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Performance Review

The West Virginia Center for Nursing

AUDIT OVERVIEW

The West Virginia Center for Nursing Needs to Increase Its Effectiveness in Addressing the Nursing Shortage By Targeting Underserved Areas of the State



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EXECUTIVE SUMMARY

Issue 1: The West Virginia Center for Nursing Needs to Increase Its Effectiveness in Addressing the Nursing Shortage By Targeting Underserved Areas of the State.

The West Virginia Center for Nursing was created on March 11, 2004 after recommendations to develop a Center were made by the Nursing Shortage Study Commission to the Legislature on January 31, 2004. According to West Virginia Code, the West Virginia Center for Nursing is required to address the nursing shortage within the state and is required to actively pursue the completion of 16 duties (§30-7B-4). The Legislative Auditor reviewed each duty to assess the effectiveness of the Center. The Center has accomplished some aspects of its mandate, but there are important components that it is having difficulty achieving. Of major concern is that the Center is not targeting localities in the state where serious shortages exist. The Center has attempted to develop a statistical profile of the nursing shortage, but it has had difficulty in compiling sufficient data from various sources. The Center should consider requesting from the Legislature legislation that requires agencies, institutions, nurses or other sources to respond to the Center's surveys.

The Legislative Auditor reviewed a 2007 United States Department of Health and Human Services study which identified communities of critical shortages of registered nurses. According to the study there were five specific counties in West Virginia that are estimated to be in a critical shortage. The Legislative Auditor and the Center have concerns about the accuracy of the report but its findings cannot be totally discounted. It is the Legislative Auditor's opinion that the study reveals the state may have areas that have a greater nursing need than others. Therefore, the Center should take a targeted approach in addressing the nursing shortage. A principal responsibility of the Center is to establish a statewide strategic plan to address the nursing shortage in West Virginia. To date, the Center has established two strategic plans, for the years 2006 through 2008 and 2009 through 2011. It is the Legislative Auditor's opinion that the plans are not effectively addressing the nursing shortage because they lack a targeted approach to the nursing shortage within the state and there is no methodology in the plan on how the Center will allocate its resources to those targeted areas with the greatest needs. Florida is an example of a state in which the statewide strategic plan has been used to select priorities that need to be addressed. Florida's 2005 strategic plan outlined a blueprint to utilize employment projections in regions within the state

The Center has accomplished some aspects of its mandate, but there are important components that it is having difficulty achieving.

to identify areas of need on an annual basis. The Florida Center currently provides status reports for the six regions of the state that can be used to submit recommendations to legislators. The West Virginia Center should consider using Florida's strategic plan and status reports as examples when compiling information for future reports.

The Center for Nursing is required to spend one-third of its operating budget to provide assistance to nursing students. Despite the indications that some localities face severe to critical shortages, the Center does not give the majority of financial awards to students who will become RNs working in specific localities. The Center should take a targeted approach in the awarding of scholarships and other activities to address underserved areas in the state. The Center is also mandated to establish a loan repayment program to assist in the retention of nurses in the state. The Center reported that the repayment program is not feasible with the small amount of money available to run the program. The Legislative Auditor recommends the Center either establish a loan repayment program, or request an amendment to state Code. The Center relies on the RN and LPN Boards to obtain annual nursing school graduation numbers but it does not request the names of graduates. Both boards indicated that the numbers come from annual reports from nursing institutions but that the names of graduates could be obtained. There are other state agencies that have employment data such as the West Virginia Higher Education Policy Commission which has information stored within a database on graduates from West Virginia institutions. The Center should collaborate with other state agencies when necessary to obtain statistical and employment information regarding nursing school graduates.

Recommendations:

1. *The West Virginia Center for Nursing's annual strategic plan should document and address the nursing shortage by identifying the specialty in most need, the geographic areas of critical need and the progress of the Center in the recruitment and retention efforts in those areas.*

2. *The West Virginia Center for Nursing should consider requesting from the Legislature legislation that requires agencies, institutions or nurses respond to the Center's surveys.*

3. *The West Virginia Center for Nursing should consider using the Florida Center for Nursing's strategic plan and annual status reports as examples when compiling information for future reports to the Joint Committee on Government and Finance.*
4. *The West Virginia Center for Nursing should take a targeted approach in the awarding of scholarships and other activities to address underserved areas in the state.*
5. *The West Virginia Center for Nursing needs to either establish a loan repayment program, or request an amendment to state Code.*
6. *The West Virginia Center for Nursing should collaborate with other state agencies when necessary to obtain statistical and employment information regarding nursing program graduates.*

OBJECTIVE, SCOPE & METHODOLOGY

Objective

Pursuant to Chapter 4, Article 10, Section 7 of the *West Virginia Code* the Legislative Auditor conducted a Performance Review of the West Virginia Center for Nursing. The objective of this review was to describe the operation of the Center, including a review of 16 mandated duties.

Scope

The scope of this review covers fiscal years 2005 through 2009.

Methodology

The Performance Evaluation of the West Virginia Center for Nursing focused on the Center's utilization of the annual ten dollar fee assessed to every licensed registered nurse (RN) and licensed practical nurse (LPN). The Legislative Auditor reviewed the operating budget from fiscal years 2005 through 2009 and the 2008 Center for Nursing's Performance Review. The Performance Review, created by the Center, identifies what has been accomplished by the Center in each of the 16 legislative mandates. The executive directors for the RN and LPN licensing boards were contacted to obtain information concerning the current number of licensed nurses, the number of recent graduates from in-state institutions and to discuss the nursing shortage within the state. The 2007 United States Department of Health and Human Services study on Communities of Critical Shortages of Registered Nurses was reviewed to identify the estimated counties within the state that have shortages of nurses. The United States Bureau of Labor Statistics was used to document the mean salaries of registered nurses by state and to estimate the annual job openings for both registered nurses and licensed practical nurses. The 2005 Florida Strategic Plan and subsequent status reports were reviewed to compare Florida's procedure to the procedure used by the West Virginia Center for Nursing. The Legislative Auditor also reviewed the 2004 West Virginia Nursing Study Commission's Report on the nursing shortage within the state.

Issue 1

The West Virginia Center for Nursing Needs to Increase Its Effectiveness in Addressing the Nursing Shortage By Targeting Underserved Areas of the State.

Issue Summary

The West Virginia Center for Nursing (Center) was created in 2004 as a result of a recommendation of the Nursing Shortage Study Commission (Study Commission), which identified a statewide nursing shortage and recommended that a new state agency was needed to address the problem. The Study Commission concluded that the state has a need to attract and retain a significant number of registered nurses (RNs) above the predicted levels of new RNs entering the state's workforce.

The Legislative Auditor reviewed the work done by the Study Commission, analyzed nurse graduation rates and licenses issued, and researched existing studies. The Legislative Auditor concludes that the evidence suggests that West Virginia has a shortage in nursing. Projections for the demand of nursing positions and the number of nursing graduates indicates that there are sufficient nurses to meet the state's nursing demand; however, the shortage derives from a relatively large number of nurse licensees deciding to practice out of state or not work in areas of the state that have significant nursing shortages. A 2007 study shows that West Virginia's nursing shortage may be more acute in some counties than in others, and several counties were identified as not having a shortage.

The West Virginia Center for Nursing has addressed some aspects of the nursing shortage; however, there are some critical components that the Center has been unable to sufficiently address. A primary concern is that the Center's present approach does not focus on underserved areas of the state.

Background

The West Virginia Center for Nursing is a relatively new agency created on March 11, 2004 after recommendations to develop a Center were made by the Nursing Shortage Study Commission. The Study Commission was established in 2001 and fell under the auspices of the West Virginia Board of Examiners for Registered and Professional Nurses (RN Board). The Study Commission reported to the Legislature by the first day of February of each year with current statistics about West

The Legislative Auditor concludes that the evidence suggests that West Virginia has a shortage in nursing.

Virginia nurses, retention strategies and recommendations to address the nursing shortage. The last report by the Study Commission was provided to the Legislature on January 31, 2004 with the recommendation to establish a West Virginia Center for Nursing. After House Bill 4143 was passed in 2004, the first West Virginia Center for Nursing Board of Directors meeting was convened in May 2005. The Center has since taken over the Study Commission's role of providing annual reports to the Joint Committee on Government and Finance and is attempting to address the issues of recruitment and retention of nurses within the state of West Virginia.

The Center Is Required By State Code to Perform Several Duties

According to West Virginia Code, the West Virginia Center for Nursing is required to address the nursing shortage within the state. In order to combat the nursing shortage, the powers and duties of the Nursing Shortage Study Commission were terminated and transferred to the West Virginia Center for Nursing when it was created in 2004. The Center is located by Code within the administrative office space of the Higher Education Policy Commission (HEPC) for the purposes of information sharing and working cooperatively together. The Center is governed by a 13-member board of directors. The West Virginia Center for Nursing is required to actively pursue the completion of 16 duties (§30-7B-4). The Legislative Auditor reviewed each duty to assess the effectiveness of the Center. The following is the list of powers and duties of the Center and a brief discussion of the activities of the Center:

(1) Establish a statewide strategic plan to address the nursing shortage in West Virginia. The Center has established a statewide strategic plan to address the nursing shortage in West Virginia by completing two plans that document the goals and plans of the Center through 2011. The significant omission of the plan is it lacks methodologies for identifying what areas of the state have the greater nursing shortages and how the Center intends to allocate its resources to address the shortages in those areas.

(2) Establish and maintain a database of statistical information regarding nursing supply, demand and turnover rates in West Virginia and future projections. The Center has established and maintains a database of statistical information. However, the Center's database contains insufficient data due to a low response rate from surveys.

The Center has established a statewide strategic plan to address the nursing shortage.

The significant omission of the plan is it lacks methodologies for identifying what areas of the state have the greater nursing shortages and how the Center intends to allocate its resources to address the shortages in those areas.

(3) *Coordinate communication between the organizations that represent nurses, health care providers, businesses, consumers, legislators and educators.* The Center has established an Advisory Committee and the Aging Workforce Committee with representatives from various state agencies and constituent groups. The Center is also participating in the Robert Wood Johnson Foundation's Center to Champion Nursing in America.

(4) *Enhance and promote recruitment and retention of nurses by creating reward, recognition and renewal programs.* In October 2007 the Center held the first state-wide celebration of nurses. The program was held for a second time in 2009 and is called the West Virginia Center for Nursing Excellence Awards. Recipients are honored and awarded a plaque in recognition of their achievement.

(5) *Promote media and positive image building efforts for nursing, including establishing a statewide media campaign to recruit students of all ages and backgrounds to the various nursing programs throughout West Virginia.* The Center has created a health careers handbook to explain specialties within nursing and distributes this handbook at meetings. The Center advertises in the State Journal's educational publication "Compass" that is distributed to all junior and senior high school students across the state.

(6) *Promote nursing careers through educational and scholarship programs, programs directed at nontraditional students and other workforce initiatives.* The Center has promoted nursing careers through scholarship programs since 2006. However, the scholarships are not targeted to underserved localities.

(7) *Explore solutions to improve working environments for nurses to foster recruitment and retention.* The Center sponsored a 2007 "Summit on the Aging Workforce in West Virginia" held in Charleston to provide participants information on conditions imposed by an aging workforce.

(8) *Explore and establish loan repayment and scholarship programs designed to benefit nurses who remain in West Virginia after graduation and work in hospitals and other health care institutions.* The Center has established scholarship programs. However, the Center has not developed a loan repayment program because the Center considers that such a program would be ineffective.

The Center has promoted nursing careers through scholarship programs since 2006. However, the scholarships are not targeted to underserved localities.

