

A Call to Action:

Addressing
Vermont's Nursing
Shortage



The Report and Recommendations
of the
Blue Ribbon Nursing Commission

January, 2001

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A Call to Action: Addressing Vermont's Nursing Shortage

Executive Summary

The stability of a health care system pivots on a sufficient supply of an appropriately educated and

skilled nurse workforce. Today, Vermont is experiencing a nursing shortage, which, if not corrected, will erode the quality of health care and, in turn, the health and well-being of Vermonters.

Vermont's current nursing shortage began in early 1998 and exist in every county. While much of the data available today is

Estimated Nursing Vacancies in Vermont on June 26, 2000

RNs - 168
LPNs - 104
LNAs - 217

Source: Vermont Association of Hospitals and Health Systems

directed towards registered nurse (RN) shortages, the problem extends much further. Nursing shortages also exist for licensed practical nurses (LPNs) and licensed nursing assistants (LNAs). This mirrors a shortage of nurses

taking place on a national level.

The sheer impact of the number of nurses needed to provide health care in our country is staggering. In fact, nurses represent the largest group of health care professionals in the United States. According to the Vermont State Board of Nursing, over 10,000 women and men hold licenses to practice nursing in Vermont. An additional 5,000 are licensed nursing assistants.

In general, nurses comprise up to three-fourths of a hospital's workforce and account for two-thirds of its labor

"Vermont is in the midst of a crisis. The number of nursing students has declined at the same time the number of working nurses who are retiring is increasing. The confluence of these two dynamics has created unacceptably high nursing vacancy rates in hospitals, nursing homes, and home health agencies."

Vermont Association of Hospital and Health Systems

costs, excluding physicians. In nursing homes and home health agencies, the percentage of nursing personnel is even greater.

In these environments, nurses serve as the essential backbone of care for patients. They are familiar with all aspects of the patient's medical history and care. They are conduits of information between the patient, the patient's family, and other medical personnel who provide a variety of services – from physical therapy to nutrition.

Historical trends show nursing shortages occur every decade or so. This shortage is uniquely serious in that it is connected to both an increased demand for, and a decreased supply of, nurses.

As the baby boomer generation ages and requires even more health care, this situation is expected to worsen significantly. The implications of a nursing shortage for the health care system and the population it serves are enormous, both financially and in terms of the quality and availability of health care services.

In 1998, the Vermont Association of Hospitals and Health Systems commissioned Toni Kaeding, M.S., R.N to research, write and produce the *Report on Nursing*. Kaeding's report highlighted four disturbing trends that point to a Vermont nursing shortage. Those trends are:

- An **aging population** of current RNs;

BY 2020...

1,754,000 registered nurses will be needed in the U.S.
If current trends continue only 635,000 will be available.

Source: U.S. Department of Health and Human Services

- A **diminishing number of new students** entering into the nursing pipeline;
- An **increase in the use of nurses** in all sectors of health care; and
- **Flat or stagnated pay** for nurses.

Health care employers have been forced to turn to **“traveling nurses”** from out-of-state organizations. These nurses work alongside permanent employees who receive a lower wage for providing the same service. During the first eight months of 2000, those temporary nurses cost employers in Vermont

During the first eight months of 2000, “traveling nurses” from out-of-state cost health care employers in Vermont a staggering \$3.9 million over and above their budgeted costs.

a staggering \$3.9 million over and above their budgeted costs. Ultimately, this has an impact on the overall cost of health care.

The cost of these nurses is not limited to dollar amounts. Staff morale, team building, and communication are

also frequent casualties. Contracting with temporary nurses is a highly-expensive, stop-gap measure which does not build the sense of community and continuity necessary to provide quality health care.

Experts agree that Vermont’s health care system faces a shortage of nurses that will increase in severity over the next 10 to 20 years. **This occurs at a time when Vermont’s population is aging and the demands for health care are increasing. This information – and the reality it reflects – requires immediate, comprehensive and substantive action.**

The number of students enrolled in nurse education programs has decreased. Almost all of the higher education institutions with nursing programs have seen noticeable drops in the number of students enrolled in these programs. Indeed Vermont schools and colleges are

producing 36% fewer nurses today than they did six years ago.

