

THE COALITION TO ADDRESS THE BEDSIDE NURSING CRISIS

IN THE COACHELLA VALLEY

REPORT TO THE COMMUNITY

Submitted by

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EXECUTIVE SUMMARY

The Coalition was organized under the auspices of the Institute of the Institute of Critical Care Medicine and the Rotary International Club of Rancho Mirage joined by medical, hospital, college, and community leaders. The Coalition sought to address the reasons for the critical shortage of professional bedside nurses in the Coachella Valley and options for reversing the current crisis. The dire implications of the shortage for our Community were confirmed. The reasons for the shortage, namely the lack of places for as many as four times the number of qualified applicants for admission to nursing colleges were promptly identified.

The major reasons for the unavailability of places in existing programs and the failure to increase the number of nursing colleges were traced primarily to the shortage of faculty. The lack of faculty was traced to limitations in current baccalaureate and advanced degree nursing programs in universities. Masters and doctoral degrees are required to qualify faculty for advanced university positions. The shortage of faculty is also traced to relatively lower salaries of educators in comparison to the much more generous remuneration of hospital employed advanced degree nurses. Another restraint is a shortage of physical facilities and support services for nursing education.

The Coalition recommends high priority implementation of programs for increasing nursing educators with direct financial support of community and governmental agencies and public and private philanthropy. Salaries of nursing faculty must be augmented with such funding so that they are competitive with hospital employed professional nurses of comparable qualifications. The Coalition also proposes Community efforts to identify opportunities for greater efficiency of programs by uniting more closely the programs among institutions. Resources and facilities may be better shared with Riverside/San Bernardino County institutions including hospitals, community colleges, and both public and private universities in these counties. The Coalition has set as its goal a fourfold increase based on 2003/2004 numbers of graduates, in the total number of RN graduates in our Community within the next five years.

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SUMMARY REPORT

The Coalition

Under the auspices of the Institute of Critical Care Medicine and in collaboration with the Rotary Club of Rancho Mirage, and District 5330 of Rotary International, a coalition of educators, nursing leaders, critical care and trauma physicians and surgeons, community lay leaders, and the administrative leaders of the Eisenhower Hospital and the Desert Regional Medical Center (Addendum 1), addressed the life threatening shortage of professional bedside nurses in the Coachella Valley.

The Scope of the Problem

The prestigious Institute of Medicine, a branch of the National Academy of Sciences, was commissioned by the Federal Government to examine the current status. It cited the shortage of qualified professional nurses as a major reason for medical errors and therefore for almost 100,000 preventable deaths which occur yearly in the United States. The shortage of well-trained professional bedside nurses accounts for the death of hospitalized patients, and especially the critically ill and injured, due to infections, bleeding, lung failure, and shock. California is the forty-ninth among the fifty states in the number of registered nurses for the total population. The statistics are frightening. Our lives and the lives of loved ones are increasingly compromised by the ever greater shortage of well-trained, professional, bedside RNs. These nurses provide increasingly complex life saving care to an ever larger number of older and sicker patients especially in our Community with its disproportionate number of elderly retirees. The shortage in our Coachella Valley is profound. In a survey conducted by the Coalition in May of 2004, and after a large number of seasonal residents had already departed, there were still more than 100 unfilled bedside RN positions in the three Coachella Valley acute hospitals.

Defining the Reasons for the Shortage

There has been no increase in the number of RN graduates in the past ten years in the United States. Hence, expanding populations in the State of California and especially in our own Coachella Valley contributed to the frightening shortage. The lay members of the Coalition who participated in the initial meetings of the Coalition anticipated that it was a lack of applicants for admission to nursing colleges that accounted for the RN shortage. What was evident, however, that it was not the number of eligible applicants that accounted for the shortage, but rather the shortage of places that can accommodate the qualified applicants in nursing colleges. Fewer than one-half of eligible applicants can be accommodated. In the Coachella Valley, the College of the Desert has been the sole educational institution for educating nursing students at the entry level. After they receive the Associate Degree in Nursing, they are eligible to sit for the RN State licensure examination and almost all graduates successfully complete RN licensure. However, in

the past year, there were 409 applicants for only 60 entering places in the day time associate Nursing program of the College of the Desert although evening and weekend programs, philanthropically funded, brought 185 applicants for the 20 additional places beginning with the Fall 2004 semester. It is therefore apparent, as it has been to nursing educators for more than two decades, that there is a very large reserve of applicants but not enough nursing schools and places in the schools. It is therefore the limitations in the availability of places in the colleges that prevent qualified applicants to be enrolled in numbers that fulfill the critical need for bedside professional nurses in our hospitals.

