Executive Summary

1. *Statement of strategic intent*

The overreaching strategic intent for the UIC CON is to be recognized as the nation's premier entity for *advancing nursing leadership.* Weighing the college's strengths and opportunities along with issues including healthcare financing, educational competition and declining research funding, the faculty, administration and staff of the CON devised a set of five strategic directions to guide planning for the next five years. These include:

- Strength the nursing workforce through learning
  - o Refers to our many teaching/learning activities for those seeking nursing degrees (BSN, MS, or PhD), certificates or other forms of lifelong learning.
- Optimize research/discovery & practice translation of nursing & healthcare knowledge
  - o Refers to our discovery of new knowledge through theory-building research or evaluations for knowledge about personal health, population/public health or systems and its translation into healthcare and nursing practice.
- Create and test innovations in nursing & healthcare practice
  - o Refers to our dedication to the design, testing and evolving of direct clinical care and healthcare system models that improve health care delivery and serve as frontrunner entities for integrating teaching, research and practice on an interdisciplinary level, as well as transferring our scholarship to the practice domain.
- Invest in our work environment to attract those choosing to excel
  - o Refers to our focus on the physical, social and cultural environment for students, staff associates, faculty and collaborators.
- Build a stronger learning organization with a robust culture of mentoring
  - o Refers to our commitment to being a learning organization focused on modeling and mentoring healthcare knowledge leaders.

2. *Mission statement*

The UIC College of Nursing mission is aligned with the University and UIC campus missions related to providing access to excellent education for a diverse range of students, particularly health science professions; research; and a Great Cities commitment. Our mission in the UIC College of Nursing is to educate highly competent nurse leaders for direct nursing practice as well as for administrative leadership in academic and healthcare systems. To do so, we utilize faculty-driven local and global innovations in learning, knowledge discovery and practice.

Major mandates impacting the CON include:
- Accreditation: Complex processes and content, practicum and hours mandated by accrediting bodies create a challenge to locate appropriate clinical sites as well as adjunct faculty.
- Nursing Workforce Shortage: The supply of registered nurses in the workforce is declining while the demand for nursing care is growing. Due to a number of factors including challenging working conditions, pay, and an aging nursing workforce, the number of nurses is not sufficient to meet demand.
- Nursing Educator Shortage: The nursing workforce shortage is mirrored by a faculty shortage. New data shows that qualified nursing students are not being admitted into programs due to faculty shortages. Retiring faculty along with a low enrollment into doctoral nursing studies contribute to this trend.

3. *Summary of planning process*

The five strategic directions listed above were articulated at a faculty retreat in Fall of 2005. Groups for each of the five strategic directions met to consider goals, strategies and tactics in the light of strengths and opportunities, resources and timelines. They were formed by inviting key persons onto each group and then opening the groups to whoever might want to participate. A separate group representative of our regional programs (Urbana, Peoria, Quad Cities and Rockford) conducted group dialogue related to the plan.

4. *Vision*

Our vision is to be the preferred state-, nation-, and world-wide nursing connection/destination/partner for: 1) acquiring nursing and healthcare knowledge and credentials, 2) advancing educational, clinical nursing and healthcare knowledge, 3) creating/testing novel institutional or community engagement models in personal or public health care, and 4) transforming health care policy.

5. *Critical factors determining success*

TheCollege of Nursing is well positioned to advance its vision and mission, based on its high reputation across nursing colleges (top-ranked in Illinois, top-10 ranked in the nation). Critical factors to success for the future include the garnering of resources to attract or provide star faculty with distinguishing recognition, to create an ever increasing diversity of income streams, to partner effectively with entities having aligned missions and goals, and to create resources for refurbishing or rebuilding our physical facilities.

6. *Strategic goals with summary of supporting strategies*

- Optimize Learning Excellence Laboratory for Clinical Practice Simulation & Critical Clinical Decisions
  - Optimize simulation, recruit faculty teaching/learning scholars, e-learning, scholarship
- Promote expedient access to excellence for a) earning practice doctorate (DNP) through graduate-entry, post MSN, and post-BSN, b) earning BSN from RN, and c) Lifelong learning
  - Leverage e-learning for degrees and certificates, raise endowed scholar/fellowships
- Generate $15 million from 40 R's (NIH rank #1) by 2010
  - Faculty star recruitment, faculty release time, seed money
- Develop transfer of knowledge through technology
  - Seed money, consultation
- Develop self-sufficient and revenue-generating intra-preneurial innovations to serve as sites/heuristics for integrating teaching, research and practice in an interdisciplinary context
  - Director, community practice site development, contract coordinator
- Translate scholarship and expertise into practice, marketplace, policy and advocacy
  - Computer applications, consultation, broker, administrative facilitation
- Enhance our physical workspace
  - New building or UIC Core learning facility, research laboratory and classroom upgrades
- Enhance our cultural environment
  - Cultural diversity initiatives, faculty diverse recruitments
- Grow the Learning Excellence Laboratory to emphasize 'discovery learning' and 'pervasive mentorship'
  - Faculty leaders, release time for faculty development, optimize seed grant, grant writer/grants
- Enhance positioning of regional programs within regional communities and communication with Chicago
  - Access to marketing expertise, faculty leadership, release time

*7. **Purpose of the plan and what you expect as outcome (potentially resource-related)***

The purpose of this plan is to guide our activities with respect to generating and pursuing opportunities to raise our visibility and reputation within nursing and healthcare. In order to pursue several of the goals, we will need to acquire resources from various sources and engage leaders with a passion to transform our College in synchrony with this plan. Financial resources will come from internal reallocation, fund-raising in the form of grants, partnerships and philanthropy as well as income streams from entrepreneurial endeavors.