The seven recommendations that follow represent priority actions as identified by the Blue Ribbon Nursing Commission. They do not, however, address all of the issues surrounding Vermont’s nursing shortage. Thus, the Blue Ribbon Nursing Commission has included a list of issues in *Appendix A* that need to be addressed in the future.

It is critical for Vermont to address the state’s nursing shortage if it wants to maintain a high quality health care system. The time to act is now and this report is meant to serve as a **call to action**.

With that in mind, the Blue Ribbon

RECOMMENDATIONS OF THE BLUE RIBBON NURSING COMMISSION

- 1. Create a Center for Nursing located at the University of Vermont in collaboration with the Vermont State Colleges to address ongoing issues of supply, education, practice, and research.**
- 2. Form a state-funded Vermont Nursing Education Loan Forgiveness Program.**
- 3. Develop an aggressive fundraising effort to raise scholarship support for nursing students from private sources.**
- 4. Establish a partnership between the State of Vermont, health care providers, educators, and other health care partners to fund a comprehensive program to promote the profession of nursing.**
- 5. Increase state funding to expand nursing continuing education programs.**
- 6. Expand the capacity of existing nursing education programs so they can prepare more students.**
- 7. Increase nurse salaries to retain current nurses and attract new nurses into the profession.**

Commission on Nursing recommends the following:

I. INTRODUCTION

Vermont faces a nursing shortage, which, if not corrected, will erode the quality of health care and, in turn, the health and well being of Vermonters. This shortage is not confined to RNs, but also extends to LPNs and LNAs.

The nursing shortage is nationwide and has been gradually developing over a period of time.

The Bureau of Labor Statistics reports that health services is one of the country's largest industries with nearly 11.3 million jobs. In Vermont, health services ranks as the second largest industry in Vermont. (Source: Department of Employment and Training.)

Health care is one of the three fastest growing occupations in the United States. **The greatest growth will be seen for registered nurses, nurse practitioners, and nursing assistants.**

Vermont is not prepared to meet this anticipated growth. Indeed, Vermont is already experiencing a nursing shortage as can be observed by the number of traveling nurses brought to this state to meet the demands of the market and by the number of vacancies occurring at health care service organizations across the state.

The nursing shortage is a complicated problem that affects the entire state, and it will take the cooperation of a variety of entities to address and correct the problem.

The Blue Ribbon Nursing Commission was appointed by Vermont Secretary of Human Services Jane Kitchel. **The charge of the Commission was to develop recommendations that can be used by public policy makers, educators, and providers to ensure an adequate nursing**

work force to meet the health care needs of Vermont.

The Blue Ribbon Nursing Commission began its work by first identifying the factors contributing to the shortage.

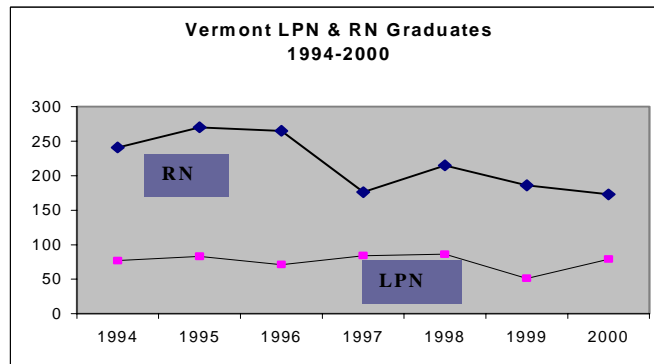
The Commission quickly concluded that the factors contributing to Vermont's nursing shortage are complex and far-reaching. Most compelling are the forces of supply and demand.

Forces Affecting Vermont's Nursing Shortage

The nursing shortage today is particularly worrisome because it is created by the combined effect of decreased supply and increased demand.

Supply

Fewer students entering into nurse education programs: Vermont colleges are producing 36 percent fewer RNs today than six years ago despite the growing demand for RNs in all sectors of health care. In 2000, Vermont graduated 173 RN students, compared to 270 students in 1995.



Historically, women dominated the nursing field. Part of its attractiveness was that it was one of the few careers available for women. Today, women have greater career options, often with higher pay.

Stagnant wages:

On the national scene, inflation-adjusted wages for RNs grew heartily in the 1980s in response to the last nursing shortage. But by 1990, wages leveled off and by 1994, increases were not keeping up with inflation.

