

Notes on a Meeting of
The Nursing Coordinating Group
On Friday, June 4, 2004
Room 142, Higher Education Building
2500 Broadway, Helena, Montana

The Nursing Coordinating Group met in Room 142 of the Higher Education Building on Friday, June 4, 2004. Regent Richard Roehm called the group to order at approximately 10:00 a.m.

In addition to Regent Roehm, other participants in the meeting included: Regent Lynn Morrison-Hamilton; Regent Mike Foster; Dean Mary Moe from the Great Falls College of Technology; Dean Jane Baker from the Butte College of Technology; Dean Paul Williamson from the Missoula College of Technology; Dick Brown from the Montana Hospital Association; Mark Cross from the Marias Medical Center in Shelby; Rolf Groseth from the President's office at MSU-Bozeman; Cheri Jimeno from MSU-Northern; Darrel Hammon from Miles Community College; Lorraine Schneider and Gretchen McNeely from the State Board of Nursing; representatives from nursing programs at MSU-Bozeman, the Helena COT, and the Missoula COT; Roger Barber from the Commissioner's office; and two guests from St. Vincent's Hospital in Billings.

An agenda for the meeting is attached to these notes.

The following notes summarize the discussion during the meeting:

The Montana Hospital Association Survey.

Dick Brown, executive vice president for the Montana Hospital Association, gave a detailed Power Point presentation on that Association's recent survey on healthcare worker needs in the State. Dick's presentation included the following important points:

- 120 surveys were mailed to healthcare providers throughout Montana, including hospitals, nursing homes, hospice centers, and independent medical providers. Just under 50 percent of the surveys were returned.
- 75% of all the hospitals in Montana participated in the survey.
- 160 registered nursing positions were vacant or unfilled, at the time the surveys were completed. That number represents approximately 5.5% of the budgeted RN positions at the participating healthcare facilities.
- 39 licensed practical nursing positions were vacant. That number represents 5.7% of the budgeted LPN positions.
- The vacancy rate is significantly higher at so-called "critical access hospitals," which are the smaller, more rural facilities. At those facilities, the vacancy rate for RN nurses is 10%, and the LPN vacancy rate is 9.7%.
- The vacancy rates also vary throughout the State. The southwest corner of the State had the highest vacancy rates for RN and LPN nurses, at 7.75% and 10.5% respectively. The eastern third of the State was not far behind, with vacancy rates of 6.75% for RN nurses and 6.1% for LPNs. The vacancy rate for RN nurses in the Billings/Lewistown area was just below 7%.
- The survey respondents said that they spent approximately \$27 million in the last year on such "replacement strategies" as overtime pay and travelers. That figure included all healthcare workers, but most of the money was spent on additional nursing staff.

- The survey respondents were asked to provide budgeted and vacancy information on both two-year and four-year RN positions. Most respondents simply lumped their information together, under one RN heading, however, which seems to indicate that healthcare employers do not have a preference when looking for RN nurses. That inference was supported by the discussion at the Nursing Coordinating Group meeting.
- Montana will need more nurses, based on information provided by the Montana Department of Commerce. Montana had 7,687 RN nurses in 2000; the Commerce Department predicts that Montana will need 9,355 nurses by the year 2010. Another projection from the Montana Department of Commerce concludes that the State will need 167 new nurses and 155 replacement nurses annually, to keep up with the growth in healthcare services and the aging population of Montana's current nursing professionals.

The Helena Clinical Capacity Study.

Lorraine summarized the Helena Clinical Capacity Study, which had already been discussed at the State Board of Nursing and the May Board of Regents' meeting. As a consequence, almost everyone at the meeting was familiar with its contents.

The following important points were made during the discussion:

**no research studies have been conducted on students who received their clinical training in non-traditional settings. The idea is apparently too new for any kind of formal follow-up.

**some clinical agencies may be concerned about clinical settings at non-traditional times, like nights and weekends, since those agencies are typically understaffed during those hours.

**non-hospital settings now have patients who are seriously ill. Those settings can provide a more intense and varied clinical experience, but it also means that some patients may be too ill for new or inexperienced nursing students.

