

TEACHING
HOSPITALS
of TEXAS

Clinical and Collaborative Investments in Texas' Nursing Workforce: The Needed Paradigm Shift

Recommendations From Teaching Hospitals'
Nurse Executives



Executive Summary

The pandemic exacerbated existing health care workforce shortages, including in nursing, respiratory and other therapies, diagnostics, allied health, and other clinical areas. Support is needed for many of Texas' health care professions. This document focuses on nursing with proposals to expand the state's investment strategies to support clinical training, retention, workplace safety as well as education.

Texas' nursing workforce is insufficient to meet Texas' health care needs today and in the future. In addition, with experienced nurses retiring and leaving practice, hospitals and health systems face another nurse shortage: that of experience.ⁱ



The workforce today is losing experienced nurses as baby-boomers retire, and younger and less experienced nurses make up a larger share of the workforce. Coupled with increasing patient acuity and care complexity, the loss of collective nurse experience is generating an "experience-complexity gap" requiring targeted strategies for clinical training for new nurses and leveraging the expertise of experienced nurses.ⁱⁱ

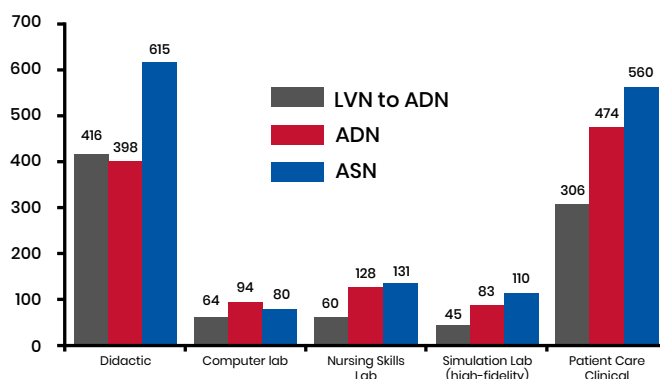
Insufficient numbers of nurse faculty and insufficient clinical training capacity are the primary obstacles to growing Texas' nursing workforce. State programs to date have targeted support to didactic and other school-based needs that make up the majority of nursing education hours for registered nurse students (about 37% for didactic and 24% for computer, simulation, and nursing skills labs), as shown in Figure 1. Yet clinical education, which also comprises a significant portion (about 38%) of nursing education hours for RNs and is critical to grow the nurse workforce, currently receives little direct support.

Another factor challenging Texas' nurse workforce is workplace violence. Increased violence prevention and health workplace safety investments are needed to protect and support the clinical workforce and health care delivery system, as well as patients.

Investments in clinical training, retention, transition to practice, and workplace safety are needed to meet the demands of today's nurse workforce.

Based on a review of the published literature and real-world experience, the executive nurse leaders of the member hospitals that comprise the Teaching Hospitals of Texas developed specific recommendations and identified possible

FIGURE 1
Median Contact Hours, by Program Type



Source: Texas Center for Nursing Workforce Studies. Nursing Education Program Information Survey, 2021. Characteristics of Professional Nursing Programs.

funding vehicles to target and address challenges driving the state's nurse workforce shortage. The recommendations focus on expanding the state's investments and support to include critical training in clinical care sites; funding clinical preceptors, improving coordination between clinical site training and didactic education; funding innovation pilots to test new ways to meet nurse workforce demands of today and tomorrow, and increasing clinical perspectives within the Texas Center for Nursing Workforce Studies.

To increase, support, and retain Texas' nursing workforce, the executive nurse leaders of the member hospitals that comprise the Teaching Hospitals of Texas propose the following new programs and targeted investments requiring both one-time funding (leveraging American Rescue Plan Act of 2021 (ARPA) funds reimbursed by FEMA for staffing), ongoing state general revenue funding, or a dedicated ongoing health care workforce fund to be created by the Legislature.

1. Fund preceptor pay differentials at clinical sites to increase the number of preceptors needed to expand clinical site capacity.
2. Create and fund nursing innovation and coordination grants for clinical sites, including hospitals and health systems, and increase funding for workplace violence prevention.
3. Create and fund clinical nurse faculty grant programs.

In addition, to support ongoing analyses of critical clinical infrastructure training capacity and workplace retention, the nurse leaders also recommend creation of a Clinical Workforce Consortium advisory group.ⁱⁱⁱ The advisory group will:

- Create criteria and guidance on clinical grant programs.
- Contribute clinical perspectives to ongoing work within the Texas Center for Nursing Workforce Studies.
- Provide the 89th Legislature with an analysis assessing the feasibility of and recommendations for increasing clinical

capacity, retention, and options for nurse residency programs to advise the 89th Legislature.