The situation is the same for RNs in Vermont. Hospital nurse wages have seen no

real growth since 1992 while at the same time, wages for comparable professions like physical therapy have increased. Nursing school candidates faced with better paying options may be drawn to careers other than nursing.

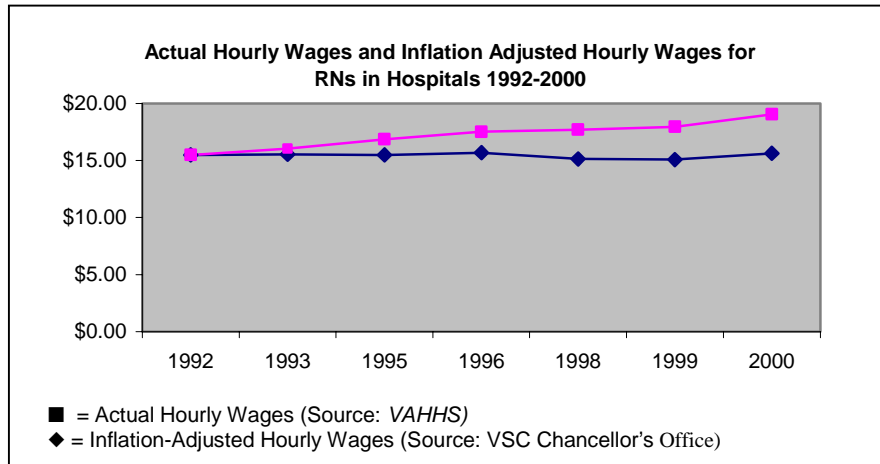
A typical RN graduate

of UVM will have almost \$26,500 in debt upon graduation, which is substantially above the loan indebtedness of graduates from other academic programs. The average monthly payment on a loan of \$26,500 is \$325 per month, or 17% of an entry-level, hospital nurse's take-home salary. Most lenders recommend that monthly student loan payments not exceed 8% of a person's monthly income. Nurses graduating with baccalaureate degrees in Vermont pay twice that amount for their student loans. This serves as a deterrent for those considering the nursing profession, especially at the baccalaureate level.

An aging nurse workforce: In 1997, the median age of Vermont RNs was 45, with 72 percent over the age of 40. Studies show that nurses in their 50s begin to dramatically reduce their work hours as they move toward retirement.

The combination of these two factors results in an even greater and immediate need for increasing the number of nurses in Vermont.

Within the next 10 years, large numbers of RNs will leave the work force, and there will be inadequate replacements to fill these vacancies.

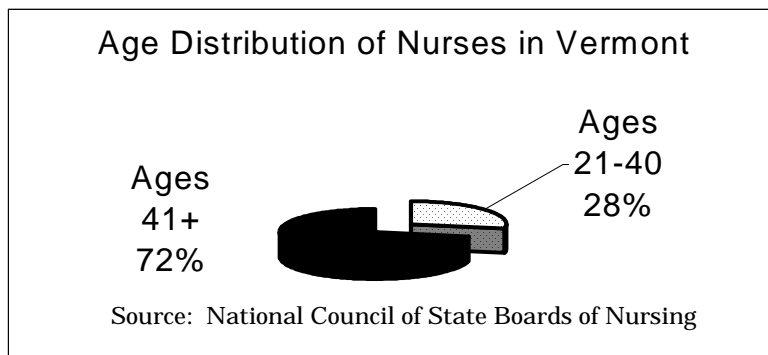


Nurses spend more time performing administrative duties and less time caring for patients. Non-clinical work in the form of paperwork and administrative responsibilities has increased. This is

especially true because extensive documentation of patient care is required to meet payment protocols. The result of this is less time to spend with patients, including time needed to educate patients about their health care after they leave the facility. According to the Vermont Organization of Nurse Leaders ("VONL") *Current State of Nursing in Vermont* Report "Nurses report losing the ability to spend time at the bedside and listening to and meeting the patient's emotional and spiritual needs."

Demand

Increased utilization of nurses: The utilization of nurses in all sectors of health care has grown. Hospitals, home health services, and nursing homes -- the three largest employers -- all report



higher numbers of RN positions. This can be attributed to a higher percentage of critically ill people in hospitals,

and a higher demand for health care due to an aging population.

