OKLAHOMA STATE SYSTEM OF HIGHER EDUCATION

Improving our future by degrees

ARPA Funding Proposal:

Addressing Nursing & Allied Health Workforce Needs through Oklahoma's State System of Higher Education

BACKGROUND

OKLAHOMA'S NURSING AND ALLIED HEALTH SHORTAGE

Currently ranking 46th in the nation for registered nurses (RNs) per capita, Oklahoma's nursing shortage was greatly exacerbated by the COVID-19 pandemic. Prior to the onset of the COVID-19 pandemic, a 2018 report prepared by Oklahoma Works noted that Oklahoma's significantly low supply of registered nurses (RNs) made it difficult to find qualified candidates to meet Oklahoma's healthcare workforce needs (Nursing Professions in Oklahoma, August 2018). According to the report, nationwide demand for RNs is expected to increase by an additional 795,700 FTEs from 2014 to 2030, with growth in demand primarily attributed to the nation's growing and aging population and increased healthcare needs in nursing home, residential care, and hospital settings. In Oklahoma specifically, employment projections reveal an anticipated 9.1% increase in RN jobs in the state between 2018 and 2028, making it among the top occupations with the most projected job openings in Oklahoma according to the Oklahoma Employment Security Commission.

In addition to the nursing shortage, Oklahoma is experiencing critical shortages of allied health professionals – those who work in occupations such as speech-language pathology, dietetics, dental hygiene, occupational therapy, physical therapy, and radiography, among many others. These occupations are critical components of Oklahoma's healthcare system and play a key role in healthcare access, especially in historically marginalized rural and urban communities.

In the context of the COVID-19 pandemic, the rapidly spreading Omicron variant is currently worsening healthcare staffing shortages across the nation and in Oklahoma. Although Omicron appears to cause less severe symptoms than the Delta variant, its high transmissibility results in increased breakthough infections among the vaccinated and the potential for severe illness in unvaccinated individuals is alarming for an already overburdened healthcare system. A 2021 Washington Post-Kaiser Family Foundation survey found that nearly 30% of health care workers are considering leaving their profession altogether, and nearly 60% reported impacts to their mental health stemming from their work during the COVID-19 pandemic.

Oklahoma's current nursing and allied health workforce shortage has significant implications for safe patient care. For example, research has shown that inadequate RN staffing levels are associated with higher patient mortality, increased medication errors, and overcrowded emergency departments.

Given that the COVID-19 pandemic will continue to impact Oklahoma's healthcare system for years to come and the negative impact of healthcare workforce shortages, it is imperative that Oklahoma implement successful strategies to increase the number of qualified RNs and other allied health professionals in the state to meet healthcare needs.

NURSING AND ALLIED HEALTH EDUCATION IN OKLAHOMA

The Oklahoma Board of Nursing (OBN) has statutory authority to prescribe standards for educational programs preparing students for RN licensure eligibility in Oklahoma. Currently, OBN oversees 15 Bachelor of Science in Nursing (BSN) programs and 14 Associate Degree in Nursing (ADN) programs in the state of Oklahoma leading to RN licensure. Additionally, OBN has approved four institutions to offer educational programs leading to Advanced Practice Registered Nurse certification. Given that 8 of the 15 OBN-approved BSN programs and all of the 14 OBN-approved ADN programs operating in Oklahoma are offered at public colleges and universities, Oklahoma's state system of higher education plays a significant role in addressing the state's current nursing shortage. State system colleges and universities enrolled 15,074 students in BSN and ADN programs and produced over 2,423 graduates eligible to sit for RN licensure during the 2020-21 academic year. Expanding institutional capacity for ADN and BSN production is critical to increasing the number of college graduates eligible to take the NCLEX exam for RN licensure in Oklahoma. Oklahoma Works notes that current pre-licensure nursing education capacity in Oklahoma does not meet demand, with the number of new RNs licensed annually in Oklahoma steadily declining since its peak in 2012 (Oklahoma Works: Nursing Professions in Oklahoma, August 2018). Additionally, state system institutions report being unable to admit over 600 students to nursing and allied health degree programs each year due to capacity constraints. Educational challenges to meeting Oklahoma's nursing workforce needs include: the inability of nursing education programs to increase student enrollment due to lack of qualified nursing faculty; the relatively low percentage of RNs prepared at the BSN level; and the limited capacity of Oklahoma's graduate nursing education programs to prepare Advanced Practice Registered Nurses (see Appendix 1 for additional information).

Oklahoma's state system colleges and universities currently offer several programs in the allied health professions: dental hygiene, sonography, speech-language pathology, speech-language pathology assistant, occupational therapy, physician assistant students, medical laboratory science, medical laboratory technician, dietetics, respiratory therapy, physical therapy, and radiology. Health professions are among the most popular fields of study at state system colleges and universities, constituting 23.1% of all certificates, 25.4% of associate degrees, 9.2% of bachelor's degrees, and 11% of master's degrees awarded in the last academic year. While degrees conferred in health professions increased 9.4% over the last five years, additional investment is needed to expand allied health program capacity to meet Oklahoma's healthcare workforce needs.

PROJECT PROPOSAL

SPONSORING ORGANIZATION

Organization Name

Oklahoma State Regents for Higher Education

The Oklahoma State System of Higher Education is comprised of 25 colleges and universities – including two research universities, 10 regional universities, one public liberal arts university and 12 community colleges – and 11 constituent agencies and one university center. The Oklahoma State Regents for Higher Education serves as the constitutional coordinating board of control for the state system while governing boards of regents are responsible for the day-to-day management and operations of state system colleges and universities.

The State Regents prescribe academic standards of higher education, determine functions and courses of study at state colleges and universities, grant degrees, and approve each public college's and university's allocations, as well as tuition and fees within the limits set by the Oklahoma Legislature.

The State Regents also manage scholarships and special programs. In addition, the State Regents operate OneNet, the state's most advanced technology network, and the Oklahoma College Assistance Program, which provides college access, aid awareness, financial literacy and student loan management programs and services for students and parents.

Organization Headquarters

Oklahoma County – 655 Research Parkway, Suite 200, Oklahoma City, OK 73104

PROJECT OVERVIEW

Purpose

Funding is requested to support nursing education and allied health program expansion at state system colleges and universities to address Oklahoma's healthcare workforce shortage, which is expected improve health outcomes for all Oklahomans.

Evidence for Proposed Interventions

The American Association of Colleges of Nursing cites insufficient nursing school enrollment and lack of qualified nursing faculty as significant factors contributing to the nursing shortage. Currently, 22 of Oklahoma's state system colleges and universities deliver high quality, OBN-approved BSN and ADN programs leading to RN licensure eligibility. Additionally, Master of Science in Nursing (MSN) programs are offered at four state system universities and doctoral level nursing programs (Doctor of Nursing Practice and Doctor of Philosophy in Nursing) are offered at two state system universities.

Funding through this project will address the following barriers to nursing and allied health program expansion at state system colleges and universities:

- Lack of qualified faculty for didactic and clinical instruction, largely due to the inability of higher education institutions to compete with market salaries in the healthcare industry,
- Insufficient number of well-prepared applicants for program admission,
- Student retention,
- Lack of access to sufficient healthcare sites for clinical experiences, and
- Facility and equipment limitations.