**Lynn asked if nursing faculty could supervise clinical students from other nursing programs, as a way to gain some efficiencies. The nursing faculty at the meeting were not supportive of the idea, primarily because they said they would not be familiar with the program outcomes and course objectives of other nursing programs.

**nursing programs throughout the State enter into contracts with all of their clinical agencies, as part of the clinical instruction. Those contracts deal primarily with liability issues, however, like student insurance and vaccinations. They do not focus on the clinical expectations for a particular course. That detail is ordinarily left up to the course instructor and the clinical agency.

The members of the Nursing Coordinating Group agreed that the quality of the clinical experience for each nursing course should be determined by the faculty member in charge of the course in coordination with the agency providing the clinical experience. The numbers and quality expected for nursing students would be incorporated in a contract with the clinical facility. This contract, indicating an agreement for student numbers and quality of clinical experience, would be included in future course submissions to both the Board of Regents and the State Board of Nursing.

Recognizing that institutions as diverse as Gonzaga University, the University of Mary, Carroll College, the tribal schools and campuses of the Montana University System all compete for limited slots providing clinical experience in Montana medical facilities, the Group suggested that the best approach would be to place the onus for acquisition of quality clinical slots on campus administrators, and that this agreement should be more formally detailed in the contracts established between campuses and clinical agencies.

Current contracts only cover insurance issues, and not issues of quality or experience expectations for the trainees. The campuses would enter into a more definitive contract with whatever clinical resource they deemed appropriate (that would maintain quality of the clinical experience for nurse trainees) and provide that information as part of their course submissions. The contracts would ideally have some description of the quality and diverse experiences desired for nursing students, as well as an agreement for numbers of clinical slots devoted to each institution.

The idea was to have the clinical decision-making be done at the lowest level that would effect an acceptable product, rather than assume the Board of Regents or the State Board of Nursing would attempt to control appropriate clinical spaces. This approach was considered more practical and market-sensitive than adopting a centralized, bureaucratic approach which would have either the State Board of Nursing or the Regents attempting to schedule or assign clinical slots.

Once further discussion and evaluation is accomplished by the Nursing Coordinating Group, the resulting process will be formalized.

The Shelby Nursing Program.

The future of the Shelby nursing program was an important discussion topic at the May Board of Regents' meeting. Three principle questions grew out of that conversation:

- what were the communities of Shelby, Cut Bank and Conrad told about the future of the nursing program in that area?
- how was the budget information for the program determined?
- why does an evaluation of the program's effectiveness have to wait until the end of the program?

Rolf distributed a memo to the group members that attempted to answer those questions. A copy of that memorandum is attached to these notes, and its contents will not be discussed.

Mark Cross, the administrator of the Marias Medical Center, told the group that he did not disagree with most of the information in Rolf's materials. Mark still had some concerns about the project, however, and they included the following:

--he repeated the concerns expressed at the May Board of Regents' meeting, where Mark and other community leaders stated that they did not know the program would only be temporary. Mark said that he thought it would be moved to Cut Bank or Conrad or Chester, once the Shelby group finished its coursework.

--he questioned whether the so-called S.W.A.T., one-time, temporary cohort

approach was the best way to solve the nursing shortage in rural Montana. Mark suggested that the Montana Hospital Association might be a good group to consult on that idea.

--he urged MSU-Bozeman to consider a shorter time-line for evaluation of the program's success, rather than waiting until the Shelby students have graduated, taken the licensure examination and found employment.

--he continued to ask for more detail in the budget analysis, particularly how tuition revenues were determined and project salaries were allocated.

--he asked the Montana University System to explore distance delivery options for these kinds of programs.

Following a long discussion, the Regent members of the Nursing Coordinating Group made the following recommendations:

- the Shelby nursing program should continue as an agenda item on future meetings of the Group, to insure periodic updates.
- Rolf should work closely with Mark and his colleagues to develop the budget information for the program.
- the timeline for evaluation of the program should be moved up or shortened, and the Shelby/Cut Bank/Conrad communities should be involved in that evaluation.
- communications should be improved, particularly when programs are initiated in rural communities and those communities make a financial investment in the project.

LPN Project.