The executive nurse leaders also support continued and increased investments to support schools of nursing, including those highlighted in the Texas Nurses Association workforce plan. THOT members also cite the need to support community college nursing programs and rural Texas' nurse workforce.

This Session, Texas is in a unique position to create an enduring investment in our health workforce infrastructure and future. Current ARPA funds and GR, supplemented by creating a dedicated ongoing healthcare workforce fund can fuel innovation and growth in workforce pipelines and programs while supporting and retaining the healthcare workforce into the future.

The proposals are presented in priority order. To illustrate the costs of providing nurse student clinical training preceptors for all Texas nursing students, we provide an estimated cost and note that the Legislature could choose to fund targeted investments for preceptor programs, e.g., only to increase the number of preceptors and associated clinical capacity. In addition, we estimate nurse residency costs with details in the appendix to be both illustrative and to allow for funding decisions based on scale.



The Nurse Workforce Shortage in Texas

Texas faces a projected shortage of 12,572 licensed vocational nurses and 57,012 registered nurses by 2032.^{iv} Insufficient clinical training capacity and insufficient number of nurse faculty are the primary obstacles to growing a high-quality Texas nurse workforce. A Department of State Health Services nurse faculty survey,^v the Texas Higher Education Coordinating Board evaluation of its Nurse Shortage Reduction Fund program, and a recent Texas Future of Nursing Summit all point to the lack of access to clinical training and insufficient faculty as challenges to increasing the number of Texas nurses.^{vi}

An additional challenge is increasing nurse turnover. Between 2019 and 2021, hospital staff nurse turnover rates nationally increased 72%, from 15.9% to 27.3%. Turnover rates by RN specialty are shown in Figure 2. Nurse turnover rates are highest in the first year of employment at a hospital, go down after the first year, and then increase again in years two to five, as shown in Figure 3. Factors driving this increasing turnover include COVID, competition for labor, burnout, and retirement.^{vii}

These challenges combine to increase the length of time it takes to recruit and place a nurse. The south-central region of the country, which includes

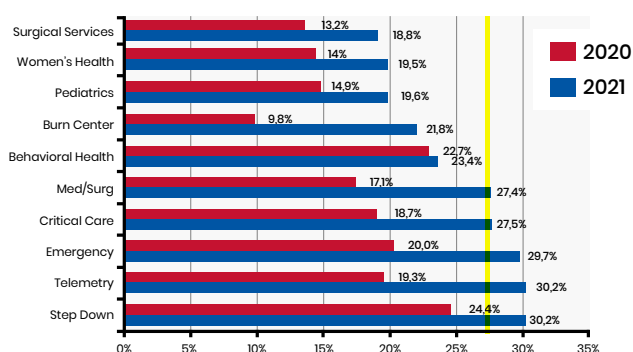
Texas, has among the highest average number of days to recruit a qualified RN: 109 days, or almost one-third of a year.^{viii}

Another factor challenging the workforce is the "experience-complexity gap^{ix}." The growth in the number of new nurses and the retirement of expert nurses with decades of experience coupled with increasing patient acuity, care complexity, health system demands (like increased protocols and documentation requirements), and shorter lengths of stay mean there are fewer experts to train, transition, and mentor new nurses into increasingly complex clinical proficiency requirements.

In addition, incidents of healthcare workplace violence are increasing.^x More than 80% of Texas nurses report experiencing some type of workplace violence; nearly half of those had experienced physical violence in their nursing careers.^{xi}

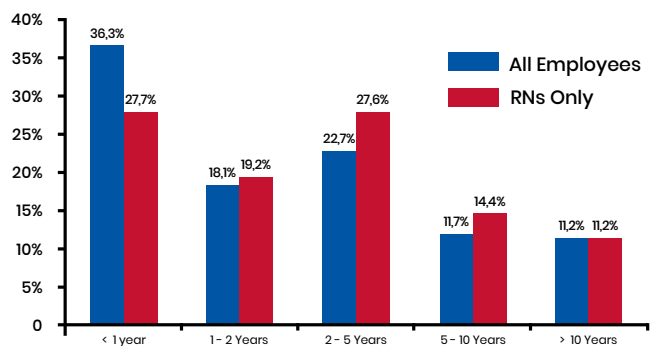
To address these pipeline, recruiting, retention, and experience challenges, the nurse leaders of the member hospitals of Teaching Hospital of Texas propose several nurse workforce infrastructure recommendations. Associated funding estimates are provided for legislative awareness and action.

FIGURE 2
RN Turnover, by Specialty



Source: 2022 NSI National Health Care Retention and RN Staffing Report.

FIGURE 3
Hospital Staff Turnover Rates, by Tenure



Source: 2022 NSI National Health Care Retention and RN Staffing Report.