Similar Project Successes

In 2004, the State Regents embarked on a health care workforce development initiative, appropriating $5 million to support RN and allied health care education. This investment resulted in the production of 300 more registered nurses, 130 allied health professionals, and 20 additional Master of Science prepared nurses for nursing faculty development (see Appendix 1). According to the Governor's Council on Workforce and Economic Development Health Workforce Subcommittee report, the total full-time equivalent of RNs saw a growth rate of 1.5 by 2016. The Subcommittee referenced the previous education and training investment and linked it with the increased production of RNs in Oklahoma by 2016. Additional financial support for nursing and allied health program expansion at state system institutions is expected to have similar positive results for Oklahoma's healthcare workforce.

PROJECT SCOPE

Number of Oklahomans Benefiting from Project

All Oklahomans will benefit from increased production of ADN and BSN graduates (3.9 million).

Counties Most Impacted by Project

Statewide

Qualified Census Tracts

Given that the benefits of this project are statewide, all 209 qualified census tracts in Oklahoma will be impacted by this project.

Vulnerable Communities and Populations

Almost 40% of Oklahoma's population belongs to a racial/ethnic minority group. Over 14% of Oklahoma's population live in poverty. Research demonstrates health disparities in COVID-19 outcomes in the U.S., with members of racial and ethnic minority groups experiencing higher risks of COVID-19 positivity and disease severity. Further, socioeconomic and racial disparities in access to affordable healthcare options limit prevention education and treatment options for COVID-19, as well as many other chronic health conditions. Individuals identifying as white in Oklahoma are more likely to be fully vaccinated against COVID-19 whereas Hispanics and Native Americans are overrepresented in the number of positive COVID-

19 cases in the state. Increasing the number of nursing degree program graduates in Oklahoma aligns directly with the state's efforts to improve health outcomes and health equity for its citizens.

PROJECT FUNDING

Amount Requested

$260,016,234 (see Appendix 2 for detailed breakdown)

ARPA Expenditure Category

Public Health Expenditures

ARPA Expenditure Sub-Category

Other Public Health Services

PROJECT TIMELINE

Expenditure Deadline

December 31, 2026

Project Completion Deadline

Additional nursing and allied program health graduates are expected to be produced within 3-5 years.

PROJECT IMPLEMENTATION

The Oklahoma State Regents for Higher Education (OSRHE) will distribute funds to participating state system colleges and universities for project implementation and administration. The OSRHE will collect data from all participating institutions for performance outcomes reporting.

OTHER FUNDING & SUPPORT RESOURCES

COVID-19 Relief Funds

Oklahoma's state system institutions have been awarded $677,142,022 in pandemic relief funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES), the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA), and the American Rescue Plan Act (ARPA). To date, institutions have expended $387,972,213 in federal pandemic relief funds.

Federal Funding

For FY22, state system colleges and universities expect to receive $432,078,377 from federal sources, although these funds are restricted for specific purposes.

Community Support

Institutions report the potential for over $33 million in financial commitments or in-kind contributions that support nursing and allied health program expansion. Potential commitments include endowed scholarship funding, building and classroom renovation, financial partnerships with technology centers, grant support, and institutional foundation support. Sources of community support include private donors, businesses, philanthropic organizations, tribal entities, technology centers, and federal grants.

Collaboration

The State Regents and state system colleges and universities will seek to collaborate with various partner organizations during project implementation to maximize resource leverage. Both state health organizations, such as the Oklahoma State Department of Health, and industry health associations, such as the Oklahoma Nurses Association, will collaborate in making this initiative a success to improve health outcomes in Oklahoma. The Oklahoma Hospital Association and the Oklahoma Board of Nursing have been approached regarding collaboration on this initiative, as well.

PROJECT OUTCOMES

Performance Measurement

The State Regents will collect data from participating institutions to measure program outcomes. Evidence of project success includes: increased nursing and allied health student enrollment; increased nursing and allied health student retention; increased nursing and allied health degree production; increased number of qualified nursing faculty at state system institutions; and improved nursing faculty retention.

Revenue Generation

Oklahoma's state system of higher education is a key driver of economic growth and wealth generation in Oklahoma. According to a 2019 report sponsored by the Oklahoma State Chamber Research Foundation, for every dollar of state funding appropriated to higher education, Oklahoma's state system of higher education generates $9.40 in economic output. Given the relatively high median salary for RNs in Oklahoma ($61,750) and the 9.1% projected increase in the number of RNs needed to meet state workforce needs by 2028, increasing the production of BSN and ADN graduates, as well as other allied health professions graduates, at state system institutions will positively impact Oklahoma's economic growth efforts.

NURSING PROFESSIONS IN OKLAHOMA

ISSUE COMPILATION BRIEF

AUGUST 2018

OKLAHOMA WORKS

ACKNOWLEDGMENTS

This issue brief represents a compilation of specific issue area briefs that go beyond the comprehensive review provided within the "Nursing Workforce Oklahoma Report" published March 15, 2018. It provides detailed recommendations addressing barriers ensuring an adequate supply of nurses is available to meet the demands of Oklahoma's healthcare industry and the needs of the population. Many thanks to those who contributed to this report which include members of the Oklahoma Governor's Council on Workforce and Economic Development Health Workforce Subcommittee* and other important partners.

Shelly Wells, *Ph.D., MBA, APRN-CNS, ANEF*
Division of Nursing Chair and Professor
Northwestern Oklahoma State University*
[Workgroup Lead]

Rachelle Burleson, *DNP, APRN-CCNS*
CNO, St. Mary's Regional Medical Center

Randy Curry, *D.Ph.*
Southwestern Oklahoma State University*

Shelly Dunham
CEO, Okeene Municipal Hospital*

Randy Grellner, *DO*
Utica Park Clinic*

Tandie Hastings
CEO, Companion Health Services, LLC*

Jane Nelson, *CAE*
CEO, Oklahoma Nurses Association

Jackye Ward, *MS, RN, NEA-BC, FRE*
Oklahoma Board of Nursing

David Wharton, *MPH, RN, CPAN*
Choctaw Nation Health Services Authority*

Finally, we would like to thank the Office of Primary Care & Rural Health Development at the Oklahoma State Department of Health for facilitating the work of the Nursing Professions Workgroup.

