University of Saint Mary
New Initiative Proposal
Business Plan

Department	Department of Nursing
Name of Project	Master of Science in Nursing
Summary/ Goal of Project	Establish Master of Science in Nursing Program
Person Completing Study	Joyce Lasseter
Date Business Plan Submitted to President's Office Start Up Cost Aligns with Mission & Strategic Goals	April 8, 2011 Mission Alignment: Yes Strategic Goals: Goal 1, Objective 6

Business Plan

I. Project Overview

A. Introduction

A Master's of Science in Nursing (MSN) program furthers the strategic goals of the University of Saint Mary (USM). USM has made a commitment to building health care programs. To have a recognized, robust nursing program, a graduate program is essential. The MSN would be fully online. The on ground market in the Kansas City Metro area is saturated. Unlike the MBA, MAT and RN-BSN that are already on line, the MSN is not a pre-existing program that just needed to be transferred on line. We will not clear a profit for three years. All start up costs would be recovered in 4 years.

The MSN program would have 45-48 credit hours. This program would follow the eight week calendar already in place at USM for other online courses. A student who had no prerequisites to complete and who took six credits per eight week term could complete the program in 18 months. Based on the experience of the RN-BSN students, many students who begin the program with the intention of taking six credits per term do not continue with this plan. They drop back to three credits per term even though this increases their time to graduation. Students find it is too stressful to continue taking six credits per term. Students would be able to begin their plan of study during any term. It should be noted that only one health care management course is offered each term and none is offered during Summer II. Nursing courses would not have to be taken in a particular sequence except the immersion experience would be near the end of their course of study. The ability to begin a course of study during any term would be a benefit to students and could be used for marketing the program.

II. Alignment With Strategic Plan

The strategic Focus Statement of the 2006 Strategic Plan states:

The University of Saint Mary will realize its mission by developing a regionally recognized nursing program, building on its liberal arts foundation, with the introduction of program and strategic partnerships in allied health, and foster financial stewardship to further promote and enhance its reputation of academic excellence.

The Department of Nursing has developed a successful, accredited BSN program with positive margins and the program has positive regional name recognition in baccalaureate nursing education. The nursing program has formal partnerships with health care facilities and community agencies within and outside of the Sisters of Charity of Leavenworth Health System (SCLHS). These partnerships would likely increase with the MSN program. The addition of a MSN program would further increase recognition of the university and the nursing program.

Development of a Master's of Science in Nursing program fits well with the mission and values of USM. The values of professional nursing include doing no harm, bringing about good, being faithful, telling the truth, upholding autonomy, and promoting justice. These values mesh well with USM's values of community, respect, justice, and excellence. Nursing is a practice discipline. The practice of nursing seeks to maintain health, prevent illness, and restore health to individuals and populations. Nurses promote social justice, advocacy, collaboration, and understanding across cultures. Just as the BSN program has attracted students from diverse backgrounds, it would be expected that the MSN program would do likewise. BSN graduates are often a ready pool from which to recruit students to a university's MSN program.

B. Start Up Costs

Projected Start-up Expenses

Fiscal year 2011-2012
Salary & benefits -Director $96,000
-Equipment $2,000.
AACN meetings -Master's Education Conference $1,400. -Fall annual meeting $2,000.
Fees - HLC $3,000.
Consultant -curriculum & program $5,000.

Total requested: $109,400

C. Recommendation

Although the revenue projections are not favorable in the short term, USM should consider an online accelerated Masters of Science in Nursing program if USM plans to focus on health science. I recommend the MSN program offer students two areas of functional focus, nursing education and nursing administration, and the program should include an RN-MSN option. I further recommend that the MSN program partner with the Health Care Management (HCM) certificate program so that at least some and maybe all of those courses would be appropriate for graduate nursing students also. Some of the

online RN-BSN students already take the HCM courses as electives and complete the HCM certificate program. Partnering with the HCM program would provide an opportunity for interdisciplinary education and could provide more viability to the HCM program with the addition of more students. It would also decrease the number of adjunct faculty needed for the MSN program.

III. Environmental Assessment

Internal Assessment

All courses, core and specialization, would be offered on the web through the Angel learning system in conjunction with Deltak, our online partner. Two office spaces would be needed – MSN doctoral prepared program director/faculty, a second full time doctoral prepared faculty. This office space should be in Mead Hall in close proximity to other nursing offices on 4S to facilitate communication and collaboration with other nursing faculty.