Detailed Recommendations

I. Fund preceptor pay differentials at clinical sites to increase the number of preceptors needed to expand clinical site capacity.

- ☑ Funding to support clinical site training and payment enhancements for clinical preceptors.
- ☑ Estimated funding needed to support preceptor pay for all nurse students: \$41 million annually; \$82 million biennial. See appendices for detail.
- ☑ Method of finance: ARPA funding reimbursed by FEMA for staffing and state general revenue ongoing.
- ☑ Needed legislative actions: appropriations and amending the Education Code to create preceptor support grants to clinical nurse training sites.

In addition to didactic or classroom education, nursing students need significant hours of clinical training in healthcare settings as part of their nursing education. Nursing students cannot graduate without clinical training. Associate degree nursing students receive an average of 843 clinical hours of training while bachelor's level nursing students receive, on average, 908 hours of clinical training. Acute care sites, including hospitals, are the primary sites for nursing students' clinical training, although long-term care and other care settings are also sites for clinical training: more than 77% on average of clinical training occurs in acute care settings with another 13% in community settings and slightly less than 6% in long term care settings.^{xii}

Schools of nursing and nursing programs provide the didactic/classroom portion of nurse education. In addition, nursing school faculty are on site at the clinical setting with up to 10 students to assess clinical competence. However, indispensable to

the clinical training experience are hospital staff nurses, called preceptors. Preceptors provide the one-to-one clinical training with undergraduate nursing students in clinical settings.

In addition to maintaining their full clinical patient workloads, preceptors work with nursing students one-on-one, or at most one-on-two, demonstrating, explaining, training, and mentoring them in clinical care as it is actually practiced in hospital settings. Despite how critical they are for holistic nursing education and professional readiness, clinical training historically has depended on nurses to volunteer to train the next generation of nurses as part of their nursing mission.

Growing nurse shortages compounded by stresses during COVID and loss of experienced nurses have made it more difficult to have enough preceptors to meet needs for clinical training, and some programs now provide preceptor pay differentials to increase their training capacity.

State funding is needed to support preceptor payments to increase preceptor and clinical capacity – key to growing an experienced Texas nurse workforce and enhancing retention of experienced nurses.

II. Create and fund nursing innovation and coordination grants for clinical sites, including hospitals and health systems, and increase funding for workplace violence prevention.

- ☑ Funding to support two-year grants to
 - 1) increase the nurse workforce or expedite the timeframe for nurses to enter and transition to the workforce with full, independent clinical capacity; 2) improve nurse retention; and 3) address workplace safety or other innovations to support nursing.
 - Estimated funding needed: \$9 million biennial (\$100,000-\$500,000 grant per clinical site for 30 sites).
 - Estimated funding needed: \$22.5 million biennial (\$500,000-\$1,000,000 grant per clinical site for 30 sites).
- ☑ Increase funding for the Workplace Violence Grant Program at the Department of State Health Services from \$667,000 to \$2 million over a two-year grant period.
- ☑ Total funding: \$32.8 million biennial. Method of finance: ARPA funding reimbursed by FEMA for staffing and state general revenue ongoing. See appendices for detail.
- ☑ Needed legislative actions: appropriations and amending the Education Code to create separate clinical training site nurse innovation grants.

Nurse workforce challenges are spurring innovation in didactic and clinical education as well as in nursing practice (for example, different staffing models and use of technology) and retention. While innovation grant funds are currently available to nursing schools and educational programs through the Texas Higher

Education Coordinating Board,^{xiv} innovation grants are not available directly for hospitals and other sites critical to clinical training, nursing practice innovation, and retention.

New two-year clinical nursing innovation grants would support the ability to test and assess proof of concept, scalable projects to:

- Increase the nursing workforce
- Improve nursing workflow and processes
- Expedite the timeframe for nurses to enter the workforce with full, independent clinical capacity
- Increase retention
- Improve workplace safety

Grant programs will identify goals, objectives, and metrics (including quality of care) for assessing program outcomes. Potential grant programs include:

- ☑ RN-CNA staffing models that pair RNs with CNAs to improve workflow, reduce burnout and improve retention, or other staffing models.
- ☑ Technology assistance and innovation including hospital virtual nursing and virtual observation to expand hospital clinical coverage and observation as well as assistive robotics to help ease burdens on nursing staff and IT integration of multiple patient monitoring data and systems.
- ☑ "Grow your own" upskilling and reskilling programs in coordination with community high schools and community colleges to grow clinical capacity that reflects communities being served.
- ☑ Part-time and other nursing models to encourage qualified retirees and others who have clinical skills but are unable to work full time to contribute to the clinical workforce in direct care, consultation, training, preceptorships, or other areas.