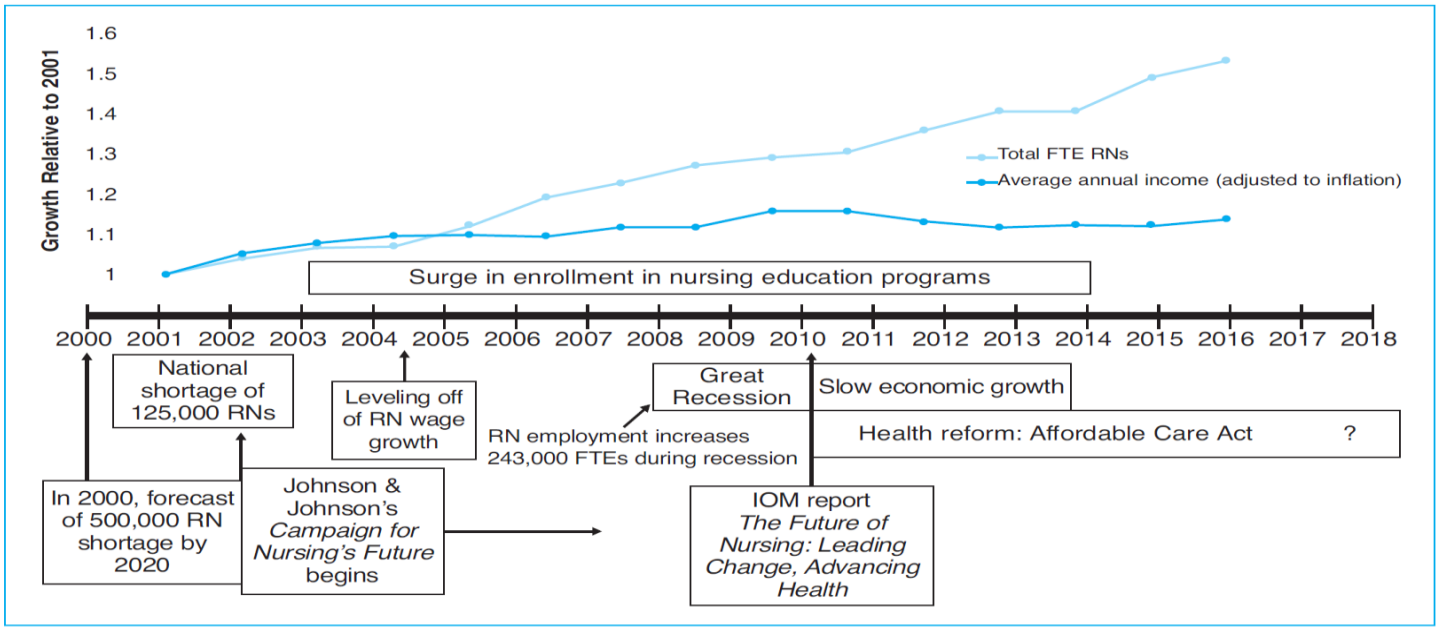
Data Limitation: It is important to note that the data collected for this report is an estimate and may include duplications, and some data may not be available to report.

INTRODUCTION

The Nursing workforce in Oklahoma and the United States has experienced many changes over the last several years. These changes have impacted supply and demand; training capacity and professional development, recruitment and retention strategies and state and federal policies. As a result, challenges and barriers have been on the rise with all compounded by turnover rates, an aging workforce and cultural challenges.

To put this in context, one must be aware that in the early 2000's, there was a large national shortage of nurses at the same time as a brief but sharp economic recession in 2001.[1] This increased awareness stimulated an enhanced interest in the nursing professions. In some states, nurses' associations established a nursing workforce center and initiatives to inform policymakers. In 2010, the Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health* which increased desires to explore how the nursing profession should change to improve the health of the nation.

Major Factors Influencing the Nursing Workforce, 2000-2017



Source: S.Buerhaus, PI, Skinner, LE, Auerbach, DO. (2017). State of the Registered Nurse Workforce as a New Era of Health Emerges, Nursing Economics. *Nursing Economics, (35)*5, 230.

OKLAHOMA has experienced even greater parallel challenges impacting access to health care services. In response, Oklahoma workforce task forces began forming in 2001 to address education, retention and recruitment. Organizations taking the lead in these task forces were the Oklahoma Hospital Association and the Oklahoma Nurses Association.

References:

1. Buerhaus, PI, Staiger, DO & Auerbach, DI (2008). *The future of the nursing workforce in the United States: Data, Trends, and Implications*. Sudbury, MA: Jones & Bartlett publishers.

INTRODUCTION

In 2004, SB 1394 was enacted creating the "workforce center" known later as the *Oklahoma Health Care Workforce Center*. The goals of the Center were to ensure Oklahoma's education and training systems have resources and support necessary to produce the number of health care workers needed; increase the job satisfaction and retention rates of current health care workers; and improve awareness among adults and young people about available opportunities within health care, to increase the number of individuals entering a health career. To support these efforts, the State Regents for Higher Education was appropriated $5M to support Nursing and Allied Health Education. The $5M resulted in 300 more registered nurses, 130 allied health professionals and 20 additional Master of Science prepared nurses for nursing faculty development.

In 2005, the Governor's Council on Workforce added two seats representing health care. Later that year, health care was chosen for industry analysis. As part of that analysis, the Oklahoma Hospital Association's Health Care Task Force worked to publish a report in 2006. The recommendations of the report included:

- Increase educational capacity
- Innovative Programs for HC Worker Retention
- Economic Development Continue Focus on HC Workforce Issues and,
- Creation of Workforce Centers to coordinate the ongoing healthcare workforce data collection & analysis

In 2008, the Oklahoma Health Care Workforce Center, Oklahoma Hospital Association, Oklahoma Nurses Association and other groups proposed legislation (SB 1769) for $18M over three years to increase faculty, scholarships and grants for innovative education programs. The Governor signed but it was never funded.

From 2010 - 2016, Medicaid reimbursement also challenged access to care in Oklahoma: (2010) Physician reimbursement cuts by 6.75%, (2012) rejection of $3.6B in federal funding to expand Medicaid program and (2016) Medicaid provider reimbursement cut by 24% due to state budget shortfalls.

The Governor's Council on Workforce and Economic Development changed its composition and structure to include (mandated by statute) the Health Workforce Subcommittee. On March 15, 2018, the Council approved the Health Workforce Subcommittee and the need to identify and develop recommendations to address rural and urban nurse workforce issues. The Nurse Workgroup was launched from this subcommittee.

Proactive measures have taken place with the 2016 enactment of the enhanced Nurse Licensure Compact (eNLC). The eNLC, nationally implemented on January 19, 2018, allows for registered nurses and licensed practical nurses to have one multistate license, with the ability to practice in person or via telehealth in both their home state and other eNLC states. All applicants are required to meet the same licensing requirements, which include federal and state criminal background checks, while also adhering to the laws and regulations of the state in which the individual is practicing. The eNLC increases access to care while maintaining public protection.

To assist with the availability of clinical experiences, the Board of Nursing approved, during the September 2016 Board Meeting, newly developed guidelines addressing the use of simulated patient care experiences. On August 25, 2016, new *Rules* took effect to include OAC 485:10-5-4.1(i) which states, "Nursing education programs on full approval status may substitute up to 30% of Simulated Patient Care Experiences (SPCE) for clinical hours for each clinical course. Programs not on full approval status must obtain Board approval to substitute simulation for clinical course hours." The Guidelines for Simulated Patient Care Experience (SPCE) for Registered and Practical Nursing Programs were approved by the Board on September 20, 2016 and are available at http://nursing.ok.gov/spcegl.pdf.

SUPPLY AND DEMAND

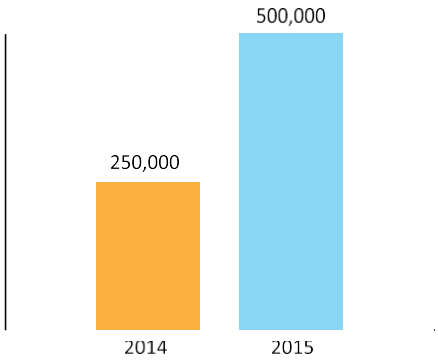
Issue Statement:

Long-term demand for LPNs is projected to increase approximately 4% and for RNs to increase approximately 6%. The gap between expected and actual employment for RNs and APRNs is expected to increase over the next five years. Oklahoma's current supply of RNs is significantly low, compounding access to qualified candidates.

Over the past 15 years, the registered nurse (RN) workforce has been challenged by a national nursing shortage that exceeded 100,000 RNs, two economic recessions, and implementation of health reforms beginning in 2010[1], due in part to the passage of the Patient Protection and Affordable Care Act that year.

