

Michigan Accelerated Health Care Training Initiative

Final Report

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Michigan Accelerated Health Care Training Initiative (MiAHCTI)

Table of Contents

MiAHCTI Executive Summary	3
MiAHCTI Project Description.....	7
MiAHCTI Project Outcomes	9
MiAHCTI Project Evaluation.....	10
MiAHCTI Project Implications	15
List of Attachments.....	16
Attachment A: MiAHCTI Data Tables.....	17
Table A: Model A LPN & ADN Programs	18
Table B: Model B Second-Degree BSN Programs.....	19
Table C-1: Model C Nursing Faculty Programs.....	20
Table C-2: Model C Special Programs	21
Table D: Model D Allied Health Programs	22
Table E: Gender, Racial, and Ethnic Data Across All Programs.....	23
Attachment B: MiAHCTI Program Comments	24
Attachment C: List of MiRSA Partners	31
Attachment D: MiAHCTI Project Staff.....	33
Attachment E: MiAHCTI Partners Table	34

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Michigan Accelerated Health Care Training Initiative (MiAHCTI) Executive Summary

Background and Goals

The goal of Michigan Governor Jennifer Granholm's *No Worker Left Behind* initiative is to give 100,000 displaced workers access to college education and other training that prepares them for specific high-demand jobs. The Governor also has addressed the nursing shortage through *The Nursing Agenda for Michigan* and the Michigan Nursing Corps. These initiatives are the foundation for the **Michigan Accelerated Health Care Training Initiative (MiAHCTI)**.

MiAHCTI – a \$30 million, three-year initiative of MDCH and MDLEG between 2005 and 2007 – addressed healthcare workforce shortages and provided job training for displaced workers, while improving the capacity of the public higher education system, particularly in nursing. **The overarching goal of MiAHCTI was to increase the capacity of Michigan's public education institutions to educate/train more high quality healthcare professionals and allied health workers at an accelerated pace.**

MiAHCTI Partnerships

Michigan Regional Skills Alliances [MiRSA®]¹ were invited to partner with regional community colleges, public universities, and hospitals in responding to the MiAHCTI Request for Proposals. Forty (40) partnerships received grants and tested four models for accelerated education/training of high-quality nurses, allied health workers, and nursing educators.

Outcomes

- The immediate benefit of MiAHCTI was the **entry into the healthcare workforce of more than 1,100 new graduates** (996 high-quality nursing graduates plus 146 allied health workers).
- By 2009, after the remaining 300 students graduate, MiAHCTI will have **produced more than 1,400 new members of the healthcare workforce.**
- Some of these graduates were **displaced workers who now are working in high-demand, stable, well-paid jobs.**
- The 2007 Michigan Survey of Nurses shows a **1.8 percent increase in newly licensed Registered Nurses in Michigan, or about 2,211 new RNs².** MiAHCTI and other healthcare workforce initiatives are having a positive effect on the nursing shortage.
- To sustain this positive change, **MiAHCTI focused primarily on building the capacity and infrastructure of the public nursing higher-education system.** This goal of MiAHCTI has been achieved.
- The **nursing education capacity** of participating public institutions of higher education has been **increased in terms of physical facilities (skills laboratories, simulation laboratories, and classrooms), accelerated curricula, new technology, and additional classroom faculty and clinical instructors.**
- These **capacity improvements** served the over 1,400 graduates of MiAHCTI-funded programs, and **will continue to serve thousands of additional students for many years.**

MiAHCTI Model Programs

Partnerships of Michigan public nursing education institutions and hospitals tested four models:

Model A -- Accelerated LPN and ADN – programs to educate (1) Certified Nursing Assistants (CNAs) to become Licensed Practical Nurses (LPNs), and (2) LPNs to achieve an Associate Degree in Nursing (ADN) and become Registered Nurses (RNs).

Model B -- Accelerated Second-Degree -- programs to educate individuals with Bachelor's degrees in related fields to achieve Bachelor of Science in Nursing (BSN) degrees and become Registered Nurses (RNs).

Model C – Accelerated Nursing Faculty – programs to educate nurses to become: 1) certified clinical instructors (Bachelor of Science in Nursing degree plus additional education) or preceptors/tutors/mentors in hospital settings, thereby increasing nursing clinical faculty and increasing nursing student retention and timely graduation; or 2) nursing education faculty with graduate degrees (Master of Science in Nursing or Doctor of Nursing Practice) to address the critical shortage of nursing educators.

Model D – Accelerated Allied Health – programs to educate/train high school graduates to become workers in any of six high-need categories of allied healthcare.

Successes

The major lesson learned is that addressing healthcare workforce shortages through accelerated education programs is effective.

- The Accelerated Second-Degree and Accelerated Nursing Faculty programs (including Doctor of Nursing Practice) were the most successful. These program grantees innovated accelerated curricula and teaching technologies, provided appropriate faculty, recruited, retained, and graduated students, and produced high-quality graduates who were quickly employed. The Accelerated Second-Degree graduates passed the National Council Licensure Examination (NCLEX) at rates higher than the state and national averages. The Doctor of Nursing Practice program produced 50 new faculty.
- The Accelerated LPN and ADN programs were very successful in those cases where a hospital with a strong commitment was a partner.
- The Allied Health programs all graduated additional allied healthcare workers for Michigan.
- An additional success was the increased enrollment in accelerated nursing programs of males and African Americans. Males constituted 15 percent and African Americans constituted 14 percent of accelerated program enrollment – more than double the percentage of males or African Americans in the actively practicing nurse population of Michigan.

Factors facilitating success include the nursing shortage and allied health worker shortage (predicted to continue through 2030) and the strong interest of Michigan Schools/Colleges of Nursing, Allied Health programs, and hospitals in improving nursing and allied health education capacities and efficiency, thus increasing the healthcare workforce.

- Due to the shortage, nursing has emerged as an attractive career and many qualified students seek entry to nursing education programs. In 2007, over 4,000 qualified applicants were turned away from Michigan's nursing education programs, due to a shortage of nursing classroom faculty, clinical placement sites, and clinical instructors.
- This bottleneck in nursing education and the growing nursing shortage are motivators for increased capacity in the nursing education system.
- Changes in the Michigan economy have led – over the past two to three years – to the emergence of healthcare as the number one industry in the state.

Sustainability

Governor Granholm's initiative *No Worker Left Behind* is an aspect of the economic transformation critical to Michigan as a state. MiAHCTI was a strategic investment in capacity

to educate/train additional healthcare professionals and workers as part of the economic transformation to high-tech and high-demand jobs for Michigan residents.

- The capacity improvements will continue for many years to support the education and training of healthcare graduates.
- MiAHCTI grantees that were successful in implementing their chosen models will sustain these models because there is continuing demand for them. Replication of successful models will require future funding from the State and from healthcare stakeholders.
- Lessons have been gained from all of the funded projects; those that succeeded will be replicated, most notably in the Governor's Michigan Nursing Corps.
- MiAHCTI funding has been leveraged through two major nursing education grants from the Robert Wood Johnson Foundation (RWJF) and Michigan community foundations. The Partnerships In Nursing (PIN) initiative of the RWJF awarded grants to:
 - *Nursing for a Lifetime* project of Michigan State University College of Nursing; and
 - *East-Central Partnership* of Saginaw Valley State University College of Nursing.

MiAHCTI capacity improvements are expected to lead to additional foundation and healthcare stakeholder investments in Michigan nursing education programs in the future.

Increased Capacity

This \$30 million investment provided (to the project communities) improved education resources for the future: skills laboratories, simulation laboratories, and classrooms; accelerated curricula; new technology to assist in providing clinical experience; and additional nursing educators for nursing students. This increased capacity will support the accelerated education/training of additional thousands of healthcare professionals and workers.