The nurse shortage in nursing homes is particularly serious. Indeed, vacancy rates extend from 16 percent for LNAs and RNs to 22 percent for LPNs. Evidence exists that shows a positive relationship between RN staff levels and the quality of care provided to patients in nursing homes.

Increased training in information and technology and additional administrative responsibilities:

Advancements in health care -- particularly in the area of technology and new medications -- require constant training of today's nursing workforce. Continuing education is vital to ensure continued competency in clinical skills.

At the same time, non-clinical work -- paperwork and administrative responsibilities -- has increased dramatically over the last several years.

during the same period. To compensate for this, nursing staff must work extra shifts.

An informal survey of nurses at Fletcher Allen Health Care conducted by the Burlington Free Press revealed that 67 percent of nurses surveyed had experienced an increase in the number of patients assigned to them. Corresponding with these numbers, 66 percent of the nurses said their participation in direct patient care has decreased. The psychological cost of an increased workload and a decreasing sense of quality of care have had a demoralizing effect on the nursing profession.

67% of nurses report a significant increase in the number of patients assigned to them.

66% of nurses reported that their participation in patient care had decreased.

*Source:
Burlington Free Press Survey*

High-stress Workplace Environment

The *Current State of Nursing in Vermont*, published by the VONL, states, "the reality of health care is that hospitals are now a crisis driven workplace where nurses must immediately respond to a ... more complex, vulnerable patient." When this

The reality of health care is that hospitals are now a crisis driven workplace where nurses must immediately respond to a... more complex, vulnerable patient.

environment becomes a chronic condition, the end result is a psychological toll -- as well as physical toll -- on nurses.

Some of the factors related to high job stress include:

Shortages and reduced workforces are resulting in "burnout": According to the *Current State of Nursing in Vermont*, the number of full-time RNs decreased by 3 percent from 1992 to 1998. Simultaneously, the RN vacancy rate increased 34 percent

Hazardous work environments: A report by the Institute of Medicine notes that injury and illnesses increased by 52 percent and 62 percent in the 1980s for hospitals and nursing homes, respectively. At the same time, injury and illness for private industry declined.

II. POSITIONING VERMONT TO ADDRESS THE NURSING SHORTAGE

The very essence of Vermont's nursing shortage is that the demand exceeds the number of nurses available to meet the demand. Although many of the factors cited above could be alleviated with a significant infusion of new nurses, that alone would not be enough. It is essential that retention issues such as workplace environment, changing job requirements, and compensation be addressed as well.

Attracting women and men to the profession is an enormous challenge.

Nonetheless, the Commission believes that the incentives offered in their recommendations will attract a greater number of individuals to the profession.

Of equal concern is enhancing current education programs to receive an increase in students as well meeting the increased need for continuing education programs for nurses.

Lastly, it is vitally important that a Center for Nursing be developed to carry on the work of the Commission and to implement other initiatives to address nursing workforce issues, both now and in the future.

III. A CALL TO ACTION: RECOMMENDATIONS OF THE BLUE RIBBON NURSING COMMISSION

The Blue Ribbon Commission on Nursing recommends that the following actions be taken:

Create a Center for Nursing

1. Create a Center for Nursing located at the University of Vermont in collaboration with the Vermont State Colleges to address ongoing issues of supply, education, practice, and research.

Annual Cost:

\$250,000

For a full explanation of cost, see Appendix B.

Rationale: Over the past two years, many organizations have identified the problems contributing to Vermont's nursing shortage and their respective solutions.

Unfortunately no central organization exists to actually implement their recommendations.

A Center for Nursing is a long-term solution to prevent the reoccurring shortages of nurses in Vermont. Through data collection and analysis, the Center can propose long-term strategies to prevent

future nursing shortages and guide recruitment and retention activities as they are needed.

The creation of a Center for Nursing also presents opportunities to develop nurse leaders and educators and will serve as a focal point for research and graduate education.

While this report has focused on the shortages that Vermont faces for registered nurses, the shortage of LPNs and LNAs is equally critical. The Center for Nursing will make it a priority to study this issue and propose recommendations to address this shortage.