(9) *Establish grants and other programs to provide financial incentives for employers to encourage and assist with nursing education, internships and residency programs.* Since 2006, the Center has provided a total of \$15,000 in three grants to employers. The grants were \$5,000 to West Virginia University Hospitals in Morgantown, WV to develop alternative training methods for the older worker; \$5,000 to West Virginia University Hospitals in Morgantown, WV to identify the best footwear for the older worker; and \$5,000 to St. Mary's Hospital in Huntington, WV to develop a self-study refresher course for returning RNs to help review and update nursing knowledge skill.

(10) *Develop incentive and training programs for long-term care facilities and other health care institutions to use self-assessment tools documented to correlate with nurse retention, such as the magnet hospital program.* During 2006 the Center received a \$200,000 grant from the Claude Worthington Benedum Foundation. The grant was used to secure the services of UBI Health Care Solutions to implement a computer software program at four health care agencies (Elkins Convalescent and Rehabilitation Facility, Thomas Memorial Hospital, Plateau Medical Hospital and Jackson General Hospital). The software program, called CareerPace, is designed to establish a performance appraisal/career ladder program and has been shown at Vanderbilt Hospital in Nashville, TN to decrease turnover rates. According to the Executive Director of the Center for Nursing, none of the four health care agencies has continued the program and there was no data obtained to document if the computer software helped in nurse retention.

(11) *Explore and evaluate the use of year-round day, evening and weekend nursing training and education programs.* The Center's Board of Directors and the Association of Deans and Directors of Nursing Education have approved the implementation of a Web Based Clinical Scheduling Program Pilot Study. The program has been used successfully in Maricopa County, AZ. The Center wrote a proposal in 2007 seeking partners to provide funding and assistance. The Center has estimated that salary costs and related expenses will total \$100,000 annually. The Center has not obtained a partner to fund the project.

(12) *Establish a statewide hotline and website for information about the center and its mission and nursing careers and educational opportunities in West Virginia.* The Center has established a statewide hotline and website which contains the Center's mission, history, news announcements, board meeting minutes, and a number of resources for students who are considering nursing, including a health careers handbook created by the Center.

During 2006 the Center received a \$200,000 grant used to implement a computer software program at four health care agencies. None of the agencies has continued the program and there was no data obtained to document if the computer software helped in nurse retention.

(13) *Evaluate capacity for expansion of nursing programs, including the availability of faculty, clinical laboratories, computers and software, library holdings and supplies.* While this is listed as a goal, the Center has not fulfilled this duty.

(14) *Oversee development and implementation of education and matriculation programs for health care providers covering certified nursing assistants, licensed practical nurses, registered professional nurses, advanced nurse practitioners and other advanced degrees.* The Center has not developed or implemented matriculation programs. However, the Center collaborated with the West Virginia Association of Deans and Directors of Nursing Education to identify that matriculation is possible between levels of education in nursing. According to the Executive Director, the Center spearheaded this effort, *“However, some schools were already involved in developing or had implemented a matriculation process.”*

(15) *Seek to improve the compensation of all nurses, including nursing educators.* While this is listed as a goal, the Center has not fulfilled this duty.

(16) *Perform such other activities as needed to alleviate the nursing shortage in West Virginia.* The Center has developed a nurse residency program designed for the newly graduated RN to assist in the transition to the practice of professional nursing. The residency model was mailed to every chief executive officer and chief nurse in long term and acute care facilities. According to the Center’s Executive Director no hospitals are using the model but five hospitals (Charleston Area Medical Center, Monongalia General, St. Mary’s Hospital, Minnie Hamilton Health Care and the Veteran’s Administration hospital in Beckley, WV) have contacted the Center to schedule visits to discuss the program. The Center will assist with the implementation as needed.

While the Center has accomplished some aspects of its mandate, there are important components that it is having difficulty achieving. Moreover, the Center’s overall approach to addressing the shortage is not effective.

The Center Has Been Unable to Sufficiently Address the Nursing Shortage

The Legislative Auditor examined the activities of the Center to determine whether the Center is complying with these 16 requirements, and whether the Center is effective in addressing the nursing shortage in West Virginia. While the Center has accomplished some aspects of its mandate, there are important components that it is having difficulty achieving. Moreover, the Center’s overall approach to addressing the shortage is not effective. **Of primary concern is that the Center is not targeting localities in the state where serious shortages exist.**

The Center's strategic plan includes developing a statistical profile of the state's nursing shortage. This is important because the Center needs to have measures of the nursing shortage, in terms of the causes of the shortage, which specialties within the nursing field have shortages and what parts of the state have the greatest nursing needs. The Center has attempted to develop a statistical profile of the nursing shortage, but it has had difficulty in compiling sufficient data from various sources. **It is difficult for the Center to be effective when it does not have adequate information that shows where its efforts should be directed.** However, the Center has correctly identified that within the nursing profession, it is the RN population that is in short supply compared to the LPNs.

It is the opinion of the Legislative Auditor that the Center should improve its initiative to compile the necessary information to give a state profile of the nursing shortage. The Center should seek the assistance of legislative authority that requires certain information be provided to the Center by employers of nurses. Furthermore, evidence suggests that there are localities where severe nursing shortages exist which dictates an approach that identifies underserved areas, as compared to the Center's current strategy that is a general, untargeted approach. As part of this targeted approach to underserved localities, the Center should identify the specialty shortages of registered nurses (RNs) and/or licensed practical nurses (LPNs) in the locality in order to provide scholarship or loan repayment assistance to students receiving training in the needed occupation (RN and/or LPN).

A United States Department of Health and Human Services Study Identified Communities of Critical Shortages of Registered Nurses

In 2004, the Health Services and Resources Administration (HRSA) of the United States Department of Health and Human Services (USDHHS) requested proposals for a two-year research project to identify communities experiencing a critical shortage of registered nurses. HRSA's decision to fund the research on this topic was based on the belief that the documentation that existed on the nursing shortage was too narrow in scope and that the nursing shortage would worsen in the next 20 years. The New York Center for Health Workforce Studies in the School of Public Health at the State University of New York at Albany was selected to conduct the study. The study was completed and published in February 2007.

The Center should seek the assistance of legislative authority that requires certain information be provided to the Center by employers of nurses.

In 2004 the United States Department of Health and Human Services requested proposals for a two-year research project to identify communities experiencing a critical shortage of registered nurses.

RNs were counted by county from the 2000 US Census long-form data. In order to document if a particular county had an estimated nursing shortage, the School for Public Health documented the estimated county demand minus the actual number of registered nurses within the county. The estimated county demand was obtained by using national staffing ratios applied to utilization rates by county. County shortages were estimated by supply and demand in five categories as follows:

1. **Most Critical**, 50-100 percent shortage;
2. **Severe**, 25-50 percent shortage;
3. **Moderate**, 10-25 percent shortage;
4. **Mild**, 0-10 percent shortage;
5. **None**, 0 percent shortage.

Figure 1, Appendix B shows specific counties in West Virginia that are estimated to be in one of the five categories. According to the study, five counties (Berkley, Morgan, Grant, Summers and Lincoln) are considered to be in a most critical nursing shortage.

The School for Public Health used the county-by-county estimated nursing information to draw a conclusion on the national nursing shortage. At the state level, over half of the states did not have nursing shortages. Those with the largest supply of RNs were Vermont, New Hampshire and Alaska. On the other hand, the District of Columbia had a 49 percent shortage, Louisiana had a 25 percent shortage and Oklahoma had a 20 percent shortage. West Virginia's estimated overall nursing shortage is 15 percent (see Table 1). West Virginia's nursing shortage is greater than two of the surrounding states that show shortages.

The Center is aware of this study and had some concerns with it, as does the Legislative Auditor. The concerns with this study is that it appears to not take into account that nearly 20 percent of nurses licensed in West Virginia do not work in the state and some do not work in the county in which they reside. Therefore, for West Virginia the shortage estimates could be significantly over or understated. The study used a geographic method based on where RNs lived to estimate employment within that county. The geographic method does not use actual numbers of local in-state nurse vacancy and nurse turnover rates.

Although the Legislative Auditor and the Center have concerns about the accuracy of the HRSA study, its findings cannot be totally discounted. The study was designed to show the stakeholders who would be affected by its implementation specific methodologies that can assist in estimating county level nursing shortages. According to the study, "*More*

At the state level, over half of the states did not have nursing shortages. West Virginia's estimated overall nursing shortage is 15 percent.

Nearly 20 percent of nurses licensed in West Virginia do not work in the state and some do not work in the county in which they reside. For West Virginia the shortage estimates could be significantly over or understated.

accurate estimates of RN employment and supply should be developed at the county level.” The study is cited in this report because it reveals that some areas in the state may have greater nursing needs than other areas in the state. This suggests that the Center should take a targeted approach in addressing the nursing shortage. The Center is not addressing the RN shortage in a manner that reflects the wide variation in RN supply and demand in the state.

Table 1
Surrounding States
Estimated Existing Percentage Shortages of RNs
and Mean Salaries

State	Percent Shortage	Mean RN Salary
West Virginia	15%	\$52,340
Virginia	10%	\$61,780
Kentucky	3%	\$56,780
*Pennsylvania	-2%	\$61,390
*Maryland	-6%	\$74,370
*Ohio	-14%	\$58,750
*United States Total	-2%	\$65,130

*Source: United States Department of Labor Bureau of Labor Statistics, United States Department of Health and Human Services. *Negative numbers for percent shortages refer to an excess of nurses.*

The Center Is Funded by a Supplemental Licensure Fee and Public and Private Contributions

The Center for Nursing presently consists of the Executive Director and a clerical support person. An additional professional position is vacant. The Center is funded by public and private contributions, as well as a supplemental annual licensure fee (not to exceed \$10 per nurse) from all nurses licensed by the RN Board and the West Virginia State Board of Examiners for Licensed Practical Nurses (LPN Board). The Chairman of the Center’s Board of Directors noted that “...*the only established funding stream for the Center is from support by nurses through the annual license fee supplement.*” Since FY 2006, the Center has received \$200,500 from grants and donations. The Center received \$200,000 from a 2007 Claude Worthington Benedum Foundation grant.

The average annual amount of funds received from the Boards’ licensure fees has been over \$307,000 since FY 2005.

Since its inception, \$500 has come into the Center from donations. Table 2 shows the Center’s receipts and disbursements since FY 2005.

The average annual amount of funds received from the Boards' licensure fees has been over \$307,000 since FY 2005. The highest amount from licensure fees was \$356,195 in FY 2009, which reflects the growth of the number of licensed nurses within the state.

**Table 2
West Virginia Center For Nursing
FY 2005-2009: Receipts and Disbursements**

Fiscal Year	Receipts	Disbursements	Total Scholarship Award	End of Year Cash Balance
2005	\$279,780	\$0	\$0	\$279,780
2006	\$291,491	\$88,731	\$0	\$482,539
2007	\$523,267	\$394,993	\$170,169	\$610,813
2008	\$511,390	\$739,167	\$158,582	\$383,035
2009	\$489,949	\$557,279	*\$128,000	\$315,705

*Source: West Virginia Digest of Revenue Sources, FY 2005-2009, West Virginia Legislative Auditor's Office.
Scholarship funding was totaled as of October 31, 2009.

The largest percentage of annual disbursements can be attributed to personnel services, grants and annual scholarship awards to nursing students (see Table 3). In FY 2009, personnel salaries, grants and scholarship awards accounted for 85 percent of the total disbursements.

**Table 3
FY 2009 West Virginia Center for Nursing
Expenses and Revenues**

Type of Service	Revenues	Expenses	Cash Balance
Personal Services and Benefits	--	\$243,836.34	
Office Expenses	--	\$86,540.53	
Scholarships, Grants and Awards	--	\$226,902.65	
License Income	\$356,195.00	\$0	
*Carryover Balance from FY 2008	\$383,035.54	\$0	
Internal Sub-Awards	\$133,754.41	\$0	
Totals	\$872,984	\$557,279	\$315,705

*Source: West Virginia Center for Nursing and West Virginia Budget Digest Review
As of October 31, 2009.