- MiAHCTI supported successful innovations that ***changed the models for educating nurses and training allied health workers.***
- MiAHCTI-funded programs decreased preparation time for nurses and allied health workers by as much as 50 percent, while maintaining quality. These model programs show that ***high-quality graduates can be produced in less time and therefore, in greater numbers.***
- ***Each additional graduate fills a high-demand position in nursing or allied health,*** providing economic and health benefits to the community, the state, and the graduates.
- Using conservative assumptions, the ***20-year return on the \$30 million investment is calculated at \$2.58 billion or \$86 per \$1 invested (in 2007 dollars).***

Next Steps: The Michigan Nursing Corps

During her 2007 State of the State Address, Governor Granholm announced the Michigan Nursing Corps to rapidly educate additional nursing faculty and improve the capacity of Michigan's nursing education institutions to educate new nurses for Michigan:

One area that demands our special attention is nursing. Today we have a nursing shortage in communities across our state. Yet we have waiting lists of people who are anxious to become nurses. Something's wrong with this picture, and we are going to fix it. Tonight we are launching the Michigan Nursing Corps, an initiative to train new nurses. We will prepare 500 nursing educators to train 3,000 new nurses in just three years.³

MiAHCTI started the process of expanding resources for nursing education in Michigan. To maintain the momentum provided by MiAHCTI, the Michigan Nursing Corps needs to be fully funded. Full implementation of the Michigan Nursing Corps will be based in the successes of MiAHCTI and will include:

- Accelerated Masters in Nursing Education (MNE) degree programs at four-year Colleges/Schools of Nursing. These MNE graduates will provide much needed faculty in

Michigan nursing education programs, and open up additional nursing student “slots” in existing two-year and four-year nursing education programs.

- A unified curriculum for the Accelerated Clinical Instructor programs, so that the quality and capabilities of Clinical Instructors will be consistent across the state.
 - Additional regional nursing clinical labs, offering high-tech nursing simulations in preparation for real-world clinical experiences, decreasing stress on clinical experience sites.
- Additional faculty, clinical instructors and clinical experience infrastructure are essential if the nursing education system is to produce all the new nurses Michigan needs over the next 20 years.

The final steps in utilizing the capacity created by MiAHCTI and the Michigan Nursing Corps (MNC) will be to address three critical nursing education components:

- Maintain full funding for the MNC to assure that nursing faculty numbers are sufficient.
- Address the nursing faculty salary disparity to make sure that faculty salaries are attractive, compared to clinical salaries, so that we can recruit and retain quality nursing faculty.
- Address the overall financing of nursing education in Michigan and the nation. Nursing education should receive the same type of state and federal funding as does the education of other healthcare professionals.

Comments from the Governor, Grantees, and Graduates

Ω **Governor Jennifer Granholm:** “John Sternhagen had worked in manufacturing for 31 years, most recently at Electrolux in Greenville. When Electrolux closed its doors and moved the jobs to Mexico, John and his wife Andrea didn't know how they'd afford raising six kids with two in college. With the help of workforce training efforts, John was able to go to Montcalm Community College through an accelerated program (MiAHCTI-supported) and get a nursing degree. Today, John is working full-time at Gratiot Medical Center as an RN, making almost double his old salary.” [Adapted from Gov. Granholm's 2008 State of the State Address.]

Ω **Henry Ford Community College:** “Each new semester, students must meet the specific course and performance challenges of the program. For those able to maintain the challenges of school – or work and school – the notion of their new professional life is beginning to emerge.”

Ω **Montcalm Community College:** “We purchased a patient care simulator... We have a simulator ‘champion’, a faculty member who is responsible for the simulator mannequin, runs it and designs simulator experiences for students... This gives students the opportunity to work on a situation in ‘real time’ without fear of harming a real person.”

Ω **Michigan State University, Second-Degree Graduate:** “Unable to obtain a job with my SW degree... I (was) accepted into MSU's Accelerated Option program... I am still incredibly grateful that I was given this opportunity. No matter how hard this year has been, I remained thankful (for) a second chance. I now have been offered two jobs and my options are unlimited.”

Ω **Mott Community College, Clinical Nurse Faculty Graduate:** “This experience is much more than I expected. I absolutely love assisting with clinicals and love the teaching that I get to provide to the OB students. I... look forward to eventually pursuing my master's.”

¹ Michigan Regional Skills Alliances and MiRSAs are Registered Service Marks of MDLEG.

² *Survey of Nurses, 2007*. MDCH Bureau of Health Professions.

³ Governor Jennifer Granholm, *Our Moment, Our Choice: Investing in Michigan's People*. February 6, 2007.

MiAHCTI Project Description

Background

In April 2005, with the support of Governor Jennifer Granholm, the Michigan Departments of Community Health (MDCH) and Labor & Economic Growth (MDLEG) collaborated to address the retraining needs of displaced Michigan workers and the healthcare worker shortages becoming evident to healthcare employers across the state. The nursing shortage was a major focus of *The Nursing Agenda for Michigan, 2005-2010*, a strategic plan for nursing in Michigan; some of the action plans in *The Nursing Agenda* were incorporated in the design of the **Michigan Accelerated Health Care Training Initiative (MiAHCTI)**. The purpose of this project was to address both retraining needs and healthcare workforce shortages through expansion of the capacity of the Michigan higher education system to rapidly educate/train high-quality healthcare workers, thus increasing Michigan's total of well-prepared, qualified healthcare workers.

A Request for Proposals was issued, and Michigan Regional Skills Alliances (MiRSAs) were invited to partner with regional community colleges, public universities, and hospitals in responding to the RFP. Competitive proposals focused on development of innovative, accelerated education/training programs to educate/train nurses and students in allied health fields, with attention to worker retraining and the documented needs of regional employers.

From this point onward, this report will combine results from the first round of grant awards (2005 and 2006, referred to as MiAHCTI-I), and the second round of grant awards (2007, referred to as MiAHCTI-II). Overall, 42 proposals were received and reviewed by MDCH and MDLEG; thirty-eight (38) awards were made. A total of \$30 million was made available to 40 partnerships of public institutions of higher education and hospitals, with a MiRSA partner. Some of the partnerships extended through both rounds of grant awards; others existed for either MiAHCTI-I or MiAHCTI-II. Many of the partnerships worked well, and will be extended into the future to continue educating healthcare professionals and allied health workers for Michigan.

Goal

The overarching goal of the MiAHCTI was to **increase the capacity of Michigan's public education institutions to educate/train more high-quality healthcare professionals and allied health workers at an accelerated pace.**

Objectives

- Increase the number of health professionals and allied health workers entering the workforce
- Decrease the time required for education/training of those entering the healthcare workforce
- Maintain the quality of graduates
- Test "Grow Your Own" approaches involving public education institutions and hospitals
- Increase the utilization of technology in health careers education/training
- Ensure the employability of program graduates through accelerated education/training, retention, and career development components
- Test the effectiveness of the proposed innovative, accelerated education/training programs
- Increase the future education/training capacity of Michigan's higher education institutions in terms of technology, infrastructure, curriculum, and faculty.

Planning and Implementation Process

The Governor's Office supported this interagency initiative as an early example of *No Worker Left Behind* activity. Collaboration between MDCH and MDLEG to achieve project goals and objectives was encouraged. Funding was included in the 2005, 2006, and 2007 budgets to support innovative, accelerated education/training programs for nurses and allied health workers. After assessing the needs of healthcare employers across the state, four education/training models were selected for inclusion in the Request for Proposals; three models addressed accelerated education/training of nurses, and one model addressed accelerated education/training of six categories of allied healthcare workers. All model programs were required to include accelerated education/training, retention, and career development components, to ensure the employability of program graduates and improve Michigan's economic base.

Eligible education/training models included:

Model A -- Accelerated LPN and ADN – programs to educate (1) Certified Nursing Assistants (CNAs) to become Licensed Practical Nurses (LPNs), and (2) LPNs to achieve Associate's Degrees in Nursing and become Registered Nurses (RNs).

Model B -- Accelerated Second-Degree -- programs to educate individuals with Bachelor's degrees in related fields to achieve Bachelor of Science in Nursing (BSN) degrees and become Registered Nurses (RNs).