Student Funding

2. Form a state-funded Vermont Nursing Education Loan Forgiveness Program. Under this program, loan forgiveness would be linked to an agreement to practice nursing in Vermont for a specified period of time.

Annual Cost:

\$400,000

For a full explanation of cost, see Appendix B.

Rationale: The vast majority of nursing students attending Vermont nursing programs are Vermonters. For example, Vermonters comprise two-thirds of the nursing student population at UVM. However, 50 percent of nursing graduates from the UVM are now living out of state.

Three-fourths of all nursing students require financial aid.

Below is a snapshot of loan indebtedness of students graduating from three of Vermont's five nursing education programs:

Examples Loan Indebtedness of RN Graduates			
Institution	Castleton (2yr)	Norwich (4 yr)	UVM (4 yr)
Average Debt	\$14,000	\$25,000	\$26,500
Avg. Monthly loan payment	\$172	\$307	\$325

A model for loan forgiveness already exists in Vermont. It is funded by the State Legislature and administered by the University of Vermont Area Health Education Centers Program. This Primary Care Education Loan Repayment Program has made 92 awards between 1996-2000 to recruit and retain primary care health professionals in each of Vermont's counties. It has provided loan forgiveness for nurse practitioners, certified nurse midwives, physician assistants, and physicians. Ninety-eight percent of those who have received awards from the program continue to practice in Vermont. It has been referenced as a highly successful program by Vermont communities who view it as very effective in attracting and keeping health care professionals in under-served areas.

Loan forgiveness for nurses will serve as a recruitment tool for attracting and retaining students from other states into Vermont.

The Loan Forgiveness Program is a powerful short-term recommendation with immediate and long-term results.

3. Develop an aggressive fundraising effort to raise scholarship support for nursing students from private sources.

Rationale: One of the greatest challenges attached to the nursing shortage is to provide scholarship funds for students choosing nursing as a career. Scholarship support cannot be borne by hospitals and other health care agencies alone. It is critical that funding be sought from a variety of private sources, including individuals, foundations, corporations, etc.

In addition to scholarships, tuition reimbursement programs should be a component of all health care organizations.

Marketing

4. Establish a partnership between the State of Vermont, health care providers, educators, and other health care partners to fund a comprehensive

program to promote the profession of nursing.

Rationale: The declining enrollments in nursing programs

are related to increased career choices for women and negative perceptions surrounding health care. Perceptions of the lives of a nurse abound with personal and media misrepresentations of nursing in abundance.

In fact, nurses and the organizations they represent make significant contributions to the lives of many, many individuals. Nursing is a noble profession. It is an exciting and challenging profession that offers many rewards. Job opportunities in a variety of flexible situations are in abundance. A wide spectrum of career advancement opportunities exists and the settings are diverse. Most importantly, nurses are increasingly valued members of the health care team.

The program to promote the nursing profession should be designed to attract men and minorities into the nursing profession.

This promotional program could quell some of the negative stereotypical perceptions by emphasizing the positive aspects of nursing.

Note: The Vermont Association of Hospitals and Health Systems *Challenges and Opportunities for the Vermont Health Care Workforce* addresses specific ways to enhance perceptions of the nursing workplace environment.

Annual Cost:

\$250,000

For a full explanation of cost, see Appendix B.

Continuing Education

5. Increase state funding to expand nursing continuing education programs. This includes:

Annual Cost:

\$350,000

For a full explanation of cost, see Appendix B.

- a. Provide funding to create a virtual continuing education organization for nurses in all organizational settings (hospitals, home health, nursing homes, schools, hospices, etc.) Activities would include a comprehensive assessment of learning needs as well as program implementation.**
- b. Development of more short-term courses via distance learning for working nurses.**
- c. Development of courses to prepare nurses to practice in specialized settings such as critical care, operating room, and mental health.**

Rationale: The health care environment is rapidly changing, while the resources for continuing education have diminished. Budget shortfalls have caused many small hospitals and other nursing institutions to drastically cut or eliminate nursing education departments at a time when they are most needed. Continuing education provides nursing specialty training as well as updated professional information.

Innovative approaches such as distance learning, working partnerships, and resource sharing need to be encouraged.