The Center’s Strategic Plan Does Not Effectively Address the Nursing Shortage

The Study Commission reported in 2004 that a shortage of nurses exists in West Virginia. In addition, a severe national nursing shortage is forecasted. Nationally, the Bureau of Labor Statistics reports that about half of the RN workforce will reach retirement age in the next 15 years. The Bureau has also projected that more than one million new and replacement nurses will be needed by 2016.

A core responsibility of the West Virginia Center for Nursing is to establish a statewide strategic plan to address the nursing shortage in West Virginia. This plan should be the centerpiece for the public policy debate on recruitment and retention of nurses. In addition, this plan should identify locations within the state where shortages exist, and the specialty shortages within the broader occupation of nursing, in addition to tracking the outcomes of nursing schools and the locations of employment for their graduates. The Center is charged with recruiting and retaining nurses and making recommendations to the Legislature addressing the ongoing need for nurses. The Center has strategic plans that describe its activities, goals, achievement dates, the need for developing a statistical profile of the state, projected impact and its resources. To date, the Center has established two strategic plans, for the years 2006 through 2008 and 2009 through 2011. While the plans adhere to state Code in principle, it is the Legislative Auditor’s opinion that the strategic plans are not effectively addressing the nursing shortage because they lack a targeted approach to the nursing shortage within the state and there is no methodology in the plan on how the Center will allocate its resources to those targeted areas with the greatest needs. See Appendix C for the most recent strategic plan created by the Center for Nursing.

The strategic plans are not effectively addressing the nursing shortage because they lack a targeted approach to the nursing shortage within the state and there is no methodology in the plan on how the Center will allocate its resources to those targeted areas with the greatest needs.

The Center’s Statistical Database Is Presently Insufficient

The Center is required to develop and maintain a statistical database regarding nursing supply, demand and turnover rates. In order to do this, the Center has attempted to create a database from information obtained from surveys of employers, nurse training programs and the RN and LPN nursing boards. The Center for Nursing has experienced inconsistent results. The following is a brief history of the Center’s survey efforts:

- **2007 Licensed Nursing Survey.** This survey is on going. During the license renewal period of 2007, LPNs voluntarily answered a series of questions constructed by the Center called the minimum data set. The questions were also required to be completed by RNs in 2007 for license renewals. The questions vary from anticipated retirement date to reasons for leaving the workforce. In 2008, both boards made the requirement mandatory for future license renewals. According to the Board, the 2008-09 annual report by the Center will include the data once analyzed.
- **2007 Employer Survey.** The Center mailed 389 employer surveys to acute healthcare hospitals, home health care agencies, prisons and jails, Veterans Hospitals, clinics, long-term care facilities, and schools of nursing in order to obtain the nursing demand and turnover rates within the state. The Center intended to gather the data on vacancy and turnover rates in order to make strategic planning decisions to authorize additional recruitment and retention projects. **The Center received a response from 23 percent of the institutions.**
- **2008 Employer Survey.** The Center again mailed an employer survey to obtain demand data for the number of nurses actually needed by healthcare facilities. The Center focused on acute care hospitals and long-term facilities in West Virginia. The survey was mailed to the Chief Nursing Officer/Director of Nursing of each facility. Fifty-four acute care hospitals and 183 long-term care facilities were sent surveys. **Of the 54 acute care hospitals contacted, 24 percent responded. Of the 183 long-term care facilities contacted, 14 percent responded.** The Center intends to conduct the employer survey every other year to provide information on nursing demand and turnover rates within the state.
- **2008 Nurse Instructor Survey.** The Center conducted a web-based survey of registered nurse and licensed practical nurse instructors in nurse training programs. The survey was intended to gather data on retirements, salaries, and opportunities to increase capacity in the nurse training programs. The Center anticipated being able to utilize the information and make strategic planning decisions to authorize additional recruitment and retention projects. Ninety percent of the training programs for RNs responded and 74 percent of the LPN training programs responded. **As a result, the Center reports that**

there is not a shortage of licensed practical nurse instructors at this time. The Center has also reported that in order to maintain adequate numbers of registered nurse instructors there should be professional and financial support for faculty career advancement and salary adjustments.

- **2009 Part-time Nurse Survey.** This survey has not been completed because of the timing of the license renewal cycle for RNs and LPNs. When the renewal process is complete, the Center will obtain contact information for all nurses who indicated that they are working part-time, and the survey will proceed. This survey will focus on part-time nurses regarding the potential incentives that would influence them to work full-time. According to the Executive Director of the Center, as of September 2009, the nursing boards had not been contacted for a list of part-time nurses but the survey will be completed by the end of the calendar year or the beginning of 2010.

The information that is required to be obtained for the statistical database is a necessary component for the state's strategic planning to alleviate the nursing shortage. The survey constructed by the Center for RN and LPN license renewals (called the minimum data set), once obtained and analyzed, will be used to forecast supply trends over the coming years and will be used to plan initiatives. However, the information gathered thus far from employers is relatively limited. Without sufficient survey return rates, or information from other sources that gather occupational data, the Center cannot make satisfactory recommendations within the strategic plan to address the nursing shortage. The Legislative Auditor understands the difficulty of obtaining information from sources throughout the state. Therefore, the Legislative Auditor recommends that the Center investigate all sources of employer and occupational data collection within the state and at the federal level as it pertains to individual states, in order to determine if this information can be obtained through means other than by surveys. If the Center continues to be unable to have adequate return rates on its surveys, it should request that the Legislature consider enacting Code to make it mandatory for agencies and institutions to respond to the Center's surveys.

The information gathered thus far from employers is relatively limited. Without sufficient survey return rates, or information from other sources that gather occupational data, the Center cannot make satisfactory recommendations within the strategic plan to address the nursing shortage.

Florida's Strategic Plan Can Serve as a Model

Florida is an example of a state in which the statewide strategic plan has been used to select priorities that need to be addressed. Florida, as West Virginia, has recognized the need to review the supply, demand

and turnover rate of nurses within the state to forecast changes and to assist in providing direction to alleviate nursing shortages within the state. Florida's 2005 strategic plan outlined a blueprint to utilize employment projections in regions within the state to identify areas of need on an annual basis. The Florida Center used a Nurse Economist to outline what was needed to implement a forecasting model that incorporates the ability to conduct workforce simulations. The Florida Center has provided status reports for the six regions of the state (Central, North, South, Southeast, Southwest, and Northwest). The status reports provide information from each region concerning the average age of the workforce, full-time vacancy rates, median turnover rates, number of nursing graduates and full-time nursing faculty demands. Florida's strategic plan begins by listing its goals. Each succeeding plan has produced reports detailing areas of need. The Florida Center can then use the information to submit recommendations to legislators that if enacted, will positively impact the state's ability to retain and recruit nurses. The West Virginia Center for Nursing should use Florida as a model when compiling information for future reports to the Joint Committee.

Florida's strategic plan begins by listing its goals. Each succeeding plan has produced reports detailing areas of need. The Florida Center can then use the information to submit recommendations to legislators that if enacted, will positively impact the state's ability to retain and recruit nurses.

Registered Nurses Is the Primary Nursing Specialty in Short Supply

The West Virginia Center for Nursing and the RN Board predict a decrease in the number of registered nurses available for employment in West Virginia in upcoming years. Currently there are 25,686 RNs actively licensed in the state of West Virginia. According to West Virginia Workforce occupational projections, there are 627 available job openings for RNs in the state each year until CY 2016, although these estimates do not include vacancies due to retirements. **While there are enough registered nursing program graduates each year in West Virginia to fill the estimated available job openings, a significant number of registered nursing graduates are not working in the state.**

Registered nurses may obtain a license in another state through a transfer process called endorsement. From January 1, 1988 through June 30, 2008 a total of 18,485 RNs from out of state requested licensure in West Virginia. However, during the same period, 23,653 West Virginia RN licensees requested licensure endorsement in order to transfer to other states. According to the 2008 West Virginia Registered Nurses Annual Report, 20 percent of West Virginia licensed full-time RNs are working out of state. Salaries for nurses in West Virginia may be a factor of out-

migration. According to the US Bureau for Labor Statistics May 2008, West Virginia has the lowest mean annual salary for RNs compared to its bordering states. Annual salaries for RNs in West Virginia are \$12,790 lower per year than the national mean (see Table 1 of this report). The need for RNs nationally, according to the Bureau for Labor Statistics, is expected to grow much faster than the average for all other occupations through CY 2016.

Unlike RNs, the recent LPN nurse training program graduates are filling open positions in the state. West Virginia LPNs are predicted to have 220 annual available job openings within the state through CY 2016. Currently there are 7,838 LPNs actively licensed in the state. According to the Executive Director of the LPN Board *“There is no LPN shortage in West Virginia. We have more currently licensed LPNs now than in the Board’s history, and the number has increased slightly each year.”* The current supply and demand is based on a current model of care. According to the Center, the lack of an LPN shortage should be viewed with caution with a possible reformed health care system since alternate models of care may increasingly rely on other health care professionals. **Since there is no current shortage of LPNs in the state, the Center should concentrate in its strategic plan and continue in its recruitment and retention efforts to concentrate on RNs.** The Center presently allocates 80 percent of its scholarship monies to RN nurse training programs while 20 percent of its scholarship monies go to LPN to nurse training programs. This practice is not formalized by a written policy or rule.

The Center Should Focus Scholarships in Underserved Localities

The Center for Nursing is required to spend one-third of its operating budget to provide financial assistance to nursing students. Despite indications that the state faces a serious shortage of RNs, and some localities face severe and critical shortages, the Center does not give the majority of financial awards to students who will become RNs working in underserved localities. **The Center has chosen to support nursing students who are enrolled in nurse training programs throughout the state and have completed 50 percent of a nursing program.** Since the Center provides financial assistance mid-way through a nursing education, the Legislative Auditor questions the utility of this assistance as a recruitment tool for students entering nursing. According to the Center, the strategic decision to award a student a scholarship half way through the program was based on discussions with nurse training

Annual salaries for RNs in West Virginia are \$12,790 lower per year than the national mean.

Despite indications that the state faces a serious shortage of RNs, and some localities face severe and critical shortages, the Center does not give the majority of financial awards to students who will become RNs working in underserved localities.

program directors and their belief that the investment by the Center should be focused on students who will be successful in **completing** nursing programs. Because the awards are spread out to all programs that apply to the Center, the actual award amount available to each nurse training program from the Center is relatively small. This amount varies from year to year. For FY 2009, each RN nurse training program was eligible to receive up to \$2,400 annually and each LPN nurse training program was eligible to receive up to \$500. The Center caps the amount of the award that individual students receive depending on the type of nurse training. The largest annual amount in FY 2009, which an undergraduate RN student can receive, is \$500. Scholarships provided to West Virginia nursing faculty seeking doctoral degrees are capped at \$1,600 per year. The award amounts to students and schools change due to the Center's annual budget, and amounts available for scholarships. For example, during FY 2006 and 2007, the undergraduate RN student's award was capped at \$1,000 per year. The Center anticipates awards of \$1,000 for RN students and \$500 for LPN students during FY 2010.

Because the awards are spread out to all programs that apply to the Center, the actual award amount available to each nurse training program from the Center is relatively small. This amount varies from year to year.

