

**Nebraska Action Coalition White Paper  
Nursing Leadership and Education in Nebraska**

**December 2014**

**Editors**

**Linda Lazure, PhD, RN**

Associate Professor, Associate Dean for External Relations, Creighton University

**Marilyn Valerio, PhD, RN**

Dean Emerita, Nebraska Methodist College, Omaha, NE

**Contributors**

**Liane Connelly, PhD, RN**

Assistant Dean, University of Nebraska Medical Center, College of Nursing- Northern Division

**Mary E. Cramer, PhD, APHN-BC, FAAN**

Professor, UNMC College of Nursing, Omaha, NE

**Aubray Orduna, PhD, RN**

Dean, Clarkson College, Omaha, NE

**Dawn Straub MSN, RN**

Director of Nursing Professional Practice, Nebraska Medical Center, Omaha, NE

**Victoria Vinton MSN, RN**

Director, Nebraska Action Coalition-Future of Nursing, Omaha, NE

## Introduction/Summary

The Nebraska Action Coalition (NAC) was formed in March 2011, in response to a call for action from the Future of Nursing: *Campaign for Action* (CFA). A landmark Institute of Medicine (IOM, 2010) report, *The Future of Nursing: Leading Change, Advancing Health*, identified nurses as having a pivotal role in leading the transformation of healthcare through broad coalitions of professional and community stakeholders. The IOM study established a national goal of 80% baccalaureate degree (BSN) workforce by 2020 and recommended the expansion of opportunities for nurses to lead and manage collaborative efforts to improve practice environments and health systems.

“The Future of Nursing: *Campaign for Action* seeks to promote healthier lives, supported by a system in which nurses are essential partners in providing care and promoting health. An initiative of the American Association of Retired Persons (AARP) and the Robert Wood Johnson Foundation (RWJF), the *Campaign* works with Action Coalitions in 50 states and the District of Columbia to implement the Institute of Medicine’s Future of Nursing recommendations. The vision is to ensure that everyone in America can live a healthier life, supported by a system where nurses are essential partners in providing care and promoting health. The *Campaign* is coordinated by the Center to Champion Nursing in America, an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation.” (ANA News Release, 11/17/2014).

To accomplish the *Campaign for Action* goals, state action coalitions were challenged to develop innovative means specific to their states. In 2012, NAC was awarded a matching RWJF State Implementation Program (SIP) grant, “Merging Leadership & Education to Implement IOM Recommendations in Nebraska”, for \$150,000 as part of the NAC’s overall strategic action plan (Vinton, et.al., 2012). Two project goals were initiated at that time:

1. Increase the percentage of nurses with a baccalaureate degree, including improved participation of traditionally under-represented groups.
2. Increase the number of nurses active in decision-making bodies, including improved participation of traditionally under-represented groups.

This white paper offers background, solutions and conclusions resulting from the statewide planning and outcomes of the grant. These outcomes lay the foundation for subsequent initiatives and funding opportunities to continue the transformation of healthcare in Nebraska.

## Background

One of the biggest challenges for the NAC was to create an effective statewide coalition that was transparent and inclusive. Existing relationships contributed to the acceptance of the NAC by existing professional nursing organizations. Two lead partners were critical to the initial infrastructure formation and continued financial support:

- Visiting Nurse Association (VNA) – Omaha-based serving a broad regional area.
- HDR Architecture, Inc. - internationally known firm that designs hospitals and healthcare systems

In addition, a broad base of other community and health care organizations across the state made sustaining financial and in-kind contributions (Appendix A). The Nebraska Center for Nursing (CFN) is now a collaborative partner that contributes data collection and analysis.

An overarching conceptual framework was utilized (Cramer, Duncan, Megel, & Pitkin, 2009; Cramer, Lazure, Morris, Valerio, & Morris, 2013) to ensure statewide representation. To meet this goal, the state was divided into four regions. Nebraska is largely a rural and frontier state, creating a geographic challenge. Originally, two teams (Education and Practice) were formed and soon evolved to include a third team (Leadership) each with representation from all four regions. Integral to each team's development – and the entire strategic plan -- is the focus on diversity and interprofessional collaboration.

The NAC Executive Committee evolved from a task force and continues to lead overall strategic planning to ensure representation from across the state. Infrastructure was further enhanced by the hiring of a full-time Executive Director to coordinate communications and facilitate implementation across regional teams. The Strategic Advisory Committee comprised of health care leaders provides external input and guidance for business development, planning, and fundraising. Although an effective organizational framework (Appendix B) is now in place, the challenge of engaging and sustaining effective leadership in all the aspects of NAC infrastructure continues to remain a vital, underlying strategic goal.

