RNs per 100,000, while the rest of states have on average 964 RNs per 100,000 people, a negative difference equivalent to 290 RNs. These numbers are significant, as these eight states represent over 25% of the total population of the U.S.
**Nurses of active LPNs and RNs in Nebraska**

The number of active LPNs and RNs licensed in Nebraska has increased in the last decade, from 5,943 to 7,289 (22.6% increase) in the case of LPNs, and from 20,676 to 24,939 (20.6% increase) in the case of RNs, as shown on the charts below. However, those numbers of nurses do not necessarily reflect the total number of RNs and LPNs that are effectively working in Nebraska, since some may have actually been employed in other States, or had not fully been employed as a nurse. That is why the most reliable and accurate source of information to analyze the nursing shortage in Nebraska comes from the nursing renewal surveys.
Nursing Shortage

In 2006, the Nebraska Center for Nursing made the first supply and demand projections for nurses in Nebraska. National Center for Health Workforce Analysis (NCHWA) models were used to project supply and demand for full-time equivalent registered nurses (FTE RN) and full-time equivalent Licensed Practical Nurses (FTE LPN) from 2006 through 2020. The projected RN nursing supply and demand for the year 2010 was estimated of 15,917 and 17,133 nurses, respectively, which means a nursing shortage of 1,216 RNs. LPN nursing supply and demand for the same year was estimated of 5,730 and 6,388 respectively, which means a nursing shortage of 658 LPNs. According to the nursing supply and demand models projected estimates, the State of Nebraska will face a nursing shortage of 5,581 nurses in the year 2020. The following charts illustrate the supply and demand of RNs and LPNs and the nursing shortage.

According to the 2010 RN Renewal Survey, there are 16,502 FTE RNs working in Nebraska. The projected demand of RNs was 17,133; therefore the estimated nursing shortage is 631 FTE RNs. In contrast, based on the supply and demand models, the FTE RN nursing shortage was projected to be 1,216, nearly double than the current data.
Location of Nebraska RNs (2010)

The map below shows the geographical distribution of Nebraska RNs by county in 2010. Data is compiled from the 2010 RN renewal survey depicting the location of nursing employment. By comparing results from the previous 2008 RN renewal survey, sixty-two counties increased in the number of RNs, nineteen counties had a decrease in RNs, seven counties had no change in numbers of RNs, and five counties continued without RNs. Counties colored white on the map do not have RNs employed according to the renewal survey. There are seven counties without RNs: Grant, Arthur, McPherson, Thomas, Keya Paha, Loup and Frontier. Nearly sixty percent of RNs are employed in metropolitan areas (i.e., Omaha, Lincoln). The largest percentages of RNs were employed in Douglas (41.2%) and Lancaster (18.6%) counties.
RNs per 1,000 People by County

The map below depicts the number of RNs per 1,000 people by county based on the 2010 RN Renewal Survey. Values range from less than one RN per 1,000 people (Sioux County) to a maximum of 15.9 RNs per 1,000 people in Buffalo County. Light colors on the map show low number of RNs per 1,000 people and darker colors where higher numbers of RNs per population are found. Hooker County, despite of having one of the lowest population in the state (n =736), has nine employed RNs which gives a total of 12.2 RNs per 1,000. On the contrary, Dakota County which has a population of 21,006 persons, has a total of 21 RNs, which gives just one Registered Nurse per 1,000 people, one of the lowest across the state.
Nursing Enrollment and Graduation Trends

During the last ten years, enrollment in nursing colleges in Nebraska has steadily increased. Today's enrollments and graduations in nursing education are historically high in the State of Nebraska.

RNs have experienced a 117.7% enrollment and 78.4% graduation growth, respectively since 2001.

Total LPN Graduates steadily grew from 2001 to 2007 (18% average growth).

Overall, LPNs have experienced a 62.3% enrollment and 115.4% graduation growth, respectively since 2001.
Nursing Programs in Nebraska