The Center awards scholarship monies to nurse training programs that directly apply to the Center. The accounting office of the Higher Education Policy Commission dispenses the scholarship monies to the programs that apply. The Executive Director reported "*The annual budget is determined based on the number of licensed nurses registered with the state. One-third of those funds are set aside as scholarship funds. In addition, any scholarship funds leftover from the previous year are added to the one-third amount.*"

As of November 16, 2009, the Center awarded \$128,000 in 149 scholarships to nursing students during the academic year 2008-09. Scholarship recipients are enrolled in all types of nurse training programs, including:

- RN programs,
- LPN programs,
- Masters level nursing programs, and
- Doctoral programs.

Current LPN nurse training program instructors and students in need of emergency financial assistance may also receive assistance from the Center for Nursing. Emergency awards up to \$500 are also available for all students and considered on an individual basis. The purpose of the

scholarship program is to assure that qualified nursing students stay in school, graduate, and become part of the workforce in West Virginia.

The Center's internal goal is to offer assistance to all nursing programs in the state and assist as many students as possible. However, the Center's limited scholarship budget spread over 45 nurse training programs results in individual scholarships that provide minimal assistance to nursing students. In addition, by spreading financial support to all nurse training and nurse educator programs, the Center for Nursing does not focus on the critical shortages in localities.

The Legislative Auditor reviewed a sample of registered nursing programs within the state (see Table 4) to compare the annual cost for state residents. Each program listed could only receive \$2,400 for the whole year in FY 2009. This is a small amount compared to the individual cost to a nursing student. For example, at Marshall University the baccalaureate and master's level nurse training programs cost an estimated \$9,196 per year but a RN student could only receive a maximum scholarship of \$500 per year during the past academic year. If the Marshall program received \$2,400 from the Center for Nursing, and awarded full \$500 scholarships, only four nursing students could receive this amount. An additional Marshall RN student could receive \$400.

The Center's limited scholarship budget spread over 45 nurse training programs results in individual scholarships that provide minimal assistance to nursing students.

If the Marshall program received \$2,400 from the Center for Nursing, and awarded full \$500 scholarships, only four nursing students could receive this amount. An additional Marshall RN student could receive \$400.

Table 4
2008-09 Annual Institution Cost Versus Maximum Grant Award

School	Degree	Annual In State Cost	Maximum Award Per Institution Per Year	Maximum Award Per Student Per Year
Marshall University	Masters Degree in Nursing	\$9,196	\$2,400	\$500
Marshall University	Bachelors of Science in Nursing	\$9,196	\$2,400	\$500
Mountain State University	Bachelors of Science in Nursing	\$11,725	\$2,400	\$500
Fairmont State University	Associates Degree in Nursing	\$5,024	\$2,400	\$500
New River Community and Technical College	Licensed Practical Nursing	\$2,748	\$500	\$250
United Technical Center	Licensed Practical Nursing	\$5,350	\$500	\$250

Source: Institutions tuition and fees.

The LPN programs sampled by the Legislative Auditor ranged in tuition cost from \$2,748 to over \$5,000 for one academic year. Students in these programs could receive \$250 in FY 2009.

The shortage of West Virginia nurses is in RNs in certain counties. **The Center's attempt to assist as many RN and LPN students throughout the state is unfocused and does not address the RN shortage in identified underserved localities.** The Center should rethink its approach to scholarships in order to direct scholarships that impact the RN shortage in underserved localities. In order to recruit new students, scholarships should be made available for the entire length of the nurse training program, and should be issued at the beginning not mid-way through the training. The purpose of the scholarships should be recruitment and retention, not support to existing students. In addition, the Center should direct substantial scholarships to new students from counties where a severe RN shortage exists with the goal of having them complete training and work in their home counties. The Center could tie the scholarship awards to legislative mandates for the scholarship student to remain and work in the state for a period of time, or pay back the scholarship amount. It is the Legislative Auditor's opinion that the Center should review the possibility of providing substantial scholarships to RN students from underserved localities.

The Center Does Not Track the Employment of Scholarship Recipients

It is the Center's procedure to have nursing students who receive a scholarship, declare their intent to remain and work in the state following graduation. Students are informed that if this does not happen, they must pay back the scholarship amount. Since 2006, the Center has provided a total of 634 scholarships to nursing students. The Center utilizes information from the nursing institutions and the boards of nursing to confirm if a scholarship recipient has obtained a West Virginia nursing license. However, the Center has made little effort to obtain employment information on scholarship recipients, and to obtain repayment from scholarship recipients who leave the state to work prior to the two-year period. While the nurse training program is informed that the student must remain in West Virginia and work for a minimum of two years, there is no minimum time period specified on the document which students must sign.

The Center should rethink its approach to scholarships in order to direct scholarships that impact the RN shortage in underserved localities.

In addition, the Center should direct substantial scholarships to new students from counties where a severe RN shortage exists with the goal of having them complete training and work in their home counties.

The Center has made little effort to obtain employment information on scholarship recipients, and to obtain repayment from scholarship recipients who leave the state to work.

In order to receive a scholarship award, a nursing student must be a resident of West Virginia. The student signs a document of intent to work or continue to teach in West Virginia. According to the Center's Executive Director, if a student checks the box reporting no intent to work in West Virginia, the student does not receive a scholarship. The document signed by the student also states that if the recipient does not take a position of employment within the state the student is expected to repay the full amount of the award immediately. However, the Center has relied on nurse training programs to recover scholarship amounts from graduating students leaving the state to work, although many graduating students are not employed immediately upon graduation. The Legislative Auditor is concerned about the process used to obtain student commitments to remain in the state. It is the Center's responsibility to acquire this information, not the institution from which the student graduated. The concerns with the Center's lack of confirming if a student has met the requirements of the scholarship are listed below.

- Students are treated unfairly. Some students are penalized if they honestly report no intent to work while other students are not penalized if they fail to adhere to the condition of the scholarship award because the Center does not track the location of employment of scholarship recipients.
- The Center for Nursing is using this signed statement by scholarship students to make an assumption that is neither justified nor examined by the Center. The Executive Director of the Center stated "*...may only assume that we are retaining 100% of our nurses based on them agreeing to sign the scholarship agreement. However, we have not confirmed that with each recipient.*"

The assumption and statement by the Executive Director that all of the scholarship recipients are staying in-state to work is not logical, nor is it supported by the number of graduates from state nursing programs receiving West Virginia licenses and then transferring out of state. Without the examination of employment location of each nursing graduate receiving a scholarship award, this signed document alone does not support the legislative intent of retaining nurses.

The Center has relied on nurse training programs to recover scholarship amounts from graduating students leaving the state to work, although many graduating students are not employed immediately upon graduation.

The Center Has Not Established a Nursing Education Loan Repayment Program

When the Legislature created the Center for Nursing, it mandated the establishment of a loan repayment program to assist the retention of nurses in the state based on the recommendation of the Study Commission. However, the Legislative Auditor was informed by the Center's Executive Director that "*a loan repayment program is not feasible at this time.*" The Center's Director explained that the Center's Board agreed with the lack of feasibility of such a program, and gave the following reasons:

- A small amount of money available;
- A lack of staff with collection experience; and
- Prohibitive cost of running such a program.

The reasons given by the Center for Nursing for not establishing a nursing education loan repayment program may be valid. However, nursing education loan repayment programs are considered an effective way to address RN shortages in severe shortage localities. The USHHS Health Resources and Services Administration has established a competitive national nursing education loan repayment program (NELRP) which pays 60 percent of the qualifying nursing educational loan balance in exchange for two years of service at a critical shortage facility. A third year of service might be possible with an additional 25 percent reduction in the student loan.

The Legislative Auditor understands that the Center for Nursing does not feel that it has the capability to establish a nursing education loan repayment program. However, the Center has a statutory requirement with which it is not in compliance. If the Center has made a permanent decision to not establish a loan repayment program, it should request the amendment of §30-7B-4 (8) to remove the requirement to establish a loan repayment program. In addition, the Center should investigate the national requirements for NELRP eligibility. If the Center determines that West Virginia nurses could qualify for the program, the Center should make information about this important program available through its website.

The Legislative Auditor understands that the Center for Nursing does not feel that it has the capability to establish a nursing education loan repayment program. However, the Center has a statutory requirement with which it is not in compliance.

Information Exists for Useful Tracking of Nursing Students Entering the Workplace

The Center should track nursing students receiving scholarship awards to determine how many nursing students and which level of training (licensed practical nurses or registered nurses) remain in the state. This is necessary information in developing a strategic plan to address the registered nursing shortage in West Virginia. The Center relies on the RN and LPN Boards to obtain annual nursing school graduation numbers but it does not request the names of graduates. According to both boards they receive graduation numbers annually from the nursing programs. Both boards indicated that the annual reports do not contain the names of the individual students who have graduated, but they would be “...*easily obtainable should we need them.*”

Once graduated, an RN and LPN student must pass a national examination before they can request licensure from the appropriate board. The numbers indicate that not all nursing graduates take the examination in the year in which they graduate. However, a high percentage of first-time candidates who take the examination pass it, allowing them to become licensed. Both nursing boards maintain a list of names of individuals who are licensed within the state, their social security number, residential and employment addresses (at the time of initial licensure and renewal), and when they were licensed. It is the Legislative Auditor’s opinion that the Center should obtain the list of names and addresses of each nurse graduate. The Center could use this information to determine if a graduate received a scholarship from the Center, if the scholarship recipient received a West Virginia Nursing License and if he or she applied for a transfer to another state to determine if that recipient is required to pay back the scholarship award. **In addition, this information can be used to facilitate a statistical profile of where nursing graduates are employed in state as well as what portion go out of state.**

In addition to the licensing boards, the HEPC is another source of information. The HEPC has information stored within a database on graduates from West Virginia institutions. Further, employment records are maintained by Workforce West Virginia and the federal government. The majority of the employment data is gathered from West Virginia unemployment compensation records. This data covers jobs and wages reported by firms participating in the West Virginia Unemployment Compensation system. These are agencies that compile data which might be helpful if the Center has difficulty in tracking individual scholarship

The Center should track nursing students receiving scholarship awards.

This is necessary information in developing a strategic plan to address the registered nursing shortage in West Virginia.

recipients. These sources of data would likely be necessary only in cases in which a scholarship recipient does not have a West Virginia nursing license or employment information is unknown.

Conclusion

The West Virginia Center for Nursing has been ineffective, especially in gathering vital information to address the nursing shortage in the state. The Center for Nursing is a five-year-old agency with a limited staff and an annual budget that is relatively small. It was created to address a critical labor need in the state which is the existing and continuing shortage of nurses.

In order to address the nursing shortage, the Center is required to establish a strategic plan, recommend any needed legislation, establish a statistical database and support nursing students with financial assistance. To date, the Center for Nursing has not developed an effective strategic plan to address the state's nursing shortage, and it has not developed a statistical database with enough information to assist the strategic plan. The Center has chosen not to track the employment of its nursing students who have received financial assistance and therefore it is unable to determine the effectiveness of the scholarship program in terms of whether these students remain in the state and work in the field of nursing once they graduate from a nursing program. In addition, the Center has not established a loan repayment program to retain nurses despite a requirement in state Code.

The Center has made available limited amounts of money to promote the retention of nursing students in the state, through making awards to all of the nursing programs in the state that apply for the small grants. The policy of providing awards to be used for scholarships for every nurse training program application is short-sighted for the following reasons:

- The scholarship money has not been targeted to localities where critical shortages exist.
- The scholarship money has not been used as a recruitment tool, because it has been awarded to students mid-way through their nursing education.

- The scholarship money has been spread too widely which prevents it from providing substantial assistance to individual students.

It is the Legislative Auditor's opinion that in order to fulfill the Legislature's intent, the Center needs to develop a more effective strategic plan. Such a strategic plan would identify the regions of the state where RN shortages exist, and strategies to allocate resources to these targeted shortages. The Center for Nursing should provide more comprehensive scholarships to students from the localities experiencing severe shortages and in the most critical areas of the occupation's need which is presently RNs. The Center for Nursing should track the employment of scholarship recipients. Finally, the Center should enforce the signed scholarship agreements for repayment if the recipient is not working in the state.

