Action Plan Template

Broad Strategy: Education and training access, capacity, and support (Nursing: the educational pipeline provides sufficient access to educational programs that prepare nurses for the primary care workforce)					
Baseline: 24% of Associate Degree nurses obtain a BSN or higher degree in nursing; current capacity in nursing programs is 12,643 slots for admission, 53% in CC, 47% in BSN/ELM (School Year 2011)					
Objective	**Activities**	**Anticipated Outcome**	**Timeline**	**Lead and Resources**	**Evaluation Method**
OBJECTIVE 1 Increase the numbers of nurses with BSN degree. (This includes providing opportunities to build a more diverse professional healthcare workforce, building upon the diversity represented in community colleges (CC) and reflecting the diversity of communities served.)	1. Implement the collaborative model of nursing education (CMNE) to provide for seamless progression from AD to BSN education, through: a. Provide technical assistance (TA) to community college (CC) and CSU collaboratives to develop the CMNE based on Best Practices already developed in existing collaboratives. b. Implement requirements of AB1295 to remove duplicate courses in CC and CSU nursing programs. c. Seek funding to hire coordinators for the start-up of and to guide implementation of the CMNE within collaboratives. 2. Pilot CC to offer BSN in nursing, through: a. Work with industry partners to align stakeholders for non-opposition. b. Work with Assemblyman Marty Black to re-introduce legislation to pilot BS in nursing only in CC in San Diego, Sacramento, and San Francisco Bay Area. c. Seek legislative support that	. 1. All nurses graduating from community colleges will have access to a BSN through a partnering CSU and be able to obtain the BSN in one more year of full time study. 2. Pilot will be another way to demonstrate an alternative route to BSN for AD students; pilot will include an evaluation component to determine quality of BSN education provided in CC.	1.a. TA available through Dec 2013 1.b. AB1295 to be implemented by fall 2012 in all CCC and CSU schools of nursing 1.c. underway; regional and statewide meetings planned 2. TBD	1.Chancellors' offices CACC and CSU; CINHC; CA AC Work Group #4…Need financial resources for collaboratives to hire coordinator for each new collaborative during development stage …access RWJF grant funds to action coalitions 2. Chancellor Office for CACC; Health Workforce Initiative; CA AC Work Group #4; ANA\C	1.a. Inventory schools of nursing to determine # participating in the CMNE; 1.b.Measure # of nurses continuing on to obtain a BSN 2. Inventory progress…design evaluation component to determine quality of nursing education provided and cost and resources required for this model

Action Plan Template

	allows CC to provide programs through self support. d. Consider model offered in other states where the BSN portion is given at the CC, but conferred by an accredited BSN granting university. 3. Increase access to fast track BSN or entry level master's (ELM) for students with pre-existing baccalaureate degrees, through: a. Support testing of new models, e.g. Contra Costa CCC and SFSU b. Market current programs offered through public and private universities, both non-profit and for profit accredited schools c. Create a user-friendly comprehensive web-based inventory of the various types of nursing education programs available in CA with program and contact information d. Expand Health Professions Education Foundation scholarships to include ELM e. Provide access to student loans for second degree students f. Approve new ELM programs through the BRN	3. Access to self support/tuition funded ELM programs are readily visible to prospective students and financial barriers to education are eased by expanded access to financial aid.	3. TBD TBD pending funding to develop web site	3. Individual schools of nursing; OSHPD HPEF; BRN; CA AC Work Group #4… Funding needed to implement new model e.g. Contra Costa College, grant funding pending CINHC/schools of nursing $25,000 to create web site and conduct inventory…grant submitted	3. Inventory progress
OBJECTIVE 2 Maintain educational capacity in schools of nursing	1. Educate policy makers on importance of maintaining capacity in state supported nursing schools and not subject nursing programs to budget cuts.	1. Capacity in public nursing schools maintained at 2011 level. 2. 50 new clinical educators	1. on-going	CHWC; CINHC; ANA\C; chancellor's offices; resources for staff to do research and to convene stakeholders.	1. BRN Annual School Survey

Action Plan Template

	2. Offer training programs for clinical educators to ensure faculty resources	prepared through CINHC offered programs	2. through 2013	2. grant funding secured	2. evaluate effectiveness of clinical faculty training program and impact on meeting faculty needs
	3. Ensure sufficient clinical training sites to meet educational demand.	3. New models of providing clinical education are tested and used to expand training sites.	3. focus of Magic in Teaching conference Nov 2012	3. Identify schools willing to try new approaches…provide mini grants to test new models. Need funding for mini grant	3. Inventory results of mini grants
	4. Explore strategies that address improved salaries of nursing faculty so they are more aligned with industry salaries. May also include incentives linked to loan repayment programs for graduate education with the proviso that recipients teach in nursing programs.	4. Strategy defined	4. TBD	4. CINHC, CACN, CAADN: resources for staff to do research and to convene stakeholders.	.
	5. Explore new partnerships that promote educational capacity available through private colleges using innovative approaches to expand as need is demonstrated.	5. Explore opportunities	5. TBD	5. CINHC, ACNL, private schools	5. Inventory results
OBJECTIVE 3 Ensure educational programs and curriculum are aligned with evolving primary care needs.	1. Increase access to graduate programs to prepare nurses for APRN roles through: a. Identfy current capacity and target increase based on forecasted need (see Objective 4) b. Funding such as traineeship through HRSA and National Service Corp	1.a targets established and # of APRN educated increase	1.a target set 2013	1. CA AC Work Groups #1, #2, #9; seeking funding from Blue Shield Foundation	