8. *Call to readers and/or stakeholders for participation*

As the UIC Nursing College with five regional sites, a range of practice partners, plans for broadening access through web-based e-learning, and robust plans for creating practice entities for integrating teaching/learning, research/discovery and practice service, we invite interface with supporters, collaborators and partners committed to reshaping healthcare. With nursing playing a burgeoning role in better health promotion, chronic disease prevention and management for an aging society, our intent is to help shape relevant changes.

Section I: Purpose

Mission:

Our mission in the UIC College of Nursing is to educate highly competent nurse leaders for direct nursing practice as well as for administrative leadership in academic and healthcare systems. To do so, we utilize faculty-driven local and global innovations in learning, knowledge discovery and practice. Our intention is to discover and synthesize knowledge and to promote critical thinking & learning so as to disseminate, translate and apply knowledge for improving health & health care delivery based on the most contemporary evidence available. We educate nursing professionals proficient in delivering patient-centered care as members of interdisciplinary teams epitomizing evidence-based care, electronic health information management and continual quality improvement.

Vision:

Our vision is to be the preferred state-, nation-, and world-wide nursing connection/destination/partner for: 1) acquiring nursing and healthcare knowledge and credentials, 2) advancing educational, clinical nursing and healthcare knowledge, 3) creating/testing novel institutional or community engagement models in personal or public health care, and 4) transforming health care policy

Guiding Principles:

At the UIC College of Nursing we are about Advancing Nursing Leadership for health in Illinois and beyond. Leadership in our view is not a matter of position but rather one of conduct in any professional nurse position from grassroots practice to chief executive administration. Leadership is about having the power of positive influence. Based on a session at a College retreat in 2002, we derived the following statements that guide our activities and represent our philosophy as an organization. They refer to what we try to instill in those who study and partner with us and what we model as faculty and staff associates.

At the UIC College of Nursing, as an expression of our values, we are:
- Partnering for and committed to knowledge discovery & discovery learning
- Striving for and motivating adherence to high standards & competence
- Promoting and having trust, respect & patience
- Creating and enacting compassion, caring & sensitivity

Mandates Impacting the College of Nursing:

Accreditation and Certification: The College of Nursing holds professional accreditation for undergraduate and graduate nursing programs from the Commission on Collegiate Nursing Education (CCNE), a national nursing accreditation body. Accreditation involves self study that includes gathering data to support how the overall standards set forth by CCNE are being met. An onsite evaluation is then completed to assess the program(s). The accrediting process is expensive in faculty and staff time and the payment of fees. Undergraduate nursing students are prepared to take the NCLEX examination to be licensed as a registered professional nurse (RN) at the same time earning a Bachelor of Science degree in nursing. Many of our graduate programs prepare students to take certification exams to be advanced practice nurses (APN). A variety of credentialing agencies certify in various specialty practice areas although many are certified through the American Nurses Credentialing Center, affiliated with the American Nurses Association. Licensure to practice as a RN or APN is granted state by state. The Board of Nursing in each state sets educational requirements.

Advanced practice areas include certified nurse midwife (CNM), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA) and certified clinical nurse specialist (CNS). To become certified a graduate degree in a clinical advanced practice nursing specialty or a graduate degree plus a post-master's certificate from a graduate level program in a clinical advanced practice nursing specialty is required. Advanced

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practice nurses (APN) must hold a current national certification as a CNM, CNP, CRNA or CNS in the area(s) of their practice. The accrediting bodies mandate course content and either number of practicum hours in the specialty or numbers and types of procedures to assure clinical competency. For example family nurse practitioner and clinical nurse special students must complete a minimum of 500 practicum hours as a student under the guidance of an APN or MD. It is a challenge to locate appropriate clinical sites and adjunct faculty and we face increasing difficulty as new programs that educate APN are competing for adjunct faculty and clinical sites. Practitioners are facing time constraints in their practice settings with the increasing focus on the bottom line, thus limiting their ability to provide educational guidance to students. The requirements to practice as an advanced practice nurse (APN) in Illinois include having: a) an Illinois license as a registered professional nurse (RN), b) national certification in a clinical advanced practice nursing specialty and c) a written agreement with a collaborating physician (Department of Financial and Professional Regulation, 2005) . The complexities of program accreditation along with preparing students for licensure and certification require policies and procedures to insure the efficient management of each program.

References

Department of Financial and Professional Regulation, Division of Professional Regulation, State of Illinois (2005). *Nursing and Advanced Practice Nursing Act* . 13-14.

American Association of Colleges of Nursing. *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*. Retrieved January 23, 2006 from http://www.aacn.nche.edu/Accreditation/NewStandards.htm

Nursing Work Force Shortage: According to the 2004 National Sample Survey of Registered Nurses that is conducted every four years by the Health and Human Services Health Resources and Services Administration (HRSA), there are 2.9 million practicing registered nurses (RNs) in the U.S. workforce. The number of nurses added to the workforce has increased since 2000, likely in response to a major advertising campaign by Johnson & Johnson Co. and incentives to potential students funded by the federal government (Nurse Reinvestment Act) and many state governments. More nurses are seeking baccalaureate and masters degrees. The age of the RN workforce remains high - at an average age of 45.8 years and 88.4% are White. The percent of RNs who are foreign educated has been growing. Educationally, 34.2 percent of practicing RNs held a baccalaureate degree and 33.7% held an associate degree (ADN, generally attained at community colleges), and 17% held a RN diploma (from hospital-based program, largely phased out now). Only 13% hold a master or doctoral degree. The number of nurses getting a initial baccalaureate degree between 2000 – 2004 stayed relatively stable (29.3 – 30.1%), while the number attaining an ADN as their initial degree went from 40.3% to 42.2%. The number from under-represented groups (minorities) declined from 2000 – 2004 (12.3% to 10.6%) and the number of men licensed as RNs rose from 5.4% to 5.7%. Average annual earnings for RNs is said to be $57,784 compared with $46,782 in 2000.