Roger and Lorraine gave a brief update on the project, and their comments included the following important points:

--the "charge" for the project was shared with the Board of Regents at its May meeting, and was accepted without comment;

--Jill Caldwell, the principal staff member with the State Board of Nursing, is still trying to find a facilitator to help with the project. She is in contact with a nurse educator in Ohio, who has a good understanding of all level of nursing education even though her experience is not with an LPN program. Darrel Hammon said he had an additional name, a nurse educator for Lewis-Clark College in Lewiston, Idaho.

--Roger asked the group if the charge should include a specific directive to change the LPN credential from an Associate of Applied Science degree to a certificate. That recommendation was made by a previous task force on nursing education, but only Montana Tech of The University of Montana has made that change to date. At Mary Moe's suggestion, the group decided to see how that issue was resolved as part of the LPN project.

Pending Nursing Proposals.

The group discussed the status of two nursing proposals, one from the Helena College of Technology and one from the Missoula College of Technology. Both proposals would convert existing associate of applied science degrees in licensed practical nursing to certificates, and add a two-year, associate of science degree in registered nursing to each institution's program inventory.

The two proposals have been submitted to the Board of Regents, but their status has been in limbo for several months;

- the Helena COT program was held up at the State Board of Nursing level because of concerns about adequate clinical experiences at medical facilities in the community. Those concerns were apparently resolved, at least to the satisfaction of the State Board, which accepted the "feasibility study" for the Helena nursing program, and authorized its faculty to develop curriculum.
- the State Board of Nursing accepted the "feasibility study" for the Missoula COT program several months ago, and the nursing faculty are expected to submit the proposed curriculum to the nursing board in July. The Board of Regents decided to table the proposal until the Montana Hospital Association completed its staffing survey, however. That survey is obviously completed, and the results have been shared with the Nursing Coordinating Group.

After some discussion, the Regent members of the Coordinating Group decided:

--that the recently-approved program review process for nursing proposals should not apply to these two programs, since they were submitted to the State Board of Nursing and the Montana Board of Regents before that process became a policy of the Regents.

--that the two proposals should be placed on the action agenda at the July 2004 meeting of the Montana Board of Regents; and if they are approved by the Regents, that approval should be contingent on acceptance of the curriculum by the State Board of Nursing.

Out-of-State Nursing Programs.

Mike Foster asked about out-of-state nursing programs coming into Montana, since he had heard that the University of Mary from Bismarck, North Dakota was looking at Billings as a possible market. Lorraine said that out-of-state programs must be approved by the State Board of Nursing before they can begin operation in Montana. She talked to the appropriate people at the University of Mary about that requirement, and she hasn't heard back from them.

The State Board of Nursing has very little regulatory control over out-of-state nursing programs that come into the State for clinical experiences, however, Lorraine said. Nursing programs from both North Dakota and Wyoming apparently using healthcare facilities in Montana for clinical coursework, especially in Billings.

Mike said that he was glad there was some oversight of out-of-state nursing programs, since they could undermine the efforts of in-state programs.

General Announcements.

Roger shared the following information with the Nursing Coordinating Group:

- 1) the coordinated review process for nursing program proposals, which includes both the State Board of Nursing and the Montana Board of Regents, was approved by the Regents at their May meeting in Havre. The Nursing

Coordinating Group has been working on that process since last fall, and Roger thanked the members for their input and support. Lorraine said that the State Board of Nursing has revised its rules, to incorporate the coordinated review process into its operating procedures. Those proposed rules will go to the State Board of Nursing in July, for its approval, and then on to the more complicated process of administrative rule-making in subsequent months.

2) Chairman Mercer has proposed a more expanded committee structure for the Board of Regents. That proposal includes a group, currently entitled the Healthcare and Workforce Development Committee, that could continue the work of the Nursing Coordinating Group but would also be asked to expand its efforts into the teacher education and two-year education arenas. The nursing group will continue to meet under that proposal, Roger said, and he wanted the members to know that. Regent Roehm added that the Nursing Coordinating Group could meet, regardless of what happens to the committee proposal.

The meeting adjourned at approximately 1:30 p.m.

(Notes prepared by Regent Roehm and Roger Barber.)