- ☑ Developing career ladders and incentives to reward high performing nursing staff and support their career growth and professional development (e.g., ADN to RN to Masters, etc.).
- ☑ Retention innovation programs to support nursing staff (e.g., selfcare for healthcare^{xv}) and other approaches to retain qualified nurses.
- ☑ Coordination innovation including clinical liaisons to manage and support nurse preceptors and faculty and other coordination and work cross over (faculty to clinical or clinical to faculty) pilots to improve clinical capacity, education, coordination, and transitions.

III. Create and fund clinical nurse faculty grant programs.

- ☑ For masters and doctoral level nurses at clinical sites choosing to serve as part-time faculty. Grant funds pay for part-time faculty salaries.
- ☑ For faculty choosing to work part time in clinical settings. Grant funds pay for clinical skill updates for those faculty.
- ☑ Total funding: \$39 million biennial. ARPA funding reimbursed by FEMA for staffing and state general revenue ongoing.
 - Supports 500 clinical nurses (masters and doctoral level) to teach; and funding for 500 faculty per year to receive clinical training as a prerequisite to working part-time in clinical settings.
 - Estimated funding needed for masters and doctoral level clinical nurses and for faculty: \$16.9 million annual; \$33.8 million biennial (see appendix for detail).
- Estimated funding for 500 part time faculty training for clinical work: \$5.2 million biennial (see appendix for detail).
- ☑ Needed legislative actions: Appropriations and amend the Education Code to direct grants to allow for clinical nurse faculty grant programs.

Schools of nursing have insufficient numbers of faculty to teach all the students who are interested in a nursing career. One contributing factor may be nursing practitioners' ability to earn more in clinical practice than in an educational institution. The salary gap has increased since the pandemic with clinical shortages increasing nursing salaries. However, qualified nurses in clinical practice could be supported to serve as part-time faculty. Funding to schools for qualified nurses choosing to teach evenings or on weekends and serve as clinical faculty would enhance integration between nursing programs and clinical sites and expand clinical training opportunities.

In addition, clinical sites could fund faculty to work part-time in their clinical settings. While initial site-specific training may be required, faculty could then impart clinical expertise in the classroom. Having clinical staff and faculty working together part time will support integration between the didactic and clinical training that students need.

IV. Create a Clinical Workforce Consortium advisory group within the Texas Center for Nursing Workforce Studies (or Increase clinical nurse executive representation on the Center's Steering Committee).

- ☑ The nurse leaders workgroup recommends the Legislature direct creation of a Texas Nurse Clinical Workforce Consortium as an advisory group within the existing Department of State Health Services Texas Center for Nursing Workforce Studies Steering Committee; direct the Consortium to provide eligibility, selection and related clinical innovation grant criteria; and with the Steering Committee, provide a report to the 89th Legislature including recommendations on increasing clinical capacity, nurse retention, and options for nurse residency programs.
- ☑ Estimated funding needed: \$400,000 annual/\$800,000 biennial and two FTEs for analytics and research staff to support the Consortium and assist with the report.
- ☑ Method of finance: State general revenue.
- ☑ Needed legislative actions: Direct the Texas Center for Nursing Workforce Studies to increase clinical representation on its Steering committee or create the Consortium as an advisory group within the existing Steering Committee, to be primarily composed of clinical nurse executives from large, mid-size and small hospitals, long term care facilities, and other clinical training sites to provide clinical site grant criteria and guidance and make recommendations on increasing clinical capacity, retention, and options for nurse residency programs to advise the 89th Legislature.

The Texas Center for Nursing Workforce Studies provides invaluable leadership and research on nursing workforce. The 21-member Steering Committee currently includes members representing associations, agencies, educators, employers, researchers, and a private member with three employer representatives including hospice, senior living, and an association. Increased clinical site nurse representation in the group either as steering committee members or through a new advisory group, the Clinical Workforce Consortium, will bring critical clinical nurse worksite expertise and perspectives to help address clinical site topics including nursing student clinical site education, increasing student clinical capacity, transition to practice in clinical sites, nursing retention in clinical sites, options to address the experience-complexity gap, workplace safety, and other nurse workforce challenges that will benefit from increased clinical site perspectives.

This Consortium (or the contribution of increased clinical site representation) will build on the 78th Legislature's creation of the Nurse Advisory Committee as part of the Statewide Health Coordinating Council at the Department of State Health Services. Continuing to invest in that important resource will support Texas' healthcare workforce strategies with data and expanded clinical and educational expertise and coordination. The Consortium will provide guidance on the clinical grant eligibility and selection criteria (described in Recommendation II) and will provide a report including recommendations on increasing clinical capacity, retention, and options for nurse residency programs to advise the 89th Legislature.

