

**Strategic Plan for Nursing in New Mexico
2009**

February 10, 2009
New Mexico Center for Nursing Excellence

Vision Statement: 2030

New Mexico will be recognized as having one of the nation's premier nursing systems, with a progressive educational program that cultivates skilled and compassionate nurses, and a care delivery system that provides a working environment in which nurses are valued, respected, and are vital members of a healthcare team providing exceptional patient care.

Goals: 2009 through 2015

1. By 2010, develop a clear and transparent model that quantifies how many nursing professionals will be needed to meet demand in New Mexico, on an annual basis, through 2030, and how significant the gap is between (a) this projected demand and (b) the current supply and future pipeline of nursing professionals.
2. By 2010, define the number of new nursing graduates that will be required to meet demand, on an annual basis, through 2030, and outline the nursing education faculty, facilities, funding and clinical training that will be required to produce these graduates.
3. Recruit and hire nursing faculty and clinical instructors who are compensated fairly based on national benchmarks and regional norms. Make necessary funding and compensation changes by 2012, so that faculty workforce as defined in goal #2 is achieved by 2015.
4. By 2010, identify needs for nursing education infrastructure (including teaching and clinical facilities) within New Mexico schools of nursing in order to meet the needs defined in goal 2, and complete development of this infrastructure by 2015.
5. Develop a clear nursing career pathway structure, and monitor articulation of coursework between nursing education programs, by 2012.
6. Develop a RN graduate transition and retention program by 2012 that includes a statewide mentorship program upon graduation, and orientation and preceptor programs of sufficient duration that adequately address the needs of recent graduates.
7. Immediately institute a coalition of New Mexico nursing employers that will collaborate on ways to improve the workforce environment and make it a meaningful and rewarding place to work.
8. Ensure that all nursing employers understand the criteria that are required to achieve "Magnet" or "Pathway to Excellence" accreditation, and that by 2015, the majority of New Mexico's nursing employers have taken material steps to fulfill some of these criteria, which will support recruiting, retention, and professional growth.
9. Reduce number of vacancies, improve retention rates, and increase job satisfaction rates, in order to meet or exceed national benchmarks by 2015.
10. During 2009, develop a leadership and workteam structure that measures progress towards achieving deliverables and provides across stakeholder groups to maximize the productivity of their efforts.

Strategic Initiatives and Projects

Initiative	Project	Team	Timing
1. Develop business case that outlines projected demand for nurses in New Mexico through 2030, and a proposal for the amount of funding and resources that will be required to build a supply that will meet this demand.	1a. Inventory, evaluate, and secure revenue streams that are potential sources of the additional funding required to achieve all other recommendations within this plan. <ul style="list-style-type: none"> • State funds – To supplement the current Nurse Education Fund, and make recommendations on potential new sources of revenue (incremental taxes) that have been accepted in other states and should be considered in New Mexico • Federal funds –Legislatures in some states (e.g., Alabama and Wisconsin) go for federal funds, and pursue if viable. • Foundation funds (e.g., RWJ, Kellogg) – Identify options and develop grant-writing talent to pursue these funds. • University/college funds – Lobby to enhance share of funding from within the institution. 	New Mexico Nursing Council (as defined in “Infrastructure” section)	Develop fiscal 2010 request by spring 2009. Develop fiscal 2011 request by year-end 2009.
	1b. Quantify nursing supply (current and projected) at regional/local level (e.g., Las Cruces v. Farmington), via a long-term tracking mechanism, and consider learnings from the AACN annual nurse survey. Include info on demographics, quality, etc.	New Mexico Nursing Council (as defined in “Infrastructure” section) and HED	2010
	1c. Quantify demand for nursing professionals in New Mexico workplaces (current and projected), disaggregated down to a regional/local level (e.g., Las Cruces v. Farmington). Includes obtaining the forecasting model.	New Mexico Nursing Council (as defined in “Infrastructure” section)	2010
	1d. Develop standardized reporting measures for program costs across all nursing programs, and process/methodology to track and report annually	New Mexico Nursing Council (as defined in “Infrastructure” section) and HPC	Completed by fall 2009 so schools report 2009-10 data
	1e. Develop tools to monitor and evaluate the incremental impact and return on investment that funding has on ability to build education faculty and infrastructure, and what that translates into as far as number of nursing graduates obtaining licensure. Include metrics such as cost of producing a nurse, economic value of having a nurse (taxes they pay, etc.)	New Mexico Nursing Council (as defined in “Infrastructure” section)	2010