Agenda

The Nursing Coordinating Group
Friday, June 4, 2004; 10:00 a.m. to 1:00 p.m.
Room 142, Higher Education Building
2500 Broadway, Helena, MT

A. Welcome & Review of the Agenda.

B. The Montana Hospital Association Survey.

1. Objective: Conclusions that could guide the Montana University System as it considers proposals for new or expanded nursing programs.
2. Dick Brown will lead the discussion.

C. The Helena Clinical Capacity Study.

1. Objective: Conclusions that could guide the Montana University System and the State Board of Nursing as it considers proposals for new or expanded nursing programs.
2. Lorraine Schneider and/or Jill Caldwell will lead the discussion.

D. The Shelby Nursing Program.

1. Objective: Possible recommendation(s) for the future of that . . . or similar . . . nursing proposals, with particular discussion on the so-called "S.W.A.T." model for rural settings.
2. Lynn Morrison-Hamilton and Mike Foster will lead the discussion.

E. The LPN Facilitator Charge.

1. Objective: Consensus on the activities of the facilitator, and the language of the charge for the facilitator.
2. Roger Barber and Jill Caldwell will lead the discussion.

F. The Missoula and Helena COT Nursing Proposals.

1. Objective: Consensus on the next steps. . . and a possible timeline . . . in the review of those proposals.
2. Regent Roehm will lead the discussion.

G. Other Business?

1. The status of the nursing program review process.
2. A discussion of the proposed committee structure for the Board of Regents and what it means to this group.
3. Additional items?




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MEMORANDUM

June 3, 2004

TO: Montana University System Nursing Coordinating Group
FROM: Rolf Groseth, Executive Assistant to the President 
RE: Northcentral Montana Nursing Partnership

The purpose of this memo is to update the Coordinating Group on some items that emerged from the discussions about the Partnership that were held during the Board of Regents meeting on May 20. Specifically, I want to provide some clarity on the issues of:

1. Has the issue of the Northcentral Montana Nursing Partnership ever been presented for formal approval to the Board of Regents?
2. Were the institutional partners in the Northcentral Montana Nursing Partnership ever formally notified either that: a) the Partnership would be a permanent addition to the MUS; or b) the Partnership would be terminated following the completion of degrees by the first cohort of students.

With regard to question #1, the answer is that MSU has not presented an item for action to the Board of Regents. There are two primary reasons for this. First, none of the institutions is awarding any new degree in this program. Each of the institutions involved has long experience with students taking courses at distance or off-campus sites throughout Northcentral Montana. Secondly, the Partnership was set up so that, up to the beginning of clinical coursework, students would have the choice of continuing in either MSU-Northern's Associate degree program or in MSU-Bozeman's generic Baccalaureate program. Only recently have we learned that all of the students have opted for the Associate degree from MSU-Northern. It should also be noted that then Deputy Commissioner Joyce Scott was continually involved with Nursing education issues during her tenure and was up-to-date with each phase of the Partnership.

On question #2, it appears that Montana State University did not formally communicate to the partners that the Partnership either would or would not be permanent. There was some disagreement on this issue, irrespective of formality, during the May 20 discussions. For this reason, Dean Ballantyne and her staff have gone back through the notes and correspondence to piece together a timeline of comments on this issue. I have included the timeline, as well as the documents distributed at the Board of Regents Meeting, as enclosures.

Enclosures

February 16, 2001 **Letter from Bozeman Nursing Dean Acord to President Gamble**

- RE: MSU-Northern's proposal to expand to Shelby. At the request of President Gamble, Dean Acord reviews Northern's capacity to execute this program. The analysis concludes "...The concern is that there will be enough students who are interested in this option. Even if thirty students show an interest, the possibility of maintaining the programs more than two years, I believe, is remote... This appears to be more resources than are warranted from the anticipated return." Recommends removal from the SBON agenda until MSU can craft a plan for nursing education.

April 26, 2001 **MMC CEO report and follow up email from Dean Acord**

- Highlights perception that Shelby will have its own program, as reported by Rolf Groseth, and the need to mobilize supporters to put pressure on various individuals in positions of power.
- Received a commitment from Dean Acord to put a program in Shelby.
- Email from Dean Acord indicates confusing and perception discrepancies.