Residency programs or transition-to-practice programs are increasingly important to support new graduates entering clinical practice and to help with nurse retention. Options to support this transition include creating pilots or more broadly supporting nurse residency programs, supporting residency accreditation, or other options the Consortium may propose. (Cost estimates are provided in Appendix Two).

Like physicians, newly graduated nurses are not considered ready for independent practice in clinical settings without additional onsite training in patient care settings. Typically, teaching hospitals themselves fund onboarding programs and training for new graduate nurses. However, onboarding and training vary, and not all hospitals have accredited transition-to-practice programs. Transition-to-practice training has become more important as hospital care has grown increasingly complex with “advancement of care technologies, higher patient acuity levels, specialization, quality and safety requirements, evidence-based practice expectations, the rapid turnover of acute care patients due to shortened lengths of stay, and the need for increased coordination of care across practice settings.”^{xvii}

New graduates must learn skills, practices, processes, and coordination in the clinical practice environment, particularly if they have not had clinical student training at their current worksite. Practical, real-world skills taught in clinical training, such as a nurse residency program, include “delegation, prioritization, managing patient care delivery, autonomous decision making, collaboration with other disciplines, constructive conflict resolution, and utilizing feedback to restore self-confidence.”^{xviii} Ensuring that new graduates learn the skills and develop the relationships and confidence they need to be successful is also one of the best ways to keep nurses in the workforce and reduce turnover.^{xix}

New nursing residency programs could mirror Texas' successful physician graduate medical education programs and help keep Texas-trained and -educated nurses practicing in Texas. Developing an effective residency or transition to practice program, like physician residency programs, takes time, preparation, qualified nursing staff and funding, as well as pursuit and maintenance of accreditation for programs using an accredited nurse residency program. During the time new graduates are in residency programs, they are paid salaries (like GME residents) but do not practice independently. Texas' investment in nurse residency programs can help retain our investments in nurse education and support the nurse workforce.

New nursing residency programs could mirror Texas' successful physician graduate medical education programs and help keep Texas-trained and -educated nurses practicing in Texas.



Endnotes

- ⁱ The Advisory Board Nurse Executive Center. *The Experience Complexity Gap*. <https://www.advisory.com/topics/nursing-care-quality-and-service/2019/06/the-experience-complexity-gap>.
- ⁱⁱ The Advisory Board Nurse Executive Center. *The Experience Complexity Gap*. <https://www.advisory.com/topics/nursing-care-quality-and-service/2019/06/the-experience-complexity-gap>.
- ⁱⁱⁱ Alternatively, membership on the Texas Center for Nursing Workforce Studies Steering Committee would have increased clinical worksite representation.
- ^{iv} Texas Department of State Health Services. *Updated Nurse Supply and Demand Projections, 2018-2032*. <https://www.dshs.texas.gov/sites/default/files/chs/cnws/WorkforceReports/2020-Updated-Nurse-Supply-and-Demand-Projections.pdf>
- ^v Texas Center for Nursing Workforce Studies. *School of Nursing Faculty Trends, 2009-2020*. <https://www.dshs.texas.gov/sites/default/files/chs/cnws/NEPIS/2020/2021_Faculty_Trends.pdf>
- ^{vi} Texas Board of Nursing and the Texas Organization for Nursing Leadership. *The Future of Nursing in Texas: Stakeholders Moving Toward Alignment*. THECB Evaluation of the Nurse Shortage Reduction Program, October, 2020. https://www.bon.texas.gov/pdfs/publication_pdfs/The%20Future%20of%20Nursing%20in%20Texas_Stakeholders%20Moving%20Towards%20Alignment_2020.pdf.
- ^{vii} NSI Nursing Solutions, inc. *2022 NSI National Health Care Retention & RN Staffing Report*. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf.
- ^{viii} NSI Nursing Solutions, inc. *2022 NSI National Health Care Retention & RN Staffing Report*. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf.
- ^{ix} The Advisory Board Nurse Executive Center. *The Experience Complexity Gap*. <https://www.advisory.com/topics/nursing-care-quality-and-service/2019/06/the-experience-complexity-gap>.
- ^x Association of American Medical Colleges. Threats against health care workers are rising. Here's how hospitals are protecting their staffs. <https://www.aamc.org/news-insights/threats-against-health-care-workers-are-rising-heres-how-hospitals-are-protecting-their-staffs>.
- ^{xi} Texas Nurses Association. *Nurses Need Workplace Violence Prevention*. <https://www.texasnurses.org/news/445936/Nurses-Need-Workplace-Violence-Prevention-.htm>.
- ^{xii} Texas Center for Nursing Workforce Studies in collaboration with Texas Board of Nursing. *Characteristics of Professional Nursing Programs*. https://www.dshs.texas.gov/sites/default/files/chs/cnws/NEPIS/2021/2021_RN_ProgramCharacteristics.pdf.
- ^{xiii} <https://www.dshs.texas.gov/chs/cnws/Workplace-Violence-Grant-Program.aspx>.
- ^{xiv} For 2020- 2022, \$4.94 million in innovation grant funding was provided to 45 schools of nursing and nurse education programs.
- ^{xv} <https://www.selfcareforhealthcare.com/>
- ^{xvi} American Association of Colleges of Nursing. *Nursing Faculty Shortage*. <https://www.aacnnursing.org/news-information/fact-sheets/nursing-faculty-shortage>
- ^{xvii} Goode CJ, Ponte PR, Havens, DS. Residency for Transition into Practice: An Essential Requirement for New Graduates From Basic RN Programs. *The Journal of Nursing Administration*. Vol. 46, No. 2. 2016. <https://test.nursingworld.org/globalassets/docs/ancc/2016-residency-article.pdf>.
- ^{xviii} Goode CJ, Ponte PR, Havens, DS. Residency for Transition into Practice: An Essential Requirement for New Graduates From Basic RN Programs. *The Journal of Nursing Administration*. Vol. 46, No. 2. 2016 <https://test.nursingworld.org/globalassets/docs/ancc/2016-residency-article.pdf>.
- ^{xix} One nurse executive reported that exit interviews for new hires highlighted the importance of onboarding and transition to independent practice for keeping new nurses at the hospital and in the nursing workforce.