While much statewide work had already been accomplished to improve access to quality nursing care, the two-year SIP grant, “Merging Leadership & Education to Implement IOM Recommendations in Nebraska” provided the financial and structural means to focus on the two specific areas to improve the healthcare of Nebraskans. The impact of a higher percentage of BSN prepared nurses has on reducing hospital mortality and failure to rescue is well known (Aiken, Cimmiotti, Sloane, Smith, Flynn, & Neff, 2011). Improved quality, safety, and patient care outcomes occur when hospitals are staffed by a greater proportion of BSN nurses (Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005). Linked closely to higher education is the prevalence of leadership (Delaney & Piscopo, 2007; Osterman, Asselin,

& Cullen, 2009). By increasing the number of BSN nurses, the numbers of nurses seeking leadership positions in professional, community, health, and civic boards is anticipated to reflect a similar trend.

Lack of gender and ethnic diversity is problematic for the profession of nursing and the entire healthcare system. Minorities account for only 19% of the national RN workforce and only 10% of RNs are men (US Census Bureau, 2012; US Census Bureau, 2013). In Nebraska, despite a 17.9% ethnic/racial population, only 5.6% of RNs are racial/ethnic minorities. In addition, only 5.6% of Nebraska RNs are men (DHHS, 2013). In a survey of Nebraska healthcare employers, only 40% indicated a partnership with schools of nursing to recruit and advance diverse nursing students (Health Employer Survey, 2014). Foundational to any changes in nursing education and leadership is the need to diversify the workforce to develop and implement more culturally responsive healthcare.

### **Work Accomplished**

To facilitate the work toward the two major grant goals, statewide listening sessions and attention to diversifying the workforce were essential. Nine Stakeholders' Breakfasts/Conferences were held across Nebraska from January, 2013 – October, 2014. Participants included approximately 180 individuals from host hospital leadership, academia, public health, municipal and business leaders, long-term care, and state senators. Qualitative data analyses of each breakfast/conference reflected strengths and barriers discussed in each location (Appendix C):

- Widespread community stakeholder collaboration is important to the success of local healthcare delivery.
- Retention of healthcare professionals is an ongoing challenge for many frontier hospitals.
- Employer support, such as career ladders, tuition reimbursement, and education-based wages improves retention.
- Regulatory/legislative barriers impede reimbursement and accessibility of healthcare providers, including nurse practitioners.

The roundtable approach was an excellent way to encourage input from all stakeholders. It provided a sense of connectedness in working together to identify strengths and barriers. Future roundtables across the state will involve sharing of best practices and will hopefully facilitate transformation of healthcare in Nebraska.

In 2013, NAC formed a Diversity Taskforce that created a toolkit available as a resource to nurses, educators, and employers of nurses seeking to diversify the healthcare workforce <http://neactioncoalition.org/diversity-toolkit-intro/>. A “Men in Nursing” chapter was recently chartered for Nebraska and will be expanding statewide. In addition, the Omaha Black Nurses Association is

engaging new members supported by its work with the NAC. Nebraska will be re-chartering the Nebraska Association of Hispanic Nurses (NAHN) in 2015; a group leader and sponsor have been identified. These actions supported increasing the diversity of Nebraska's nursing workforce.

***Goal One: Increase the percentage of nurses with a baccalaureate degree, including improved participation of traditionally under-represented groups.***

Goal one called for collaboration between the NAC, Nebraska Assembly of Nursing Deans and Directors (NANDD), and education practice partners. The process has been informative and collaborative. The work began by identifying competencies that distinguish BSN graduates and involved all Nebraska schools of nursing through the NANDD to establish a competency-based BSN curriculum model and to support nurses seeking to advance their education. A report outlining the work thus far was submitted to NANDD in December 2014 (Appendix D). The objectives of goal one included:

- Streamline academic progression via development and dissemination of a competency-based model;
- Facilitate statewide public, nursing, and employer support for BSN education;
- Evaluate and remediate diversity gaps in student nurse and RN populations to increase number of BSN nurses in Nebraska.

In Nebraska, BSN education is provided by one public and eight private institutions. The competency-based curriculum model selected embraces the value of each institution's mission and incorporates data citing a large number of AD graduates in the state. This model recognizes the diversity of each of the schools of nursing, yet provides for universal outcome measures for baccalaureate education. Additionally, AD graduates are more representative of ethnic minorities and many AD graduates practice in rural communities. Beginning with the AD nurses in practice allowed a focus on seamless education advancement for the incumbent nursing workforce and at the same time addressed diversity.