The supply of registered nurses in the work force is declining while the demand for high quality nursing care is growing. It is estimated that Illinois will have 12% fewer employed registered nurses (RN) with a 28 % greater demand for RNs by 2020(Biviano, Tise, Fritz, Spencer Dall & Grover, 2004). The projection for fewer nurses is based on an aging nurse workforce, increasing age at entry into nursing and leaving the nursing workforce for pay inequality, difficult working conditions, childbearing/rearing, retirement, educational opportunities and positions outside of nursing, and perhaps fewer youth pursuing careers in nursing. These trends will continue unless nursing is perceived as a fulfilling career by society and working conditions for nurses improve.

Studies indicate a positive relationship between increased educational attainment and job satisfaction (Ingersol, Olsan, Drew-Cates, DeVinney, & Davies, 2002; Lucas, McCreight, Watkins, & Long, 1988). Nurses are also less likely to leave their positions at the time they are pursuing further education (Biviano, et. al, 2004). The demand for nurses will continue to increase with the increasing population size and as patient acuity and chronic disease management demands increase with the aging of the population. In particular there is a need to encourage African American and Latinos to pursue careers in nursing in order to help decrease health disparities

related to race/ethnicity. Cultural and language differences are barriers to seeking care and adherence that result in poor health status (Brewer, 2005).

References:

Biviano, M. Tise, S., Fritz, M., Spencer,W., Dall,T., & Grover, A. (2004). What is behind HRSA's projected supply, demand, and shortages of registered nurses. 1-35. *DRAFT.*

Brewer, C. (2005). Health services research and the nursing workforce: Access and utilization issues. *Nursing Outlook, 53,* 281-290.

Ingersol , G., Olson, T.,Drew-Cates, J., DeVinney, B, & Davies, J. (2002). Nurses' job satisfaction, organization, commitment and career intent. *Journal of Nursing Administration,* 32(5), 250-263.

Lucas, M., McCreight, L., Watkins, J., & Long S. (1988). Job satisfaction assessment of public health nurses. *Public Health Nursing, 5(4), 230-34.*

<u>Shortage of Nursing Educators</u>: The nursing workforce shortage is mirrored by a faculty workforce shortage. Data from the American Association of Colleges of Nursing (AACN) and other national sources indicate that qualified students seeking enrollment into baccalaureate, masters and higher degree programs were not admitted due to faculty shortages In a sample of 220 AACN-member institutions 7.4% of faculty positions were not filled (Berlin & Sechrist, 2002). Other studies have reported faculty vacancy rates of 5.7% and 9.2% respectively (Council on Collegiate Education for Nursing, 2002; California Strategic Planning Committee for Nursing, 2001). In 1993, 50.7% of nursing faulty was older than 50 years of age increasing to 70.3% in 2001. From 1993 to 2001 the mean age of doctoral-prepared faculty increased from 49.7 years to 53.2 years. Faculty are retiring and/or taking nursing positions outside of academia (AACN, 2000). This coupled with low enrollment numbers in doctoral nursing studies and slow progression from entering a master's program to completing a doctorate is alarming in light of projected nursing workforce shortages.

References:

American Association of Colleges of Nursing (AACN), (2000). Special survey on vacant faculty positions. Washington: The Association.
Berlin, L., & Sechrist, K. (2002). The shortage of doctorally prepared nursing faculty: A dire situation. Nursing Outlook, 50, 50-56.

Council on Collegiate Education for Nursing, (2002). SREB study indicates serious shortage of nursing faculty. Atlanta Southern Regional Education Board.
http://www.ssreb.org/programs/nursing/publications/pubsindex.asp.

California Strategic Planning Committee for Nursing: Anticipated need for faculty in California schools of nursing for school years 2001-2002 and 2002-2003. http://www/uchis.uci.edu/espn

Section II. Strategies

Statement of Strategic Intent:

The overarching intent is for the UIC College of Nursing (CON) to be recognized as the nation's premier entity for *advancing nursing leadership*. As stated, we believe that leadership is not a matter of organizational position but a matter of behaviors designed to have positive influence in the conduct of any roles as professional nurses. Advantaged by its main location in the 'great city' of Chicago and its foundation as the first U.S. World Health Organization Collaborating Center for Nursing and Midwifery, the UIC CON already has achieved standing as a lead College of Nursing in the state, in the Midwest region and in the country as well as globally. Through this plan, we intend to broaden our influence on and productivity with local and global top flight 'thought leaders', potential learners and partners within nursing and healthcare.