Data further revealed that RNs age 50 and older doubled from 250,000 to 500,000 in 2015, representing the largest group of RNs employed in non-hospital settings. The potential of these RNs retiring without an additional 500,000 to replace them is concerning.[1]

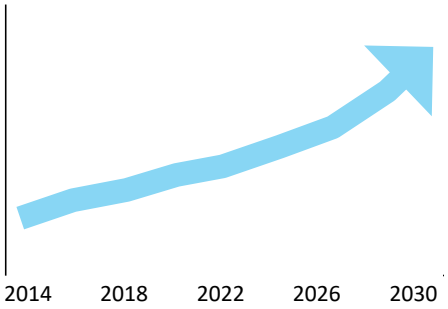
RNs age 50 & up



Forecasts made in 2000 indicated that, unless something was done to increase the flow of new nurses into the workforce, there would not be enough RNs to replace the retirement of one million RNs predicted to begin in 2015 and avert a large national RN shortage from developing by 2020.[1]

Nationally, the demand for RNs is projected to increase from 2014 to 2030 by an additional 795,700 FTEs, and LPN demand to increase by an additional 358,500 FTEs, based on current health care utilization and staffing patterns. Growth in demand is driven primarily by a growing and aging population, resulting in increased health service needs in nursing homes, residential care and hospital settings.[2]

RNs Projected to Increase



In a different study, the Health Resources and Services Administration's (HRSA) Health Workforce Simulation Model (HWSM) projected a national RN excess of about 8% of demand and a national LPN deficit of 13% by 2030. The HWSM is an integrated microsimulation model that estimates supply of and demand for health workers in multiple professions and care settings. These projections by HRSA assume, based on standard workforce research methodology, that the national demand equaled supply in 2014. However, there is evidence to suggest a substantial imbalance between national supply and demand in the base year of 2014[2], which raises doubt regarding the accuracy of HRSA's projections.

References

1. Peter I. Buerhaus, Lucy E. Skinner, David I. Auerbach, Douglas O. Staiger, (2017) "State of the Registered Nurse Workforce as New Era of Health Reform Emerges" by
2. "National and Regional Supply and Demand Projections of the Nursing Workforce: 2014-2030" by U.S. Department of Health and Human Services, Health Resources and Services Administration, and National Center for Health Workforce Analysis, 2017

In Oklahoma, by 2016, the long-term demand for LPNs was projected to increase approximately 4% and for RNs to increase approximately 6%. To compound this deficit, Oklahoma's current supply of RNs is low, making it difficult to find qualified candidates for employment. The gap between expected and actual employment for RNs and APRNs is expected to increase over the next five years.[3]

Future supply of and demand for nurses will be affected by a host of factors, including population growth, the aging of the nation's population, overall economic conditions, expanded health insurance coverage, changes in health care reimbursement, geographic location, and health workforce availability.[2]

To date, insurance reform has expanded the number of people with health insurance coverage and encouraged new value-based models of care. With an emphasis on disease management and prevention and redirecting care from institutional to community and home-based settings, these models are providing new opportunities and roles for nurses within the health care delivery system.[2]

According to the Health Resources Services Administration (HRSA) report, nursing is the single largest profession in the healthcare workforce. LPN's and RN's make up the two largest occupations in the healthcare profession.

RECOMMENDATIONS:

- Consider the creation of a state portal system to compile data about nursing workforce supply and demand including the education levels, employment settings, licensure status of workforce members as well as vacancy and turnover data from health workforce employers within the state. Such a portal could be an interdisciplinary source of data to monitor the status of the entire health workforce in this state.
- Expand/Strengthen data surveillance, collection and data analyses within the state.
- Conduct a study to differentiate between rural and urban utilization of nurses in Oklahoma.

References

2. Peter I. Buerhaus, Lucy E. Skinner, David I. Auerbach, Douglas O. Staiger, (2017) "State of the Registered Nurse Workforce as New Era of Health Reform Emerges" by

3. "National and Regional Supply and Demand Projections of the Nursing Workforce: 2014-2030" by U.S. Department of Health and Human Services, Health Resources and Services Administration, and National Center for Health Workforce Analysis, 2017

EDUCATION CAPACITY
AND PROFESSIONAL DEVELOPMENT

ISSUE:

Current pre-licensure (PN and RN) nursing education capacity is not meeting the demand in Oklahoma. Current number of new RNs licensed in Oklahoma has been declining since a peak of new RNs in 2012. Current numbers of newly licensed LPNs in Oklahoma has declined since 2014. Some recovery is noted; however, new LPNs still have not reached the peak number licensed in 2014.

- In 2017, Oklahoma Practical Nursing Programs had 3180 applications with 1579 students selected for admission.[4]
- In 2017, Oklahoma Associate Degree programs received 3413 applications with 1932 students selected for admission.[5]
- In 2017, Oklahoma Bachelors' Degree programs received 2618 applications with 1759 students selected for admission.[6]
- In 2017, there were 11.3% fewer new RNs licensed in OK than in 2012. The number of new RNs licensed in 2017 is the lowest number of this classification since 2012.[7]
- In 2015, the number of newly licensed LPNs declined 8.3% from 2014. Some rebound in new LPN licensure was noted in 2017 with the decline being only 1.9% from its highest point in 2014.[7]

Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines

See Appendix – page 11-12

Please see Board's website for list of declaratory rulings, position statements, and complete guidelines that address specific nursing duties, functions, and activities, https://www.nursing.ok.gov/prac1.html

NOTE: When comparing the number of applications to nursing education programs to the number of admissions to nursing education programs, one must use caution. Individuals may be applying to more than one nursing education program, and subsequently, would be counted as an applicant more than one time.

References:

4. Oklahoma Critical Healthcare Occupations Report, 2017
5. Oklahoma Board of Nursing, 2017 Annual Education Reports. http://nursing.ok.gov/pnannrpt10.pdf
6. Oklahoma Board of Nursing, 2017 Annual Education Reports. http://nursing.ok.gov/adnannrpt10.pdf
7. Oklahoma Board of Nursing, 2017 Annual Education Reports. http://nursing.ok.gov/bsnannrpt10.pdf

ISSUE:

Nursing education programs unable to meet increased demands due to lack of nursing faculty in Oklahoma.