Appendix One

I. Fund preceptor pay differentials at clinical sites to increase the number of preceptors needed to expand clinical site capacity.

- ✓ If all nurse student preceptor hours are funded to pay for preceptor support and increased clinical capacity, total estimated funding needed: \$41 million annually; \$82 million biennial.
- ✓ Support can be targeted to increased preceptor capacity and related clinical capacity using similar data assuming \$4 per hour for clinical differentials for clinical sites based on increased clinical preceptor hours provided as a basis for supporting increased preceptor and clinical capacity.

✓ Funding source: ARPA funding reimbursed by FEMA for staffing and state general revenue ongoing.

Estimates for funding preceptors for nurse student clinical hours were developed based on estimated graduates by nurse program type and their related clinical hours to develop total clinical hours needed annually. A nurse preceptor hourly wage differential of \$4 per hour is used.

Funding could be targeted through THECB with grant guidelines, criteria, and selection based on coordination with the DSHS Nurse Workforce Consortium.

Nurse Programs	Grads 2021	Total Clinical hours for the program	Mean months by program type	Clinical Hours/Month (Total clinical hours * average months/ program)	Est. Avg. Annual Clinical Hours per program grad (Monthly clinical hours * 12)	Total Clinical Hours Estimated = Annual * # of Grads	\$4 Hourly Differential
	Note 1	Note 2	Note 3				
LVN	3,670	441.9	12	36.825	442	1,621.773	6,487.092
LVN to AND	954	512	13.5	37.925	455	434.176	1,736.704
AND	5,470	843	21.4	39.392	473	2,585.725	10,342.901
BSN	12,374	908	23.9	37.991	456	5,641.301	22,565.206
TOTAL	22,468				1826	10,282.976	41,131.903

Notes

1	Data for vocational nurse graduates:	DSHS 2021 Data File: Graduates at https://www.dshs.texas.gov/sites/default/files/chs/cnws/NE-PIS/2021/2021-VN-Enrollment-Graduation-Admissions-Spreadsheet(1).pdf
	Data for LVN to AND, AND and BSN graduates:	https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/professional-nursing-education
2	Data for clinical hours:	https://www.dshs.texas.gov/sites/default/files/chs/cnws/NE-PIS/2021/2021_RN_ProgramCharacteristics.pdf
3	Mean program length by month:	https://www.dshs.texas.gov/sites/default/files/chs/cnws/NE-PIS/2021/2021_RN_ProgramCharacteristics.pdf

II. Create and fund nursing innovation and coordination grants for clinical sites, including hospitals and health systems, and increase funding for workplace violence prevention.

- ☑ Estimated funding needed: \$9 million biennial (\$100,000-\$500,000 grant per clinical site for 30 sites). Assumes \$300,000 average * 30 = \$9 million.
- ☑ Estimated funding needed: \$22.5 million biennial (\$500,000-\$1,000,000 grant per clinical site for 30 sites). Assumes \$750,000 average * 30 = \$22.5 million.
- ☑ Increase DSHS workplace violence prevention grants¹ to \$2 million from \$667,000 biennial = \$1.333 million.
- ☑ Total: \$32.8 million biennial
- ☑ Funding: ARPA funding reimbursed by FEMA for staffing and state general revenue ongoing.