The attraction of a remarkably large number of young and not so young second career candidates to nursing is understandable. It is not only the satisfaction of professional service but also the financial benefits. Quite remarkably, two year graduates with Associate Degrees, now have starting salaries of \$45,000 to \$70,000 annually, far more than the average starting salaries of graduates with Associate degrees in other occupations.

Compensatory Responses of the Hospitals

The shortage of RNs has created fierce competition, especially among hospitals who are required to maintain nurse/patients ratios in accord with State law. Unfilled nursing positions require hospitals to close beds which translates not only to lesser access for hospital care, but compromised admission of the critically ill and injured to intensive care units. Patients therefore often have to wait for weeks for admission for elective surgery. The acutely ill and injured too often wait for beds while they are detained in the Emergency Department for many hours or even days.

Economic losses to the hospitals are profound when beds are unoccupied. There is therefore vigorous competition for professional bedside nurses. This has predictably escalated salaries and benefits. In many instances, hospitals offer additional incentives, including signing bonuses, partial funding of closing costs for a home, and reimbursement of tuition for educational advancement from the associate to the baccalaureate degree and from the baccalaureate degree to the master's degree. In one instance, the hospital even funded the cost of a new car as an inducement. Registered nurses are also recruited from foreign countries and especially the Philippines, Jamaica, and Mexico, who are in part, attracted by high salaries and by reimbursement for the costs of relocation. To keep beds "open", our hospitals resort to even higher cost options, including contracting with agencies for "travelers". Travelers are licensed RNs from distant parts of the country who are contracted for at high cost and serve for intervals of 6 to 12 weeks.

Restraints on Nursing Colleges

The Coalition then sought better understanding of why nursing colleges are not able to effectively respond to the obvious need for expanded programs to accommodate the much larger number of eligible applicants. We were fortunate to receive a generous grant of \$25,000 from the father and son team of Messrs. Joe and Peter Solomon, both Trustees of the Institute of Critical Care Medicine and highly regarded philanthropists in our Community, to study such. This allowed the Coalition to invite consultants from other parts of California who had partially

addressed the local nursing shortage in their locales and evolved innovative programs with which to overcome the crisis (Addendum 2).

There was unanimity of agreement among the practicing nursing leadership and among nursing educators represented on the Coalition, subsequently fully confirmed by the consultants, that the primary restraint was the shortage of nursing faculty. This shortage precluded both expansion of enrollment in existing nursing schools and the preparedness of community colleges, the state university system, the University of California and the private universities, to expand or initiate programs of nursing education. To the contrary, the University of Southern California closed its Nursing School within the past year. The unavailability of faculty and competitive funding for retention of faculty extends throughout academic nursing at all levels, including the 2-year associate program, programs of advancement from the associate to the baccalaureate level, direct college admission to the baccalaureate programs, and admissions to graduate programs leading to masters and to doctoral degrees. In the State of California, the minimum qualification for appointment to an academic faculty of a nursing school is a master's degree. Senior nursing faculty, especially in the university systems which offer graduate programs call for doctoral degrees. Even clinical instructors in the hospital or in laboratory settings who serve as adjunct nursing faculty, are required to have baccalaureate degrees.

Finally, the present pool of nursing faculty in the State of California is also diminishing since 40% of current nursing faculty are over the age of 50. At the time of this writing, the estimated shortage of faculty even without expanding enrollment or the number of nursing schools is 12%.

There is likely to be no controversy that it is the unavailability of faculty which is the single greatest challenge. Additional constraints include the mandated high faculty to student ratios, namely an instructor for each 8-10 students for supervised clinical training on patient care, on physical examination, medications, measurements, on recording of nursing data, and on a diversity of procedures including injections, intravenous infusions, operation of ventilators and pacemakers, and the proper care of a diversity of wounds and catheters.