The table below shows the number of students enrolled and graduated by level in 2009 and 2010. Overall, a 14.2% increase in enrollment is shown between 2009 and 2010, with the largest increase at the baccalaureate level (30.2%), followed by BSN Completion (29.4%), and then by Graduate Degrees (17.9%). Practical Nurse and Associate Degree levels experienced a decrease in enrollment (-17.1% and -5.9%, respectively). In terms of graduation rates, a lower number of nursing students obtained their degrees in 2010 in comparison to 2009, which shows a negative growth of -3.5%. However, there were specific educational levels that experienced a positive growth: BSN Completion experienced the highest percentage growth (20.0%), followed by Baccalaureate (3.7%), and by Associate Degree (1.3%). Decreases in graduation rates were experienced by Practical Nurse (-17.1%) and by Graduate Degrees (-12.2%).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Nurse</td>
<td>867</td>
<td>556</td>
<td>719</td>
<td>461</td>
<td>-17.1%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>1,068</td>
<td>398</td>
<td>1,005</td>
<td>403</td>
<td>-5.9%</td>
</tr>
<tr>
<td>BSN Completion</td>
<td>163</td>
<td>75</td>
<td>211</td>
<td>90</td>
<td>29.4%</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>2,697</td>
<td>806</td>
<td>3,512</td>
<td>836</td>
<td>30.2%</td>
</tr>
<tr>
<td>Graduate Degrees</td>
<td>800</td>
<td>229</td>
<td>943</td>
<td>201</td>
<td>17.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,595</strong></td>
<td><strong>2,064</strong></td>
<td><strong>6,390</strong></td>
<td><strong>1,991</strong></td>
<td><strong>14.2%</strong></td>
</tr>
</tbody>
</table>
APRNs in the State of Nebraska

Data analyzed regarding APRNs in the State of Nebraska is based on licensure data from the Nebraska DHHS. Specialties and location of APRNs in the State of Nebraska are shown on the following tables and maps.

APRNs Specialties

Two-thirds of APRNs are licensed as Nurse Practitioners (66.3%) and one-fourth are Nurse Anesthetists (24.5%). Lower percentages are found for Clinical Nurse Specialists (7.1%), and Nurse Midwives (2.1%). See table below.

<table>
<thead>
<tr>
<th>APRN License Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nurse Midwife</td>
<td>27</td>
<td>2.1</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>89</td>
<td>7.1</td>
</tr>
<tr>
<td>CRNA</td>
<td>309</td>
<td>24.5</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>837</td>
<td>66.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,262</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Geographic location of APRNs in Nebraska

According to licensing data from Nebraska DHHS, nearly two-thirds (63.9%) of APRNs are located in metropolitan areas in Nebraska (i.e., Douglas, Sarpy, and Lancaster counties). There are 25 counties in Nebraska that do not have APRNs (colored in white in the map).
The following maps show the geographic distribution of APRNs in Nebraska by specialty.

Douglas, Sarpy and Lancaster counties represent three-fourth of all CNMs in Nebraska. Eighty-four counties do not have CNMs in Nebraska.

Although there are three times more clinical nurse specialists than certified nurse midwives, the geographic distribution is still concentrated in a few counties.

CRNAs’s locations follow the demographic distribution of the general population.

Two-thirds of all nurse practitioners are located in three counties: Douglas, Sarpy and Lancaster. There are 32 counties without nurse practitioners in Nebraska.
CONCLUSIONS and RECOMMENDATIONS

Since its creation, the Nebraska Center for Nursing has focused its efforts on decreasing the nursing shortage through stimulating nursing student enrollment, motivating new generations of faculty nurses to stay in the State by offering scholarships, and by encouraging men and minorities to pursue nursing careers in Nebraska. While these efforts have made a positive impact on decreasing the nursing shortage the Center continues to develop additional strategies to meet the demand. The board and staff of the Nebraska Center for Nursing have developed a strategic plan for the years 2010-2015 with specific goals, tactics and strategies to address these needs. See Appendix for a detailed review of these initiatives. Some of the indicators that support the need to continue addressing the nursing shortage in the State of Nebraska are as follow:

- The number of nurses per 100,000 people in Nebraska has been constant in the last years, which does not match the natural 6.7% growth experienced by the population in Nebraska between 2000 and 2010. As the population ages, its medical care increases, and baby boomer nurses retire at higher rates every year, the gap between supply and demand will widen in Nebraska.

- Enrollments of nursing students along with graduation rates have steadily increased since the year 2001; Faculty needs to fill this higher demand has to be addressed to make sure that these new students receive the quality of education they deserve.

- Inhabitants in rural Nebraska experience the most critical nursing shortages in the State, which is exacerbated when analyzing APRN data.

- Previous supply and demand models developed by HRSA were focused on calculating nursing shortage projections at the state level, which misrepresented the nursing situation in underserved areas. Recent developments have been focusing on narrowing down the geographic scale of the projections by calculating the supply and demand of nurses at the county level. The Nebraska Center for Nursing will continue supporting these kinds of studies to refine these models for an accurate and up to date estimation of the nursing shortage.

- A recommendation from the supply and demand report (Rosenbaum, 2006) was that one of the most effective and fastest way to decrease the nursing shortage (at least in the short term) was to increase RNs full-time equivalents with the existing nurses. After five years of implementation of the models, it seems quite plausible that this recommendation is one of the most effective, as the rate for RN FTE is currently 80.6%\(^4\), which gives space to increase FTEs among RNs.