III. Create and fund clinical nurse faculty grant programs

- ☑ For masters and doctoral level nurses at clinical sites choosing to serve as part-time faculty. Grant funds pay for part time faculty salaries.
- ☑ Funding needed for: \$65/hour * 10 (hours/week) *52 (weeks)*500 positions: \$16.9 million/year; \$33.8 million/biennial.
- ☑ For faculty choosing to work part time in clinical settings. Grant funds pay for hourly costs for participating faculty to receive clinical skill updates. \$65/hour x 80 hours of training x 500

positions=\$2.6 million/year; \$5.2 million biennial.

- ☑ Total funding: \$39 million biennial. Supports 500 clinical nurses to teach and clinical training for 500 faculty to receive clinical training per year.
- ☑ Funding: ARPA funding reimbursed by FEMA for staffing and state general revenue ongoing.

Grants through THECB with amendments to current nurse grant programs

IV. Create and fund a Clinical Workforce Consortium advisory group within the Texas Center for Nursing Workforce Studies

- ☑ Funding needed: \$400,000 annual and two new FTEs for clinical data and research skills to support grant criteria and to support additional analyses and research needed for Report to the 89th Legislature on Nurse workforce.
- ☑ Funding: \$800,000 biennial with state general revenue.

¹ <https://www.dshs.texas.gov/chs/cnws/Workplace-Violence-Grant-Program.aspx>

Appendix Two: Estimated Nurse Residency Program Costs

- ✓ All nurse graduate residency programs: \$545.7 million/year for all RN graduates; \$359 million/year for all BSN graduates. (detail below)
- ✓ Preceptor pay only for all nurse graduates (i.e., no new nurse salary): \$4/hour * 712 clinical hours*18,798 nurse graduates = \$53.5 million / year.
- ✓ Nurse residency pilot programs: \$2 million grant supports 34 residents/year for two years.
- ✓ Statewide residency accreditation. Costs are estimated at ~\$5000 for an American Nurses Accreditation Center (ANCC) Practice Transition Accreditation Program (PTAP) fee per health system.

Detail:

2021 graduates: 954 LVN to ADN; 5470 ADN; 12,374 RN = 18,798 eligible residents. Average cost/resident: \$29,027 including: new nurse salary, didactic instruction, and preceptor differential for clinical hours. See below.

- Estimated annual costs: for residencies for all 18,798 graduating nurses: \$545.7 million. (Student nurse salary costs only: 18,798*\$24,640=\$463.2 million.)
- Estimated annual costs for residencies for all 12,374 graduating BSNs: \$359.2 million (Student nurse salary costs only for BSNs: 12,374*\$24,640 = \$304.9 million annual.)

Residency Weeks	22
Residency Hours	880
Didactic Hours (21 days @8 hours)	168
Clinical Hours	712
Preceptor Costs	\$2,848
Preceptor Differential	\$4
Instructor \$/Hour	\$35
New Nurse \$/Hour	\$28
New Nurse Salary \$	\$24,640
Instructor Cost (Assuming didactic for 5 students at one time)	\$1,176
Clerical/Materials Support per Resident	\$363.29
Est. Residency Cost	\$29,027.29

Appendix Three: Existing federal and state nurse workforce programs

U.S. Department of Labor Nurse Expansion Grant Program: announced Oct. 3, 2022, with grant sizes between \$1 million and \$6 million with a focus on training for clinical education and career path upskilling for nurses. The program emphasizes training people from historically marginalized and underrepresented populations to bring greater employment equity in underserved communities and improve healthcare workforce diversity and emphasizes using research and evidenced-based practices, supportive services, sector strategies, and training that address barriers to becoming nurses.

Grants will address bottlenecks in training the nursing workforce and expand and diversify the pipeline of qualified nursing professionals through two training tracks. The first track (Nurse Education Professional Track) will increase the number of clinical and vocational nursing instructors and educators by training new or upskilling experienced current or former nurses (including retired nurses) into advanced postsecondary credentialing necessary for nurses to become clinical and vocational nursing instructors and educators. The second track (Nursing Career Pathway Track) will train frontline healthcare professionals and paraprofessionals, including direct care workers, to advance along a career pathway and attain postsecondary credentials needed for middle- to high-skilled nursing occupations during the grant period of performance.¹

Texas Workforce Commission - Healthcare Apprenticeship Program, will provide \$15 million for paid RN clinicals pathway credentialing and crosswalks for apprenticeship to academic credentials. See TWC's information for grants now available up to \$1 million per entity and \$6000 per apprentice.²³

1 View Opportunity | GRANTS.GOV

2 See Healthcare Apprentice section at: ApprenticeshipTexas: A Powerful Competitive Edge | Texas Workforce Commission

3 <https://www.twc.texas.gov/news/twc-dedicates-15-million-healthcare-apprenticeship-programs-address-industry-labor-shortages> Email from TWC 5.10.22.