Model C – Accelerated Nursing Faculty – programs to educate nurses to become: 1) certified clinical instructors (Bachelor of Science in Nursing degree plus additional training) or preceptors/tutors/mentors in hospital settings, thereby increasing nursing clinical faculty and increasing nursing student retention; or 2) nursing education faculty (Master of Science in Nursing or Doctor of Nursing Practice) to address the critical shortage of nursing educators.

Model D – Accelerated Allied Health – a program to educate/train high school graduates to become workers in any of six high-need categories of allied healthcare.

Applicants' proposals included a narrative summary, narrative, management summary, and a capability and qualifications statement. The narrative discussed 1) training needs and eligible training model, 2) increased education/training capacity, 3) degree of education/training acceleration, quality, and innovation, 4) plan for student retention and employment placement, and 5) assessment/evaluation and tracking plan. The management summary included a) management plan with activities, timeframes, and milestones, b) budget, and c) an education/training plan.

Awards were made to 24 applicants in the first round of MiAHCTI and 14 applicants in the second round, for a total of 38 awards. These awards resulted in 40 distinct partnerships between public nursing education institutions and hospitals. The proposals of these applicants were judged by MDCH and MDLEG to have met RFP requirements with respect to partnerships and models, and the proposed programs were innovative and considered the needs of regional healthcare employers. Upon approval of the proposal, the applicant public entity was required to provide an approximately 44 percent cash match of the total approved project budget.

This was a complex proposal process and a complex funding arrangement with a short development timeline. It required a functioning partnership of (at minimum) one publicly funded higher education institution, a hospital, and a MiRSA, with all partners providing the services, agreements, and funds critical to a successful proposal and education/training project. Reporting requirements included quarterly progress reports, completion of education/training reports, an employment retention report, and a final program summary report.

It is, perhaps, not surprising that some grantees had difficulty in getting their programs started (particularly if they had to hire faculty), and that many had difficulty in meeting reporting requirements. Delays and a lack of data were evident in the first year of MiAHCTI-I, improved in the second year, and were less evident in MiAHCTI-II. Outcomes of the various MiAHCTI-I and MiAHCTI-II projects are presented below. Data tables are presented in Attachment A.

MiAHCTI Project Outcomes

Outcomes for MiAHCTI-I and MiAHCTI-II Combined⁴

MiAHCTI-I plus MiAHCTI-II grantees (24 +14 = 38) included:

Forty (40) unique partnerships of public nursing education programs and hospitals.

Seven (7) partnerships implemented Model A [Accelerated LPN and ADN Programs];

Twelve (12) implemented Model B [Accelerated Second-Degree BSN Programs];

Sixteen (16) implemented Model C [Accelerated Nursing Faculty & Special Programs]; and

Five (5) implemented Model D [Accelerated Allied Health Programs].

Some of the partnerships extended through both rounds of grant awards; others existed for only one round. Some public education institutions submitted multiple applications, each involving a different model and/or different partners; these institutions may be counted multiple times.

Model A Outcomes [Accelerated LPN and ADN Programs]

- Planned admission of 320 students.
- Actual admission of 357 students (112% of those planned).
- Graduation of 300 students (84% of those admitted in cohorts graduating 2006 to 2008), with additional graduates expected through May 2009.
- Program time savings ranged from 3 months to 12 months (acceleration factor).
- Pass-rates on the National Council Licensure Examination (NCLEX) ranged from 89% to 100% of each cohort.
- Employment of graduates ranged from 80% to 100% of each cohort.

Model B Outcomes [Accelerated Second-Degree BSN Programs]

- Planned admission of 445 students.
- Actual admission of 439 students (99% of those planned).
- Graduation of 365 students (92% of those admitted in cohorts graduating 2006 to 2008), with additional graduates expected through May 2010.
- Program time savings ranged from 11 months to 24 months (acceleration factor).
- NCLEX pass rates ranged from 91% to 100% and were above state and national averages.
- Employment of graduates was between 90% and 100% for all cohorts.

Model C-1 Outcomes [Accelerated Nursing Faculty Programs]

- Planned admission of 305 students.
- Actual admission of 296 students (97% of those planned).
- Graduation of 277 students (94% of those admitted in cohorts graduating 2006 to 2008), with additional graduates expected through May 2010.
- Program time savings ranged from a few weeks to 20 months.
- Where NCLEX pass rates were given for the students taught, tutored, or mentored by Model C clinical instructors, the rates were near 90%.
- Employment of graduates ranged from 50% (as clinical nurse faculty) to 100% (as nurses). Full employment is expected as hiring proceeds for the 2008/2009 academic year.

Model C-2 Outcomes [Special Programs: Graduate Degrees & Education Infrastructure]

Doctor of Nursing Practice Program:

- Planned admission of 50 students
- Actual admission of 92 students (186% of those planned)
- Graduation through December 2008 of 50 students (100% of those admitted in cohorts graduating 2006 to 2008), with 42 additional students expected to graduate in 2009.

Master of Science in Nursing Education Program

- Planned admission of 30 students
- Actual admission of 8 students (27% of those planned)
- Graduation through May 2008 of 4 students (50% of those admitted), with 2 additional students expected to graduate in 2009.

Nursing Education Infrastructure for Clinical Placements

- Development of a web-based clinical placement system
- Beta-test occurring in Spring 2008 in six hospitals in Southeast Michigan
- Statewide implementation expected in Fall 2008.
- A student passport system, also web-based, is to be developed in 2009.

Model D outcomes [Accelerated Allied Health Programs]

- Planned admission of 271 students
- Actual admission of 278 students (103% of those planned)
- Graduation of 146 students (58% of those admitted), with more graduations expected through December 2009.

MiAHCTI Project Evaluation

To What Degree Were MiAHCTI Project Objectives Met?

Objective 1 [Increase the number of health professionals and allied health workers entering the workforce] has been achieved, in that 1,142 nursing and allied health education/training program graduates have entered the workforce, with over 300 more to come as the final cohorts graduate.

Objective 2 [Decrease the time required for education/training of those entering the healthcare workforce] has been achieved, although calculation of how many cumulative years have been saved will require more information than is currently available.

Objective 3 [Maintain the quality of graduates] has been achieved, since high percentages of the program graduates have passed necessary examinations and are employed.

Objective 4 [Increase the utilization of technology in health careers education/training] has been achieved by some of the programs that concentrated on utilization of technology. The programs notable for this are: Henry Ford Community College & Henry Ford Health System; Kalamazoo Valley Community College & Allegan General Hospital; Lake Michigan College & Lakeland Regional Health System; Montcalm Community College & Carson City Hospital; and Oakland University & William Beaumont Hospital.

Objective 5 [Ensure the employability of program graduates through accelerated education/training, retention, and career development components] has been achieved according to the reports submitted by grantees. Further follow-up will be required to assess the degree to which all graduates are employed in the field and with the certification or degree for which they studied.

Objective 6 [Test the effectiveness of the proposed innovative, accelerated education/training programs] has been achieved. It was evident after MiAHCTI-I that some programs and some models were more effective than others. The MiAHCTI-II grants generally went to entities implementing models found to be successful in MiAHCTI-I; thus, the initial findings were applied in the review and award process. Overall, the test of models demonstrates:

- Model A (Accelerated LPN and ADN) was successful for certain entities, particularly those partnered with a strongly committed hospital. The partnerships of (a) Henry Ford Community College & Henry Ford Health System and (b) Montcalm Community College & Carson City Hospital implemented this model in both MiAHCTI-I and MiAHCTI-II. Student retention averaged 84%.
- Model B (Accelerated Second-Degree BSN) was very successful for most of the entities that implemented it. Of the partnerships implementing this program in MiAHCTI-I, all but one (Northern Michigan University) applied to implement this model again in MiAHCTI-II, and two new partners joined the group. Student retention averaged 92%. Anecdotal information indicates that demand for these graduates is high.
- Model C-1 (Accelerated Nursing Faculty – Clinical Instructors) was successful in terms of numbers produced (277), but the programs varied widely in their graduation rates (from 50% to 100%) and in the length of the instruction and experience the program provided. The new Clinical Instructors greatly increased the capacity of participating institutions to provide clinical experience for nursing students. Three of the partnerships implementing this model in MiAHCTI-I applied to implement it again in MiAHCTI-II; one new partnership joined the group, but that partnership's success in producing new nursing faculty and clinical instructors was reduced by retention difficulties.
- Model C-2 (Special Programs -- Nursing Graduate Degrees and Nursing Education Infrastructure) was very successful in producing Doctor of Nursing Practice graduates, less successful in producing Master of Nursing Education graduates, and moving rapidly toward web-based improvements in clinical nursing education infrastructure.
 - ***Doctor of Nursing Practice Degree:*** A new accelerated doctoral program in nursing practice (DNP) was established by the partnership of Oakland University, Northern Michigan University, and Oakwood Health System. This innovative accelerated doctoral program planned to enroll 50 students, actually enrolled 92, and has graduated 100% of its first two cohorts (50 DNPs). The graduates of this program will help to alleviate the shortage of nursing faculty in Michigan.
 - ***Master of Science in Nursing Education Degree:*** A partnership of Detroit Medical Center, St John's-Providence Hospital, and Oakland University conducted an accelerated

program (16 months) to produce additional master's degree nursing faculty. The program is 16 months, full-time. Most students must remain employed, which makes it very difficult to retain them in a full-time program. Of the eight students enrolled, four have graduated and two more will graduate in 2009. The graduates of this program will help to alleviate the shortage of nursing faculty in Michigan. This experience will inform revised MSN-Ed approaches during the Michigan Nursing Corps first year of funding.

- ***Nursing Education Infrastructure for Clinical Placements:*** The partnership of Oakland University, the Michigan Health Council, and William Beaumont Hospital collaborated in development of a web-based clinical placement system. This system is being Beta-tested during the Spring of 2008 at six hospitals in Southeast Michigan. It is expected that the finished system will be implemented statewide in the Fall of 2008. This is a complex process, but states where such a system has been implemented have experienced a substantial gain in identified clinical placement spots, and therefore an increase in timely graduation of new nurses. A second phase of this project will develop a web-based student passport system. The passport system will normalize hospital pre-requirements for clinical placement of students, at first within a region, and eventually within the state. Students will be able to set-up their passport on line, and complete pre-requirements for clinical placement within their region. The passport system is expected to be ready for Beta-testing in 2009.
- Model D (Accelerated Allied Health) was moderately successful for certain partnerships. One partnership (Kalamazoo Valley Community College and Bronson Methodist Hospital) admitted more than the planned number of students and all 65 of them completed 12 month programs in EMT or Respiratory Therapy. Two other partnerships had smaller cohorts and shorter education/training periods; Lake Michigan College and Lakeland Regional Health System invested in education infrastructure and their first cohort of Radiologic Technicians is expected to graduate in 2009. Schoolcraft Community College and DMC-Harper Hospital admitted 100 students for programs in Medical Transcription, Medical Code Billing, or Phlebotomy; 16 students have completed associate degrees or certificates; student inability to enroll full-time reduced graduations. The remaining 84 will be tracked through 2009.

Objective 7 [Increase the future education/training capacity of Michigan's higher education institutions in terms of technology, infrastructure, curriculum, and faculty] has been achieved. The capacity of participating public institutions of higher education has been increased in terms of physical facilities (skills laboratories, simulation laboratories, and classrooms), accelerated curricula, new technology, and additional faculty and clinical instructors. These capacity improvements served the current graduates of MiAHCTI-funded programs, and will continue to serve additional students for many years to come.

Overall, MiAHCTI-I and MiAHCTI-II have been successful in achieving all of the project objectives. There have been conspicuous successes and a few notable failures, but lessons have been learned from all of the partnership experiences and will be applied to future projects, including the Michigan Nursing Corps. The major lesson learned is that addressing healthcare workforce shortages through accelerated education programs is effective.

Factors That Facilitated Success and Impeded Success

The factors facilitating success include the nursing shortage and allied health worker shortage (predicted to continue through 2030) and the strong interest of Michigan Schools/Colleges of Nursing, Colleges of Allied Health, and hospitals in improving nursing and allied health education capacities and efficiency, thus increasing the healthcare workforce.

- Due to the shortage, nursing has emerged as an attractive career and many qualified students seek entry to nursing education programs. In 2007, over 4,000 qualified applicants were turned away from Michigan's nursing education programs, due to a shortage of nursing faculty, clinical placement sites, and clinical instructors.
- This bottleneck in nursing education and the growing nursing shortage are motivators for increased capacity in the nursing education system.
- Changes in the Michigan economy have led – over the past two to three years – to the emergence of health care as the number one industry in the state.

Factors impeding project success include those related to the tight timelines of the project, and the project requirement for innovation and acceleration of the learning process. Barriers and challenges include difficulties in a) rapid innovation of curriculum (which normally requires years of development and many levels of approval), rapid recruitment of scarce nursing faculty, student retention difficulties (resources for which are thin and strained in normal circumstances), and student graduation (which depends upon the success of student retention and completion, both of which are often affected by the student's need to remain employed) resulting in substantial variability in the success of partnerships testing different models or the same model.

Sustainability of Projects Funded Under MiAHCTI-I and MiAHCTI-II

Successful partnerships and models will be able to sustain these efforts; partnerships that were less successful will find these programs a burden unless there is a) substantial student enthusiasm for continuation, and b) additional funding available. Partnerships that were successful in implementing one of the Models are likely to attempt continuation of that curriculum and program, assuming that sufficient students are willing to enroll. The most notable examples are:

- Accelerated Second-Degree BSN programs implemented by:
 - Michigan State University & Ingham Regional Medical Center, Oakwood Healthcare, Sparrow Hospital, William Beaumont Hospital, and Foote Hospital
 - Oakland University & Oakwood Healthcare, St. John Health System-Providence, and William Beaumont Hospital.
- Accelerated Nursing Faculty programs implemented by:
 - Ferris State University & St. Mary's Hospital-SON
 - Michigan State University & Oakwood Healthcare
 - Mott Community College, UM-Flint, Genesys Health System & McLaren Health System
 - Oakland University, Northern Michigan University, & Oakwood Healthcare
- Accelerated LPN and ADN programs implemented by:
 - Henry Ford Community College & Henry Ford Health System
 - Kalamazoo Valley Community College & Allegan General Hospital
 - Montcalm Community College & Carson City Hospital
- Accelerated Allied Health programs implemented by:
 - Ferris State University & St. Mary's Hospital-AH
 - Kalamazoo Valley Community College & Bronson Methodist Hospital

Many hospitals are very interested in the potential of “grow your own” programs in which current hospital employees are supported in gaining further education so that they may assume a more responsible position at their current place of employment. Both the Accelerated LPN and ADN programs and the Accelerated Clinical Instructor programs carried that potential, and many hospitals were eager to participate in those programs. Graduates of the Accelerated Second-Degree programs also were sought after by hospitals, which prized their maturity, experience, and determination (which is required by demanding accelerated programs). The 2007 Nursing Licensure Survey shows a 1.8 percent increase in newly licensed Registered Nurses in Michigan, or about 2,211 new RNs⁵. MiAHCTI and other healthcare workforce initiatives are having a positive effect on the nursing shortage.

Partnerships (Henry Ford Community College & Henry Ford Health System; Kalamazoo Valley Community College and Bronson Methodist Hospital; Lake Michigan College & Lakeland Regional Health System; and Montcalm Community College & Carson City Hospital) that focused on the utilization of technology and infrastructure, particularly for clinical education, are expected to sustain their new capacities by making them available for many categories of healthcare students, students at other schools and colleges, and for continuing education/training of healthcare workers (such as Emergency Medical Technicians) in surrounding communities.

Partnerships having moderate success with implementation of a Model may be able to sustain that program if students seek enrollment and additional funding is available. However, the likelihood of sustainability is lower than for the situations discussed above. Please see Attachments A and B for comparative data on all programs and comments from programs.