Recommendations:

1. *The West Virginia Center for Nursing's annual strategic plan should document and address the nursing shortage by identifying the specialty in most need, the geographic areas of critical need and the progress of the Center in the recruitment and retention efforts in those areas.*
2. *The West Virginia Center for Nursing should consider requesting from the Legislature legislation that requires agencies, institutions or nurses respond to the Center's surveys.*
3. *The West Virginia Center for Nursing should consider using the Florida Center for Nursing's strategic plan and annual status reports as examples when compiling information for future reports to the Joint Committee on Government and Finance.*
4. *The West Virginia Center for Nursing should take a targeted approach in the awarding of scholarships and other activities to address underserved areas in the state.*
5. *The West Virginia Center for Nursing needs to either establish a loan repayment program, or request an amendment to state Code.*
6. *The West Virginia Center for Nursing should collaborate with other state agencies when necessary to obtain statistical and employment information regarding nursing program graduates.*

Appendix A: Transmittal Letter

WEST VIRGINIA LEGISLATURE *Performance Evaluation and Research Division*

Building 1, Room W-314
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0610
(304) 347-4890
(304) 347-4939 FAX



John Sylvia
Director

November 20, 2009

Mr. Duane Napier, Executive Director
West Virginia Center for Nursing
1018 Kanawha Blvd. E Ste 700
Charleston, WV 25301-2800

Dear Mr. Napier:

This is to transmit a revised copy of the final draft of the Performance Review of the West Virginia Center for Nursing. The report is scheduled to be presented during the December 7-9, 2009 interim meetings of the Joint Committees on Government Operations and Government Organization. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your agency be present at the meeting to orally respond to the report and answer any questions the committees may have.

In addition, we need your written response by noon on Monday, November 30, 2009 in order for it to be included in the final report. If your agency intends to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 340-3192 by Thursday, December 3, 2009 to make arrangements.

We request that your personnel not disclose the report to anyone not affiliated with your agency. Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink that reads "John Sylvia".

John Sylvia

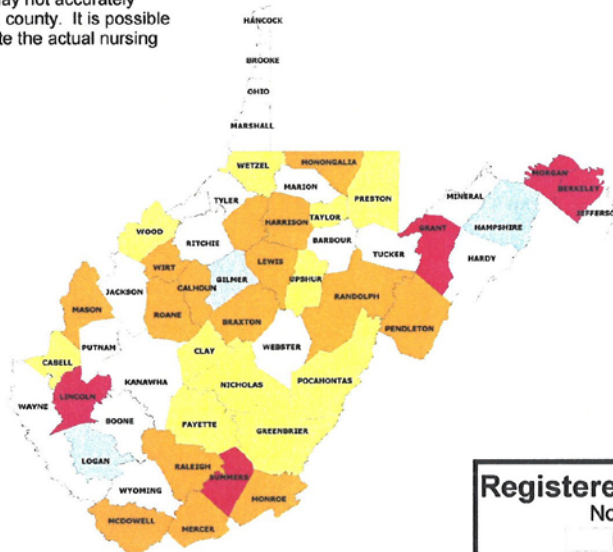
Enclosure

JS/bb

Joint Committee on Government and Finance

Appendix B: Registered Nurses County Status

Disclaimer: This map is not an official designation of the nursing conditions for each county. The RN shortage categories shown in the map are estimates based on estimated demand and supply of registered nurses. Therefore, this map may not accurately represent the actual nursing conditions for a county. It is possible that the estimates may over or underestimate the actual nursing conditions.



Registered Nurses County Status

- No Shortage to Most Critical
- No Shortage (21)
- Mild (3)
- Moderate (11)
- Severe (15)
- Most Critical (5)

Method for Identifying Facilities and Communities With Shortages of Nurses, U.S. Department of Health and Human Services, Health Resources and Services Administration, p. 35.

Appendix C: Strategic Plan

WV Center for Nursing Strategic Plan 2009-2011

Executive Summary:

Nurses are the largest critical component of the health care workforce. Research demonstrates that qualified nurses have a direct impact on patient safety and care.

The WV Legislature declares that to ensure quality health care, recruitment and retention of nurses is essential. In the year 2004, the legislature endorsed "a center for nursing be established to develop strategies and make recommendations to educate, recruit and retain qualified nurses." This center will also provide a forum in which related professional organizations will communicate and collaborate to support nursing initiatives to strengthen the workforce.

This public health crisis is the result of a variety of factors identified by the Nursing Shortage Study Commission, established in 2001. Nursing remains a predominately female profession. The career opportunities for women have changed from common, traditional choices. The nursing profession has not kept up with other professional roles in relation to salary and overall career opportunities within the field. Fewer women are choosing nursing as a career. Reasons cited include long working hours, inadequate staffing, and the sense of little or no decision making authority in the workplace. The nursing school faculty is aging out and preparing to retire. The general population in West Virginia is older and requires more health care than generations before.

Based on the study conducted by the Nursing Shortage Study Commission, the following predictions validate the need to aggressively address the nursing crisis.

The growth in jobs for RN's statewide through to the end of 2008 is projected at 1.7% per year, indicating a growth in demand for RN's from the current level of 16,662 employed RN's to 17,241 employed RN's in 2008 an increase of 579 RN's. Growth in jobs in WIAs varies from a low of 1.63% to a high of 1.90%.

The WV Center for Nursing is vital to stabilize and create an environment that attracts and retains a nursing workforce that will provide the quality of safe care that each and every West Virginian deserves.

Analysis of Current State
Strengths, Weaknesses, Threats and Opportunities

Strengths

- Legislative support
- Professional organization support.
- Nurses fund the Center
- Identified location with support staff

Weaknesses

- Newly established
- Lack of identity and recognition
- Staff support

Threats

- Funding support limited to 2008
- Limited data
- Economic downturn

Opportunities

- Centralized and validate data
- Marketing and media promotion
- Develop tools and models
- Promote evidenced based practice and nursing research

Vision

The West Virginia Center for Nursing will be a national leader in the development and implementation of strategies to support the education, recruitment and retention of qualified nurse professionals in the State of West Virginia.

Mission Statement

The West Virginia Center for Nursing enhances and strengthens nursing excellence to optimize the health and health care of all West Virginians, through strategic workforce planning, education, research, and nurse practice development.

Objectives

Longer-term business objectives are summarized as:

- Long term solutions will be implemented through a Statewide Master Plan and centralized clearing house
- Increased educational capacity and faculty retention
- Develop skilled nursing leaders with successful succession planning
- Promote and utilize nursing research to improve patient outcomes
- Have a voice to support nurses in public policy
- Build coalitions to support vulnerable populations and support wellness

Goals for 2009:

Data

1. Adoption of a standardized employer survey tool
2. Development of study to evaluate supply and demand of Advanced Practice Nurses

Recruitment

1. Survey part time nurses regarding potential incentives that would influence them to work full time
2. Examine the effects of government and third party reimbursement formulas on nursing salaries
3. Develop "nurse camps" for middle and high school students
4. Develop marketing campaign "Nursing – You Can Do IT"
5. Educate school counselors in directing students voicing an interest in nursing through the right academic path
6. Evaluate capacity for expansion of nursing programs, including the availability of faculty, clinical laboratories, computers and software, library holdings and supplies

Retention

1. Work to improve working conditions for nurses (staffing, overtime and resources)
2. Gather data on workplace environmental issues – qualitative and quantitative

Public Identity and Recognition

1. Celebrate nursing excellence

Sustainability

1. Obtain consistent funding sources

Goals for 2010:

Data

1. Examine differential growth of RN's and LPN's in WIA's
2. Collect demand data of turnover, vacancy, time to fill vacancy and critical areas of need
 - o Hospitals and Long Term Care only for 2008
3. Increase scholarship program

→ Workforce Development A

Recruitment

1. Seek to improve the compensation of all nurses, including nurse educators
2. Work with employers to encourage and assist with nursing education, internships and residency programs
3. Work with stakeholders to develop universal technology systems
4. Connect workplace research with the work of conveying an accurate image of nurses work

Retention

1. Research best practices currently available related to the workplace environment

Public Identity and Recognition

1. Attend public forums to promote nursing

Sustainability

1. Obtain consistent funding sources
2. Examine methods for State funding of Center initiatives

Goals for 2011:

Data

1. Dissemination of data via a variety of methods

Recruitment

1. Work with nursing education programs to examine nursing faculty supply and incentives (including salaries and methods to increase capacity)
2. Work with the Chancellors of the Community and Technical Colleges and the Higher Education System to develop strategies and initiatives that will address nursing faculty salaries and programs to encourage nurses to consider nursing education as a viable employment option
3. Develop mentorship programs for new faculty
4. Increase the number of academic programs available for nurse educators
5. Publicize incentive programs for nurse educators

*not
celebrating
strategies*



Retention

1. Develop incentive and training programs for long-term care facilities and other health care institutions to use self-assessment tools documented to correlate with nurse retention, such as magnet hospital program

Public Identity and Recognition

1. Maintain website with links to stakeholders (ongoing goal, but will evaluate)

Sustainability

1. Obtain consistent funding sources

Implications

- Patient: Improved quality of patient care through best practice and best outcomes.
- Collaboration: Professional related organizations will coordinate and support mutual strategies.
- Community: Create an educated community, aware of nursing opportunities and concerns.
- Finances/Resources: Adequate resource allocation to support initiatives and validate data.
- Other: Demonstrate an increase in enrollment into nursing program and decrease nursing turnover.

Key Outcomes and Strategies:

Within three years:

1. A premier stabilized nursing workforce:
 - a. Increase the numbers of nurses in advanced education programs.
 - b. Improved patient outcomes (decrease in mortality, decrease in infection rates, and decrease in medication errors).
2. On-going funding to support nursing scholarship.
 - a. Accept public and private funding.
 - b. Identify additional sources of funding.
 - c. Submit 1 grant per year.
 - d. Fund raising gala to recognize nursing excellence and scholarship money.
3. Nursing will receive recognition as a critical health care provider
 - a. Develop a marketing plan.
4. Improved professional collaboration through successful joint ventures to support nursing centers initiatives.
 - a. Professional organizations will collaborate on one initiative each year.
5. Identify leadership opportunities and promote succession planning within our state
 - a. Establish a centralized directory of leadership development opportunities.