---

\(^4\) Based on 2010 RN Renewal Survey.
VISION STATEMENT

There will be a sufficient supply of competitively compensated nurses providing leadership in care in a differentiated practice environment that consistently meets the needs of health care consumers in Nebraska.

Introduction

The board and staff members of The Nebraska Center for Nursing (CFN) have developed a set of four goals to be accomplished between the year 2010 and the year 2015. The main objective of these goals is to address the nursing shortage that currently affects the State of Nebraska. Succinctly, the goals identified by the CFN are as follow:

1. Increase recruitment of new nurses.
2. Increase retention of the current nursing workforce.
3. Increase enrollment capacity of the nursing education programs.
4. Sustain the work of the Nebraska Center for Nursing.

Each goal has been defined by its expected outcomes during the 2010-2015 period and through specific strategies and tactics to address them. It is necessary to consider that identifying strategies and tactics for each goal is an ongoing process taken by the board and staff members of the CFN. On the following pages, strategies and tactics for each goal are explained in detail.

Goal 1- Recruitment

Recruit new nurses for the state through examination and endorsement in order to ensure an adequate nursing workforce in Nebraska, in terms of numbers, diversity, educational mix and geographic distribution.

Expected Outcomes:

*By 2015, the Nursing Supply and Demand Projection Model will indicate that Nebraska has at least 10% more FTE Registered Nurses

*By 2015, the number of licensed nurses and students enrolled in nursing programs from ethnic minorities in Nebraska will increase by at least 50%.
*By 2015, increased graduation rates from nursing education programs in Nebraska will reflect increased enrollments.

*By 2015, the number of men licensed as nurses and male students enrolled in nursing programs in Nebraska will increase by at least 25%.

*Geographic distribution of nurses will more closely reflect the population distribution.

**Strategy # 1:**
Continue to conduct surveys to assess nursing demand and nursing supply.

**Tactics:**

- Conduct a nursing demand survey to assess vacancy rate by type of facility, type of position and geographic location. Work to increase participation rate of Omaha hospitals.
- Conduct an environmental scan at each CFN board meeting to identify health care and workforce trends that will affect nursing supply and demand.
- Monitor national and international trends that could jeopardize licensing standards.

**Strategy # 2:**
Develop creative mechanisms to attract a diverse group of students to nursing as a strong career option.

**Tactics:**

- Make resources available to junior high school and high school counselors and encourage the counselors to provide students with current and accurate information on appropriate preparation for nursing education, types of educational programs available, nursing roles, the need for nurses and earning potential and opportunities available in nursing.
- Update presentation on the website and provide to junior high and high school students and parents in metropolitan and rural areas to project nursing as a valuable career.
- Establish a scholarship link on the website of known sources to obtain funding for nursing school.
- Coordinate planning for a focus group of practicing male nurses to identify strategies to address stereotypes and recruit more men into nursing.
- Distribute Center for Nursing book covers to school nurses to direct attention of students towards nursing as a career.
- Utilize media resources such as Facebook, You-tube, and/or Twitter to distribute the message of nursing as a viable career choice.
- Produce a professional video to spotlight men and minorities in nursing with the assistance of the marketing departments of a college or university.
**Goal 2 - Retention**

Identify and promote known successful strategies for retention of nurses in the workforce.

**Expected Outcomes:**

*The out migration of nurses will be decreased by 50 per year.*

*The non-renewal of RN licenses will decrease from 5.9% in 2006 to 4.9% in 2015.*

*The non-renewal of LPN licenses will decrease from 12% in 2008 to 10% in 2015.*

*By 2015, the CFN will sponsor/co-sponsor three activities/strategies that promote the image of nursing.*

*By 2015, the CFN will sponsor/co-sponsor implementation of three activities/strategies designed to increase nursing retention.*

**Strategy # 1:**

Following each license renewal period, determine the percentage of nurses who did not renew their licenses.

**Strategy # 2:**

Conduct a random survey of nurses who did not renew their licenses to determine reasons for non-renewal.

**Tactics:**

- Implement a survey to determine reasons for 2012 RN non-renewal and 2013 LPN non-renewal.
- Analyze survey results.

**Strategy # 3:**

Based on survey results, develop strategies to retain nurses in the workforce as evidenced by reduction in percentage of non-renewal of licenses.

**Tactics:**

- Survey Nebraska nursing employers to determine strategies utilized to retain nursing staff, including 62+ year-old nurses.
- Conduct a literature review of current retention strategies.
- Add position paper on Retention of Older Nurses to the CFN website.
- Develop a retention tool kit for “Best Practices to Retain Nurses” integrating strategies from the employer survey, literature review and Magnet concepts for the CFN website. Include strategies to promote retention of 62+ year-old nurses.
• Develop a listing of possible positions (e.g., volunteer positions, mentoring positions) that 62+ year-old nurses might pursue to meet practice hour requirements for license renewal. Add list to the CFN website and publish in Nursing News.