Environmental Assessment: (comparables/benchmark)

As a nursing college we have 'lead' standing in Illinois, among schools of nursing in the Midwest and are ranked 6th-7th in the country as published by U.S. News and World Report. We educate at the baccalaureate, masters and doctoral levels and have initiatives to strengthen the nursing workforce though lifelong professional education. There are 32 Illinois colleges of nursing that grant baccalaureate or higher nursing degrees. Six are state schools (Northern Illinois, Southern Illinois, Illinois State, Chicago State, Governor's State and UIC) and three are part of academic health centers (AHCs) (Rush, Loyola Chicago and UIC), the other two schools associated with AHCs are at private universities. We are members of the Committee on Institutional Cooperation (CIC) Nursing Group, which includes the top ten plus two other schools. In the country, there are over 650 universities and colleges that grant baccalaureate or higher degrees in nursing. In general, our comparables are top nursing schools in the country and we consider them to vary according to which element of productivity we are considering as they are not all-round schools necessarily but all tend to be in very highly ranked universities. Overall we consider the following to be our 'comparables' for each of our strategic directions.

- University of Washington – research, undergraduate and graduate study
- University of North Carolina – research
- University of Pennsylvania – research
- University of Pittsburgh – research, undergraduate and graduate study
- University of Michigan – CIC
- Indiana University – educational innovations, outreach

For this plan, we used a set of strategic directions or categories to guide dialogue for planning ongoing innovations. These directions have evolved over time from our faculty retreats and discussions and include:

1. Strengthen the nursing workforce through learning
2. Optimize research/discovery & practice translation of nursing & healthcare knowledge
3. Create & test innovations in nursing & health care practice
4. Invest in our work environment to attract those choosing to excel
5. Build a stronger learning organization with a robust culture of mentoring.

Small groups, each led by an administrative leader (associate deans and named research chair), met to consider strengths and opportunities for the college and ongoing or new goals, strategies and tactics relative to each of the strategic directions.

Strengths and Opportunities seen by Faculty Work Groups

Strengths	Opportunities
Variety of programs to meet learning needs of different groups	Technology support to meet program needs/ mentoring
Risk takers	Change the UIC and CON systems to remove barriers
Open to change	Change processes can be streamlined
Responsive to the market	State Institution creates barriers
Culture of openness	
Meeting healthcare market needs	Continuing education/certificate or program offerings?
Diversity of clinical sites	Make clinical site processes/contracts easier for faculty
Thread of community involvement option	Community involvement for service – value this more highly – require it for clinical faculty (or all faculty)
	Expand partnerships within UIC outside of the college -
Track record and programs are strong	Extending these programs/certificates
Many levels included in our programs	
Institute HI / Nursing Service Plan	Use to attract and keep faculty who want to practice
Strong regional presence	Partnerships within UIC outside of the college
Online learning	Alumni could be offered special enrollment or some sort of discount on continuing development offerings – would keep them connected
Research engagement expectation	Find opportunities to engage students in the research processes
Nursing Leadership Relationships	Institutional agreements to provide students with clinical experiences /scholarships connected to service post graduation. (Keep our grads connected)
Many training grants	Enhance the way training grants "count" and are respected for advancement
Faculty stretching to use new technologies	Teaching innovations as part of valued productivity
Strength of faculty teaching	Involve experts from other disciplines in our teaching processes
	Interaction opportunities (face-to-face/ lectures/ seminars?) faculty involvement in other disciplines
	Panels across the University departments
	Chat rooms for cross discipline interaction
Strength of faculty teaching (continued)	Mentoring for teaching and learning (new clinical instructors and all faculty)
	Faculty stimulation resources and sharing
STEP grants	Credit for funding for innovations
	Publicity for CON happenings
Strong Clinical Faculty	Form groups that cross departments
Strong CON Departments	Form groups that cross levels of education and programs
Diversity of the student population (maturity)	Senior faculty could share their expertise with the undergraduate students
Student presentations and work is excellent	Highlight education innovation (teaching AND learning) – "wall of fame" student or teaching projects
Strong student leaders	Annual report should highlight students too.
Administrative Education	Research/Practice
Certificates	CON/COM (no disconnect in regions)
Credibility	Lack of Awareness/Customer

Strengths	Opportunities
Offerings/Specialties	CON/College of Business Faculty
Flexibility/Programs	CON/SPH
Technology/Distance Learning	Silos
Research	Faculty Diversity
Diversity of Students	CON Infrastructure development
BSN Student Performance/Chicago	Complex Systems
Urban University	Policy Focus/Ad hoc (UIC City Planning)
WHO/International	Policy/National
Occupational Health	Technology Support
TNEEL project	Interdisciplinary
Dual Degrees	Interdisciplinary Collaboration
Collaboration in Regions	Nurse Managers don't understand financial
UIC develops strong staff nurses	Need to develop stronger nurse leaders
Location in Chicago is a major strength with urban and rural communities within easy access	Chicago is the Fattest City in US (sedentary), which provides a great opportunity for research on obesity.
Access to multiple health care organizations	Health care delivery systems need improvements.
Multiple ethnic groups, many cultural resources (arts, theaters, restaurants, etc.	Office space is private but not large enough to accommodate teaching and research efforts in one faculty office
Health care delivery systems are known for excellence.	Current building is old, looks like a VA facility (square space)
Excellent relationships with University units, hospitals, clinical sites, community partners, and NIH and other funding agencies.	Dean's space is not impressive and makes her seem inaccessible.
UG classes are diverse; masters and PhD classes are becoming more diverse.	Students feel there is institutional racism (feel there is retribution for what they feel).
Plans for a new building, which is desperately needed.	Polycom has lots of problems (not in sync, goes off a lot, affects moral frustration level and dissatisfaction--- no training for faculty on use of the system
Meeting space is available.	Lighting problems indicate there may be electrical shorts.
Making use of new technologies with the CON in our research and teaching initiatives.	Insufficient attention to recognizing our teaching and research partners (hospital, clinical placement person, preceptors).
Having classes all in one building facilitates our work.	State payroll processes prevent faculty from maximizing their income – could be changed.
Tunnels connected to other buildings facilitate connections with health care delivery units and meetings with interdisciplinary colleagues.	Facilitates collaborations
Interdisciplinary work is a major strength for our teaching and research.	Interdisciplinary health professional education
Student moral is good; especially better now that AOP advises the UG students.	Align more strongly graduates as alums
Graduate students like the on-line classes.	Move toward greater access through online courses
Faculty members jump to create solutions for problems.	Provide with resources to make change
Regional programs have good mechanisms to keep preceptors connected and having sense of being valued.	Capitalize on strong partnerships to support programs and students