The MSN program is not expected to create an undue burden on the registrar's office, business office, financial aid office, or instructional technology services. Creating the program would initially require some set up of courses and coordination between the registrar and the program director. Most of the marketing and recruiting as well as admissions would be handled by Deltak. The business office should be able to handle the additional students as the structure and calendar of the program will be like USM's other online graduate courses. The financial aid office should be able to accommodate students who would apply for federal aid. Federal loans but not grants are available for graduate students who qualify. USM will not be offering direct financial aid to these students. USM has adequate technology resources to accommodate more online students. Access to additional library databases need to be purchased.

External Assessment

Because of the increasing complexity of health care the Institute of Medicine (IOM) and the Tri-Council for Nursing consisting of the American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), American Organization of Nurse Executives (AONE), and the National League for Nursing (NLN) have drawn attention to the urgent need for a more educated nursing workforce. Too few nurses are choosing to advance their education and this will adversely impact the quality and safety of care provided to individuals, families, communities, and society. "A more highly educated nursing profession is no longer a preferred future; it is a necessary future in order to meet the nursing needs of the nation and to deliver effective and safe care" (Tri-Council for Nursing, 2010).

In March 2011 AACN adopted *The Essentials of Master's Education in Nursing*. The *Essentials* are the framework for Master's programs in nursing. The *Essentials* incorporate the core competencies for all health care professionals recommended by the IOM in 2003: a) provide patient-centered care, b) work in inter-professional teams, c) employ evidence-based practice, d) apply quality improvement approaches, and e) utilize informatics. The *Essentials* provide guidance for master's nursing programs to prepare graduates with the knowledge and skills to function in an ever changing and complex healthcare environment. This master's

prepared nurse will provide advanced nursing practice but will not be an advanced practice registered nurse (APRN). APRN roles are certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). Education for APRNs is transitioning to the doctoral level – Doctor of Nursing Practice (DNP), a practice doctorate. With the new *Essentials*, Master's education will prepare nurses who are advanced generalists and able to lead and act within complex and changing systems such as health, education, and organizations.

There is a national movement to increase health care quality and safety and to improve patient outcomes. In response to this need AACN introduced a new nursing role, the clinical nurse leader (CNL). This is the first new nursing role since the introduction of nurse practitioners (NP) over 30 years ago. This CNL role was designed to meet a need for expert clinical leadership at the point of care, the micro system level. CNLs are educated at the master's level as advanced generalists. According to AACN, the CNL is a clinician, outcomes manager, client advocate, educator, information manager, systems analyst/risk anticipator, team manager, member of a profession, and a lifelong learner. The Commission on Nurse Certification (CNC) began certifying CNLs in 2007. Over 800 CNLs have been certified and are having a positive effect on safety, quality and outcomes of patient care, as well as the cost effectiveness of nursing care in a variety of health care settings. The Veterans Health Administration (VHA), the largest health care system in the United States, was an early adopter of the CNL role. VHA Nursing has a goal of implementing CNLs in all VHA medical centers by 2016. VHA facilities in this region are employing CNLs.

The IOM partnered with the Robert Wood Johnson Foundation (RWJF) to conduct a study to answer this question: what roles can nursing assume to address the increasing demand for safe, high-quality, and effective health care services? In October 2010 the IOM published its report, *The Future of Nursing: Leading Change, Advancing Health*. Among the IOM's eight recommendations was the recommendation that the proportion of baccalaureate prepared nurses be increased from 50% to 80% by 2020. Nurses with associate and diploma degrees should be encouraged to enter a baccalaureate nursing program (BSN) within five years of graduation. Another recommendation was that the number of nurses with a doctorate be doubled by 2020. Nursing schools should be required to promote seamless access for nurses to higher levels of education. Nursing school accrediting entities, the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC), should monitor nursing schools to ensure that at least 10% of baccalaureate graduates enter a master's or doctoral program within five years of graduation. A better educated nursing workforce was also among the recommendations from the Carnegie Foundation's study of professional education in nursing, *Educating Nurses A Call for Radical Transformation*.

A more highly educated nursing workforce requires sufficient graduate-level nursing faculty. In 2010 the AACN reported there were at least 880 faculty vacancies among nursing schools offering a baccalaureate and/or graduate program. The RWJF Nursing Research Network has projected 5,000-5,500 faculty vacancies over the next 15 years. The preferred level of

education for faculty who are teaching in a baccalaureate nursing program is a Master's degree. There are several factors contributing to the nursing faculty shortage. These include: a) insufficient funds to hire new faculty because of budget constraints, b) salary disparities between academia and practice settings (average faculty salary is about $64,000 while average nurse practitioner salary is $85,000) and c) aging faculty who are retiring. According to AACN the median age of full time nurse faculty for 2009-2010 was 54 years. The average age of retirement for nurse faculty is 62.5 years. The shortage of nursing faculty contributes to the shortage of nurses. Educating the future nursing workforce depends on having an adequate supply of graduate level faculty.