There are two additional constraints, namely the availability of space and laboratory facilities and sufficient collaborative hospital sites or alternative medical facilities in which to fulfill the requirement for clinical training.

Addressing the Shortage of Faculties

The Coalition next examined the reasons for the shortage of nursing faculty. We found that it is primarily an economic issue. Whereas a nurse specialist or supervisor prepared at the master's level may earn salaries in the range of \$80,000 to \$100,000 per annum, a Masters prepared faculty member with one to two years' of teaching experience earns as little as \$55,000 per annum in Community colleges. The discrepancies are in part accounted for by the salary levels that are established for faculty of equivalent ranks in the arts and sciences, which are in many instances established by agreements with labor unions. In addition, college administrators, in the face of cutbacks in support from State budgets, cannot compete with benefits comparable to those offered by hospitals. With escalation of salaries and benefits in hospitals, the magnitude of the differential has continued to increase. In presentations by the leaders of the Monterey

Peninsula, Sacramento, and Fresno programs, this discrepancy in compensation of nursing faculty was in each instance cited as the single greatest impediment to recruitment of qualified nurses with advanced degrees to the faculties of their Community colleges. Comparable restraints are encountered in the universities that compete for faculties which award graduate degrees in nursing.

Professional Satisfaction

RNs have traditionally entered bedside nursing because they were attracted both by the humanism of the services that they will provide and the professional content and the identity they have as part of the medical team. In the past two decades, however, the hospital environment has changed. The hospital has increasingly become a large intensive care unit. Patients with illness of lesser severity are directed to outpatient care. Hence, patients are sicker and they receive more invasive and technically complex interventions. Bedside nurses are therefore more stressed, both physically and mentally. More and more services are required of the shrinking pool of qualified bedside nurses. Many work too many hours and often overtime is imposed under conditions in which there is simply no RN to relieve them. Consequently, early retirement or alternate out-of-hospital employment further reduces their number. Understandably, California nurses also have sought legal protection to moderate high patient/nurse ratios and consequently there is an ever greater shortage of RNs.

Recommendations

The Coalition in its deliberations regarding strategies for addressing the Crisis in the Coachella Valley was largely guided by the programs presented by Dr. Deborah Schulte Hacker of the Monterey Peninsula College, Ms. Diane Welch of the Sacramento City College and Dr. Carolyn Drake of Fresno City College. Additional information from Mr. Jim Cummins, the Director of Health Care Initiatives of California Community Colleges, and Ms. Mary O'Connor, the Director of the Inland County Regional Health Occupation Resource Centers (RHORC) was provided to the members.

In each instance, the highest priority was to address the salary disparities between nursing faculties and hospital employed nurses. Any effort to fund such first required public awareness of the nursing crisis and its implication for the lives of everyone in the Community. Incisive action was justified and required. Close collaboration was needed between private and public policy setting agencies, the colleges, the hospitals, and both public and private organizations which support education and health care. In each of the pioneering programs in California, funding was sought to equalize salaries between faculties and comparably qualified hospital employed nurses. Funding was provided through either coalitions like ours or through the colleges or local hospital auxiliaries, alumni or hospital foundations. The disproportionately high cost of nurse recruitment justifies significant funding by hospitals provided that such would reduce recruitment and retention costs. Hospital funding would be through joint appointments of qualified nurses to colleges and hospitals, supplementary (part time) employment of faculty by the hospital, or endowment of faculty. Alternatively, the Coalition recruits from multiple public and private sources funding with which to supplement academic salaries directly and/or through employment of nursing faculty assigned to the college.

Additional faculty may be appointed by the college in adjunct positions but fully employed by the hospital. Such adjunct faculty would be hospital employees who provide clinical instruction. Master degree qualified nurses serving on the staff of the hospital would be cross-appointed by the colleges and thereby also augment faculty for classroom teaching.

Funding of the college or the Coalition may also be provided by Government. The recently enacted California Nursing Shortage Reduction Act is an example of such. Other potential sources of public funding include Economic Development Networks and Community College support Foundations. For instance, a network was evolved by a consortium of Los Angeles Community Colleges which in turn recruited funding from the Weigart Foundation, the Annenberg Foundation, and other philanthropic groups. In our own community, there already is a history of support for COD from public agencies including the Desert Healthcare District, the Economic Development Agency and the hospitals. Support from other public agencies such as the Regional Access Project and municipalities may be anticipated. A significant source of funding including endowments of academic chairs and sponsorship of facilities and equipment is likely to come from private philanthropy. Coachella Valley service clubs, country club associations, and private foundations are likely to be responsive to the need.