Key Issues affecting Healthcare and Nursing:

There are a number of issues in healthcare delivery and especially healthcare financing that both provide opportunities but also challenges to academic nursing clinical practice and the development of 'living laboratories' for student learning and discovery through research. Nurses are in the main employed professionals. We are positioned to deliver care in hospitals (roughly 56.2% of RNs practice there) but also in outpatient clinics, public and community health agencies, corporations, military, occupational health, and physician practices. Advanced practice nurses (APNs - Master's and doctoral degrees) practice in community-based private practice, interdisciplinary practices or acute and chronic care in-patient and out-patient institutions (e.g., as clinical nurse specialists, nurse practitioners, nurse administrators and managers). In hospitals the cost for nursing care is often included in hospital room cost and not costed out separately, making obscure the costs/benefits evaluation of nursing practice. Although APNs can bill for services under their own provider numbers and collect from third party payers, including government, e.g., Medicare/Medicaid and private health insurers; organized medicine has lobbied to restrict the practice of APNs and to hold reimbursement below what physicians are reimbursed for the same activities. A fragmented multi-payer system, hospital employment status with lack of control over practice, lower reimbursement rates for APNs in primary or follow-up acute care, and the dynamic that nurses are compelled to provide services to the under-served make attaining and retaining experiential learning sites, generating faculty practices and testing novel models of care designed from a strong nursing perspective genuinely a challenge for the College.

Healthcare Finance Chaos

The United States has the only health care system among developed countries that does not offer universal coverage for citizens. Preparing students to practice nursing in very diverse settings and with patients who are constrained by their ability to pay is a challenge. Fifty-five percent of health care financing is through private financing and 45 percent through government financing with 16.8 percent of citizens having no coverage (National Center for Health Statistics, 2002). The US spends more on healthcare than any other country accounting for 13.9 percent of the gross national product (GNP). The U.S. lags behind most other developed countries in health status indicators and will continue to do so unless access to care is greatly improved (Shi & Sing, 2005).

The administrative costs of the multi-payer system may account for as much as 25 percent of the cost of health care (Shi & Sing, 2005). The third-party payment system lacks incentives for patients and providers to limit costs. Using a medical care model limits funding for health promotion and patients enter the system when they are sick and patients without coverage require costly care once they enter the system. An aging population needing more health care is increasing the costs. The escalating reliance on expensive technologies and drugs may be driven by access, fear of law suits, and variations among physicians in management of illnesses. Advanced practice nurses (APN) are educated to deliver health promotion along with treating acute and chronic disorders. This preventive approach to patient care can ultimately result in decreased spending for health care.

Blue Cross/Blue Shield of Illinois and Medical in Illinois recently approved reimbursement for Advanced Practice Nurses (APN) at 100% for their services, but reimbursement for Medicare remains at 85% of that for physicians. Arriving at cost for nursing care is a barrier as nursing care is often included in hospital room cost. These illustrate the fragmented approach of the multi-payer system. This is a major reimbursement challenge as the CON expands the faculty practice arena.

References:
National Center for Health Statistics (2002) Health United States, 2002. Hyattsville, MD: Department of Health and Human Services

Shi, L., & Singh, D. (2005). Essentials of the US Health Care system. Sudberry, Massachusetts: Jones and Bartlett Publishers.

Educational Competition

Clearly, with over 650 schools in the US that grant baccalaureate or higher degrees in nursing, the competition might be considered hefty but nursing is a growth industry and policy attention is growing with respect to stemming the tide of the nurse shortage. It is mainly resources that challenge our expansion. However, the College of Nursing faces competition from other schools for student admissions. There are 40 accredited schools listed in elearners.com that are offering online nursing degrees. The degree offerings include ADN, ADN and RN to BSN, or ADN or RN to BSN to MS, or MS degrees. Many of the programs are totally online. Some advertise the ability to pursue degrees without the need for students to make major changes in their work or family activities. A careful search of the literature did not locate any evaluation of the quality of the content or product of these programs. These private online programs will continue to grow and drive the cost of tuition to meet the demand for nurses. The College of Nursing faces challenges as they continue to develop high caliber online offerings for BSN completion students and MS programs.

References:
Online nursing degrees. Retrieved January 22, 2006 from http://www.elearners.com/on-degrees/nursing.htm?

Declining Research Funding

The majority of research funding for nursing science is derived from the National Institute of Nursing Research (NINR) at the National Institutes of Health, which experienced a doubling of their budget and is now in a period of meeting continuing obligations incurred during that period of growth but presently is being forced into a flat or declining budget appropriation from Congress. For FY 2006, the National Institute of Health (NIH) announced that all currently funded projects would have their continuing budgets decreased by 2.35%; creating a challenge for all funded researchers to complete the science as proposed. The NIH estimates that fewer new grantees will be funded in 2006 to the level of 19.5% of new grant applications compared to 22.3% in 2005.