Data

1. Examine differential growth of RN's and LPN's in WIA's
2. Adoption of a standardized employer survey tool
3. Development of study to evaluate supply and demand of Advanced Practice Nurses
4. Collect demand data of turnover, vacancy, time to fill vacancy and critical areas of need
 - a. Hospitals and Long Term Care only for 2008
5. Dissemination of data via a variety of methods

Recruitment

1. Survey part time nurses regarding potential incentives that would influence them to work full time
2. Examine the effects of government and third party reimbursement formulas on nursing salaries
3. Work with nursing education programs to examine nursing faculty supply and incentives (including salaries and methods to increase capacity)
4. Work with the Chancellors of the Community and Technical Colleges and the Higher Education System to develop strategies and initiatives that will address

- nursing faculty salaries and programs to encourage nurses to consider nursing education as a viable employment option
5. Seek to improve the compensation of all nurses, including nurse educators
 6. Work with employers to encourage and assist with nursing education, internships and residency programs
 7. Develop mentorship programs for new faculty
 8. Develop “nurse camps” for middle and high school students
 9. Develop marketing campaign “Nursing – You Can Do IT”
 10. Work with stakeholders to develop universal technology systems
 11. Educate school counselors in directing students voicing an interest in nursing through the right academic path
 12. Increase scholarship program
 13. Increase the number of academic programs available for nurse educators
 14. Publicize incentive programs for nurse educators
 15. Evaluate capacity for expansion of nursing programs, including the availability of faculty, clinical laboratories, computers and software, library holdings and supplies
 16. Connect workplace research with the work of conveying an accurate image of nurses work

Retention

1. Develop incentive and training programs for long-term care facilities and other health care institutions to use self-assessment tools documented to correlate with nurse retention, such as magnet hospital program
2. Work to improve working conditions for nurses (staffing, overtime and resources)
3. Gather data on workplace environmental issues – qualitative and quantitative
4. Research best practices currently available related to the workplace environment

Public Identity and Recognition

1. Maintain website with links to stakeholders
2. Attend public forums to promote nursing
3. Celebrate nursing excellence

Sustainability

1. Obtain consistent funding sources
2. Examine methods for State funding of Center initiatives

Consideration

1. Support of QSEN Project
2. A Partnership council to support education incentives
3. Address aging workforce

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Identification of pertinent data to collect	Examine differential growth of RN's and LPN's in WIA's	Research and Data Management Committee	2010		West Virginia Workforce Development office Bureau of Labor Statistics	
	Identification of pertinent data to collect	Provide comparative analysis of employer survey every other year	Research and Data Management Committee	2009	Compilation of data	All acute care and long term care facilities WVHAWHCA	
	Identification of pertinent data to collect	Continue to evaluate minimum data set for the collection of supply and demand data	Research and Data Management Committee	2009	Provides consistent supply data that allows for more accurate predications	RN and LPN Boards of Nursing	
	Identification of pertinent data to collect	Publication of data collected and its impact on the shortage	Research and Data Management Committee	2009-2011	Provides data to the Center's partners, legislators, citizens and others with information regarding the shortage		

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Identification of pertinent data to collect	Survey part-time nurses regarding potential incentives that would influence them to work full-time	Research and Data Management Committee	2009	Increase FTE nurses, opportunities for improvement within the healthcare system to move form PT to FT	Minimum data set RN and LPN Boards of Nursing	
	Increase salaries	Examine the effects of government and third party reimbursement formulas on nursing salaries	Research and Data Management Committee	2009	Identify the impact of reimbursement on salaries	Advisory Committee, Healthcare organizations, WVHA and WVHCA	
	Increase salaries and capacity	Examine nursing faculty supply and incentives (including salaries and methods to increase enrollment)	Research and Data Management Committee Statewide Education Planning	2011	Recruitment of talented faculty, Increase in available funding for continuing education, increase in other incentives, and increased capacity (enrollment)	ADDNE, HEPC, CTC, and schools of nursing	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Improve the work environment	Identify and develop tools to assess the nurse work environment	Research and Data Management Committee		Effect on skill mix, nurse/patient ratios, mature workforce, collegial respect, reduction in musculoskeletal injuries, and centralized equipment location	Research and Data Management Committee, Advisory Committee, AARP and use of Project Coordinators to conduct forums and assist with data gathering	
	Standardized data collection tools	Adoption of a standardized employer survey tool	Research and Data Management Committee	2009	Consistency in data collection	WWHA WWHCA	
	Identification of pertinent data to collect	Development of a study to evaluate supply and demand of Advanced Practice Nurses	Research and Data Management Committee	2009	Provide data to the Center's partners, legislators, citizens and others with information regarding the shortage	RN Board WWHA WWHCA	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Facilitate workforce initiatives including those addressing the shortage	Evaluate capacity for expansion of nursing programs including the availability of faculty, clinical laboratories, computers and software, library holding and supplies	Research and Data Management Committee Statewide Education Planning Committee	2009	Increase in enrollment and increase in number of nurse educators	ADDNE HEPC CTC LPN Schools	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Development/Refinement of scholarship programs/loan forgiveness programs	Evaluate and refine the Nursing Scholarship Program/Grant program	Recruitment and Retention Initiatives Committee Operations		+ affect on identified student populations seeking/requiring financial assistance to stay in a nursing programs	1/3 of funds received from re-licensure surcharge will be used for scholarships/loans or grants	
	Development/Refinement of scholarship programs/loan forgiveness programs	Evaluate and refine the Small Grants Program	Recruitment and Retention Initiatives Committee Operations		+ affect on identified student populations seeking/requiring financial assistance to stay in a nursing programs	1/3 of funds received from re-licensure surcharge will be used for scholarships/loans or grants	
	Development/Refinement of scholarship programs/loan forgiveness programs	Evaluate and refine the Emergency Fund	Recruitment and Retention Initiatives Committee Operations		+ affect on identified student populations seeking/requiring financial assistance to stay in a nursing programs	1/3 of funds received from re-licensure surcharge will be used for scholarships/loans or grants	
	Increase compensation	Seek to improve compensation of all nurses including nurse educators	Recruitment and Retention Initiatives Committee Statewide Education Planning Committee	2010	Improved compensation may lead to retention of staff	WVHA WVHCA WVNA	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Improve orientation programs and retain staff	Work with employers to encourage and assist with nursing internships and residency programs	Recruitment and Retention Initiatives Committee	2010	Improved orientation programs correlate to retention	WVHA WVHCA	
	Improved technology	Work with stakeholders to develop universal technology systems	Recruitment and Retention Initiatives Committee	2010			
	Development of principles of magnetism	Develop incentive and training programs for long term care facilities and other healthcare institutions to use self assessment tools documented to correlate with nurse retention, such as magnet hospital program	Recruitment and Retention Initiatives Committee	2011	Magnet certification is premised on the organizations relationship with nursing	WVHA WVHCA	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Identification of pertinent data to collect	Gather data on workplace environmental issues	Recruitment and Retention Initiatives Committee Research and Data Management Committee	2009		WVHA WVHCA	
	Improve work environment	Research best practices currently available related to the workplace environment	Recruitment and Retention Initiatives Committee Research and Data Management Committee	2010			
	Increase funding	Examine methods for state funding of Center initiatives	Recruitment and Retention Initiatives Committee Operations Committee	2010	Identifying funding sources provides for program planning and implementation	WVHA WVHCA WVNA Legislators	
	Improve image	Connect workplace research with the work of conveying an accurate image of nurses work	Recruitment and Retention Initiatives Committee Research and Data Management Committee	2010	A positive conveyance of nursing may lead to recruitment into the profession and retention of current staff	WVHA WVHCA WVNA	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Increase visibility of nursing as a career choice	Develop "nurse camps" for middle school and high school students	Recruitment and Retention Initiatives Committee	2009	Supply line open		
	Recruitment	Develop marketing campaign "Nursing, You Can DO IT"	Recruitment and Retention Initiatives Committee	2009	Supply line open		
	Recruitment	Educate school counselors in directing students voicing an interest in nursing through the right academic path	Recruitment and Retention Initiatives Committee	2009	Students will understand pre requisites requirements for nursing	State Department of Education	
	Improve working conditions	Work to improve the working conditions for nurses (staffing, overtime and resources)	Recruitment and Retention Initiatives Committee	2009	Retention of staff	WVHA WVHCA WVNA	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Improve compensation	Work with the Chancellors of the Community and Technical colleges and the Higher Education System to develop strategies and initiatives that will address faculty salaries and programs to consider nursing education as a viable employment option	Statewide Education Planning Committee	2011	Retention and Recruitment	ADDNE HEPC CTC LPN Programs	
	Retention	Develop mentorship programs for new faculty	Statewide Education Planning Committee	2011	Improved orientation programs promote retention	ADDNE LPN Programs	
	Recruitment	Increase the number of academic programs available for nurse educators	Statewide Education Planning Committee	2011	Access promotes recruitment	ADDNE HEPC CTC	

Priority	Goal	Action Steps	Responsibility	Achievement Date	Projected Impact	Resources	Status
	Recruitment	Publicize incentive programs for nurse educators	Statewide Education Planning Committee	2011	Incentives lead to recruitment	ADDNE HEPC CTC	
	Recruitment	Investigate on-line nursing programs and their effects on the traditional classroom programs	Statewide Education Planning Committee	2009			
	Recruitment	Development of information sheets and how to plan for a nursing education	Statewide Education Planning Committee	2009			

Appendix D: Agency Resonse

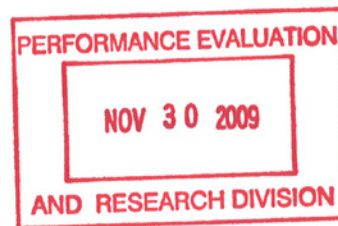
West Virginia Center for Nursing

Agency response to Performance Review

11/30/2009

WV Center for Nursing

Prepared by: CYNTHIA PERSILY PhD, RN, FAAN, Board Chairperson, on behalf of the WV Center for Nursing, Board of Directors



West Virginia Center for Nursing Agency Response to Performance Review

The *West Virginia Center for Nursing Board of Directors* acknowledges the receipt of the Performance Review of our agency. We thank you for the time spent reviewing the agency, and for your insights and recommendations regarding our work. We also appreciate the opportunity to provide the Performance Evaluation and Research Division with feedback and additional information relative to concerns expressed in the draft, and to correct any errors that were noted in the report. We also appreciate the time spent with the Board Chairperson, Dr. Cynthia Persily and Executive Director, Duane Napier at the exit conference. You will recall that there were a number of issues that were brought to your attention that were erroneous or misrepresented the Center's work at that exit conference. We appreciate the time that you have spent in correcting some of those errors. There are still some areas of concern for the Board of Directors in the report, and those areas will be reviewed below.

A Review of the Center's history

The reviewer has provided an accurate history of the development of the WV Center for Nursing. We would add to that history that upon creation of the Center in hb4143 by the legislature in 2004, a Board of Directors was not appointed by the Governor for over 1 year. Upon appointment of a volunteer board, an initial planning meeting, and subsequent planning to open a NEW state agency were held in summer 2005. Through collaboration with the Higher Education Policy Commission, financial and personnel structures were put into place, office space and equipment were purchased through state systems, and a part time administrative assistant was contracted for clerical support of the Center. The Board began a strategic planning process, and identified the need for professional staff to support the center's initiatives. The Board entered a search process, supported by the Division of Personnel at the WVHEPC, and hired an Executive Director in January 2006. Bylaws and policies and procedures for operation of the Board and Center were developed and approved. Committees were put into place to meet the mission of the Center.

The Center's volunteer Board of Directors and staff take **each** of the powers and duties found in hb4143 extremely seriously. The Board of Directors has developed a strategic plan to direct progress in each of these areas. We appreciate the auditor's revisions to the draft Performance report to reflect examples of efforts to address each of these legislative mandates. The Center's Board of Directors would offer the following additions, corrections and clarifications to this list:

Additions, corrections and clarifications to list of efforts to meet legislative mandate

- 1. Establish a statewide strategic plan to address the nursing shortage in WV:** We would suggest that the words "glaring omission" are not objective, and should be removed from the report.
- 2. Establish and maintain a database of statistical information regarding nursing supply, demand and turnover rates in West Virginia and future projections:** We would suggest that the second sentence in this section "the Center's database contains insufficient data due to a low response rate from surveys" is incorrect. The Center's database contains

insufficient *local demand data* due to low response rates from surveys, but contains excellent supply data, and data upon which to make future projections related to supply. The Center for Nursing has collaborated with both Boards of Nursing (RN and LPN) to improve the quality of useful supply data that are collected by the Boards during the licensure renewal process. The Center worked with both Boards, as well as national nursing workforce experts, to develop a minimum data set that would allow consistency of data from year to year and allow comparisons, consistency of data collection methods across both Boards, and forecast of certain trends. These include anticipated retirement from the workforce, anticipated change in workforce participation, reasons for leaving the workforce, and other important data used for forecasting that were not previously collected by the Boards. The WV Center for Nursing led in this effort across the country, with other Centers for Nursing only recently adopting a minimum data set (for example, the Florida Center for Nursing). During the renewal period of 2007, Licensed Practical Nurses answered the minimum data set survey questions voluntarily and the Registered Nurses were required to complete the questionnaire in order to renew their license. In 2008, both boards made the requirement mandatory for licensure renewal. The 2008-2009 annual report by the Center will include these data once analyzed (data collection completed October 31, 2009 with licensure renewal). We anticipate that these data, collected consistently over several years, will allow us to begin forecasting supply trends over the coming years and will be used to plan initiatives.