Initiative	Project	Team	Timing
2. Determine – and meet – the needs for nursing education faculty and infrastructure that will support a pipeline of nursing students that will meet the demand for new nurses in New Mexico.	2a. Complete gap analysis that (using an assumption for number of graduates needed on an annual basis from New Mexico nursing programs) compares: a) need for nursing faculty and infrastructure (facilities, clinical sites, and other) for associates, bachelors, masters, and doctoral programs, and b) current capacity within the New Mexico nursing education system. Determine, and then hire/build, the required number of faculty, classrooms, etc. to open the pipeline, with sufficient program capacity to meet demand for nursing graduates.	New Mexico Nursing Council (as defined in “Infrastructure” section), schools of nursing, and HED	2010
	2b. Increase funding for nursing education in order to bridge the gap identified in 2a. Make Nurse Education Fund permanent and recurring, and establish criteria for disbursement of funds.	New Mexico Nursing Council (as defined in “Infrastructure” section), HED and Legislature	2012
	2c. Develop funding formula for nursing faculty and clearly state optimal salary range for nursing faculty that will yield a supply of faculty that is adequate to meet educational demands. Identify other factors that will encourage a clinical nurse to transition to a nursing faculty position.	New Mexico Nursing Council (as defined in “Infrastructure” section), HED, HPC, legislature, and nurse faculty	2009
3. Maintain pipeline of qualified applicants into nursing schools.	3a. Determine number of graduates required, each year for the coming 20 years, in order to meet demand.	New Mexico Nursing Council (as defined in “Infrastructure” section)	2010
	3b. Assess projected impact of funding programs including stipends and loan-for-service, at each level of education (bachelors, masters, doctorate), and implement new programs based on this assessment.	New Mexico Nursing Council (as defined in “Infrastructure” section) and HED	2012
	3c. Establish a clearer healthcare career pathway structure, beginning in K-12 and through secondary education.	New Mexico Nursing Council (as defined in “Infrastructure” section), HED, K-12, nursing schools, employers, support services	2010
	3d. Develop better outreach and partnerships between high schools and colleges – e.g., develop LPN program for high school students.	New Mexico Nursing Council (as defined in “Infrastructure” section), HED	2012
	3e. Create web portal for career awareness.	New Mexico Nursing Council (as defined in “Infrastructure” section)	2012

Initiative	Project	Team	Timing
4. Ensure that nursing students are adequately prepared to enter the work environment upon graduation.	4a. Monitor articulation of coursework between nursing education programs. Evaluate/adopt/create model that results in a clear pathway. New Mexico is currently one of only 12 states that are not articulated, mandated or voluntary. (Example: State of Oregon schools worked together to articulate their curriculum and standardize within nursing programs, so there was a clear pathway.)	New Mexico Nursing Council (as defined in "Infrastructure" section), HED	2010
	4b. Develop new models, environments, and technologies for nursing clinical training. May include: <ul style="list-style-type: none"> • Simulation as a mechanism for some clinical training • Mobile labs to increase hands-on time, move around geographically, and accommodate more students • Telehealth 	New Mexico Nursing Council (as defined in "Infrastructure" section), Program directors, HED, technology experts	2012
	4c. Develop coordinated and robust RN graduate transition and retention program that includes a statewide, mentorship program upon graduation, and orientation and preceptor programs of sufficient duration that adequately address the needs of recent graduates.	New Mexico Nursing Council (as defined in "Infrastructure" section), CTI and NMONE	2012
5. Aggressively enhance workplace environment, with a focus on nurse development and empowerment, resulting in increased retention levels.	5a. Pursue Magnet and Pathway to Excellence (formerly Nurse Friendly) Accreditation. Focus on the tenets of the programs (not necessarily achieving all of the tenets), identify and clearly communicate which components have the most significant impact on the workplace environment, and recognize the organizations that succeed in achieving accreditation.	New Mexico Nursing Council (as defined in "Infrastructure" section), employers, NMCNE, BoN, NMONE, providing coordination of efforts	2015
	5b. Measure turnover, vacancy, and job satisfaction rates at employer sites, and collect/analyze blinded data at a statewide level in order to identify the impact of various parameters (patient-nurse ratios, working conditions) and programs. Implement programs based on conclusions.	New Mexico Nursing Council (as defined in "Infrastructure" section)	Measure by 2012 Implement by 2015
	5c. Focus on nursing recognition, with programs such as NMONE Daisy Program, NM Nursing Excellence Awards.	New Mexico Nursing Council (as defined in "Infrastructure" section)	2012