The NINR has one of the smallest budgets in the NIH and standard across the board percent increases retard any significant gains in proportional healthcare research monies going into nursing science. Furthermore, although NINR funding has increased over time, the rate of increments has decelerated annually since 1999 when NINR had a 22.3% increase in funding to 2004 when there was only a 1.9% increase in funding. The number of funded projects has also decelerated from a 12.8% increase in 2000 to 0.008% in 2003 and 2.5% increases in 2004. The number of funded training grants (28 in '03 and '04) has not kept up with the health care system needs for nurses with advanced degrees. The number of funded fellowships has remained stable over the past several years, but these numbers have not kept pace with the demands for researcher expertise in light of the critical demand for graduate nursing faculty. It is also a challenge to researchers with well established programs of research to continue their research activities at high levels of excellence in light of the recent budget cuts.

Strategic Goals and Thrusts (strategies and tactics):
1. Strengthen the nursing workforce
2. Optimize research/discovery & practice translation of nursing & healthcare knowledge
3. Create & test innovations in nursing & health care practice
4. Invest in our work environment to attract those choosing to excel
5. Build a stronger learning organization with a robust culture of mentoring.

1. **Strengthen the Nursing/Health Workforce through Learning**

Key Initiatives	Strategies (target areas or directions)	Tactics (action steps)
Optimize Learning Excellence Laboratory for Clinical Practice Simulation & Critical Clinical Decision-making	- Seek Resources - Model Teaching scholarship - Advance active/interactive Learning - Create culture of mentorship - Re-invigorate Academy of Distinguished Teachers - Partner with HS disciplines for emerging initiatives (e.g., Patient Safety)	- Form faculty development teams for developing quality skills in distance and blended learning modalities - Fund Showcase active learning innovations/ collaborations (seed money) - Seek money (corporations, agencies, individuals) to furnish laboratory with simulation modalities, learning tools - Mobilize Academy of Distinguished Teachers to facilitate the Center - Faculty teaching/learning scholar recruit
Promote expedient access to excellence for earning practice doctorate (DNP) through graduate-entry (GE), or post MSN and post-BSN & BSN from RN Lifelong learning programs	- Create online courses for DNP - Revise courses for RN-BSN for online degree - Target market for DNP, RN-BSN and Graduate entry (GE) degrees - Influence clinical practice workforce development through learning, including leadership - Market to practice agencies that employ nurses	- Convene design teams for DNP new courses & RN-BSN online programs - Review GE for 'leading edge' technology & health informatics content - Increase clinical sites x 5 for each of BSN & GEP - Scale up RN-BSN and BSN online with partners - Generate new endowed scholar/fellowships (ask clinical partners to fund or co-fund)

2. Optimize Discovery & Practice Translation of New Nursing & Healthcare Knowledge

Key Initiatives	Strategies (target areas of directions)	Tactics (action steps)
Generate $15 million from 40 R's (NIH rank #1) by 2010	- Highlight clusters of expertise at strategic national meetings through symposiums & pre-conference workshops (in nursing and others - Find alternative source of funding for providing centralized resources, such as "Center for Tailoring Interventions" - Large multi-discipline projects - Raise visibility of research productivity - Seek money for faculty research support of positions	- Recruit & retain of high quality research faculty from all levels of experience/rank – 5 new/yr - Hire support staff to broker grant opportunities for faculty - Partner with other disciplines to do multi-site and center grants - Leverage up career development and research 'think tanks' in the College - Nominate peers for internal and external awards - Raise resources for 2 chairs and 6 professorships
Develop transfer of knowledge through technology	Support faculty initiatives	- Provide faculty inspiration sessions, design teams - Translate knowledge into 2 new products/application within 2years

3. Create and Test Innovations in Nursing & Health Care

Key Initiatives	Strategies (target areas of directions)	Tactics (action steps)
Develop self-sufficient and revenue-generating intra-preneurial innovations to serve as sites/heuristics for integrating teaching/research and practice, including nurse managed interdisciplinary health care clinics, contracted health care delivery partnerships, practice site development, & consultation	- Develop and disseminate innovative nursing initiatives to enhance efficient and effective health care services - Partner with other health care agencies to co-create and test innovative nurse led initiatives - Grow consultation to healthcare partners/agencies for shared governance, evidence-based practice.	- Appoint innovative practice director/coordinator to build academic nursing practice group - Do feasibility study of nurse-managed community-based clinical care initiative - Implement innovative nurse-managed practice initiative
Translate CON faculty scholarship and expertise (intellectual and technological property) into practice, the marketplace, policy and advocacy	- Translate faculty scholarship supporting practice into business products - Create niche workforce development knowledge products - Partner with industry to develop new practice decision support products	- faculty inspiration sessions, design teams & translate knowledge into 2 new products/application within 2years - Develop programs or certificates (e.g.,,. entrepreneurial skills, activity-based costing, expert witness) – 2/year - Teach nurses financials of healthcare

4. Invest in our work environment to attract those choosing to excel

Key Initiatives	Strategies (target areas of directions)	Tactics (action steps)
Enhance our physical workspace	- Increase access to distance and blended learning - Expand interactive, multimedia learning access and support - Upgrade research and research training space – especially laboratories - Plan for UIC core learning facility	- Seek resources to provide real time distance classroom access - Attain leading edge computer modules for simulation learning - Participate in core learning facility plans for interdisciplinary HS simulation for clinical practice - Write grant proposal for 2nd floor labs
Enhance our cultural environment	- Confront institutional racism or prejudice - Develop new ways to acknowledge contributions of partners (hospitals, clinical sites, community partners - Increase diversity of our faculty	- Continue with college-wide days (cultural, arts, research, legislative) - Hold preceptor events, send holiday cards, give them access to blackboard - Social events – invite partners – CEU - Targeted recruitment of diverse faculty