Return on Investment: The immediate return on investment is the health and economic benefit of nearly 1,000 new nurses and 150 additional allied health workers. Using the following conservative assumptions, we can calculate the economic return on the \$30 million MiAHCTI investment based on these additions to the healthcare workforce:

- Assume that each of the 1,000 new nurses will bring \$120,000 per year into their community (salary, fringes, and other economic benefits)⁶. This figure is based on the 2007 first year salary and fringe benefits of a two-year ADN graduate starting work in the Lansing area.
- Assume that over a 20-year career, each nurse brings \$2.4 million [$\$120,000 \times 20$] in benefit to the Michigan economy (in 2007 dollars, with early retirement, no inflation, and no raises).
- Assume that the economic benefit from each allied health worker is 50% that of each nurse.

Using these assumptions, the 1,000 new nurses educated through the MiAHCTI grants would bring \$2.4 billion [$\$2.4 \text{ million} \times 1,000$] in economic benefit to Michigan over the next twenty years. The twenty-year return on investment for the 150 allied health graduates is calculated as 50% of that for 150 nurses, or \$180 million. The total return on the \$30 million investment is \$2.58 billion or \$86 per dollar invested (in 2007 dollars).

Since many of the capacity improvements – new classroom faculty, new clinical instructors, new clinical laboratories, and new classrooms -- produced by the MiAHCTI investment will increase the number of new nurses graduating from Michigan nursing education programs for many years, the ultimate return on investment will be all the new nurses in the Michigan healthcare workforce. The MiAHCTI investment is only starting to bring the results of increased educational system capacity.

MiAHCTI Project Implications

Lessons Learned and Their Implications for the Michigan Nursing Corps

The major lesson learned is that addressing healthcare workforce shortages through accelerated education programs is effective. Of the education models tested, Model B (Second Degree BSN Programs) and Model C (Nursing Faculty and Special Programs) were the most successful in improving the capacity of the Michigan higher education system to educate/train healthcare professionals and workers. Model A (LPN and ADN Programs) was successful in partnerships that included a strong, committed hospital. These lessons will be taken into account in future decision-making.

Successful Model B grantees were those able to effectively innovate accelerated curricula, provide appropriate faculty, recruit students, support and retain students, graduate students, and produce graduates who were highly employable. Some BSN second-degree programs, however, had difficulty retaining students in these intensive, full-time programs. Retention of both accelerated BSN and accelerated MSN students may require support for living stipends as well as tuition.

The success of Model C was more difficult to judge, since curricula varied widely in content and duration. The success of grantees who repeated this Model in the second round should be further studied and replicated. A more uniform curriculum for Clinical Instructor programs would make replication feasible. The Doctor of Nursing Practice degree program was very successful in producing new nursing faculty. The MSN program provided a lesson in the difficulty of recruiting and supporting full-time students who need to continue their employment. This lesson must be taken into account in making decisions about Michigan Nursing Corps grants.

Models B, C, and A should be supported in future initiatives, with improvements as feasible. In order to continue MiAHCTI innovative programs, nursing education institutions need more classroom faculty, more clinical instructors, and clinical experience sites. Example: Even with MiAHCTI funding for a new faculty member, Kalamazoo Valley Community College was delayed for a year in admitting an entire cohort of students because the College was unable to recruit for this faculty position; appropriate candidates were not available. The State and healthcare stakeholders should support initiatives to increase nursing faculty, such as the Michigan Nursing Corps.

An additional lesson relates to the diversity of the students attracted to the MiAHCTI accelerated programs. The Michigan Department of Community Health and the W. K. Kellogg Foundation have supported efforts to improve student diversity in nursing education. Such efforts are important to better serve the healthcare needs of Michigan's diverse population. People who had not previously considered nursing were drawn to the MiAHCTI accelerated programs. Males, who constitute less than 7% of the actively practicing nurse population in Michigan, enrolled at more than twice that rate (15%) in MiAHCTI accelerated programs. African Americans (less than 7% of the actively practicing Michigan nurse population, enrolled at more than twice that rate (14%) in MiAHCTI accelerated programs. Other racial/ethnic groups also enrolled at rates exceeding their representation in the current Michigan practicing nurse population. This increase in diversity was a very positive outcome. (See Attachment A, Table E.)

Implications for the Michigan Nursing Corps: Implementation of the Michigan Nursing Corps should include an MSN variant of the successful accelerated second-degree BSN program at four-year colleges/schools of nursing, with careful attention to student recruitment, support and retention, graduation, and employment. The MSN graduates will provide much needed faculty in Michigan ADN and BSN nursing education programs, and open up additional nursing student “slots” in existing programs. The accelerated nursing faculty programs should be replicated and a unified curriculum should be developed for clinical instructors. Additional investments should be made in clinical teaching infrastructure to assure educational capacity for the new nurses Michigan needs over the next 25 years. As the Texas Center for Nursing Workforce Studies concluded in *The Economic Impact of the Nursing Shortage*: “The cost in nursing education can be seen as a good investment with higher returns toward improving the economy within the community and state.” (September 2006)

The final steps in utilizing the capacity created by MiAHCTI and the Michigan Nursing Corps will be to address three critical nursing education components:

- Maintain full funding for the Michigan Nursing Corps to assure that nursing faculty numbers are sufficient.
- Address the nursing faculty salary disparity to make sure that faculty salaries are attractive, compared to clinical salaries, so that we can recruit and retain quality nursing faculty.
- Address the overall financing of nursing education in Michigan and the nation. Nursing education should receive the same type of state and federal funding as does the education of other healthcare professionals.

⁴ See Attachment A for the data tables from which the Outcomes are derived.

⁵ *Survey of Nurses, 2007*. MDCH Bureau of Health Professions.

⁶ *The Economic Impact of Healthcare in Michigan, 2006*.

Attachments

Attachment A: MiAHCTI Data Tables

Table A: Model A LPN & ADN Programs

Table B: Model B Second-Degree BSN Programs

Table C-1: Model C Nursing Faculty Programs

Table C-2: Model C Special Programs

(Graduate Degrees and Nursing Infrastructure)

Table D: Model D Allied Health Programs

Table E: Gender, Racial, and Ethnic Data Across All Programs

Attachment B: MiAHCTI Program Comments

Attachment C: List of MiRSA Partners

Attachment D: MiAHCTI Team – MDCH Staff & MDLEG Staff

Attachment E: MiAHCTI Awards Table

Attachment A

MiAHCTI Data Tables

Table A: Model A LPN & ADN Programs

Table B: Model B Second-Degree BSN Programs

Table C-1: Model C Nursing Faculty Programs

**Table C-2: Model C Special Programs
(Graduate Degrees and Nursing Infrastructure)**

Table D: Model D Allied Health Programs

Table E: Gender, Racial, and Ethnic Data Across All Programs

Table A: MiAHCTI-1 (M1) and MiAHCTI-2 (M2) Summary Data Report for Model A: LPN & ADN Programs