- In 2017, Oklahoma's nursing education programs reported a total number of faculty vacancies: Practical Nursing programs with five full time and two part-time positions[8], ADN programs at 14 full time and ten part-time positions[9]; and BSN programs at 15 full time positions.[10]
- In 2017, faculty in Oklahoma's LPN programs had an average age of 47.1 years of age with 33.3% of the state's programs having a mean faculty age of over 50 years.[12] Nurse faculty teaching in the Associate Degree programs in Oklahoma had a mean age of 48.7 years with 40% of those programs having an average age over 50.[9] Nurse faculty teaching in Oklahoma's Bachelor Degree RN programs had an average age of 49.3 years with 35% of the programs having a mean faculty age of over 50 years.[11]
- In 2017, faculty in the Oklahoma APRN programs had an average age of 55.23 years of age with 100% of the faculty over the age of 50.[12]
- Faculty shortages across the country are limiting student capacity at a time when the need for professional registered nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites has contributed to this crisis. Faculty age continues to climb, narrowing the number of productive years that educators teach. Higher compensation in clinical and private-sector setting is luring current and potential nurse educators away from teaching.[13]
- The overall capacity of pre-licensure nursing education programs continues to fall short of demand. A strong correlation exists between the shortage of nursing faculty in pre-licensure RN programs and the ability of nursing programs to keep pace with the demand for new RNs. Results from the *NLN/Carnegie Foundation National Survey of Nurse Educators: Compensation, Workload, and Teaching Practices* suggest that the workload of full-time nurse educators in non-administrative positions teaching in either pre-licensure RN or graduate-level RN programs include some administrative duties in addition to teaching and results in up to a 56-hour work week. Additionally, many full-time nurse faculty pick up work outside of their faculty assignment averaging an additional day of work each week (7 to 10 hours). In this report, one in four nurse educators said they were likely to leave their current job citing workload as a motivating factor.[14]
- There are five universities in Oklahoma who provide a Masters' in Nursing Educator track. In 2017, they graduated a total of 41 students. In 2018, they anticipate a combined total of 77. They report that the majority of these graduates seek employment as educators outside of the academic environment citing the low earning potential as the reason for not pursuing the educator role in academia. Other barriers identified by these program administrators include the lack of qualified doctoral prepared faculty, very limited scholarship or financial aid funds, and a perceived overall lack of value for the educator role. There are no numbers available for the number of new doctoral prepared nurses in the state who may be able to assume teaching at the university level.

References:

8. Kim Glazier, RN, MS – CEO Oklahoma Board of Nursing report to ONA on 7/11/2016- Nursing Workforce and Licensure Board Data2016 and 2017 OBN Annual Education Reports. http://nursing.ok.gov/pnannrpt10.pdf
9. http://nursing.ok.gov/pnannrpt10.pdf
10. http://nursing.ok.gov/adnannrpt10.pdf
11. http://nursing.ok.gov/bsnannrpt10.pdf
12. http://nursing.ok.gov/pnannrpt10.pdf
13. OBN 2017 APRN Annual Report Data
14. http://nursing.ok.gov/adnannrpt10.pdf

ISSUE:

In 2017, there were 43,015 registered nurses (RNs) licensed by the Oklahoma Board of Nursing. Of these RNs, only 44.4% (15,386) were prepared at the Bachelor of Science (BSN) in nursing degree level.

- "An increase in the percentage of nurses with a BSN is imperative as the scope of what the public needs from nurses grows, expectations surrounding quality heighten, and the settings where nurses are needed proliferate and become more complex…. Setting a goal of increasing the percentage to 80 percent by 2020 is necessary to move the nursing workforce to an expanded set of competencies, especially in the domains of community and public health, leadership, systems improvement and change, research, and health policy". Institute of Medicine of the National Academies. (2011).[15]
- "What is needed to achieve this goal is the will of nurses to return to higher education, support from nursing employers and others to help fund nursing education, the elevation of educational standards, an educational system that recognizes the experience and previous learning of returning students, and regional collaborative of schools of nursing and employers to share the financial and human resources". Institute of Medicine of the National Academies. (2011).[16]
- In March 2005, the American Organization of Nurse Executives (AONE) released a statement calling for all registered nurses to be educated in baccalaureate programs in an effort to adequately prepare clinicians for their challenging and complex roles.[17]
- A significant body of research shows that nurses with BSN preparation are linked to better patient outcomes, including lower mortality and failure-to-rescue rates. In the October 2014 issue of *Medical Care*, Yakusheva found that a 10% increase in the proportion of BSN prepared nurses on hospital units was associated with lowering the odds of patient mortality by 10.9%.[18] In the May 2014 issue of *The Lancet*, a study published by Aiken found that patients experiencing complications after surgery are more likely to live if treated in hospitals with adequate nurse staffing levels and higher numbers of BSN nurses.[19] Multiple other studies with similar findings are documented in the literature.
- In a December 2017 brief, the American Association of Colleges of Nursing (AACN) reported that based upon responses for 586 schools of nursing, 49% of hospitals and other healthcare settings are requiring new hires to have a BSN while 86.3% of employers are expressing a strong preference for BSN graduates.[20]
- In an effort to increase the number of BSN prepared nurses in New York, in December 2017, the governor signed into law legislation that states that "in order to continue to maintain registration as a registered professional nurse in New York state, nurses must obtain a baccalaureate degree or higher in nursing within ten years of initial licensure.[21]"

References:

15. http://www.aacnnursing.org/Portals/42/News/Factsheets/Faculty-Shortage-Factsheet-2017.pdf?ver=2017-07-11-103742-167
16. https://ruralhealth.med.uky.edu/kentucky-state-loan-repayment-program
17. The Future of Nursing. Leading Change, Advancing Health. Washington DC: The National Academies Press. Pages 172-173. https://www.ncbi.nlm.nih.gov/books/NBK209885/#ddd00124
18. The Future of Nursing. Leading change, advancing health. Washington DC: The National Academies Press. Page 173. https://www.ncbi.nlm.nih.gov/books/NBK209885/#ddd00124
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21. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/abstract

- Community colleges, in collaboration with universities and practice partners have developed several innovative academic models to achieve the goal of seamless academic progression with an emphasis on increasing the number of nurses educated at the BSN level. Some of these models include creating community college-university dual enrollment partnerships.[22]
- Ten Oklahoma Universities currently have RN-to-BSN degree programs with differing delivery methods and plans of study. All report challenges with students facing issues with restricted numbers of scholarships and other forms of financial aid available for continuing education.

ISSUE:

Limited capacity of Oklahoma's graduate nursing education programs for preparation of Advanced Practice Registered Nurses [Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), Certified Nurse Midwives (CNM), and Certified Registered Nurse Anesthetists (CRNA)].

- There are four programs in Oklahoma educating nurse practitioners. There is one program in Oklahoma educating Clinical Nurse Specialists. Enrollment in these programs is limited due to the number of available faculty and the availability of clinical practicum placement slots. Similar circumstances are at play with the nursing faculty shortage in the Advanced Practice Education setting as in the undergraduate pre-licensure settings. APRN-credentialed nurse educators experience pay inequity when compared to nurses credentialed as APRNs in the practice setting.
- In 2017, there were 166 applications submitted to the nurse practitioner and clinical nurse specialist advanced practice programs in the state of Oklahoma with only 82 students accepted. Two of these programs for nurse practitioners are just now ramping up their programs, so it is anticipated that the capacity for nurse practitioner education will increase in Oklahoma.
- There are no programs to educate Certified Nurse Midwives in Oklahoma. There is one program that has been in the planning stages to educate Certified Registered Nurse Anesthetists in the state; but the approval processes have not yet been completed and there has been no anticipated date announced for student acceptance. Reliance on out-of-state programs for these care providers is necessary.
- The state's programs are challenged by competition from out-of-state online programs (public and proprietary) for clinical placement and preceptor experiences. Students attending these out-of-state programs are instructed to "find their own" local preceptors and have included payment to preceptors as an enticement for their placement. This has placed undue strain on the programs in Oklahoma in attempts to place students for clinical practicums. Recognized as a nationwide challenge, in 2014, Georgia implemented up to a $10,000 per year tax credit for uncompensated community-based faculty physicians to precept nurse practitioner students from one of the state's public or private nurse practitioner programs.[23] In 2017, Colorado and Minnesota implemented similar income tax credits for preceptor[24] with Maryland implementing the tax credit in 2018 and legislation pending in New York for implementation in 2019.[25]

References:

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23. https://www.nurse.com/blog/2017/12/20/new-york-governor-signs-bsn-in-10-into-law-for-nurses/
24. The Future of Nursing. Leading change, advancing health. Washington DC: The National Academies Press. Page 173. https://www.ncbi.nlm.nih.gov/books/NBK209885/#ddd00124
25. http://www.aone.org/resources/bsn-resources

RECOMMENDATIONS:

- Assistance for student loan repayment for nursing faculty could be an incentive to attract new faculty members and offset some of the salary deficit for nurse educators. The Florida Legislature established the Nursing Student Loan Forgiveness Program (NSLFP) in 1989 to encourage qualified personnel to seek employment in areas of the state where critical nursing shortages exist. The program provides funds to assist in the repayment of nursing education loans.[26] The Kentucky State Loan Repayment Program is a 50/50 matching loan repayment program funded through the National Health Service Corp and administered by the Kentucky Office of Rural Health.[27] Creative solutions using state and private monies need to be explored to provide financial relief for the student debt incurred by nursing faculty members.