The overarching goal was the design of statewide common criteria and processes for awarding credit for prior learning and experience to RN students applying to BSN-completion programs. The pilot work focuses on the incumbent workforce and increasing seamless transition for these RNs. Future plans include aligning LPN to BSN and ADN to BSN curricula for more seamless transition of new graduates directly into the BSN using pilot data and the findings from the gap analyses.

Statewide dialogue meetings with nurse employers emphasized the impact of positive patient care and financial facility outcomes related to increasing the facility's BSN workforce. Statewide employer surveys (Appendix E) provided data identifying support for and barriers to nurses seeking the BSN

degree. Respondents represented a variety of healthcare settings, including long-term care, hospitals, home health, public health and federally qualified health centers. Sixty-three valid responses of 89 hospitals responded to the survey (Health Employer Survey, 2014) and produced the following major findings:

- 75.4% (49) offer tuition reimbursement to nurses who enter a BSN program
- 56.9% (37) offer scholarships to RNs who return to school for their BSN degree.
- 69.2% (38) partner with Nebraska schools of nursing to share their specific practice needs and enhance nursing curriculum.
- 92.3% (60) foster a culture of lifelong learning by providing financial resources for RNs to engage in continuing competency programs.

Survey responses to salary differentials, requiring nurses to earn the BSN, and diversity provide the focus for continued work across the state on advancing nursing education.

**Goal Two: *Increase the number of nurses active in decision-making bodies, including improved participation of traditionally under-represented groups.***

A simultaneous effort to increase the number of statewide and diverse nurse leaders relied on the statewide NAC infrastructure and the solid relationships established with Nebraska professional nursing groups, spearheaded by the NAC Leadership Team. In 2012 and 2014, NAC recognized emerging nurse leaders through the “40 Under 40” awards program. These young nurses are Nebraska’s next generation of healthcare leaders. Many are in roles in which nursing skills and attributes, such as integrity, teamwork, advocacy, and collaboration make them desirable decision-making/board members. The statewide employer survey (Health Employer Survey, 2014) indicated that 58.5% of employers appoint nurses to key leadership positions to develop/adopt innovative, patient-centered care models. This indicator provides an additional underpinning for the development of nurse leaders.

A survey was designed to assess the number of nurses serving on decision-making bodies in Nebraska and to determine interest in future board service (Appendix F). The brief survey was distributed to all Nebraska RN and LPNs with 1140 validated returns (Ramirez, 2013). Nearly half (49%) of respondents currently serve on a decision-making body or board with more than one-third (37%) serving on 2 or more boards. More than half of our respondents (52%) expressed interest in serving on a decision-making body/board, and of these, 83% said they would like some sort of mentoring or support in attaining a board position. Three categories emerged: 1) RNs in urban clusters who currently serve on boards and want to increase their involvement; 2) RNs in urban clusters who do not serve on boards but are interested, and 3) RNs in rural areas who want support to become involved in leadership opportunities. A three-pronged approach was designed to be accomplished over a two year period:

- Website resources available on the NAC website;
- Mentor/mentee program in each region;
- Leadership training.

The Nebraska Organization of Nurse Leaders (NOLN), in collaboration with a former Jonas Scholar (<http://www.jonascenter.org/program-areas/scholars>), will conduct an approved research study, involving the mentor/mentee dyads in each region. The study will begin in 2015 with three aims:

- **Aim 1:** Explore how mentor/mentee dyads conceptualize the mentoring process for developing nurse leadership skills and building meaningful, mentorship relationships
- **Aim 2:** Describe the processes for developing nurse leadership skills and building meaningful, mentorship relationships within mentor/mentee dyads over time
- **Aim 3:** Describe the opportunities for operationalizing newly developed nurse leadership skills.

Data from the study will inform the NAC and Nebraskans of best-practices for developing nursing leadership.

The NAC Practice team recruited and developed statewide leaders to serve as co-chairs for the four geographic regions who work closely with NAC to distribute information about the IOM report and NAC activities. Statewide monthly interactive web-based committee meetings are held and members also serve as presenters at local stakeholder events. Members are integral in reaching out to diverse stakeholders, including business, healthcare, legislative and regulatory colleagues.

The NAC Practice team continues to support the Nebraska Nurse Practitioners (NNP) to educate Nebraskans about NP education, practice and their positive impact on healthcare in Nebraska rural and urban communities. Access to NP-provided healthcare is restricted by a legislated mandate requiring an integrated practice agreement (IPA) with physicians that prohibits NPs functioning to their full scope of practice. This educational support will continue as the NPs will be re-submitting legislative language to remove the IPA in the 2015 legislative session.