Partnerships§	M1 Grantee	M2 Grantee	Enrollment		Graduates					Descriptions
			Plan	Actual	Cohort	Date	Number	Percent	Degree	
1. Henry Ford Community College & Henry Ford Health System	Yes	Yes	60	60	Cohort 1	Aug-07	57	95%	ADN	LPN to ADN program; 16 mos, rather than 24.
	Yes	Yes	60	59	Cohort 2	Aug-08	42	71%	ADN	HFHS hired 50 Cohort 1 graduates (RNs).
Subtotals			120	119			99	83%		Classroom infrastructure added.
2. Kalamazoo Valley Comm. Coll. & Allegan General Hospital	Yes	No	20	20	Cohort 1A	Dec-06	15	75%	LPN	[Step A: CNA* to LPN]+[Step B: LPN to ADN]
	Yes	No		15	Cohort 1B	May-08	11	73%	ADN	Step A grads become Step B enrollees.
			20	20	Cohort 2A	May-07	19	95%	LPN	Cohort 1A LPN grads (15) become Cohort 1B
				20	Cohort 2B	Aug-08	20	100%	ADN	ADN enrollees (15); 11 become ADN grads.
Subtotals			40	75			65	87%		Two Faculty added to expand capacity.
3. Lake Michigan College & Lakeland Regional Health System	Yes	No								Clinical laboratory added; increase capacity of LPN to ADN program; 95% passed NCLEX**.
	Yes	No	20	20	Cohort 1	May-07	16	80%	ADN	
4. Montcalm Community College & Carson City Hospital [Simulaton Laboratory added.] <i>Italicized items are estimated.</i>	Yes	Yes	20	20	Cohort 1A	Jul-06	15	75%	LPN	[Step A: CNA* to LPN]+[Step B: LPN to ADN]
	Yes	Yes		15	Cohort 1B	Feb-07	15	100%	ADN	Program is 15.5 mos, rather than 23.
			20	20	Cohort 2A	Jul-08	16	80%	LPN	Cohort 1A LPN grads (15) become Cohort 1B
				16	Cohort 2B	May-09	NA	NA		ADN enrollees (15); 15 become ADN grads.
Subtotals			40	55			46	84%		Percent grads based on '06 to '08 cohorts only.
5. Muskegon Community College & Mercy General Health Partners	Yes	No		10	Cohort 1	Apr-06	10	100%	ADN	LPN to ADN program.
	Yes	No		8	Cohort 2	Aug-06	7	88%	ADN	Program is 12 months.
				22	Cohort 3	Apr-07	12	55%	ADN	Graduates had 100% NCLEX** pass rate.
			50	10	Cohort 4	Aug-07	7	70%	ADN	
Subtotals			50	50			36	72%		
6. Northern Michigan University & Marquette General Hospital <i>Italicized items are estimated.</i>	Yes	No	10	8	Cohort 1	May-06	8	100%	LPN	CNA* to LPN Program
	Yes	No	10	10	Cohort 2	May-07	10	100%	LPN	Program is 8 months.
			10	10	Cohort 3	May-08	10	100%	LPN	Cohorts 1 & 2 had 100% NCLEX pass rate.
			10	NA	Cohort 4	May-09	NA	NA	LPN	Cohorts 1 & 2 have 94% employment rate.
Subtotals			40	28			28	100%		Percent grads based on '06 to '08 cohorts only.
7. Schoolcraft Community College & Detroit Med Cntr-Harper University Hosp	Yes	No								LPN to ADN program.
	Yes	No	10	10	Cohort 1	Apr-07	10	100%	ADN	Program is 12 months.
Subtotals			10	10			10	100%		Graduates had 100% NCLEX** pass rate.
TOTALS			320	357			300	84%		Number of graduates assumes all 2008 graduations occur in a timely manner.
Percent graduated is based on '06 to '08 cohorts ONLY.										
Footnotes: § Tables organized by Partnerships ie, nursing school/college + hospital. * Certified Nursing Assistant ** National Council Licensure Exam (grads must pass NCLEX to be RN)										Definitions: NA = Not Available. LPN = Licensed Practical Nurse ADN = Associate's Degree in Nursing; ADN's may become RNs after passing the NCLEX.

Table B: MiAHCTI-1 (M1) and MiAHCTI-2 (M2) Summary Data Report for Model B: Accelerated Second-Degree Programs

Partnerships	M1 Grantee	M2 Grantee	Enrollment		Graduates					Descriptions
			Plan	Actual	Cohort	Date	Number	Percent	Degree	
1. Grand Valley State University & Spectrum Health	Yes	Yes	20	23	Cohort 1	May-07	23	100%	BSN	Program is 12 months, rather than 20.
	Yes	Yes	20	24	Cohort 2	May-08	22	92%	BSN	Cohort 1 had 91% NCLEX pass rate.
			24	24	Cohort 3	May-09	NA	NA	BSN	Coh.1 had \$10K stipend; Coh.2, <\$10K.
										<i>Italicized items are estimated.</i>
Subtotals			64	71			45	96%		"Percent"grads based on '06-'08 cohorts only.
2. Michigan State University & Hospitals listed below:	Yes	Yes	48	48	Cohort 1	Aug-06	47	98%	BSN	Program is 12 months, rather than 36.
			46	45	Cohort 2	Aug-07	41	91%	BSN	Cohort 1 (M1) had a 93% NCLEX pass rate.
			48	44	Cohort 3	Aug-08	42	95%	BSN	Cohort 2 (M1) added through SF**
Foote Hospital	No	Yes								Cohort 3 (M2) graduates in Aug. 2008.
Ingham Regional Medical Center	Yes	Yes								
Oakwood Hospital & Med Center	Yes	Yes								
Sparrow Hospital	Yes	Yes								
William Beaumont Hospital	Yes	Yes								
Subtotals			142	137			130	95%		
3. Northern Michigan University & Marquette General Hospital	Yes	No	10	8	Cohort 1	May-07	8	100%	BSN	Cohorts 1 & 3-5 program is 24 months, not 36.
	Yes	No	10	9	Cohort 2	May-07	5	56%	BSN	Cohort 2 program is 18 months, rather than 36
<i>Note: 3 of the 9 enrolled in Cohort 2</i>			10	10	Cohort 3	May-08	10	100%	BSN	Shorter program was less successful, due to
<i>continued in the 36 month program &</i>			10	10	Cohort 4	May-09	NA	NA	BSN	student need to maintain employment.
<i>will graduate in 2008/09.</i>			10	10	Cohort 5	May-10	NA	NA	BSN	<i>Italicized items are estimated.</i>
Subtotals			50	47			23	85%		"Percent"grads based on '06-'08 cohorts only.
4. Oakland University & Hospitals listed below:	Yes	Yes	58	39	Cohort 1	Jun-07	39	100%	BSN	Program is 12 months, rather than 24.
			83	97	Cohort 2	Dec-07	88	91%	BSN	In Cohort 2, 30 graduate in May 2008.
Oakwood Hospital & Med Center	No	Yes				& May-08				Oakland U. plans to admit 150/year to this
St. John Health Sys-Providence Hsp	Yes	Yes								program, as long as demand continues.
William Beaumont Hospitals	Yes	Yes								
DMC - Harper University Hospital	Yes	No								
Subtotals			141	136			127	93%		
5. Wayne State University & Detroit Med Center-Harper U Hsp	Yes	Yes	8	8	Cohort 1	Dec-06	8	100%	BSN	Program is 16 months, rather than 36.
	Yes	Yes	16	16	Cohort 2	Dec-07	11	69%	BSN	Cohorts 1 & 2 had 100% NCLEX pass rate.
			24	24	Cohort 3	Dec-08	21	88%	BSN	Student need to maintain employment may
Subtotals			48	48			40	83%		decrease graduation percentage.
TOTALS			445	439			365	92%		Number of graduates assumes all 2008
										graduations occur in a timely manner.
Footnotes:										Definitions:
* Not Available										BSN = Bachelor of Science in Nursing. BSN graduates may become RNs after passing the NCLEX.