- 3. Coordinate communication between the organizations that represent nurses, health care providers, businesses, consumers, legislators and educators:** The auditor mentions the establishment of an Advisory Committee. It is important to point out that the Advisory Committee, consisting of over 30 active members, meets twice annually with the Center Board, reviews the work of the Center, and provides suggested strategies for meeting legislative mandates and addressing nursing workforce issues. This committee represents nurses, health care providers, business and labor, consumers, and educators. In addition, the auditor notes that the Center is participating in the Robert Wood Johnson Foundation/AARP Center to Champion Nursing in America. The auditor should note that this national effort is designed to analyze issues related to expanding nursing education's capacity to educate high quality nurses for the future. The Center to Champion Nursing in America is providing technical assistance to 30 state teams committed to addressing the looming nursing shortage and educating, building and deploying a nursing workforce of the future. Teams are comprised of representatives from nursing education and practice, state workforce offices, state departments of labor, consumers (AARP state offices), local business, philanthropies, and others. Through strategic partnerships, teams implement changes to nursing education, advocate for policy changes, and address faculty shortages all to increase nursing school enrollment and bring more nurses into the workforce. So that teams can share with peers in the other states on the best practices and lessons learned, the Center fosters collaborative learning experiences. Teams share information and learn about each other's capacity building activities, engagement with strategic partners, legislative and funding wins, and other new ideas and opportunities. The WV Center for Nursing is leading WV's team. Included in the team are the Executive Director of the WV AARP, members of the Association of Deans and Directors in Nursing Education, WVHEPC staff, and the VP for Professional Activities for the WV Hospital Association. This collaborative team has already developed a number of proposals and products designed to increase education

capacity in response to specific problems encountered in our state. These include articulation agreements between and among nursing programs (a part of our legislative mandate), a statewide web based clinical scheduling program currently begin piloted in the Kanawha Valley and next to be rolled out in the North Central region of WV (designed to identify un- and under-utilized clinical agencies for provision of clinical experiences for students, allowing increased educational capacity in the clinical arena), and a proposed agreement on standardized clinical training requirements for nursing students across the state regardless of the clinical site in which they are rotating (HIPAA, immunization, OSHA training etc).

4. **Enhance and promote recruitment and retention of nurses by creating reward, recognition and renewal programs:** The auditor should correct the name of the reward/recognition program, which is called the “WV Center for Nursing Nursing Excellence Awards” program.
5. **Promote media and positive image building efforts for nursing, including establishing a statewide media campaign to recruit students of all ages and backgrounds to the various nursing programs throughout West Virginia:** The auditor should add that the Center recently also completed work on the “Junior Nurse Academy” model, a program designed to allow organizations to introduce middle school students to nursing as a career through a week long summer program.
6. **Promote nursing careers through educational and scholarship programs, programs directed at nontraditional students and other workforce initiatives:** The auditor notes that “scholarships are not targeted to underserved localities”. Further discussion of this issue follows.
7. **Explore solutions to improve working environments for nurses to foster recruitment and retention:** The auditor should note that further initiatives in this area are included in number 10 below, and are also in the planning stages, including a “healthy nurse initiative”.
8. **Explore and establish loan repayment and scholarship programs designed to benefit nurses who remain in West Virginia after graduation and work in hospitals and other health care institutions:** Further discussion of loan repayment programs follows.
9. **Establish grants and other programs to provide financial incentives for employers to encourage and assist with nursing education, internships and residency programs:** The auditor should also note that the nurse residency program model, developed by the Center, and discussed in number 16 of the auditor report is a first attempt to meet this mandate.
10. **Develop incentive and training programs for long-term care facilities and other health care institutions to use self- assessment tools documented to correlate with nurse retention, such as the magnet hospital program:** The auditor notes the use of the CareerPace funding from the Benedum Foundation under this mandate. The auditor notes that “there was no data obtained to document if the computer software helped in nurse retention”. While it is outside of the scope of this report to provide background on this program and difficulties implementing in WV agencies, the Center does know because of our process evaluation, that this kind of a program is not effective in WV, regardless of whether data were obtained to measure impact on nurse retention.
11. **Explore and evaluate the use of year-round day, evening and weekend nursing training and education programs:** The description of the web based clinical scheduling program by the auditor is incomplete. It should note that this program is designed to not only coordinate clinical scheduling, but is useful in identifying un- and under-utilized

clinical facilities, and in other states has resulted in up to 25% more clinical placement opportunities for nursing students. Further, it should be noted, that despite multiple unsuccessful attempts at gaining funding for this program through grants and proposals to a variety of entities, the Board of Directors has moved forward with funding this program out of our existing agency funds temporarily during the pilot phase.

12. **Establish a statewide hotline and website for information about the center and its mission and nursing careers and educational opportunities in West Virginia:** No corrections.
13. **Evaluate capacity for expansion of nursing programs, including the availability of faculty, clinical laboratories, computers and software, library holdings and supplies:** See number 11 above, which is directly related to evaluating capacity of nursing programs, including the availability of clinical laboratories, and number 3 above, which is directly designed to evaluate education capacity.
14. **Oversee development and implementation of education and matriculation programs for health care providers covering certified nursing assistants, licensed practical nurses, registered professional nurses, advanced nurse practitioners and other advanced degrees:** The auditor incorrectly notes that has not “developed or implemented matriculation programs”. In fact, the description of the Center’s leadership in the creation of a statewide “articulation” plan, evidenced in the second part of the auditor’s statement, directly conflicts with this statement. We would suggest that this be removed from the auditor’s report.
15. **Seek to improve the compensation of all nurses, including nursing educators:** The Center’s strategic plan for the year 2009-2010 includes a strategy for seeking compensation improvement for nurse educators.
16. **Perform such other activities as needed to alleviate the nursing shortage in West Virginia:** The auditor’s description of the nurse residency program should reflect that the model for this program was completed in Spring 2009. Therefore, it is the opinion of the Board of Directors that it is an unfair statement by the auditor that “no hospitals are using the model”. We would ask that this statement be removed.

Additional Corrections and Clarifications to issues in the report

1. On page 7 of the report, we would suggest that the auditor reflect that the Center is funded “only by a supplemental annual licensure fee...from all nurses...”. The current statement, “The Center is funded by public and private contributions, as well as a supplemental licensure fee...” is misleading.
2. On page 7, after Table 2, we would suggest that the appropriate term is “personnel” services, not “personal” services as currently noted.
3. On page 9 of the report, the 2007 licensed nurse survey section is incorrect. This is an ongoing survey, not a 2007 survey, detailed above in number 2 of our legislative mandates.
4. On page 10 of the report, the auditor has corrected the previous noted issue regarding the part time nurse survey. However, the previous statements in the report were not removed, and therefore the new section added, and the old section which was not deleted are in conflict. We would ask that this section be corrected.

5. On page 11 of the report, Table 1 is referenced. We would suggest that Table 1, which appears on page 8 be moved here.
6. On page 13 of the report, the auditor discusses costs of nursing education and scholarship amounts available from the Center for Nursing. The Board believes that this discussion, and the review of 2008-09 annual institutional costs is unnecessary. Unless the auditor is suggesting that the Center use it's small amount of funds to fund the entire cost of instate tuition for several students from the state (which for instance at Marshall University, would be less than 10 student per year total for the entire State), the table adds nothing to the discussion. *We would offer the following table reviewing the scholarship amounts available to all institutions and caps per student that seems to be more useful in indicating support to WV nursing students by the Center:*

**West Virginia Center for Nursing
Primary Scholarship Program
Institutional award and Per student award
2006 – 2009**

Year	Institutional awards	Student awards
2006 – 2007	\$7660 (RN) \$1580 (LPN)	\$1000 (RN) \$500 (LPN)
2007 – 2008	\$4000 (RN) \$800 (LPN)	\$1000 (RN) \$500 (LPN)
2008 – 2009	\$2400 (RN) \$500 (LPN)	\$500 (RN) \$250 (LPN)
2009 - 2010	\$3368 (RN) \$695 (LPN)	\$1000 (RN) \$500 (LPN)

There were approximately 400 scholarships awarded since inception of the program.

Discussion of major issues identified by auditor

In reviewing the Performance Review, the Board of Directors notes that the auditor has major concerns in several areas; data collection and reporting for strategic initiatives, scholarship strategies and administration, establishment of a loan repayment program, and effective recruitment of students for in-state nursing programs. The Board of Directors would like to respond to the auditor's conclusions regarding these areas:

1. **Data Collection for Strategic Initiatives:** The Center for Nursing acknowledges that the issue of demand data is a difficult one, and one with which the Center, and other Centers across the US, has struggled. As the auditor points out, responses to surveys initiated by

the Center to employers of nurses have met with meager returns, and the data are not sufficient to offer any meaningful trends. We have strategized and collaborated with WV organizations of employers, including the WV Hospital Association, the WV Health Care Association (long term care), and the WV Bureau of Health, Division of Public Health to streamline the process, and to initiate a reminder system to employers. This has met with minimal return. We have also consulted with the former Director of Research for the North Carolina Center for Nursing (who spent a half day with our Advisory Group and a half day with our Board) regarding the strategies that the NC Center found to be successful in their annual survey of employers (which is the same survey adopted by our Center). Her recommendations resulted in changes in timing of the survey, a strategy for annual vs. biannual survey, and some streamlining of the survey itself.

The Center has invested much effort in this process, as we agree that local demand data are essential in planning. *We would continue to point out the danger of using national projections, such as those outlined in the auditor's report, for projecting local demand and more importantly, as a basis for initiatives at the local level.* **In fact, we believe that there is inherent risk in using the NY Center for Health Workforce study's results for the Center's strategic initiatives. On page 5 of the auditor's report, this danger should be highlighted. In addition, we believe that the map, included as an addendum to the auditor's report is erroneous, and could lead to false conclusions about the critical nature of the nursing shortage in WV counties, and we would recommend it's removal. If it is to be included, the Center would recommend a reference to the full report be included, a key to interpretation be included, and most importantly, a disclaimer relative to the accuracy of this map for WV in 2009 be attached.**

The projections that the auditor cites from the NY Center for Health Workforce Studies released in February of 2007 are problematic in a state such as WV. The main problem with the methodology used in this report is the use of a geographic method for projections. A geographic model is not effective in a rural state such as ours, for a number of reasons. First, the count of RN's by county was done using US Census data collected in 2000. **Therefore, the count of RN's per county was reflective of the county where RN's live, not work.** This is significant in that many rural counties have very little opportunities for employment of nurses. Therefore, when using a geographic model, some counties look "critical" because of the low numbers of nurses living in those counties, when in reality, even if higher numbers of nurses lived in those counties, they would not have opportunities for employment there. **This is actually supported by our limited demand data in the example below:**

Grant County is considered in the 2007 report by the NY Center for Health Workforce Studies to be a county of "most critical nursing shortage" meaning that there is a **50-100 percent shortage of nurses in the county.** However, our own study of employment sites for nurses in Grant County demonstrate very few opportunities for employment for nurses in Grant County, and a very low vacancy and turnover rate in the major nursing employer in the county, Grant Memorial Hospital. Grant County has the following health care employers on file with OFLAC:

Critical Access – 1 (Grant Memorial)
 FQHC – 2
 LTC – 2
 Hospice – 1
 Behavioral Health Centers – 1
 Home Health -1

According to the WV Center for Nursing's 2008 Employer Survey, Grant County Memorial Hospital, the major employer of nurses in Grant County reported a .05% vacancy rate, a turnover rate of 3.3% for RN's and 0% for LPN's for the year. The COO of the Grant Memorial Hospital is a member of our Board of Directors, and provides the following update of the situation in Grant County:

We currently only have one nursing position that is opened...just came open and we have applicants to fill it. We still have one agency RN in our ED but that is just until a newly hired RN is oriented. The local nursing home just laid off some RNs this past year. The only other agencies that utilize RNs are the local Health Dept. and Committee on Aging. Their problem is wage rates but honestly seem to draw nurses who are looking for PT and nice family hours. We did have a critical situation in the past and had to use a lot of agency nurses but the past year we have had plenty of applications. I was surprised to see Grant County listed as critical...it was a few years ago but as I said the past 12-18 months have been ok. We also have a local community college, Eastern Community & Technical that has a 2 year nursing program that is run by Southern. The class has at least 15 students and they will graduate in May. Most of those students will look for employment in this community. Grant Memorial is very active in loan/scholarships to local students and that has helped us draw them back to the area as well (personal correspondence, M. Barr, November 1, 2009).