May 1, 2001 **Charge from President Gamble to Dean Acord**

- "The model must have both an educational plan that meets requirements of the Montana State Board of Nursing as well as a business plan. The model must include documented need; a plan for providing courses which can be taught in a rural setting either on site, via distance delivery modalities or off-site; a list of available and qualified faculty members and budgeted faculty positions; the anticipated student populations; an enumeration of the necessary fiscal and clinical resources and an agreement on who pays for what; a timeline for planning and implementation; and a method to assess how well the documented needs of the rural communities of the state were met, the cost of the model, and an objective measurement of student performance."

May 2, 2001 **Region II Nursing Shortage – Partnership with MSU**

- Minutes of meeting. "When asked whether the Shelby option is going to "go", Lea explained that educational opportunities will be made available in Shelby for RNs and LPNs. Whether the entire program will be in Shelby is yet to be determined. She re-emphasized the fact that everyone is taking a step back to make sure this is an MSU effort and to ensure that whatever is done is done well, which will include going through the steps outlined in the President's letter."

June 8, 2001 **Region II Nursing Shortage – Partnership with MSU Meeting #2**

- Minutes of meeting. "...whatever is done needs to receive final approval through the Montana State Board of Nursing. Lea explained that while there are differences of opinions, there is the potential for a win-win situation. There will be an 'end' point and MSU will address the shortage but through a data rich environment, involving careful planning and maintaining the quality of the nursing programs involved with an evaluation method built in. It will be up to everyone to insure this process is a success."

October 26, 2001 **Notes from NCMT Partnership Faculty Needs Subcommittee**

- Plan outlined by MSU-Northern suggests that the "cohort would proceed start to finish before another would begin."

- June 7, 2002 **Compilation of MSU Legislative Priorities for 2003 Session**
- \$300,000 for “Completing the Circle for Health Care Professionals” from within and for the six county area of Northcentral Montana.” Because of Special Session, this and other MUS initiatives were not forwarded by BOR.
 - November 8, 2002 **Email from Rolf Groseth to Partners**
 - Following the partnership meeting in Shelby, Rolf writes “...we should anticipate that our funding will continue at least long enough to usher our initial cohort through to graduation. We would then need to look at the demand to see whether another cohort is justified.”
- April 10, 2003 **Email from Mark Cross to Trish, Rolf, Ward and Susan**
- Email seeks information about the long term interest of MSU with the Shelby Program. Rolf forwarded to Dean Acord.
- June 19, 2003 **Internal Email, re: Plan of Study and meeting notes**
- Discussion with Trish, Mary Clair McGuire, Jeri Pullum, Susan Luparell and Susan Raph in Shelby over meshing of different curriculums and ongoing coordination. “There are some students who wish to slow the process and are requesting a part-time track or repeat offering of general education courses. Northern is considering this option. Discussion was held about the possibilities of repeating the nursing courses. No conclusion or recommendation was made, as generally more evaluative data will be necessary to make that decision.”
- June 24, 2003 **Information Report on the NCMT Partnership to SBON**
- Special report concludes the “Plan is to continue to evaluate this project with the hope that the information gleaned from such a collaborative effort might be useful in planning for similar projects in other areas of rural Montana.”
 - “Some of the students have indicated a desire to slow the process and are requesting a part time track or repeating some of the general education courses. Northern is considering this option.”
- June 29, 2003 **Student and Partnership meeting in Cut Bank**
- Attendance included: Will Rawn, Janice Brady, Trish Goudie, Jean Ballantyne, Jenny Wick, Penny Jacobson, Tom Gordon and program students. When asked about “another round of course” Interim Dean Ballantyne responded that there were no plans at this time to repeat courses or the program.”
- November 13, 2003 **Minutes or NCMT Partnership meeting in GF**
- “1.3 Future of the Project
 - 1.3.3. Trish noted that Chancellor Capdeville is not willing to provide further general education at this time.”
- March-May, 2003 **MSU Proposed 2006-2007 Biennial Initiatives**
- \$1,000,000 for “Feeding the Health Care Workforce Pipeline” Initiative. “The MUS has an obligation to be attentive to the health care needs of (Montana’s) citizens and to the workforce needs of the widely disparate health care providers and facilities that serve those citizens.”