Table C-1: MiAHCTI-1 (M1) and MiAHCTI-2 (M2) Summary Data Report for Model C: Accelerated Nursing Faculty Programs

Partnerships	M1 Grantee	M2 Grantee	Enrollment		Graduates					Descriptions	
			Plan	Actual	Cohort	Date	Number	Percent	Certif		
1. Eastern Michigan University	No	Yes									Clinical Instructor Program is 4 terms.
& Oakwood Hospital & Med Center	No	Yes	40	15	Cohort 1	Dec-07	7	47%	CI	All certificate recipients employed FT or PT	
Subtotals			40	15			7	47%		in healthcare settings.	
2. Ferris State University	Yes	Yes	12	14	Cohort 1	NA*	14	100%	CI	Clinical Instructor Program is 1 semester.	
& St. Mary's Health Care-SON	Yes	Yes	12	15	Cohort 2	NA	14	93%	CI	28 CIs supervised 280 nursing students.	
Subtotals			24	29			28	97%		Improved clinical instruction resources.	
3. Grand Valley State University	Yes	No								Clinical Instructor Program is 1 semester.	
& Spectrum Health	Yes	No	40	17	Cohort 1	May-08	17	100%	CI	100% retention and certification.	
Subtotals			40	17			17	100%		Improved clinical instruction resources.	
4. Michigan State University	Yes	No								Program educated Clinical Instructors serving	
& Oakwood Hospital & Med Center	Yes	No	100	101	Cohort 1	Aug-07	101	100%	Preceptor	as preceptors (3 trained at Sparrow Hosp).	
Subtotals			100	101			101	100%		Preceptors improve graduation rates.	
5. Mott Comm College & U of M Flint	Yes	Yes	40	71	Cohort 1	NA	71	100%	Tutor	Program is 5 hours. Trained staff nurses to serve as tutors and mentors for nursing students. Each tutor/mentor can assist five nursing students; 287 students assisted. NCLEX pass rate improved to over 90%.	
& Hospitals listed below:			40	43	Cohort 2	NA	40	93%	Tutor		
Genesys Health System	Yes	Yes									
McLaren Health System	Yes	Yes									
Hurley Medical Center	No	Yes									
Subtotals			80	114			111	97%			
6. Saginaw Valley State University	Yes	Yes	2	2	Cohort 1	NA	2	100%	CI	Cohort 1: 2 BSNs trained as Clinical Instructors.	
& Hospitals listed below:										Capacity increased by 16 nursing students/term.	
Bay Regional Medical Center (M1 & M2)	Yes	Yes	10	12	Cohort 2	May-08	5	42%	BSN	Cohort 2: Program is RN to BSN/MSN.	
Mid-Michigan Health (M1)	Yes	No								Program is 5 semesters, rather than 7**	
Covenant Healthcare (M2)	No	Yes								Cohort 2 grads will continue in MSN program.	
St. Mary's of Michigan Hospital (M2)	No	Yes								Capacity increased by 40 nursing students/term.	
Subtotals			12	14			7	50%			
7. Washtenaw Community College										100% retention and certification.	
& St. Joseph Mercy Health System	Yes	No	9	6	Cohort 1	NA	6	100%	CI	Capacity increased by 23 nursing students/term	
Subtotals			9	6			6	100%		due to this program.	
TOTALS			305	296			277	94%		Some students have not yet graduated.	
Footnotes: * Not Available ** RWJF Partnerships in Nursing grant to SVSU to expand this program.										Definitions: CI = Clinical Instructor Preceptor = One-on-one Clinical Instructor Tutor/Mentor = One-on-one academic support.	

Table C-2: MiAHCTI-1 (M1) and MiAHCTI-2 (M2) Summary Data Report for Special Programs

Doctor of Nursing Practice Program										
Partnerships	M1 Grantee	M2 Grantee	Enrollment		Graduates					Descriptions
			Plan	Actual	Cohort	Date	Number	Percent	Degree	
Oakland University	Yes	Yes	25	22	Cohort 1	Dec-07	22	100%	DNP	Special program for Doctor of Nursing Practice Length is 16 months, rather than 36.
& Northern Michigan University	Yes	No	25	28	Cohort 2	Dec-08	28	100%	DNP	
& Oakwood Hospital & Med Center	Yes	Yes		12	Cohort 3	<i>Aug-09</i>	<i>NA</i>	<i>NA</i>	DNP	
				30	Cohort 4	<i>Dec-09</i>	<i>NA</i>	<i>NA</i>	DNP	
										<i>Italicized items are estimated.</i>
Totals			50	92			50	100%		Percent grads based on '06 to'08 cohorts only.

Master of Science in Nursing Education Program										
Partnerships	M1 Grantee	M2 Grantee	Enrollment		Graduates					Descriptions
			Plan	Actual	Cohort	Date	Number	Percent	Degree	
Oakland University	Yes	No	10	2	Cohort 1	May-08	1	50%	MSN	Special program for Master of Science in Nursing Education
& Hospitals listed below:			20	6	Cohort 2	May-08	3	50%	MSN	
DMC-Harper University Hospital	Yes	No				<i>May-09</i>	2	33%		Program is 16 mos. full-time. It demonstrated . difficulties in recruiting full-time MSN students, since most must remain employed.
St. John's HS-Providence Hospital	Yes	No								
										<i>Italicized items are estimated.</i>
Totals			30	8			4	50%		Percent grads based on '06 to'08 cohorts only.

Nursing Education Infrastructure for Clinical Placements			
Partnerships	M1 Grantee	M2 Grantee	Description
Oakland University	Yes	Yes	Oakland University and the Michigan Health Council have collaborated in development of a web-based clinical placement system. This system is being Beta-tested during the Spring of 2008 at six hospitals in Southeast Michigan. It is expected that the finished system will be implemented statewide in the Fall of 2008. This is a complex process, but states where such a system has been implemented have experienced a substantial gain in identified clinical placement spots, and therefore an increase in timely graduation of new nurses. A second phase of this project will develop a web-based student passport system. This system will normalize hospital pre-requirements for clinical placement of students, at first within a region, and eventually within the state. Students will be able to set-up their passport on line, and complete pre-requirements for clinical placement within their region. The student passport system is expected to be ready for Beta-testing in 2009.
& Michigan Health Council:	Yes	Yes	
& William Beaumont Hospital	Yes	Yes	

Table D: MiAHCTI-1 (M1) and MiAHCTI-2 (M2) Summary Data Report for Model D: Accelerated Allied Health Programs

Partnerships	M1 Grantee	M2 Grantee	Enrollment		Graduates					Descriptions
			Plan	Actual	Cohort	Date	Number	Percent	Degree	
1. Ferris State University & St. Mary's Health Care-AH	Yes	Yes	48	47	Cohort 1	9&12/08	31	66%	AD	Respiratory Therapist Assoc. Degree
			24	24	Cohort 2	May-08	17	71%	AD	Program is 18 mos., rather than 24.
Subtotals			72	71			48	68%		Difficulty arranging clinical training sites.
2. Kalamazoo Valley Community College & Bronson Methodist Hospital	Yes	No	30	32	Cohort 1	Aug-06	32	100%	AD	Respiratory Therapist Assoc. Degree &
			32	33	Cohort 2	May-07	33	100%	AD	EMT Certificate Program.
Subtotals			62	65			65	100%		Program is 12 mos, rather than 24.
3. Lake Michigan College & Lakeland Regional Health System	No	Yes								Radiologic Technician Assoc. Degree
			25	25	Cohort 1	<i>Mar-09</i>	<i>NA*</i>	<i>NA</i>	AD	Program is 18 mos., rather than 23.
Subtotals			25	25			<i>NA</i>	<i>NA</i>		Program began Sept. 2007.
4. Schoolcraft Community College & DMC-Harper University Hospital	Yes	No		38	Med.Trans	Oct-07	2	5%	Cert.	Medical Transcription, Medical Billing,
				47	Med.Billing	Oct-07	9	19%	Cert.	and Phlebotomy Certificate Programs.
			100	15	Phlebotomy	Oct-07	5	33%	Cert.	Program is one Full-Time semester.
										Further graduations expected in 2008 & 2009.
Subtotals			100	100			16	16%		84 students in pipeline to completion. Most are employed full-time and students part-time.
5. Washtenaw Community College & Univ. of Michigan Hospital & Health Cntr	Yes	No								Pharmacy Tech. Certificate
			12	17	Cohort 1	NA	17	100%	Cert.	Program is 12 weeks.
Subtotals			12	17			17	100%		
TOTALS			271	278			146	58%		Many students have yet to graduate.
								<i>See Note</i>		Percent grads based on '06 to'08 cohorts only.
Footnotes: * Not Available Note: Partnership 3 & most Partnership 4 students graduate in 2009.										Definitions: AD = Associate's Degree Cert. = Certification in a skill. <i>Italicized items are estimated.</i>

Table E: MiAHCTI-1 (M1) & MiAHCTI-2 (M2) Gender/Race/Ethnicity Report for All Programs

Reported Actual Enrollment

Gender of Students				Total	Race/Ethnicity of Students												Total		
F	%	M	%		W	%	AA	%	NA	%	API	%	Hisp.	%	ME	%	Unkn	%	
893	85%	157	15%	1050	789	76%	142	14%	1	0.1%	39	4%	25	2%	12	1%	26	3%	1034

Definitions:

- F = Female
- M = Male
- W = White, non-Hispanic
- AA = African American, non-Hispanic
- NA = Native American
- API = Asian, Pacific Islander
- Hisp. = Hispanic
- ME = Middle Eastern
- Unkn = Unknown

Notes:

Race/ethnicity information is more difficult to collect than gender information.