Using data such as those in the NY Center study to guide our strategic initiative relative to scholarships for instance, would have resulted in our support of nursing students who would obligate themselves to work in Grant county, and for whom there would be no work. So, while certainly we can use national projections to inform, the Center for Nursing believes that local data, collected using a locality demand model, and employed in our Employer survey, is much more informative.

Therefore, the WV Center for Nursing thanks the auditor for the recommendation to seek assistance of legislative authority that requires that certain information be provided to the Center by employers of nurses to evaluate demand using a locality model, and will move forward collaboratively with our partners to seek this authority.

The auditor recommends that the Center use regional projection models such as those used by the Florida Center for Nursing to report data. In each of our annual reports, we have provided our data not in regions, but by Workforce Investment Areas. These reports have been used by the local workforce agencies to support additional nursing programs,

grant initiatives, and other efforts. We do appreciate the Florida Center's newest efforts to provide data regarding education efforts, faculty shortages, and graduates in their regional reports, and we will provide similar data in this format in the future.

2. **Scholarship strategies and administration:** The auditor highlights a number of issues related to the planning and administration of scholarship support by the Center for Nursing. The Center's Board of Directors has been extremely deliberative in the development of this process, and welcomes the opportunity to provide further insight into the process used to develop and administer the various scholarship programs.

The Board of Directors would first like to comment on the issue of support of LPN students and faculty with scholarship funding, despite recognition that there is not currently an LPN shortage. We disagree with the auditor that the Center should concentrate in its strategic plan and its recruitment and retention efforts on RNs because there are adequate numbers of LPNs. The Center for Nursing believes that to a certain extent, the LPN workforce is a "feeder" group for RN education. As the LPN workforce traditionally stays in or returns to their local communities to work, this group has been an excellent feeder for the RN schools, and for retention of nurses in particular geographic areas of the state. In fact, the WV Center for Nursing has strategically collaborated with the WV Department of Education, the WVHEPC, and with the WV Schools of Nursing to develop articulation plans for LPN's to further their education, and be eligible for RN licensure after the completion of an approved LPN to Associate or Bachelor's degree program in WV. These articulation agreements serve to assure that LPNs can enter into an RN program, have their pre-requisite courses and experience recognized, and effectively reduce their educational burden (both financial and time) when they matriculate. The number of LPN to RN programs has nearly doubled in the last 5 years, and the Center feels that our support, through a number of avenues, is important and strategic.

Next, the Center must emphasize that the current lack of an LPN shortage should be viewed with caution. The current supply and demand is based on a current model of care. In a reformed health care system, alternate models of care may increasingly rely on paraprofessionals and other allied health providers, and as such, we cannot reliably predict what future needs will be.

Finally, the Center for Nursing is in the difficult political situation of receiving funds from a supplemental fee from LPN licenses, and therefore, LPN's are in fact supporting the Center's mission. We have been extremely sensitive to this issue, and have looked at the nursing workforce as a continuum, as opposed to RN vs. LPN.

The Center also welcomes the opportunity to discuss the issues raised by the auditor related to the Center's strategies for support of students through scholarship funding. Again, the Center's board has been extremely deliberative in developing our strategies. While the auditor may object to the Center's strategies, we believe that they have been developed based on the evidence available. For instance, the auditor questions our support of students who have completed 50% of their programs. The strategy of the

Center in providing these scholarship funds has been to ensure that there is investment in retention of students who will be successful in **completing** nursing programs. In fact, in consultation with all program directors in the state, the primary reason for students withdrawing from nursing programs outside of academic failure was financial hardship. Therefore, based on these data, the Center made the strategic decision to provide support to those students first. In addition, program directors indicated that while tuition financial hardships were common, even more common were financial problems that directly inhibited students' ability to stay or be successful in their nursing program. Therefore, the Center's emergency fund was established with a small set aside to provide support to students who were experiencing problems that would keep them from finishing their programs. The Center's Board of Directors believe that these strategies are the most appropriate to assure that the state's investment in education of nursing students is protected.

The auditor also points out issues with follow up of students who have received scholarship from the Center for Nursing. *The Center recognizes those issues and has taken action to try to address them.* For example, in providing scholarship directly to schools, it is the expectation that the schools of nursing will provide certain information to the Center for Nursing for follow up of students. Many schools have failed to provide that information, and the Center has excluded those schools from further participation in the scholarship program until data are provided.

In regard to working in WV after graduation, the auditor correctly points out the strategy used with students, in that they are required to declare that they will work in WV upon graduation. Scholarship funds are provided directly to colleges and universities. Program directors follow up on these students. In fact, one program director reports that a recent scholarship recipient noted that she would be working in Kentucky upon graduation. Upon learning this news, the program director reminded the student that she would need to pay back her scholarship funds. The student arrived the following week, and provided a signed copy of her employment contract with a WV hospital (Kyle, personal communication, 10/30/09). The Center for Nursing also tracks WV licensure of scholarship recipients. This is a less than perfect system for several reasons. First, licensure in a particular state does not assure that the nurse works in that state, as nurses may simultaneously hold licensure in several states. Next, lack of licensure in WV can simply mean that the student has either 1) not yet graduated from the program, or 2) not yet taken the licensure exam. To date, the following data demonstrate scholarship recipients and WV licensure for students who come from counties identified as "most critical and severe" shortage counties by the auditor:

Scholarship Recipients from
Most Critical and Severe Nursing Shortage Areas (as identified by auditor)
2006 – 2009

Year	Total # of students receiving scholarships	RN licensed in WV	RN not licensed in WV	Current RN Student	LPN licensed in WV	LPN not licensed in WV
2006 – 2007	56	31	13*	N/A	10	2
2007 – 2008	40	22	8*	N/A	7	3*
2008 – 2009	17	8	4*	2	2	1*
Total	114	61	27*	2	19	6

License information obtained from the WV BOERN and WV BOELPN November 2009

*May include students who have not yet graduated or tested, data pending from schools.

The Center's Board of Directors thanks the auditor for additional suggestions for tracking employment post graduation. We will work with our Board liaison to Workforce WV and the WVHEPC to evaluate feasibility of gathering data in this manner. We are also exploring methods for examining tax records relative to employment after graduation.

The auditor’s review highlights a point that the Center for Nursing has been concerned with regarding the amount of scholarship funding available for each student, as compared to the cost of education for nurses. While the Center’s strategy has been to provide a “cap” on the amount of scholarship funds each student can receive, we are not completely comfortable with this decision. However it has been influenced by financial aid policy in this state and nation. When a student qualifies for financial aid, a maximum amount of financial aid is developed through a formula. The student cannot receive financial aid beyond that cap. So, when a student has received their financial aid package, any support from the Center for Nursing is then subtracted from that package. So, for instance, if a student qualifies for and receives 3500.00 per year, and the Center gives them a 1000.00 scholarship, 1000.00 is subtracted from their aid package, and the student gets no additional aid. The Center does not have any good answers to this quandary, however, we do know that nursing programs are much more expensive for students than other types of programs, and worry that our scholarship support is not increasing the ability of students to afford their education.

Finally, the auditor recommends strategically awarding scholarships to students from “most critical and severe shortage counties”. While we have previously pointed out the issues with this strategy (geographic vs. locality estimation of need), the table above demonstrates that many scholarships have been received by students who live in those counties that the auditor believes have most critical shortages.

3. **Loan Repayment program:** The Board notes that the auditor continues to believe that the Center has not fulfilled its legislative mandate to develop a loan repayment program.

While this is true, once again, this was a strategic decision by the Board of Directors, in consultation with the HEPC Health Sciences Division, program directors and college and university financial aid officers. First, the WVHEPC has a long history with a variety of scholarship programs, and multiple meetings with WVHEPC staff were held to develop our current strategies. The WVHEPC staff recommended **against** the Center developing a loan repayment program for several reasons. The first is the burden of tracking students for loan repayment. Considerable resources are expended in tracking students without significant return. The next is the avoidance of a small agency, without regulatory authority, becoming a “collection agency”. Advice from program directors and financial aid officers was also taken into consideration— nursing students are reluctant to take on debt through loan programs such as these. Historically, loan repayment programs have not been effective retention mechanisms for nurses, most nurses prefer to pay back the loan rather than restrict their employment options—in fact, a common recruitment strategy in health care organizations has been to offer “loan repayment” or “loan buyouts” to graduates to entice them to work in their state.

Finally, the auditor also points out the availability of national loan repayment programs such as the NELRP. In 2008, the NELRP offered 432 loan repayment contracts through this program, which is limited to nurses who have already incurred loans, and agree to work in the following settings:

- Disproportionate Share Hospitals
- Nursing Homes
- Federally Designated Health Centers
- Federally Designated Migrant Health Centers
- Public Health Departments
- Rural Health Clinics
- Indian Health Service Health Centers

WV nurses received 11 of the 432 loan repayment contracts for a total expenditure by HRSA of 248,985.00 over the two to three year payback period for these contracts. The auditor suggests that if “the Center determines that West Virginia nurses could qualify for the program the Center should make information about this important program through its website”(page 15). The Center has made information available about this program on its website since the program’s inception, linked under “Scholarships, grants and loans” portion of the website. The “HRSA” link takes nurses directly to this site. In addition, when calls for applications are released, the Center forwards this call to all schools of nursing in the state.

The Center has thoughtfully considered all of these issues related to scholarships and loans, and we have strategically placed our efforts in the scholarship programs. *The Board of Directors thanks the auditor for the recommendation to have this language removed from the legislative mandate. Given that the language says “Explore and establish loan repayment and scholarship programs designed to benefit nurses who remain in West Virginia after graduation and work in hospitals and other health care institutions”, and we believe that we have thoughtfully “explored” this option, we will seek legislative support for removing this language.*

Summary

In summary, the WV Center for Nursing appreciates the review and recommendations of the auditor. The Center recognizes the complexity of the current and future nursing workforce shortage, and has strategically considered the best use of scarce resources to support efforts to address this current crisis. As the experts in nursing workforce development for the state of WV, we appreciate the opportunity to provide additional insights into our strategic planning to the auditor, and will look forward to the inclusion of this information either in your report to the legislature, or through the provision of this response along with your report. Finally, we appreciate the suggestions offered for improving the operations of the Center in fulfilling its mission, and will move forward collaboratively in implementing as appropriate.



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