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May 13, 2004

Mr. Richard Roehm, Member
Montana Board of Regents
30 Hodgman Canyon
Bozeman, MT 59715

Dear Regent Roehm:

At your request, I am providing material that will assist you in your presentation, on behalf of the BOR Nursing Task Force, regarding the North Central Montana Nursing Partnership. I am enclosing some narrative on the origins of the project, the operating assumptions that guided the multi-institutional planning and implementation of the project, and the results to date of the implementation. Additionally, I will provide a description of the curriculum and a spread sheet that will outline the costs and projected costs of the project.

Background

The North Central Montana Nursing Partnership was formed in response to a request from North Central Montana health care providers for help recruiting nurses to the region. Jerry Morasko and Mark Cross from Marias Medical in Shelby believed that there were place bound residents of the region who would be attracted to training for careers in nursing, but were unable, or at least unwilling to leave the communities for education and training. Further, it was emphasized that if local citizens could fill vacant RN positions, the hospitals could avoid the staggering costs of hiring agency nurses and, thus, become more cost efficient. MSU-Northern initially indicated a willingness to offer its Associate Degree program in Shelby. MSU President Gamble, though, drawing from his experience in other states, believed that a "SWAT Team" approach could be an answer to mitigating regional shortages in critical employment categories, such as health care and teacher education. He directed the MSU nursing programs to collaborate in responding to the request from the six county region. As always, the MSU faculty and staff were cautioned to be mindful of the following questions:

- What is the initial investment?
- What is the on-going cost?
- What is the return on the investment?
- Over what period of time?
- How will we know if we are successful?
- What is the exit strategy?

Health care representatives, community leaders and representatives of MSU Nursing programs met between May 2001 and February 2002 to study the problem and develop possible solutions. The group conducted assessments of:

- the health care environment in the six rural counties in the region.
- resources available.
- interest among current nursing students in working in the area.
- recruitment and retention factors important to nurses in the area.
- potential student interest in nursing education opportunities.

The project partnership issued a report to President Gamble on March 18, 2002. The problem was found to be real and that there was real commitment from the health care providers. MSU nurse educators believed that the project offered an opportunity to experiment and test the “SWAT Team” approach. A decision was made to form a cohort of students, commit resources and begin to offer courses in the region that could be applied toward nursing and other health science programs at MSU-Northern, MSU-Bozeman and MSU-Great Falls College of Technology. Nursing courses also would be offered on-site, except for those courses that required clinical training in the larger facilities in Havre or Great Falls. From the beginning, it was felt that the majority of the students would gravitate to the program at Northern.

Implementation to Date

Following a period of planning and resource gathering, General Education classes from MSU-Northern began for 32 students in January of 2003. Shelby was chosen as the site for the initial classes, because 1) Marias Medical Center had been instrumental from the beginning in its request for nursing education in the region; 2) Shelby is central to several communities in North Central Montana – Cut Bank, Conrad, Sunburst and Chester; 3) community leaders in Shelby had pledged their financial support to the project, offered to assist in locating classroom facilities and promised to actively promote the endeavor; and 4) Shelby produced the greatest number of prospective students interested in the project.

The cohort that formed for the project looked, in most ways, as employers from the region predicted it would. In general, most of the students enrolled are 30 or older, are working at one of the four medical centers in the area (10 are Certified Nursing Assistants), are married and have children living at home. Additionally, 12 of 17 indicated that they intend to seek a nursing position in North Central Montana. Most live either in Shelby or within 30 miles of it. These communities are from 50 to 130 miles from Great Falls and 50 to 135 miles of Havre.

There has been some attrition, yet 14 students have completed the required General Education courses from Northern and the pre-clinical courses from the Bozeman program. We have selected ten students to begin supervised clinical training in the Northern program during the Fall semester and will be ready to take the NCLEX next spring and ready to be hired at that time.

Next Steps

The March 30 letter from Senator Black questions the decision to "...discontinue the program so it can be evaluated..." It was never the expectation of the MSU campuses that the project, begun in Shelby, would signify a permanent expansion, nor did it represent the creation of a new campus or center with the attendant new costs that those would require. Rather it was always viewed, by MSU, as an experiment, designed to test whether a "SWAT Team" approach to nursing education could be successfully applied in a rural region, on a temporary basis, to help mitigate health care shortages.