Although it has not received as much publicity as the shortage of nurse faculty, there is a shortage of nurse administrators across a variety of healthcare settings. Factors contributing to this shortage include an aging workforce and retirement of nurse administrators. These are similar to some of the factors contributing to the nurse faculty shortage. A workforce study conducted by the Bernard Hodes Group found that 75% of current nurse leaders plan to retire by 2020. If the IOM is correct when it asserts the future of health care depends on the future of nursing, then it should also be correct to say the future of nursing depends in part on the quality of its leaders. Nurse administrators not only organize, supervise, and coordinate nursing care from the micro system to the macro system but also play a large role in creating an environment that fosters the delivery of safe, effective, and quality patient care. A MSN with a focus on nursing administration is the preferred entry-level degree for nurse administrators. There is some evidence to suggest that nurse administrators with a MSN have better preparation in transformational leadership, a desired style of leadership. Providing an opportunity for more nurses to become nurse administrators should positively impact health care.

Market Assessment

Deltak has completed a through market study. See attachment A.

IV. Financial Stewardship

A. Key financial and operating assumptions

- A doctorate prepared program director will need to be on staff for a year to prepare curriculum (or to secure content experts to prepare curriculum) and to prepare documents for program accreditation. The HLC accreditation process could take a year or possibly longer. Since USM cannot market or admit students until the program is accredited by the HLC, USM might be able to negotiate a 50% position for the program director as this individual will not have teaching responsibilities in the graduate program until students begin classes.
- A second full time doctorate prepared faculty should be on board before the program begins to contribute to curriculum and course development.
- The administrative assistant for the Department of Nursing averages four hours a week of work for the RN-BSN program. It is not expected that the RN-MSN program

would significantly increase this workload. Therefore, another administrative assistant would not be needed unless the MSN program created a consistent increase in workload for the administrative assistant that warranted another administrative assistant.

B. Income projections

- See Attachment B, Five Year Financial Forecast

V. Risk Analysis

- Program director will play a major role in the implementation and success of the program.
- Approval must be obtained from the Higher Learning Commission to offer a new masters level degree.
- Recruiting doctorate prepared nursing faculty is very difficult. The percentage of doctorate-prepared nursing faculty has been on the decline even as the number of nursing faculty has increased. Less than one percent of the nation's nurses have a doctorate degree. USM has already tried unsuccessfully to recruit full time doctorate prepared nursing faculty. Often faculty with a PhD are engaged in a program of research. USM's Department of Nursing does not have a culture that supports this. Some universities have tried to address the shortage of doctorate prepared faculty by "growing" their own doctorate-prepared nursing faculty through tuition support and release time. Some of the adjunct faculty for the MSN program could be master's prepared individuals who are pursuing a doctorate degree. Historically, faculty salaries at faith-based institutions have been less than salaries at secular or public institutions. This could likely contribute to the difficulty of recruiting faculty.
- Procuring clinical/practicum sites for graduate students can be challenging. Facilities oftentimes will only accommodate one or two graduate students at a time. A graduate clinical/practicum may last weeks to months rather than days to weeks. Much of this challenge would be borne by the students as they would be expected to locate sites and preceptors with input from faculty. USM would need to secure contracts with the institutions and provide preceptor orientation which can be done online. In the new *Essentials,* AACN recommends that graduate students have 500 hours of clinical/practicum during their course of study with 300-400 of these hours as an immersion experience near the end of their course work. This change in clinical/practicum hours in the new *Essentials* may help to level the playing field among nursing programs as some programs currently require much less than 500 hours. USM's MSN program will be based on the new *Essentials*.

- Deltak is responsible for marketing and recruiting students. They tend to estimate enrollment conservatively, but recruiting enough students remains a risk until we build a reputation.

VI. Contingency Plan

If the program fails to hit enrollment targets in the first three years, we will consider closing the program or converting the courses to a certificate program if fiscally feasible.

VII. Business Plan Monitoring

- The budget and variables that contribute to it such as enrollment, retention, and expenses will be monitored regularly.
- Program director will monitor quality of students enrolled and their academic progress to ensure academic goals of USM are maintained.