The NAC assessed the extent of Nebraska nurse leaders serving on professional, community, health, and civic boards and decision-making bodies with the goal of increasing that leadership by 10%. Leadership development will be accomplished through statewide workshops, online learning modules, and collaboration with the NANDD to assure leadership content in the curricula for all nursing programs (RN and LPN).

## Conclusion

Coalition building based on the shared vision of implementing the 2010 IOM Report recommendations is vital to healthcare transformation in Nebraska. Recruiting partners for the NAC from outside the nursing community is essential. The Nebraska Action Coalition (NAC) has a pivotal role in leading the transformation of healthcare through broad coalitions of professional and community stakeholders as identified by the Institute of Medicine (IOM, 2010) report, *The Future of Nursing: Leading Change, Advancing Health*.

The NAC built a statewide coalition that is inclusive and transparent. Emerging as a catalyst and resource center, the NAC designed a strategic plan that merged each stakeholder's strengths and opportunities with the IOM recommendations for transforming healthcare in Nebraska. However, there are still significant challenges that include the need to broaden communications with members and partners; sustain the established coalitions; maintain the infrastructure; continue fundraising; and increase momentum for advancing nursing education, practice, and leadership. The success of merging the education and leadership recommendations of *The Future of Nursing: Leading Change, Advancing Health*, while building the NAC infrastructure, will be rooted in NAC's commitment to improving health and healthcare across the state.

## References

- Aiken, L., Cimiotti, J., Sloane, D., Smith, J., Flynn, L., & Neff, D. (2011). Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Medical Care*, 49(12), 1047-1053.
- American Nurses Association, (2014, November 17). *National Coalition Launches Effort to Place 10,000 Nurses on Governing Boards by 2020*. Retrieved Nov 24, 2014: <http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2014-PR/Effort-to-Place-Nurses-on-Governing-Boards.html>
- Cramer, M., Duncan, K., Megel, M., & Pitkin, S. (2009). Partnering with rural communities to meet the demand for qualified nursing workforce. *Nursing Outlook*, 57(3), 148-57.
- Cramer, M., Lazure, L., Morris, K., Valerio, M., & Morris, R. (2013). Conceptual models to guide best practices in organization and development of state action coalitions. *Nursing Outlook*, 61(2), 70-77. doi:10.1016/j.outlook.2012.06.022.
- Delaney, C. and Piscopo, B. (2007). There really is a difference: nurses' experiences with transitioning from RNs to BSNs. *Journal of Professional Nursing*, 23(2): 167-173.
- Department of Health and Human Services (DHHS) (2013). *Nebraska RN survey report 201; Based on 2012 license renewal data*. Retrieved Nov. 24, 2014: [http://www.center4nursing.com/documents/RNWorkforceSurveyReport2012\\_JPR\\_29Jan2014.pdf](http://www.center4nursing.com/documents/RNWorkforceSurveyReport2012_JPR_29Jan2014.pdf)
- Estabrooks, C., Midodzi, W., Cummings, G., Ricker, K., & Giovannetti, P. (2005). The impact of hospital nursing characteristics on 30-day mortality. *Nursing Research*, 54(2), 74-84.
- Health Employer Survey. (2014). Retrieved Dec 17, 2014. <http://neactioncoalition.org/wp-content/uploads/2014/07/Employer-Survey- Hospitals-web-version.pdf>
- Institute of Medicine (IOM). (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press.

Osterman, P., Asselin, M., & Cullen, H. (2009). Returning for a baccalaureate: a descriptive exploratory study of nurses' perceptions. *Journal of Nurses Staff Development*, 25(3): 109-17. doi: 10.1097/NND.0b013e3181a566be.

Ramirez, J. (June, 2013). Nursing Leadership Survey (RN/LPN) Outcome Analysis. Nebraska Action Coalition. Retrieved Dec. 17, 2014: [http://neactioncoalition.org/wp-content/uploads/2014/07/NAC-LEADERSHIP-SURVEY-Outcome-Analysis\\_Final1.pdf](http://neactioncoalition.org/wp-content/uploads/2014/07/NAC-LEADERSHIP-SURVEY-Outcome-Analysis_Final1.pdf)

US Census Bureau. (December, 2012). *Minority Populations in the US*. Retrieved Nov. 24, 2014: <http://www.census.gov/newsroom/releases/archives/population/cb12-243.html>

US Census Bureau (February, 2013). *Men in Nursing. American Community Survey Highlight Report*. Retrieved Nov. 24, 2014 at: [http://www.census.gov/people/io/files/Men\\_in\\_Nursing\\_Occupations.pdf](http://www.census.gov/people/io/files/Men_in_Nursing_Occupations.pdf)

Vinton, V. (2014). Statewide Stakeholder Community Input. Nebraska Action Coalition.