**Strategy # 4:**

Promote a positive image of nursing.

**Tactics:**

• Send out a press release asking the public to nominate and send in stories about a “Nurse Who Makes a Difference”.
• Send a letter and certificate to each nominee acknowledging their nursing accomplishments.
• Solicit donated prizes for a drawing at the conclusion of the campaign.

**Strategy #5:**

Conduct a random survey of nursing faculty.

**Tactics:**

• Review existing surveys regarding reasons faculty are leaving teaching.
• Implement a survey to determine reasons for faculty who are leaving teaching.
• Analyze all survey results.

---

**Goal 3 - Enrollment**

Maintain enrollment capacity of Nebraska’s nursing education programs and promote academic progression.

**Expected Outcomes:**

*By 2015, there will be an adequate number of qualified faculty to support nursing education programs*

*Retention/graduation rates will increase*

*Increase the number of nurses that are articulating into degree programs*

  a. By 2015, at least 65% of licensed nurses will be educated with a BSN and by 2020, at least 80% of licensed nurses will be educated with a BSN.

  b. By 2015 the number of nurses with doctoral degrees will be increased by 50% and by 2020 will be doubled.

  c. At least 5% of BSN graduates will graduate from a Master’s or Doctoral program by the third renewal of their license.
Strategy # 1:

Provide information to agencies in Nebraska to obtain funding for nursing education.

Tactics:

- Monitor and work with legislators in seeking funding for the faculty scholarship fund.
- Collaborate with individual agencies for funding sources
- Keep nursing programs informed of educational opportunities and post on the Center for Nursing Website
- Support nursing programs and clinical agencies collaboration to create partnerships to provide adequate clinical instructors/experiences

Strategy # 2:

Support nursing programs and clinical agencies collaboration to create partnerships to provide adequate clinical instructors/experiences.

Tactics:

- Assist nursing programs to develop best practices for mentoring new faculty for retention and job satisfaction
- Develop a place on the Center for Nursing Website for posting adjunct faculty needs and availability
- Monitor retirement age of faculty on a continuous basis

Strategy # 3:

Increase the availability of laboratory, clinical facilities and practice setting facilities to all nursing programs.

Tactics:

- Encourage implementation of student passport and clinical scheduling programs
- Encourage nursing programs to supplement education by utilizing simulation

Strategy # 4:

Maintain data related to student activity to including enrollment, retention and graduation rates for all nursing programs in Nebraska.

Tactics:

- Continue to gather enrollment and graduation rates from nursing programs annually.
- Enter the annual enrollment and graduation rates into the Supply and Demand Model for Nursing in Nebraska as developed by the Center for Nursing
• Monitor on an annual basis the state-wide retention rate
• Participate with the Nebraska Assembly of Nursing Deans and Directors to identify factors that are impacting retention and graduation rates and methods to improve them if needed

**Goal 4 - Sustainability**

Sustain the work of the Nebraska Center for Nursing.

**Expected Outcomes:**

*Interventions are systematically identified and implemented to ensure adequate supply of nurses to meet Nebraska health care needs.*

*Projection model data continues to demonstrate a declining gap between demand and supply of nurses in Nebraska.*

**Strategy # 1:**

Disseminate data to ensure that stakeholders, policy-makers and decision-makers are accurately and broadly informed.

**Tactics:**

- Disseminate CFN annual reports that include the vision, strategic plan, current projection data and accomplishments.
- Present to diverse groups based on information from the projection model data and seek input, collaboration.
- Increase utilization of website to disseminate information.

**Strategy # 2:**

Form alliances with stakeholders to meet the outcomes for Goals 1 – 4 of the Strategic Plan.

**Tactics:**

- Mobilize coordinated efforts between stakeholders to increase synergy to address the nursing shortage.
- Work collaboratively with groups with common goals such as the AARP/RWJ Center to Champion Nursing in America Nebraska team, and the Nebraska Regional Action Coalition.

**Strategy # 3:**

Seek external funding to support activities beyond the basic operations funded through licensure fees.

**Tactics:**

- Through the CFN Foundation actively identify and seek external funding sources.
• Foster relationships with potential donors and seek a match between CFN needs and donor interests.

**Strategy # 4:**

Maintain support for the activities of the CFN and ensure outcome achievement.

**Tactics:**

- Maintain contract agreement with the research analyst.
- Seek partnerships with academic institutions in Nebraska to create learning opportunities that further Center for Nursing activities.