5. Build a learning organization with a culture of mentoring

Key Initiatives	Strategies (target areas of directions)	Tactics (action steps)
Grow Learning Excellence Laboratory with a focus on 'discovery learning' and 'pervasive mentorship'	- Assess status and views on growth potentials within CON with periodic re-reviews to evaluate progress - Initiate a cluster of activities that foster and reward mentorship [scholarship = education, mentoring, research, innovation, and creation] - Peer mentoring/tutoring within and across levels of students	- Inventory (survey and focus groups) of perceived state of mentoring (faculty, staff, students), areas of growth and resources needed for growth - Optimize STEP program (seed money for teaching/learning projects) - Think tanks and mock reviews for the preparation of training, educational, or teaching/learning grant proposals - Obtain writing resources for manuscript and proposal development - Professional development lunch time series to profile teaching/learning innovations

6. Regional Program Perspectives

Key Initiatives	Strategies (target areas of directions)	Tactics (action steps)
Enhance positioning within regional community and communication with Chicago	- Expand visibility - Market faculty scholarship and programs - Connect with practice partners - Orientation and faculty development - Information technologies advancement	- Launch media initiative – 1story/yr in each region - Send broadcast e-mails to potential student constituents – UG (middle and high school) (Urbana) or Graduate (practicing nurses)(all regions) - Partner with selected practice agencies to recruit cohorts of students - Regional participation in continuing education (1/region – Urbana, Quad Cities).

Section III: Resources Plan

1. Strengthen the nursing workforce through learning

Initiative	Resources Needed	Estimated Costs	Procurement Strategy
Optimize Learning Excellence Laboratory for Clinical Practice Simulation & Critical Clinical Decision-making	• Simulation modalities – e.g., patient simulators, computer applications, standardized patients, mock up equipment • Faculty Scholar (teaching/learning)	$350K - initial $150K recurring $200K (recurring)	Capital Campaign Internal allocation Gifts- in-kind Internal allocation Professorship fund raising
Promote expedient access to excellence for earning practice doctorate (DNP) through graduate-entry (GE), or post MSN and post-BSN & BSN from RN Lifelong learning programs	• e-learning course development – instructional design & faculty time • e-learning certificate development • Endowed Scholarships/Fellowships	10 courses at $35K/course = $350K 2 certificate/yr. (4 courses/cert. at $35K/course = $280K/yr $1.0 mil UG, $1.5 mil -G	Internal allocation from tuition differential Internal seeding from Healthcare Innovation budget (new business development) Capital Campaign

2. Optimize research/discovery & practice translation of nursing & healthcare knowledge

Key Initiative	Resources Needed	Estimated Costs	Procurement Strategy
Generate $15 million from 40 R's (NIH rank #1) by 2010	Faculty star recruitment (interdisciplinary) Faculty release time Seed money	$1.5 mil	Capital Campaign - endowed chairs (2) & professorships (6) Retirement replacements
Develop transfer of knowledge through technology	Seed money Consultation	$100K/yr	Internal allocation - IHI

3. Create & test innovations in nursing & health care practice

Key Initiative	Resources Needed	Estimated Costs	Procurement Strategy
Develop self-sufficient and revenue-generating intra-preneurial innovations	Practice Director/Coordinator nurse managed community-based clinical care initiative contracted practice coordinator practice site development consultation	125K recurring $3.0mil $50K $100K $50K	Internal allocation possible loan profits from IHI grants internal allocation
Translate scholarship and expertise (intellectual and technological property) into practice, the marketplace, policy and advocacy	Computer applications – consultation, broker, administrative facilitation	$100K	Profits from IHI

4. Invest in our work environment to attract those choosing to excel

Key Initiative	Resources Needed	Estimated Costs	Procurement Strategy
Enhance our physical workspace for learning through teaching/research/practice**.**	New College of Nursing building or UIC Core Learning Facility Research laboratories Classroom upgrades	$100 mil for either plan $9 mil + matching $1.0 mil	Philanthropy NIH Grant + philanthropy Internal allocation, fund-raising
Enhance our cultural environment	Cultural diversity initiatives Faculty Diverse Recruitment	$15-20 K/year $120 K/hire	Internal Allocation Internal Allocation & capital campaign chair or professorship

5. Build a stronger learning organization with a robust culture of mentoring

Key Initiative	Resources Needed	Estimated Costs	Procurement Strategy
Grow Learning Excellence Laboratory with a focus on 'discovery learning' and 'pervasive mentorship'	Faculty leadership and release time to design Optimize STEP program Grant writer to seek outside resources	In-kind $20K/year $75K	Internal allocation Internal allocation, grants Internal allocations

6. Regional Program Perspectives

Key Initiative	Resources Needed	Estimated Costs	Procurement Strategy
Enhance positioning within regional community and communication with Chicago	Faculty leadership and release time Access to marketing expertise Continuing Education participation	In-kind In-kind	Internal allocation Internal allocation