Vinton, V., Lazure, L., Valerio, M., Connelly, L., Orduna, A., Brage-Hudson, D., and Cramer, M. (2012). "Merging Leadership & Education to Implement IOM Recommendations in Nebraska". State Implementation Program (SIP) Grant, Robert Wood Johnson Foundation, National Campaign for Action.

## Appendix A

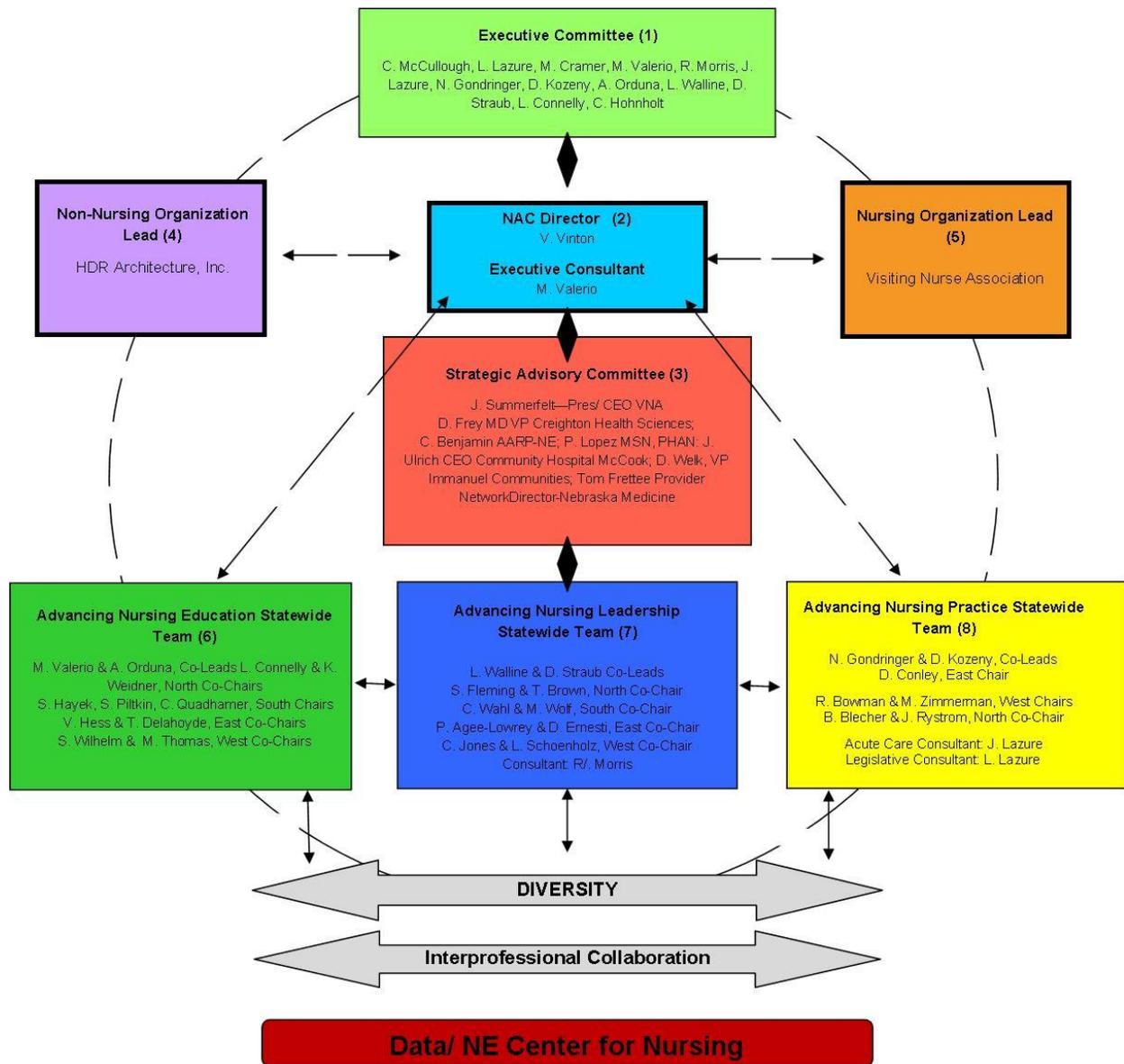
### Nebraska Action Coalition Funders

Robert Wood Johnson Foundation*	Visiting Nurses Association*
HDR Architecture, Inc*	Immanuel*
Saint Elizabeth Regional Medical Center*	Nebraska Hospital Association
Nebraska Medicine*	St. Francis Medical Center – Grand Island*
Good Samaritan Hospital – Kearney*	University of Nebraska College of Nursing*
Aureus Medical of C&A Industries*	Executive Committee of NAC*
NONL* and NONL Districts I & III	Creighton University College of Nursing*
NE Assc of Nursing Deans and Directors*	Alegent – Creighton Health
Great Plains Medical Center – North Platte	Methodist Hospital*
Nebraska Association of Nurse Anesthetists*	Nebraska Nurse Practitioners*
Clarkson College*	Community Hospital – McCook*
Nebraska Nurses Association*	Nebraska Emergency Nurses Association*
AARP-Nebraska Chapter*	Donor-members of NAC*
STTI Nebraska Collaborative	Columbus Community Hospital*
Equitable Bank Foundation – Grand Island*	Nebraska League for Nursing
Heartland Gerontological Nurse Assc*	AWHONN
NNA District 2	Nebraska Nurse Midwives
Nebraska Methodist College	Five Points State Bank – Grand Island
Fremont Area Medical Center	AORN
Nebraska School Nurse Association	American Psychiatric Nurses Assc (NE)

\*Repeat donors

# Appendix B

## Organizational Chart



## Appendix C

### Statewide Stakeholder Community Input (2013-2014)

Question asked: What do you see as strengths and barriers to the future of healthcare in your community?

<b>Strengths</b>	<b>Occurrences</b>	<b>Barriers</b>	<b>Occurrences</b>
Collaboration in Community between hospital, schools, FQHCs, city	12	Regulatory/legislative	5
Ability to increase/retain nurses into pipeline	6	Retention of physicians/nurses	4
Employer support	5	Mental Health Care-access/shortage	3
NPs recognized as primary care providers	3	Not practicing to top of license:	3
Interprofessional collaboration	2	Integrating use of Community Health Worker	2
		Access	3

## Appendix D

NANDD Pilot Report  
NAC Education Team  
December 4, 2014