It has also been the expectation of the MSU campuses that no decisions would be made regarding continuation of the project, whether in Shelby or elsewhere, until this first cohort was thoroughly evaluated. We believed, from the beginning that the evaluation would not be complete until we could determine 1) how many of the cohort members pass the NCLEX exam; 2) how many are employed as nurses; and 3) how many are employed in the six county region. At that point we will also have a final analysis of the true cost of the experiment and will have a sense of the financial benefits that have accrued to the health care facilities. I have attached a spread sheet to indicate our revenues and expenditures to date and our best guess of remaining costs.

To date, The North Central Montana Nursing Partnership has produced an experiment that has yielded excellent results. We are hopeful that, within a year, we will have a truly portable "SWAT Team" model that, given a funding model that responded to the costs and the benefits, could be used in any of several Montana communities.

I am at your disposal to discuss this further. Dean Ballantyne and I will be at the Board meeting and available to address the Board on this issue.

Sincerely,



Rolf Groseth
Executive Assistant to the President

CC: President Gamble

Enclosure

Analysis of North Central Montana Nursing Project

Description	MSU Bozeman	MSU-COT Great Falls	Bozeman Tuition/ Fees	Northern Tuition/ Fees	Health Care Agencies	MSU Northern	Total Revenue	Bozeman Salaries/ Benefits	Bozeman Operational Costs	Northern Salaries/ Benefits	Northern Operational Costs	Total Revenue/ Expenses	Net of Revenue/ Expenses
Phase I Start-up and General Education (Dec 02-Dec 03)	15,090	5,000		59,955	16,000	5,000	101,045	50,751	3,303	39,505	27,739	121,298	(20,253)
Phase II (Instructional) Spring/summer 04	36,436		34,448				70,884	44,332	42,558			86,890	(16,006)
Phase III Clinical Sept 04 to May 05				29,950			29,950	99,636		99,636	13,869	113,505	(83,555)
Totals	51,526	5,000	34,448	89,905	16,000	5,000	201,879	95,083	45,861	139,141	41,608	321,693	(119,814)

MONTANA UNIVERSITY SYSTEM RN NURSING DATA, 1999 - 2003

RN Nursing Graduates

MUS Units	1999	2000	2001	2002	2003
MSU - Bozeman	119	110	115	98	127
MSU - Northern	43	49	54	43	33
Montana Tech	<i>New Program in 2001</i>		17	24	40
Miles CC	18	14	15	15	18
SUBTOTAL	180	173	201	180	218
Private Institutions					
Carroll College	21	21	14	23	18
Salish Kootenai	25	21	20	25	19
SUBTOTAL	46	42	34	48	37
GRAND TOTAL	226	215	235	228	255

Number of RN Test Takers

MUS Units	1999	2000	2001	2002	2003
MSU - Bozeman	114	103	117	104	108
MSU - Northern	43	49	49	47	53
Montana Tech	<i>New Program in 2001</i>		17	24	46
Miles CC	17	16	14	15	20
SUBTOTAL	174	168	197	190	227
Private Institutions					
Carroll College	21	21	13	23	15
Salish Kootenai	24	20	21	26	21
SUBTOTAL	45	41	34	49	36
GRAND TOTAL	219	209	231	239	263

Number of Test Takers Who Passed

MUS Units	1999	2000	2001	2002	2003
MSU - Bozeman	109	97	111	97	95
MSU - Northern	33	36	34	38	50
Montana Tech	<i>New Program in 2001</i>		17	21	33
Miles CC	13	12	11	13	18
SUBTOTAL	155	145	173	169	196
Private Institutions					
Carroll College	17	19	13	22	10
Salish Kootenai	19	17	17	22	16
SUBTOTAL	36	36	30	44	26
GRAND TOTAL	191	181	203	213	222

RN NCLEX Pass Rates

MUS Units	1999	2000	2001	2002	2003
MSU - Bozeman	95.6%	94.2%	95.2%	93.3%	87.9%
MSU - Northern	76.7%	73.9%	69.4%	80.9%	93.6%
Montana Tech	<i>New Program in 2001</i>		100.0%	87.5%	72.5%
Miles CC	76.5%	75.0%	78.6%	86.7%	88.2%
Private Institutions					
Carroll College	81.0%	90.5%	100.0%	95.7%	63.6%
Salish Kootenai	79.2%	85.0%	81.0%	84.6%	76.5%