Support from external sources, such as pharmaceutical companies, foundations, and federal programs –in addition to state funds – are key to funding this kind of education.

Capacity of Nurse Education Programs

6. Expand the capacity of existing nursing education programs so that they can prepare more students.

Rationale: The expansion of the capacity of nursing programs needs to occur on two levels: increased number of nursing students and adequate supply of qualified faculty. Over the past several years, the number of faculty

Annual Cost:

\$500,000

For a full explanation of cost, see Appendix B.

serving in nurse education programs has been reduced markedly, both as a result of fewer students entering into nursing and because of budget constraints.

The shortage of nursing faculty in Vermont mirrors that encountered on a national level. Therefore, Vermont programs must expand to educate an increased number of nursing faculty. As one Commission member noted, “Vermont must grow its own.” The shortage of nursing faculty is worsened by the advancing age of existing faculty. Those currently teaching have an average age of 54 and are rapidly moving towards retirement. Only one master-level nursing program exists in Vermont. No Ph.D. nursing programs exist in Vermont.

The Blue Ribbon Nursing Commission encourages the development of partnerships with other universities to increase the availability of both Ph.D. and master’s level education to Vermont nurses.

Nursing Salaries

7. Increase nurse salaries to retain current nurses and attract new nurses into the profession.

Rationale: Hospital RN nurse wages have seen no real growth since 1992 while at the same time, wages for comparable professions like physical therapy have increased. Nursing school candidates faced with better paying options may be drawn to careers other than nursing. This is also true for qualified nursing faculty.

Within this context, salary must reflect educational attainment. In many health care settings, RN salaries and job responsibilities are identical regardless of whether the nurse holds a two-year degree or a four-year degree. This compensation structure is discouraging for those nurses with baccalaureate degrees, many of whom have incurred significant debt to obtain a four-year degree.

IV. CONCLUSION

A shortage of nurses is a national problem. Indeed, the U.S. Department of Health and Human Services reports that 1,754,000 registered nurses will be needed in the U.S. by 2020, but only 635,000 will be available if current trends continue.

A variety of programs and problem-solving groups have been established at state levels across the country, as the implications of a nursing shortage become more apparent. Both Maryland and North Carolina have developed nursing centers to address nursing shortages in their states.

Over the past three years, several reports have been published in Vermont on the nursing shortage. When combined, these reports contain many of the recommendations included in the Blue Ribbon Nursing Commission's report. To date, however, few substantive steps have been taken to address the state's nursing shortage.

It is important that those who have the power to correct Vermont's nursing shortage - the Governor, our legislature, health care administrators, nurses, and other health care professionals -- come together as a collaborating and unified force and take action now. The clock is ticking and the quality of health care for all Vermonters is at stake.

V. APPENDICES

Appendix A: **ISSUES FOR FUTURE DEVELOPMENT**

The Blue Ribbon Nursing Commission also identified other critical issues related to nursing which extended beyond the scope of the Commission's work, at this time. Accordingly, it is with a sense of urgency that we offer the following issues and points of direction for future review:

LNA Shortage

There is a serious shortage of licensed nursing assistants (LNAs). *This shortage is particularly acute in nursing homes and home health agencies where LNAs represent a large proportion of caregivers for the elderly and chronically ill. The number of qualified LNAs must increase in time to meet the massive number of the aging baby-boom population who will require nursing care in these settings.*

Improving the Conditions of the Workplace

At the same time that we need to attract students into nursing, changes need to be made that will improve the retention of the existing workforce. These include addressing the following issues:

- **Occupational hazards in the workplace.** *Guidelines and standards for workplace safety are designed for the protection of nurses and other health care professionals. Implementation of these guidelines for needle safety, prevention of back injuries, use of latex, etc. is critical.*

Mandatory overtime and double shifts exist in many health care facilities. This poses numerous threats to the profession, especially in the areas of quality of care provided, recruitment of new nurses, and employee retention.

- **Collaborative care systems for patients need to be developed.**

Workplace structures need to be established that allow for shared and respectful decision-making between doctors, nurses, and other hospital personnel. Collaborative decision making will enhance patient care, increase efficiency of health care facility operations, and improve staff morale.

Other potential compensatory enhancements are expanded benefit packages and support for professional development and continuing education.