The Nebraska Action Coalition (NAC) is following the recommendations of the Institute of Medicine's landmark report, *The Future of Nursing: Leading Change, Advancing Health* (2010) that assessed the critical role played by more than 3 million nurses in the nation's healthcare system. The challenges facing the nursing profession must be addressed, it concluded, or the system will never be able to provide quality care that is seamless, affordable, and accessible to all people.

The IOM report identified four key messages which provide a blueprint to transform nursing:

- *Nurses should practice to the full extent of their education and training.*
- *Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression*
- *Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States*
- *Effective workforce planning and policy making require better data collection and an improved information infrastructure*

As a member of The Future of Nursing's *Campaign for Action* NAC works to create awareness and ensure implementation of these recommendations by taking steps to improve nursing education, remove barriers to practice, and foster nursing leadership. In 2012, the NAC was awarded a SIP 1 Grant from RWJF that provided matching funds for a two year period. Two project goals were initiated at that time:

3. Increase the percentage of nurses with a baccalaureate degree, including improved participation of traditionally under-represented groups.
4. Increase the number of nurses active in decision-making bodies, including improved participation of traditionally under-represented groups.

Goal one called for collaboration between the NAC, the Nebraska Assembly of Deans and Directors, and education practice partners. The process has been informative and collaborative. The objectives of goal one included:

- Streamline academic progression via development and dissemination of a competency-based model;
- Facilitate statewide public, nursing, and employer support for BSN education;
- Evaluate and remediate diversity gaps in student nurse and RN populations to increase number of BSN nurses in Nebraska.

In Nebraska, BSN education is provided by one public and eight private institutions. The competency-based curriculum model that was selected embraces the value of each institution's mission and incorporates data citing a large number of AD graduates in the state. This model recognizes the diversity of each of the schools of nursing, yet provides for universal outcome measures for baccalaureate education. Additionally, AD graduates are more representative of ethnic minorities and many AD

graduates practice in rural communities. Beginning with the AD nurses in practice allowed us to focus on seamless education advancement for the incumbent nursing workforce and at the same time address diversity.