- The Physician Manpower Training Commission currently offers some scholarship funding to a limited number of nurses working on their MSN degrees; however, the financial assistance is contingent upon matching funds from qualifying sponsoring institutions. The sponsoring institutions most often are hospitals and usually require a post-graduation work obligation. This arrangement results in the new MSN graduates not being able to enter the academic setting due to the need to repay the contractual obligation to their sponsoring organization. Opportunities to obtain some financial assistance from PMTC without a sponsoring organization commitment but with the continued obligation to practice at the MSN level in academics may serve as an attractor to potential new educators.

- The State Regents should consider encouraging universities with existing traditional BSN programs to partner with community colleges offering Associate of Applied Science degrees in nursing to develop partnerships allowing for seamless transition to the BSN. Consider financial incentive to the schools partnering to support the development and implementation of these collaborative programs to fund the transition.

- Implementation of a tax credit (similar to those implemented in Georgia, Maryland, Colorado, Minnesota, New York and Hawaii) for preceptors for APRN students in Oklahoma could level the playing field between the out-of-state and Oklahoma based APRN programs in providing high quality clinical experiences to students desiring to work in primary care provider shortage areas.

- Explore preceptor shortages, the state universities offering APRN programs could consider increasing the enrollment cap for student cohorts to increase capacity.

- Conduct a needs assessment to ascertain the demand for a CNM program to be established in Oklahoma.

References:

26. https://journals.lww.com/lwwmedicalcare/Abstract/2014/10000/Economic_Evaluation_of_the_80 Baccalaureate_Nurse.2.aspx
27. http://nln.org/docs/default-source/advocacy-public-policy/nurse-faculty-shortage-fact-sheet-pdf.pdf?sfvrsn=0

RECRUITMENT AND RETENTION STRATEGIES

Nurse recruitment and retention are challenging issues faced by healthcare organizations that not only impact profitability, but also result in a loss of intellectual capital and decreased employee morale. Cost of nurse turnover is high with estimates that one RN turnover is equal to 1.5 years' salary. Turnover is also organizationally disruptive and is associated with concerns for safety and quality improvement. A rough estimate shows that half of newly licensed RNs leave their first job within two years (17 % in first year, and 31% by second year.[28] According to the Robert Woods Johnson Foundation, institutional work factors that can cause a nurse to leave or stay are:

- Opportunities for professional growth & promotion
- Organizational support & constraints (lack of supplies or resources)
- Perceptions of procedural justice & autonomy; involvement in decision-making and autonomy to do their job
- Nurse management[29]

In addition, there are major recruitment challenges that negatively impact patient care and staff morale[30]. Two of the greatest RN recruitment challenges are (1) lack of access to high-quality talent; and (2) location of the recruiting organization[31]. Partnerships with nursing schools, clinical rotation sites, specialty certification support, and enhancing employee benefits will facilitate recruitment potential[32].

Environmental safety issues are on the rise specifically identifying patient and nurse safety ranging from nurse fatigue[33], safe staffing[34], violence in the workplace, bullying and verbal abuse.[35] Nearly 75% of all workplace assaults happen in health care with nurses bearing much of the abuse.[36] The U.S. Bureau of Labor Statistics Census of Fatal Occupational Injuries, at least 58 hospital workers died as a result of violence in their workplaces and that health care workers at inpatient facilities were 5 to 12 times more likely to experience nonfatal workplace violence than workers overall, according to the Government Accountability Office in 2016.

Legislation is pending that will mandate the federal Occupational Safety and Health Administration (OSHA) to develop a national standard on workplace violence prevention that would require health care facilities to develop and implement comprehensive facility and unit-specific workplace violence prevention plans. (Retrieved from https://www.nationalnursesunited.org/press/nurses...)

References:

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34. https://www.prnewswire.com/news-releases/nurse-executives-say-nurse-shortages-erode-patient-care-and-staff-morale-survey-300624071.html
35. https://www.prnewswire.com/news-releases/nurse-executives-say-nurse-shortages-erode-patient-care-and-staff-morale-survey-300624071.html
    34. 2014, ANA
36. 2018, ANA Capitol Beat

Individual states are enacting and/or strengthening laws. In California, the Health Care Workplace Violence Prevention Act is a comprehensive plan and is being utilized by OSHA as a national model based on California's success. Texas, California, North Carolina, Illinois and Ohio are enacting and strengthening laws to protect health care workers in and beyond the emergency room resulting in felony charges. Seventy to 74% of all workplace assault in the US between 2011 and 2013 were on health care and social service workers according to the OSHA. OSHA's study revealed 99% of the violent injuries to health care workers reported were physical assaults and 95% were committed by patients.

In Oklahoma, emergency room providers who are performing medical care duties are protected by state statute "every person who, without justifiable or excusable cause and with intent to do bodily harm, commits any assault……is guilty of a felony punishable by imprisonment in the custody of the Department of Corrections for a term not exceeding two years, or by a fine not exceeding one thousand dollars, or by both such fine and imprisonment".

RECOMMENDATIONS:

- Increase the promotion of professional development and advancement through tuition reimbursement strategies which include but are not limited to,
    - Organizational subsidy programs
    - NURSE Corps Loan Repayment Program[37]
    - National Health Service Corps Loan Repayment Program
    - Physician Manpower Training Commission: Provides limited matching assistance to Oklahoma nursing students pursuing LPN, ADN, BSN, or MSN degrees and who are interested in practicing nursing in Oklahoma communities, with emphasis placed on rural communities. Approximately 200 nursing students receive scholarship loans each year. From its inception, over 6,500 nursing students have received scholarship awards.[39]

- Expand current Oklahoma law protecting all health professionals against workplace violence within health facilities (e.g. acute care hospitals and skilled nursing facilities). Assert stronger penalties (felonies rather than misdemeanors) and require a training component to assure preparedness of health care employees.

- Seek funding for nurse preceptor and nurse residency programs[38, 39, 40], and partnerships with nursing schools, clinical rotation site, specialty certification support, and enhancing employee benefits.[41]

References:

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38. www.bhw.hrsa.gov/loansscholarships/nursecorps/lrp
39. http://pmtc.ok.gov/nurses
40. https://www.journalofnursingregulation.com/article/S2155-8256(17)30177-1/fulltext;

CONCLUSION

Significant bodies of work addressing the barriers impacting the nursing workforce are available in various renditions within existing documents in Oklahoma; yet twenty years later, the state continues to have a nursing workforce shortage. An aging workforce, workplace cultural and safety challenges, and recruitment and retention of nurses to the opportunities in the workplace have been addressed. Another consideration is the reduction of state appropriations to higher education and its impact on the ability of our state college and university systems to increase the number of students enrolling in nursing programs. The number of graduates from ADN, BSN, MSN and Doctoral programs cannot be increased without increasing the number of nursing faculty and additional strategies for clinical placement being developed.