Federal Nurse Corps Loan Repayment Program⁴ helps pay for outstanding student debt including for qualifying nurse faculty.

Governor's Emergency Education Relief (GEER) funds through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)⁵ included \$25 million to support Texas nurses through loan repayment, financial aid for nursing students, and to accelerate innovation in nursing education.

Texas Nursing Faculty Loan Repayment Program⁶ For nurses with a master's or doctoral degree who work as a faculty member at an eligible institution in the state of Texas.

Nurse Shortage Reduction Fund at the THECB⁷ authorized in 2001 by the 77th Texas Legislature to fund nursing education programs at Texas public and private institutions of higher education to support increased enrollment, retention, and graduation rates. An October 2020 evaluation of this program recommended simplifying the grant program and paying based on metrics achieved to more predictable financing. The evaluation also identified a lack of clinical capacity; lack of program space and insufficient qualified instructors as a challenge for growing the nurse workforce. Beyond those NSRF changes, the evaluation cited development of clinical site development as one of three priorities for additional approaches to growing the nurse workforce.

Nursing Shortage Reduction Program

<https://www.highered.texas.gov/institutional-resources-programs/institutional-grant-opportunities/nursing->

4 <https://bhwh.hrsa.gov/funding/apply-loan-repayment/nurse-corps>

5 <https://gov.texas.gov/news/post/governor-abbott-announces-additional-123.3-million-in-education-funding>

6 <http://www.hhloans.com/index.cfm?objectid=6E-C88EE0-EF29-D582-723EFB6504F64C07>

7 See overview and evaluation of this program here: NSRP Evaluation Report Oct 2020.pdf

shortage-reduction-program/

The 87th Texas Legislature, Regular Session, appropriated \$9,440,024 to the Texas Higher Education Coordinating Board (Coordinating Board) for fiscal year (FY) 2023 for the Professional Nursing Shortage Reduction Program Regular Program. The amount of \$9,440,024 will be distributed to the state's public and independent institutions of higher education that have eligible nursing programs that submit a completed application and demonstrate an increase in the total number of nursing graduates at the associate, baccalaureate, master's, and doctoral degree levels from academic year 2023 (September 2022 through August 2023). Award amounts are subject to any additional budgetary reductions enacted. Use of funds is broadly identified to support and increase students, faculty, and nursing school programs:

<https://statutes.capitol.texas.gov/Docs/ED/htm/ED.61.htm#61.9623>

Nursing Innovation Grant Program at the THECB⁸ created 23 years ago by the 76th Texas Legislature to fund grants for innovation at educational institutions. For 2020-2022 \$4.9 million in grant funding ranging from \$75,000 to \$200,000 was provided to 45 schools and educational institutions.

Workplace Violence Grant Program at the DSHS administered by the Texas Center for Nursing Workforce Studies.⁹ This grant program funds innovative approaches for reducing verbal and physical violence against nurses in hospitals' freestanding emergency medical care facilities, nursing facilities, and home health agencies.

⁸ <https://www.highered.texas.gov/institutional-resources-programs/institutional-grant-opportunities/nursing-innovation-grant-program-nigp/>

⁹ <https://www.dshs.texas.gov/chs/cnws/Workplace-Violence-Grant-Program.aspx#:~:text=The%20Texas%20Center%20for%20Nursing,health%20facilities%20and%20home%20health%20agencies. Created by HB280, 85th Legislature.>

About THOT

THOT is the principal voice and advocate for health systems that teach the next generation of health professionals and who are united in their commitment to support policies and funding that will ensure health care access for all Texans.

A History of Advocacy

Founded in 1986, THOT exists to support the academic, research, and patient care missions of our members. THOT advocates for policies and funding that:

- ✔ Support access to care for all in our communities with a special focus on vulnerable populations.
- ✔ Sustain essential community health programs and services, such as trauma, public health, and disaster planning, response, and management.
- ✔ Prepare for the future by training tomorrow's healthcare providers and supporting health research and healthcare transformation.

Contact Us

1210 San Antonio Street Suite 204
Austin, TX 78701

Phone: (512) 476-1497

Email: THOT@THOTonline.org

According to Texas Government Code 305.027, this material may be considered "legislative advertising." Authorization for its publication is made by Maureen Milligan, Teaching Hospitals of Texas, 1210 San Antonio Street, Suite 204 Austin Tx 78701. © 2023 Teaching Hospitals of Texas. All rights reserved.