Education

- **Continue to build creative ways to offer education to students from rural and/or distant locations, including through the use of telecommunication and web resources.**

Fortunately, at least three programs have already been created that begin to address this. Castleton State College and Lyndon State College have teamed together to provide an associates degree nursing program in the Northeast Kingdom, a region previously lacking in nurse education opportunities. Community College of Vermont, Vermont Technical College, Vermont Interactive Television, and northeast regional technical centers have also teamed together with approximately 12 health care providers to offer licensed nursing assistants and others an opportunity to obtain the skills and education to become licensed practical nurses.

Advances in web technology, and interactive TV offer opportunities to extend the outreach of training in Vermont and throughout the country both for new students and for those seeking continuing education to develop their nursing skills. UVM has been a pioneer in this area and utilizes online distance learning education to support its RN to BS and graduate nursing curriculum.

- **Baccalaureate preparation for RNs.** *The National Advisory Council on Nursing Education and Practice, an advisory body to the federal Division of Nursing of the U.S. Department of Health and Human Services,*

recommends that 66% of the nursing workforce should hold a baccalaureate degree or higher by 2010. In Vermont, approximately 25.4 percent of nurses hold baccalaureate degrees.

- **Close the gap between education and practice.**

The rapid changes in health care sometimes lead to a disconnect between what is taught in nursing schools and what is required in the practice setting.

- **Development of an educational curriculum that supports the career ladder in nursing.**

Avenues must be developed that will allow nurses at any level to advance their careers.

Articulation agreements in support of career growth must be established between accredited and state-approved nursing programs in Vermont from LNA to LPN, LPN to ADN, ADN to BSN, and BSN to MSN.

- **Lack of nursing internships.**

The number of internship opportunities for post-graduate nurses -- such as those offered through the Vermont Internship Project -- is not sufficient and needs to be developed. These vital internships provide post-graduate nurses supervised experience in hospitals. When combined with sound academic preparation, these internships allow nurse graduates to put their theoretical background into practice.

Contributing to the lack of internships is that preceptors – individuals who mentor interns and develop standards for the nursing environment – are in short supply. While nurses place a high value on internships, the current nursing shortage has made it almost impossible for them to take on the addition of preceptor responsibilities.

An increased supply of nursing internships must be developed and preceptors recruited to maintain a high degree of job preparation of new nurses.

Other Future Issues

- **Self-image of nursing.**

Part of improving the status of nursing includes reinforcing a sense of internal pride and confidence within the profession.

- **Public misconceptions about health care.**

According to a report published by the Vermont Association of Hospitals and Health Systems, “the culture of our society fosters an expectation that accessible, high quality care will continue to be available without a corresponding rise in cost. In this culture, consumers are not educated about the interrelationship of quality, cost, access, and utilization; nor are they held responsible for their utilization of services.” Public education campaigns that address these issues must be undertaken if health care providers and organizations are to be valued in their communities.

- **Partnerships in technology needed.**

An infrastructure that nurtures the development of technology to enhance the effectiveness of nursing practices must be developed. Of particular note is the need for an efficient and effective documentation system.

- **Consumers (patients and their families) must be able to identify the various levels of care givers.**

One of the major responsibilities of a nurse is to make a patient feel cared for and cared about. Patients’ -- and their families’ -- frustration levels mount when they don’t know the names of their caregivers or their job responsibilities. Steps need to be taken to allow these patients and their families to clearly identify nurses by both name and licensure levels.

Such delineation and identification also promotes professional pride and status within the nursing work force.

Appendix B:
ESTIMATED ANNUAL COSTS
TO IMPLEMENT RECOMMENDATIONS

1.	Center for Nursing	\$ 250,000
2.	Loan Forgiveness Program	\$ 400,000
3.	Scholarships (Private Sources)	\$ *
4.	Marketing Campaign	\$ 250,000
5.	Continuing Education	\$ 350,000
6.	Expand Capacity of Nurse Education Programs	\$ 500,000
7.	Increase Nursing Salaries	<u>\$ **</u>
	Total Cost Per Year	\$1,750,000

* Dollar amount not included, but this is expected to be the highest cost initiative, other than salaries.

** Cost increases related to salaries must be included as a component of the health care system

Appendix C:
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