The work began by identifying competencies that distinguish BSN graduates and involved all Nebraska schools of nursing through the Nebraska Assembly of Nursing Deans and Directors (NANDD). Facilitating the work were the NAC Education Team regional co-leads – Melanie Thomas, Sue Wilhelm, Liane Connelly, Karen Weidner, Virginia Hess, Theresa Delahoyde, Aubray Orduna, Steve Pitkin, Colleen Quadhammer, Sharon Hayek and Marilyn Valerio. A statewide group, with members representing all levels of nursing education, researched and developed five BSN competencies. This work was approved by NANDD in June 2013. Following their acceptance, the education team divided into 5 groups, one per competency, and developed the definition and measureable behaviors for each. KSAs were evident but were not labeled as such. The initial pilot envisioned pairing a BSN and AD program to evaluate the competencies and level the behaviors for each type. However, the NAC team recognized that prior to action coalition formation in Nebraska, schools in the state did not link from regional AD programs to public institutions. In Nebraska, RNs choose a BSN program from any part of the state and/or online programs – access and affordability being key determinants. The decision was made based on this systems process to modify the pilot.

Phase I of the Pilot was completed in spring of 2014 with two RN-BSN programs, one public UNMC and one private Nebraska Methodist College. Each program identified a course for newly admitted RNs and designed a course assignment related to the five competencies. Students completed the assignment with five competencies and reported their first RN program and year of graduation. The assignment asked them to assess their ability to meet the behaviors ascribed to each competency before beginning their formal program and to provide evidence that supported their responses. The findings from this first group (36 students) were analyzed and a second phase of the pilot will begin fall 2014. Based on the analysis, actions were taken to increase the validity of the process – both in data gathering and interpretation. Clearer instructions for the assignment and an orientation for faculty were identified as essential. During this same time period, members of NANDD reviewed the competencies and behaviors and made some revisions. However, the competencies used for the second phase of the pilot were not changed to maintain a consistency in the assessment methods. The changes will be incorporated into the final competencies/behaviors as well as data from the gap analyses from both BSN and ADN programs.

Phase II of the Pilot began with the 2014 fall semester and enlisted 4 additional schools for a total of 6 schools, one public and five private. Phase II concludes at the end of the fall semester. Several steps were taken to improve the process and data gathering:

- NAC Education Team members met with representatives from all 6 schools in August;
- Revised the faculty and student instructions for use of the tool with input from the group;
- Designed a plan to evaluate the input from students and faculty that could be more effectively analyzed and from which to draw conclusions;
- Reformatted the student competency forms and distributed to schools;
- Schools identified courses and students for the pilot: Bryan College of Health Sciences – 10; Concordia College – 9; Midland University – 14; Nebraska Methodist College – 9; UNMC – 15; and Wesleyan College – 3;
- Submission of data via Survey Monkey will facilitate the analysis of student and faculty input;
- Plan to engage a team of faculty for the analysis process to ensure inter-rater reliability.

The final analysis will compare student input and faculty agreement on appropriateness for meeting competencies as well as the depth and breadth of evidence needed to award credit.

In addition, BSN programs in 2014 did a gap analysis within their curricula using the five competencies. These analyses were submitted and are being analyzed. The next step begins with AD schools statewide doing a gap analysis of curricula using the five competencies. The outcome for this work is to identify a common level of competency behaviors for each of the five BSN Competencies agreed upon by NANDD. The NAC education team recognized foundational courses as critical and through comparison and discussion with and among schools will strive to streamline these as well. Movement toward a statewide competency-based curriculum model will occur as these processes continue and are completed. In addition, a statewide centralized method for portfolio review could assist all schools in awarding credit and facilitating more seamless advancement.

The overarching goal is to design common processes with common criteria that are used statewide to evaluate portfolios of RN students applying to BSN completion programs and award credit for prior learning and experience. The pilot work has focused on the incumbent workforce and increasing seamless transition for these RNs. Future plans include aligning LPN to BSN and ADN to BSN curricula for more seamless transition of new graduates directly into the BSN using pilot data and the findings from the gap analyses.

The NAC also implemented several actions to meet the objective to more fully engage traditionally under-represented groups in nursing. A Diversity Task Force was formed with representatives from nursing and education. This group created the Diversity Toolkit that is now on the NAC website. There is active collaboration with existing minority nursing organizations and a Nebraska Men in Nursing chapter was initiated in October. The NAC Leadership conference in September featured Dr. Linda Burnes Bolton and emphasized both the need for and the impact of increasing the diversity of the nursing workforce.

The work accomplished thus far could not have been done without NANDD and their practice partners. The support and collaboration from Nebraska's Deans, Directors, and faculty ensures that nursing education will address the call to provide quality care that is seamless, affordable, and accessible to all people.