Section IV: Monitoring/evaluation

1. Strengthen the Nursing/Health Workforce through Learning

Key Initiatives	Tactics (action steps)	Frequency of Measurement	Timeline
Optimize Learning Excellence Laboratory for Clinical Practice Simulation & Critical Clinical Decision-making	• Form faculty development teams for developing quality skills in distance and blended learning modalities • Fund Showcase active learning innovations/ collaborations (seed money) • Seek money to furnish laboratory with simulation modalities, learning tools • Mobilize Academy of Distinguished Teachers to serve as Center Facilitators	Annual Annual Annual Annual	One new group each year Offer small project funding 2 x/yr Raise $50 to $100K/year from 2007- 2011 2007 -2011
Promote expedient access to excellence for 1) earning practice doctorate (DNP) through graduate-entry (GE) (degrees in another field), post MSN (advanced practice), and post-BSN & 2) earning BSN from RN & 3) Lifelong learning (for nursing and healthcare clinicians)	• Convene design teams for DNP new courses & RN-BSN online programs • Review GE program for 'leading edge' technology & health informatics content • Increase clinical sites x 5 for each of BSN & GEP • Scale up RN-BSN and BSN online with partners • Generate 25 new scholarships (ask sites to fund or co-fund)	Annual Annual Annual Annual Annual	2006-2008 2007 2007-2008 2007 – 2011 2007-2011

2. Optimize Discovery & Practice Translation of New Nursing & Healthcare Knowledge

Key Initiatives	Tactics (action steps)	Frequency of Measurement	Timeline
Generate $15 million from 40 R's (NIH rank #1) by 2010	• Recruit & retain of high quality research faculty from all levels of experience/rank – 5 new/yr • Hire support staff to broker grant opportunities for faculty • Partner to do multi-site and center grants • Leverage up career development and research 'think tanks' in the College • Nominate peers for internal and external awards • Raise resources for 2 chairs and 6 professorships	6 months One time annual Annual Annual 6 months Annual	2007 – 2011 2007 2007 - 2011 2007 – 2011 2007 - 2011 2007 - 2011
Develop transfer of knowledge through technology	• Provide faculty inspiration sessions, design teams • Translate knowledge into 2 new products/applications	Annual Annual	2007 - 2011 2007 -2009

3. Create and Test Innovations in Nursing & Health Care

Key Initiatives	Tactics (action steps)	Frequency of Measurement	Timeline
Develop self-sufficient and revenue-generating intra-preneurial innovations, including nurse managed interdisciplinary health care clinics, contracted health care delivery partnerships, practice site development, & consultation	• Appoint innovative practice director/coordinator to build academic nursing practice group • Do feasibility study of community-based clinical care management model • Implement innovative nurse-managed practice initiatives	One time annual One time annual Annual	2007 2007 2007 - 2011
Use research and practice strength to inform policy and advocate for change on all levels of Healthcare (local, state and national)	• Partner with care delivery institutions to convene think tanks of visionary leaders to evolve a care delivery model for 'functionality management 'in an aging society in the face of nursing shortage • Use insights to influence HC policy makers • Form teams to translate insights into learning modules	6 months 6 months Annual	2007-2008
Develop self-sufficient and revenue-generating intra-preneurial-innovations including nurse managed interdisciplinary health care clinics, contracted health care delivery partnerships, practice site development, & consultation	• Appoint innovative practice director/coordinator to build academic nursing practice group • Do feasibility study of community-based clinical care management model • Implement innovative nurse-managed practice initiative	One time annual One time annual Annual	2007 2007 2007
Translate CON faculty scholarship and expertise (intellectual and technological property) into practice and the marketplace	• Overlap with #2 tactics - faculty inspiration sessions, design teams & translate knowledge into 2 new products/application within 2years • Develop programs or certificates (e.g.,,. entrepreneurial skills, activity-based costing, expert witness) – 2/year • Teach nurses the financial aspects of healthcare	Annual Bi-annual Annual	2007 - 2009 2007- 2011 2007 - 2011

4. Invest in our work environment to attract those choosing to excel

Key Initiatives	Tactics (action n steps)	Frequency of Measurement	Timeline
Enhance our physical workspace**.**	• Seek resources to provide real time distance classroom access	Annual	2007
	• Attain leading edge computer modules for simulation learning	Annual	2007+
	• Participate in core learning facility plans for interdisciplinary HS simulation for clinical practice	Annual	2007+
	• Write grant proposal for 2nd floor research laboratories	One time annual	2007
Enhance our cultural environment	• Continue with college-wide days (cultural, arts, research, legislative)	Annual	2007+
	• Hold preceptor events, send holiday cards, give them access to blackboard	Annual	2007+

5. Build a learning organization with a culture of mentoring

Key Initiatives	Tactics (action n steps)	Frequency of Measurement	Timeline
Grow Learning Excellence Laboratory with a focus on 'discovery learning' and 'pervasive mentorship'	• Inventory (survey and focus groups) of perceived state of mentoring (faculty, staff, students), areas of growth and resources needed for growth	Annual	2007 – 2011
	• Optimize STEP program (seed money for teaching/learning projects)	Annual	2007 – 2011
	• Think tanks and mock reviews for training, educational, or teaching/learning grant proposals	Bi-annual	2007 – 2011
	• Writing resources for manuscript and proposal development	Annual	2008
	• Lunch time series to profile teaching/learning innovations	Annual	2007 – 2011

6. Regional Program Perspectives

Key Initiatives	Tactics (action n steps)	Frequency of Measurement	Timeline
Enhance positioning within regional community and communications with Chicago	• Launch media initiative – 1story/yr in each region	Annual	2007
	• Send broadcast e-mails to potential student constituents – UG (middle and high school) (Urbana) or Graduate (practicing nurses)(all regions)	6 months	2008
	• Partner with selected practice agencies to recruit cohorts of students	Annual	2007+
	• Regional participation in continuing education (1/region – Urbana, Quad Cities).	Annual	2007
	• Develop orientation for new regional faculty	Annual	2007