Data to provide the demand side of this argument is non-existent. Policy makers need empirical data to support changes that must take place to specifically address the nursing shortage – especially in our rural areas of Oklahoma. Other than anecdotal reports, there is no mechanism in place to assess the severity of the regional or state-wide demand for nurses at any level of practice. The implementation of a state-wide portal to collect not only the supply data; but, also data from the state's health service providers related to vacancy and turnover rates would be useful to support the development of strategies and policies to address shortages within the state. The availability of such a data repository would assist policy makers, education administrators and employers in making decisions to stabilize the nursing workforce. Stabilization of the supply AND demand within the nursing workforce in Oklahoma would lead to increased access to healthcare and stronger health outcomes for the citizenry of Oklahoma.

APPENDIX

Decision-Making Model for Scope of Nursing Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines

The Oklahoma Nursing Practice Act enacted by the Legislature defines a scope of practice for nurses in this state. It is impossible for a practice act to list all of the duties, nursing functions and/or nursing activities licensed nurses are or are not permitted to perform. The Board has endorsed the following guidelines to assist nurses in determining a personal scope of practice based upon legal parameters of practice and one's education, knowledge and experience. To provide documentation of the decision-making process for specific nursing tasks, Addendum A identifies nursing duties, functions, and activities that have been reviewed by Board committees and by the Board on or after November 10, 2009, based on questions submitted by licensees and other stakeholders. In some cases, the Board has issued a declaratory ruling, position statement, or guidelines to address specified nursing duties, functions, or activities.

Please see Board's website for list of declaratory rulings, position statements, and guidelines that address specific nursing duties, functions, and activities, https//www.nursing.ok.gov/prac1.html

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined by the practice of nursing. However, competency-based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences and professional development activities. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. The intent of this guideline is to present a process to determine acts appropriate to nursing at various levels. Application of this guideline is accomplished through answering the following questions.

ADDENEDUM A

09-001 Can *Registered Nurses* adjust the rate of Elastomeric (such as ON-Q) Pumps?

In response to this practice question, the Nursing Education and Practice Advisory Committee concluded on October 12, 2009, that provided appropriate actions/steps are taken and in place, a Registered Nurse is **PERMITTED** to adjust the rate of elastomeric pumps. The Registered Nurse performing this task must be knowledgeable about the pump as well as the expected patient response to the intervention. Clinical competency must be assessed, documented and reassessed/documented regularly. The act is to be performed upon valid order an in accordance with appropriately established policies and procedures of the employing facility (#1-6 in the Decision Making Model).

(Approved by Board, 11/10/2009)

09-500 Is routine artificial rupture of amniotic membranes within the scope of practice of *Registered Nurses*?

In response to this practice question, the Nursing Education and Practice Advisory Committee concluded on October 12, 2009, that it is **NOT** within the scope of Registered Nurses to perform this activity. The act is not consistent with national standards of practice (#1-3 in the Decision Making Model) in that the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) does not support the artificial rupture of membranes by Registered Nurses. See AWHONN Clinical Position Statement: *Amniotomy and Placement of Internal Fetal Spiral Electrode through Intact Membranes.*

(Approved by Board, 11/10/2009)

APPENDIX

Summary of Decision Making Model

1. Is the activity permitted by the *Oklahoma Nursing Practice Act, Rules,* and/or Declaratory Rulings or any other applicable law?

2. If required by the activity, do you possess the substantial *specialized* nursing knowledge, skill and have authority for independent judgment?
   a. If you answer NO, the activity is NOT within your scope of practice
   b. If you answer YES, the activity may be within your scope of practice.

   2.1 If you are an Advanced Practice Registered Nurse (APRN), is the activity for APRNs within the recognized scope and standards of your certifying body and consistent with advanced educational preparation as an APRN in an area of specialty? (If yes, proceed to decision #3.)

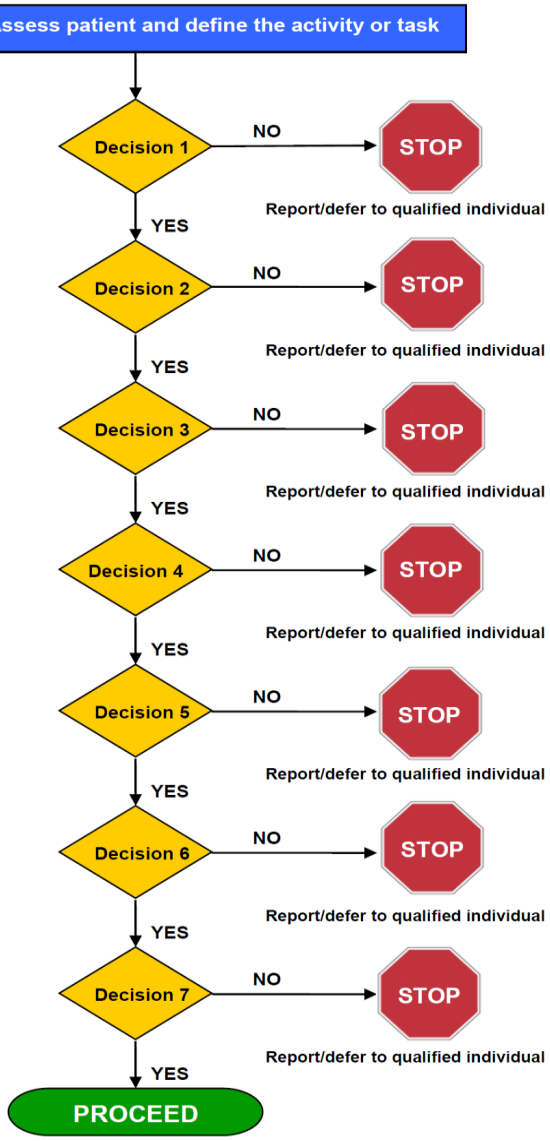
3. Is the activity consistent with ALL of the following:
   - Current national nursing standards?
   - Current evidence-based nursing literature and research?
   - Appropriately established written policy and procedure of employing facility?
   - Current employing facility accreditation standards?
   - Appropriate resources are available to perform the activity, intervention, or role in the practice setting?

4. Do you (as an RN, LPN, or APRN) personally possess the depth and breadth of knowledge to perform the activity safely and effectively as demonstrated by knowledge acquired in a pre-licensure program, post-basic program, or continuing education program?

5. Do you personally possess current, documented clinical competence to perform this activity safely?

6. Is the performance of this activity within accepted "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience?
As Declaratory Rulings, Board Guidelines and Position Statements are developed by the Board in response to a specific question(s) to guide what a reasonable and prudent nurse should do, such rulings should be considered when responding to this decision.