MONTANA UNIVERSITY SYSTEM PN NURSING DATA, 1999 - 2003

PN Nursing Graduates

MUS Units	1999	2000	2001	2002	2003
MSU - Billings COT	13	21	29	24	30
MSU - Great Falls COT	18	32	21	16	26
UM - Butte COT	22	29	29	42	32
UM - Helena COT	26	0	15	20	22
UM - Missoula COT	21	25	24	26	19
TOTAL	100	107	118	128	129

Number of PN Test Takers

MUS Units	1999	2000	2001	2002	2003
MSU - Billings COT	13	18	29	26	32
MSU - Great Falls COT	19	30	24	27	12
UM - Butte COT	19	25	29	42	38
UM - Helena COT	29	4	14	19	28
UM - Missoula COT	19	25	25	28	17
TOTAL	99	102	121	142	127

Number of Test Takers Who Passed

MUS Units	1999	2000	2001	2002	2003
MSU - Billings COT	13	17	24	22	31
MSU - Great Falls COT	18	30	24	27	12
UM - Butte COT	19	21	25	36	34
UM - Helena COT	26	3	14	18	26
UM - Missoula COT	18	24	23	27	16
TOTAL	94	95	110	130	119

PN NCLEX Pass Rates

MUS Units	1999	2000	2001	2002	2003
MSU - Billings COT	100.0%	94.4%	82.8%	84.6%	96.2%
MSU - Great Falls COT	94.7%	100.0%	100.0%	100.0%	100.0%
UM - Butte COT	100.0%	84.0%	86.2%	85.7%	90.6%
UM - Helena COT	89.7%	75.0%	100.0%	94.7%	92.6%
UM - Missoula COT	94.7%	96.0%	92.0%	96.4%	94.1%

2003 FALL ENROLLMENTS

RN Programs

<i>MUS Units</i>	<i>Enrollment Count</i>	<i>Reported Capacity</i>
MSU - Bozeman	485	461
MSU - Northern	61	70
Montana Tech	77	80
Miles CC	54	102
SUBTOTAL	677	713

<i>Private Institutions</i>		
Carroll College	92	120
Salish Kootenai	106	80
SUBTOTAL	198	200

GRAND TOTAL	875	913
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MONTANA UNIVERSITY SYSTEM
Office of the Commissioner of Higher Education

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November 6, 2002

TO: Montana Board of Regents
FROM: Joyce A. Scott, Deputy Commissioner for Academic & Student Affairs
RE: Using the Allocation Model to "Cost" Nursing Programs

In May 2002, when the Board was considering how to address the prospect of many new program proposals in nursing, I suggested that staff could prepare a costing model based on the allocation model currently in use. Associate Commissioner Rod Sundsted completed the requested analysis, giving information on both two-year and four-year RN programs.

The information below is organized to show the basic cost per FTE student per year in the instructional programs. Thus, for a start-up class of 40 students, our allocation model would indicate that the cost would average \$ 455,200 (40 x \$11,380) for each year of a 4-year program. At the AS-RN level, the cost per class would average \$ 450,920 (40 x \$11,273) for each year of the 2-year program.

Under the allocation model, about half of the funding would normally come from General Fund and millage with the remainder coming from tuition and fees. In the past, the state has funded about \$1,914 per increased resident FTE. Given the likelihood of no funding for increased resident FTE in FY04 or FY05, most if not all of the subsidy for new programs will come at the expense of other, existing programs.

Montana University System - Allocation Model
Target Cost for Nursing Programs

	Per Student	Average	Two Yr			
	Four Years	Annual \$	Program			
			Annual \$			
Instruction	\$26,358	\$6,590	\$8,212	Average Faculty Salary 4-yr	FY04	\$48,598
Academic Support		\$1,252	\$985		FY05	\$50,056
Other Programs		\$3,538	\$2,075		FY06	\$51,558
Total Cost/FTE	\$45,519	\$11,380	\$11,273		FY07	\$53,105
				Average Faculty Salary 2-yr	FY04	\$41,796
					FY05	\$43,049