## Appendix E

### Hospital Employer Survey

<http://neactioncoalition.org/wp-content/uploads/2014/07/Employer-Survey- Hospitals-web-version.pdf>

6. Does your organization				
	Yes	No	Don't Know/Not Sure	Rating Count
Offer tuition reimbursement to associate degree (ADN) and/or diploma degree nurses who enter a BSN program?	<b>75.4% (49)</b>	23.1% (15)	1.5% (1)	65
Require newly hired associate degree (ADN) and diploma degree nurses to enter a BSN degree program within 5 years of graduation?	20.0% (13)	<b>80.0% (52)</b>	0.0% (0)	65
Provide salary differential for the BSN degree?	12.3% (8)	<b>87.7% (57)</b>	0.0% (0)	65
Offer scholarships to RNs who return to school for their BSN degree?	<b>56.9% (37)</b>	43.1% (28)	0.0% (0)	65
Provide a formal nurse residency program for new RNs (not to be confused with an orientation program)?	24.6% (16)	<b>75.4% (49)</b>	0.0% (0)	65
Partner with Nebraska school(s) of nursing to share your specific practice needs and enhance nursing curriculum?	<b>69.2% (45)</b>	27.7% (18)	3.1% (2)	65
Partner with Nebraska school(s) of nursing to recruit and advance diverse nursing students?	40.0% (26)	<b>58.5% (38)</b>	1.5% (1)	65

Appoint nurses to key leadership positions to develop/adopt innovative, patient-centered care models?	<b>58.5% (38)</b>	38.5% (25)	3.1% (2)	65
Foster a culture of lifelong learning by providing financial resources for RNs to engage in continuing competency programs?	<b>92.3% (60)</b>	7.7% (5)	0.0% (0)	65

## Appendix F

[http://neactioncoalition.org/wp-content/uploads/2014/07/NAC-LEADERSHIP-SURVEY-Outcome-Analysis\\_FinalI.pdf](http://neactioncoalition.org/wp-content/uploads/2014/07/NAC-LEADERSHIP-SURVEY-Outcome-Analysis_FinalI.pdf)

Nursing Leadership Survey (RN/LPN)

**1. Do you currently serve on any decision-making bodies/boards (e.g., professional nursing organizations/boards, church, school, non-profit, city/county board, health care org, committee, political office)?**

Yes                  No

**2. What category best describes the decision-making bodies/boards on which you currently serve? (check all that apply)**

- Professional nursing association
- Community/civic group (ex: County Board)
- Health care organization
- Business
- Faith-based organization/group
- Non-profit organization
- Other

**3. Do you serve as an appointed/elected leader on any of the following decision-making bodies/boards of which you are a member? (Check anywhere your answer is yes.)**

- Professional nursing association
- Community/civic group (ex: County Board)
- Health care organization
- Business
- Faith-based organization/group
- Non-profit organization
- Other

**4. Do you currently serve in an elected political office (ex: mayor, village board, county board)?**

Yes                  No

**5. In what political office have you been elected to serve?**

**6. Have you ever been elected to a political office (ex: mayor, village board, county board)?**

Yes                  No

7. In what office were you elected to serve?

8. Are you interested in serving on a decision-making body/board?

Yes No

9. Do you feel prepared to serve on a decision-making body/board?

Yes No

10. Would you be interested in receiving support of some kind (i.e., mentoring, education) to help prepare you for serving on a decision-making body/board?

Yes No

11. What types of assistance would be helpful? (check all that apply)

- Identify organization on which to serve
- Learn what I have to offer as a professional nurse
- General training re: expectations, roles, responsibilities
- Seek to be mentored by an experienced nurse
- Other

12. Please list open leadership opportunities you are aware of in your community, health care organization, professional nursing organization, and etc. with a copied/pasted link and contact (or name and address).

13. Please offer any suggestions you might have to advance nurse leadership in Nebraska through political office or community/civic decision-making bodies:

14. Please provide your contact information, necessary for baseline statistics

- First Name
- Last Name
- Company Name
- Email Address
- City
- Postal Code
- Credentials (eg.,RN, BSN)
- Gender (M or F)

## Appendix F (continued)

15. Are you a Nebraska Action Coalition "40 Under 40" honoree?

Yes                  No

16. Please provide your race/ethnicity (needed to assess diversity)

- White
- African American
- Hispanic
- Asian
- Native American
- Other

**Thank you for taking the time to participate in this survey. Your input will help us chart a more effective course towards transforming healthcare in Nebraska.**