We next address expansion of facilities. Hospitals can provide meeting (classroom) space and space presently reserved for in-service education for staff. Skill development including simulation laboratories, teleconferencing, video and computer access is likely to be already in place. Under extreme conditions, local school districts should be called upon to provide classroom space when it is not used at other than primetime. Temporary structures have been and may be erected to accommodate rapid expansion of programs from funds contributed to the college, hospital or directly to the Coalition. COD has already constructed three temporary classrooms on its campus with plans for a new nursing building funded by its recently voter approved bond initiative.

We have addressed faculty and classrooms but not as yet the availability of clinical training sites. Hospital facilities in the Coachella Valley in some instances are limited, especially locally for low volume specialties such as pediatric intensive care. Agreements with more distant faculties such as Riverside Regional Medical Center or Loma Linda University Hospital, are feasible. Transportation for students would best be funded.

A much larger number of nursing students may be accommodated for bedside instruction provided we provide flexibility in scheduling beyond the conventional time frame. There is 24-7 clinical access but contingent on availability of clinical faculty. Clinical training may be supplemented by arrangements with alternative sites and by appointment of qualified clinical faculty in skilled nursing facilities, surgical centers, and medical institutions such as The Institute of Critical Care Medicine, The Stroke Recovery Center, and local private and public clinics including the Palm Desert Branch of the Loma Linda VA Clinic, the Desert AIDS Project Clinics, and County Health Clinics.

The Coalition also envisions major advantages from coordination of programs among the regional colleges. We propose sharing of scarce or costly resources such as simulation

laboratories, specialists for skill instruction, and media specialists. Qualified professionals in related sciences are likely to complement and supplement traditional faculty for both didactic instruction and clinical teaching. Examples include hospital pharmacy, respiratory therapy, physical therapy, professional nutritionists and even appropriately qualified physicians. The assistance of public agencies including the California Institute of Nursing and the California State Board of Registered Nursing, especially for support and approval of innovations should be sought.

In addition to the College of the Desert, Riverside/San Bernardino Counties have four community colleges which offer RN education leading to the Associate degree. These include Riverside Community College, San Bernardino Valley College, Mt. San Jacinto College, and Chaffey College. In addition, there are two four-year programs leading directly to the Baccalaureate Degree in Nursing, the California State University San Bernardino and Loma Linda University. Riverside Community College has a Moreno Valley campus which already offers programs in allied medical specialties and is considering expansion to include Associate degree RN programs. The Coalition views the coordinated and collaborative efforts among the RN programs of the five community colleges in Riverside/San Bernardino as major advantages and anticipate that such will allow expansion of enrollments.

The greatest priority remains, however, namely to increase the number of graduates for baccalaureate and master's degree programs and also doctorate qualified nurses to meet the critical need of faculty. The California State San Bernardino programs have already been expanded modestly at the Palm Desert campus but we recognize the need for more substantial enrollment of candidates for master's degrees. The Coalition also would look to the Palm Desert campus to accommodate direct admission of candidates for the baccalaureate degree program in Nursing. At present, this campus accepts only Associate degree qualified RNs and primarily graduates of the College of the Desert Nursing programs who seek advancement to the Baccalaureate degree. We support the funding for the third building on the California State Palm Desert Campus for the Health Sciences with these goals.

Reaffirmation of The Goal of the Coalition

We are committed to quadruple the number of nursing graduates in the Coachella Valley and surrounding communities over the next five years, based on 2003-2004 number of graduates. We seize on opportunities to be a model community for addressing the nursing crisis.

We commit the highest priority effort of the Coalition to programs that will allow for augmentation of master's and baccalaureate prepared RNs such as to expand available nursing faculties. We initially address strategies for the College of the Desert and the Palm Desert Campus of California State University San Bernardino and also faculties and facilities to support expanding enrollments in existing Riverside/San Bernardino County community colleges, at California State University San Bernardino, and at Loma Linda University.