Infrastructure



Notes:

New Mexico Nursing Council State Action Team. Provides oversight of the committees, which are charged with ensuring action on recommendations /initiatives. Members include: Chairs of the 3 committees and the CAT Advisory Committee, and representatives of DOH, HED, BON, PED, Workforce Solutions, HPC, employers, legislative/policy at state and federal level

Committees 3 standing committees (Education, Practice & Work Environment, Recruitment & Retention). Ad hoc committees are convened at the direction of the Council. Each committee will have a representative from (1) CATs, (2) nursing education and (3) nursing practice

Community Action Teams (CATs) Community stakeholders who address nursing issues at the local, community level. Informs the state Nursing Council of successes. Opportunities, and needs. The NM Nursing Council informs the CATs quarterly of progress toward the state recommendations/initiatives.

CAT Advisory Committee Representatives from the CATs comprise an advisory committee to the Council. The chair of the advisory committee is a member of the Council.

NMCNE Administrative support functions, oversight

Appendix A: Methodology

In November-December 2008, 20 interviews were conducted with stakeholders who have been involved in the development of recommendations to address the nursing shortage in New Mexico. Interviews were conducted with:

Karrie Brazaski	President, NMONE Chief Nursing Officer, Lovelace West
Karen Carlson	Interim Dean, UNM College of Nursing
Deb Cassady	Director, Nursing, CNM
Kathy Davis	Senior VP / Chief Nursing Officer, Presbyterian Healthcare Services
Ann DeBooy	Chief Nursing Officer, Memorial Medical Center
Jeff Dye	Executive Director, NM Hospital Association
Sheena Ferguson	Chief Nursing Officer, UNM Hospitals
Joie Glenn	Executive Director, The New Mexico Association for Home and Hospice Care
Jerry Harrison	New Mexico Health Resources
Barbara Hickok	Chief Nursing Officer, NM Dept of Health

Sandra Johnsey	Human Resources, Rehoboth McKinley
Robin Jones	Director, Nursing, Clovis Community College
Allison Kozeliski	Executive Director, Board of Nursing
Len Malry	Director, Workforce Education, Higher Ed Dept
Pat Montoya	Quality Improvement Manager, NM Medical Review Assoc
Jacalyn Ryberg	Interim Director, NMSU School of Nursing
Linda Sechovec	Executive Director, NM Health Care Association
Liz Stefanics	Director, Health Policy Commission
Deanna Suggs	Director, Nursing, NMSU Carlsbad
Alfredo Vigil	Secretary, NM Dept of Health

This series of interviews built upon the work that was completed during the recent *Moving from Talk to Action* forums, at which participants discussed 52 recommendations and evaluated which of these recommendations should be (a) driven at the state level, (b) driven at the local level, or (c) a joint effort. Interviewees were asked the following:

- What is the 20-year goal that we are aspiring to achieve for the nursing workforce in New Mexico, and more near-term, what are the goals that we should pursue for the coming three years?
- Of the state-level and joint-responsibility recommendations that have been proposed (not the local-level recommendations), which are most vital to the efforts to address the nursing shortage in New Mexico?
- What infrastructure will most effectively enable the successful completion of these efforts, and what do you see as your role moving forward?