Action Plan Template

	c. Matriculating students at private colleges/universities that have additional capacity for MSN/doctoral students	1.c. Identfy schools with capacity; assist in marketing programs	1.c. Ongoing	1.c. Schools of nursing/CINHC	
	2. Provide for interprofessional educational opportunities that better align nursing education with emerging need for interdisciplinary practice models by activities such as: a. Colleges and universities offer interdisciplinary classes at points of interface for training of healthcare professionals b. Interprofessional simulation classes and clinical training programs, patient rounds, & QI activities	2. Interprofessional education becomes the norm	2. Ongoing	2. Colleges and universities; CA AC Work Group #2; CMA and CAFPP… resources for staff to do research and to convene stakeholders.	
	3. Provide educational opportunities that are more aligned with evolving primary care such as increase clinical education in primary care clinics. a. BRN to approve ambulatory care clinical nursing faculty without in-patient requirement…may consider program flex through OSHPD	3. New models of clinical education are adopted by schools of nursing, beginning with those schools that are ready to test new approached	3. Beginning 2013, on going	3. Schools of nursing; CINHC; BRN; OSHPD… resources for staff to do research and to convene stakeholders.	
	4. Consider alignment of career colleges with both private and public schools of nursing to ensure educational curriculum in career colleges will be accepted by accredited schools and students are on a college trajectory	4. Provide a new feeder system for higher education	4. TBD	4. Career colleges; Schools of nursing; CINHC; CHWC	

Action Plan Template

Broad Strategy: Coordinated infrastructure (Nursing: Increase capacity of RN workforce to help close the gap in available primary care providers)					
Baseline: Insufficient data available to determine gap					
Objective	**Activities**	**Anticipated Outcome**	**Timeline**	**Lead and Resources**	**Evaluation Method**
OBJECTIVE 1 Increase the # of APRN working n primary care…to also include geriatrics and behavioral health	1. Determine the gap of primary care providers with data that defines expected demand that will impact primary care and safety net providers and the current supply and pipeline of primary care providers (MDs, APRN, PA) to determine gap 2. Increase utilization of APRN as primary care providers through: a. Education with funding for sufficient capacity in graduate programs b. Residencies for APRNs such as those being piloted by UCSF/Glide Health and UCLA, Santa Rosa community pilot c. Promote effective models of care such as nurse run clinics including as Glide Health as well as new programs e.g. UCI and Charles Drew University d. Design model that incorporate primary care provided by APRN in behavior health clinics e. Identify and remove barriers to scope of practice and determine where changes need to be made to increase the effectiveness of	1. Accurate data available for planning 2. Increase number of APRN staffing and leading primary care clinics	1. TBD 2. TBD	1. CA AC Work Groups #2 & #8; CHWC; UCSF; CMA; CAFPP 2. a./b. Graduate schools of nursing; CA AC Work groups #1, #2…access to federal funds from CMS, HRSA, etc. 2.c. Partners with community based agencies and primary care clinics to develop nurse run clinics and new practices models incorporating nurses and seek grant funding to support development 2.e./f. CAAC Work	

Action Plan Template

	APRN in primary care f. Reimburse APRN for services provided 3. Develop white paper for Blue Shield Foundation to define nursing's contribution to closing the gap in primary care, with a focus on safety net health facilities in CA response to health care reform	3. White paper prepared	3. LOI March 2012 for funding fall 2012	group #1 3. CAAC Executive Team; Work group #1; CMA; CAFPP	
OBJECTIVE 2 Increase capacity of primary care clinics to incorporate RNs in staffing models	1. Design new practice modes utilizing RNs in expanded roles, building upon preliminary discussions with CPAC, CRHA, consortiums of primary care clinics and encourage schools of nursing to utilize clinics that have a nurse-managed model for clinical training. 2. Design educational models for RNs to prepare them for new roles in primary care through new clinical education models and transition to practice programs 3. Explore reimbursement for services provided, including Medi-Cal and Medicare reimbursement for education and counseling 4. (as above) Develop white paper for Blue Shield Foundation to define nursing's contribution to closing the gap in primary care, with a focus on	1. New practice models designed 2. Education models in place 3. Plan in place for seeking new reimbursement models 4. White Paper developed	1. TBD 2. Under way 3. TBD 4. see above	1. CA AC Work Group #2, CINHC, CPAC, CRHA, CHA 2.Schools of nursing, CINHC, CA AC Work Groups #2 and #3; BRN 3. TBD 4. CA AC Executive Team	

Action Plan Template

	safety net health facilities in CA response to health care reform. 5. Design practice models that utilize non-RN extenders such as MA, psych techs, LVN, EMT, etc to maximize skill utilization of all health care workers.	5. Skills of all health care workers and professional staff is maximized to have human resources to increase access to primary care.	5. TBD	5. Primary care clinics, CAAC Work Group #2	
OBJECTIVE 3 Support successful implementation of the IOM Recommendations for the Future of Nursing	1. Build inter-organizational support and engagement in Work Group efforts, including state agencies 2. Build broad-base community engagement 3. Inform state policy makers 4. Inform national conversations	IOM Recommendations implemented in CA and nursing contribution to increasing access to affordable quality care for all Californians is realized	Annual targets for progress set for next 5 years	CA AC Executive Team, CHWC	

- Overarching Goal: *Expand California's primary care and allied health workforce to provide access to quality, affordable healthcare and better health outcomes for all Californians*

Updated April 3, 2012