7. Are you prepared to accept the consequences of your actions?



NURSING & ALLIED HEALTH DEGREE PROGRAM CAPACITY EXPANSION
USE OF FUNDING

Category	Funding Requested	Example Uses of Funding
Enrollment, Retention, & Graduation Initiatives	$11,482,960	• Marketing and recruitment campaigns • Implementation of additional admission cycles each year • NCLEX preparation software • Peer tutors • Statewide student portal development
Scholarships	$15,642,000	• General tuition and fee waiver for nursing and allied health students • Honors scholarships for nursing students • Completion scholarships
Supportive Services	$25,898,460	• Child care assistance • Emergency financial aid • Virtual simulation software for pre-nursing students • Advising • Early alert and advising software • Clinical experience stipends • Uniform and equipment stipends
Faculty Recruitment and Retention	$32,732,732	• Licensure and certification fees • Professional memberships fees • Professional development required to maintain accreditation • Retention stipends • Registration and travel for continuing education opportunities and conferences, including simulation training • Faculty loan repayment with minimum teaching commitment • Curriculum redevelopment • Master of Science in Nursing tuition assistance scholarships with minimum teaching commitment

Clinical Experiences	$1,544,760	• Expanded statewide access to clinical placement portals • Development of new clinical partnerships with local area healthcare providers • International Nursing Association of Clinical and Simulation Learning (INACSL) Simulation Education Program (ISEP) faculty certification (nursing programs with ISEP-trained educators can substitute simulation hours for clinical hours at 2:1 ratio for up to 30% of required clinical hours) • Stipend for faculty working in clinical settings on weeknights and weekends • Staffing for simulation labs, including statewide collaborations
Equipment	$13,144,222	• Beds • Computers • Stretchers • Ventilators • Crash carts • Life packs • EKG machine • Bladder scanner • SLP equipment • Simulation equipment (mannequins, computer hardware and software, medication dispensing system, hospital beds, health assessment tables) • Exam room equipment • Skills lab equipment • Pre-nursing equipment for anatomy and physiology and microbiology labs • IT infrastructure equipment (instructional technology, virtual course delivery platforms)
Facilities	$82,896,100	• Existing classroom upgrades • Construction/renovation of skills labs • Construction/renovation of simulation labs • Construction/renovation of family practice rooms • Construction/renovation of additional office space for faculty and support staff • Building construction • Stipends for physical plant workers who take on additional skilled work for improvements/special projects on top of current maintenance duties
University of Oklahoma	$52,000,000	• Establishment of 8 “pop-up” nursing education sites • Increase qualified nursing faculty through faculty fellowship programs • Implement new academic pathways for advanced practice nurse providers • Establishment of the Oklahoma Center for Nursing

Oklahoma State University	$24,675,000	• Develop new BSN program in Tulsa through OSU-CHS and OSU-Tulsa in partnership with OSU Medical Center
Total	**$260,016,234**	

Note: To provide a comprehensive request addressing education and training needs for nursing and allied health professionals in Oklahoma, this proposal includes funding for projects previously submitted to the Joint Committee on Pandemic Relief Funding by state system colleges and universities as part of a collaborative proposal or as an individual institutional proposal.

NURSING & ALLIED HEALTH DEGREE PROGRAM CAPACITY EXPANSION
DETAILED PROJECT BUDGET

Institution	Enrollment, Retention & Graduation Initiatives	Scholarship Funding	Faculty Recruitment & Retention	Clinical Experiences	Equipment	Facilities	Supportive Services	Other	Total Funds Requested	Other Potential Sources of Support[6]
Cameron University	$0	$0	$0	$0	$0	$110,000	$0	$0	$110,000	$256,708
Carl Albert State College[2]	$500,000	$0	$100,000	$0	$1,100,000	$0	$0	$0	$1,700,000	Unknown
Connors State College[2]	$0	$0	$280,000	$0	$618,681	$8,000	$0	$0	$906,681	Unknown
East Central University	$0	$0	$0	$0	$0	$30,000,000	$0	$0	$30,000,000	Unknown
Eastern Oklahoma State College[2]	$0	$0	$210,000	$0	$701,034	$0	$0	$0	$911,034	Unknown
Langston University	$80,000	$200,000	$480,000	$0	$200,000	$100,000	$135,000	$0	$1,195,000	Unknown
Murray State College[2]	$0	$0	$0	$0	$1,350,000	$430,000	$0	$0	$1,780,000	Unknown
Northeastern Oklahoma A&M College[2]	$0	$0	$220,000	$0	$1,037,906	$0	$0	$0	$1,257,906	Unknown
Northeastern State University	$0	$100,000	$30,000	$0	$50,000	$100,000	$0	$0	$280,000	Unknown
Northern Oklahoma College[2]	$530,000	$180,000	$482,000	$360,000	$1,680,915	$80,000	$330,000	$0	$3,642,915	$78,459
Northwestern Oklahoma State University	$20,000	$48,000	$60,000	$134,760	$267,060	$40,000	$69,300	$0	$639,120	Unknown
Oklahoma City Community College[1]	$0	$0	$8,365,189	$0	$324,500	$1,080,000	$0	$0	$9,769,689	Unknown
Oklahoma State University[3]	$0	$0	$0	$0	$0	$0	$0	$24,675,000	$24,675,000	$31,650,000
Redlands Community College[2]	$0	$0	$0	$0	$1,351,047	$75,000	$0	$0	$1,426,047	Unknown
Rogers State University	$100,000	$200,000	$64,000	$100,000	$500,000	$350,000	$50,000	$0	$1,364,000	$500,000
Rose State College[1]	$0	$0	$7,440,240	$0	$524,470	$1,500,000	$0	$0	$9,464,710	Unknown
Seminole State College[2]	$300,000	$250,000	$1,300,000	$100,000	$1,116,344	$800,000	$250,000	$0	$4,116,344	Unknown
Southeastern Oklahoma State University	$150,000	$0	$0	$0	$300,000	$1,000,000	$50,000	$0	$1,500,000	Unknown
Southwestern Oklahoma State University	$0	$0	$0	$0	$1,000,000	$4,000,000	$0	$0	$5,000,000	$195,000
Tulsa Community College[1]	$1,813,800	$0	$5,641,628	$0	$672,265	$723,100	$0	$0	$8,850,793	Unknown
University of Oklahoma[4]	$0	$0	$0	$0	$0	$0	$0	$52,000,000	$52,000,000	Unknown
University of Central Oklahoma[5]	$0	$0	$0	$0	$0	$42,100,000	$0	$0	$42,100,000	$6,500,000
Western Oklahoma State College[2]	$125,000	$0	$100,000	$0	$350,000	$400,000	$50,000	$0	$1,025,000	$478,000

System-Wide Projects	$7,864,160	$14,664,000	$7,959,675	$850,000	$0	$0	$24,964,160	$0	$56,301,995	Unknown
Totals	**$11,482,960**	**$15,642,000**	**$32,732,732**	**$1,544,760**	**$13,144,222**	**$82,896,100**	**$25,898,460**	**$76,675,000**	**$260,016,234**	**$39,658,167**

[1] Institution previously submitted collaborative proposal through ARPA portal (OCCC, RSC, TCC)

[2] Institution previously submitted collaborative proposal through ARPA portal (CASC, CSC, EOSC, MSC, NEOA&M, NOC, RCC, SSC, WOSC)

[3] Institution previously submitted institutional proposal through ARPA portal (OSU)

[4] Institution previously submitted institutional proposal through ARPA portal (OU)

[5] Institution previously submitted institutional proposal through ARPA portal (UCO)

[6] Other potential sources of additional support have not necessarily been confirmed or received at this time