The percentage of male students (15%) is more than twice the percentage of males in the practicing RN nurse population in Michigan (6.2% in 2007*).

The percentage of African American students enrolled (14%) is more than twice the percentage of African Americans in the practicing RN nurse population in Michigan (6.2% in 2007*).

The percentage of Asian, Pacific Islander and Middle Eastern students enrolled (4.9%) is higher than the percentage of these groups in the practicing RN nurse population in Michigan (4.5% in 2007*).

The percentage of Hispanic students enrolled (2%) is higher than the percentage of Hispanics in the practicing RN population in Michigan (1.3% in 2007*).

* Michigan Center for Nursing Survey of Nurses, 2007.

Attachment B

MiAHCTI Program Comments

MiAHCTI Program Comments [from Grantee Reports]

Model A – Accelerated LPN and ADN Programs

Henry Ford Community College & Henry Ford Health System

- Many of the program students continue to be challenged by the pace of work and the significant requirements for success in school. Both HFCC staff and faculty and HFHS staff look to find ways to support the success of students.
- Each new semester, students must meet the specific course and performance challenges of the program. For those able to maintain the challenges of school -- or work and school -- the notion of their new professional life is beginning to emerge.

Kalamazoo Valley Community College and Allegan General Hospital

Student Comments:

- “The part-time nursing program has provided me with a great opportunity. I am able to still work while going to school. Not many people are able to quit their jobs so they can take classes, even if it is to further their career. I am very grateful for this program.”
- “The part-time nursing program has been a blessing to me and my family. It has allowed me to continue to care for my family without being so overwhelmed. I have learned so much and would recommend this part-time program to everyone. This is a very successful idea to continue in the future.”
- “...For Allegan’s first class of future nurses, the drive is worth what they’re getting: part-time classes and the prospect of becoming nurses sooner than if they had waited for entry into the (regular) Kalamazoo program...Laurie and Kenneth Raleigh of Portage make productive use of their drive time. The Raleighs take turns quizzing each other during their commute...’This program is really filling our needs,’ Kenneth said. ‘Full-time would have been quite a big bite.’”
(Kalamazoo Gazette, 12/14/2005)

Northern Michigan University & Marquette General Hospital

Problems encountered:

- Some RNs are unwilling to be preceptors because they do not trust administrators at their hospital to decrease patient load in relation to the work of precepting students;
- The CNAs who came from Long Term Care facilities and graduated as LPNs returned to work in the same LTC facility.

Flexible successes:

Although only 66% of the students completed the accelerated program in 18 months, 3 of the students not completing this program have continued in the traditional track and will graduate over the next year. So of the 9 students originally admitted, 8 will eventually graduate.

Schoolcraft Community College & Detroit Medical Center

- Students were provided with individual assistance in organizational, study, and test-taking skills, and materials on how to be successful in nursing school. Assistance was provided in the lab for students to review and practice their skills before going to clinical.
- The project funding supported a number of nursing curriculum enhancements. Faculty developed alternate Pediatric, Obstetrics, and Fundamental Level Medical Surgical Thinking Scenarios for nursing students. These scenarios are available in the skills laboratory (and) provide reinforcement of learned content.
- Faculty have reviewed data related to student retention and have identified changes to the admissions process, student mentoring, and use of other resource tools that can lead to higher levels of student success. Students involved in the program were balancing jobs, coursework and family.

- Project funds supported the work of faculty, student support services, and the purchase of appropriate supplies and equipment. The project was a success and met the state’s goal of supporting the education of high-need healthcare workers.

Model B – Accelerated Second-Degree BSN Programs

Grand Valley State University & Spectrum Health System

The loss of (two) students in the second cohort was related to an interaction between selected student expectations about nursing education and some of the techniques used to deliver content and encourage critical thinking....Much of the initial learning about assessment and various psycho-motor techniques for this program used a variety of on-line and computer learning activities. These activities definitely enhanced GVSU’s ability to provide the curriculum in a compressed format, but were not accepted by two students who began the program. We learned from this for the next grant cohort selection.

Michigan State University & Oakwood Healthcare

Student Comments:

- “In 2003, I graduated from MSU with a degree in social work. Unable to obtain a job with my degree...I volunteered with AmeriCorps building wheelchair ramps and worked at a club at night to pay bills. After my term of service with Americorps ended, I resumed my search for a social work position to no avail. I knew I needed a new career path. (After several moves,) the only job I could find was stocking groceries overnight at a Super WalMart...It was very embarrassing to have a degree and be working for \$5.65/hour...So I enrolled in a CNA class at Washtenaw Community College. One of my classmates had heard about MSU’s new Accelerated Option (AO). I found the application, enrolled in the prerec’s and started praying daily that I got in. After the CNA class ended, I could only find part-time employment so I worked 30 hours/week at Home Depot and 24 hours/week at an assisted living facility. After a few months of this grueling schedule, my prayers were answered and I found out that I had been accepted into MSU’s AO program. That day will forever be burned in my mind as one of the best of my life. I am still incredibly grateful that I was given this opportunity. No matter how hard this year has been, I have remained thankful that I have been given a second chance. I now have been offer two jobs and my options are unlimited. I am also incredibly thankful for all of the grant money I have received this year – doing volunteer work and working for minimum wage did not leave me with much (or any) savings.”

Northern Michigan University & Marquette General Hospital

The 2nd degree students from the UP are unable to support full-time education without working; thus, for future consideration, full stipends to include tuition, books etc. would probably better support students' success in a 15 month accelerated program.

Oakland University & Oakwood Healthcare

- The cohort approach has been very positive. Students quickly get to know their classmates and form study/support groups as they learn in the classroom environment. These students are highly motivated for the most part and the faculty has enjoyed teaching them immensely.
- Some students who begin the program do not have a realistic view of the work of nursing. Most of the attrition occurs very early, either due to inability to keep up with the accelerated program or because the person-to-work fit is not strong. We are finding that students who have English as a second language struggle more with the accelerated pace, due in part to substantial reading requirements over a short period of time.
- We are thinking about a requirement to take and pass a certified nurse assistant course before formal entry into the program. This would provide students with the opportunity to develop some technical skills as well as experience the work of caring for patients and clients as a nurse. This potentially could decrease the attrition rate.

- There are challenges in developing lecture and clinical schedules that maximize student learning. The original plan to frontload lecture/theory content followed by clinical rotations was modified. The current schedule provides a better blend for students in achieving learning outcomes.
- Some of the lessons we learned include the following:
 - Twelve-hour clinical shifts are too long for students in an accelerated program to sustain enthusiasm and stamina in conjunction with long hours in class.
 - Personal interviews are an important part of the admission process.
 - Flexibility is a critical factor in success of this program.
 - These students, in general, have not been exposed to the style of writing expected of nursing students, using the American Psychological Association protocol. They must become familiar with and convert to this style while going through an accelerated program.
 - We are in the process of developing an online tutorial program that would address writing style issues, medical terminology, and study skills in an accelerated environment, and other topics of potential benefit so that students will be better equipped to be successful.

Oakland University & William Beaumont Hospital

Students at this site received their laboratory training at the Oakland University School of Nursing laboratory. This laboratory was equipped with simulation manikins including SimMan, SimBaby, and PediaSim. Standard patient scenarios were developed for use with these manikins. A full-time simulation specialist provides support in developing and implementing this form of technology.

Wayne State University & Detroit Medical Center – Harper Hospital

Students are continuing to work while attending a rigorous 16 month BSN program. Working during the program appears to have caused one student to fail two or more courses and be dismissed from the program. It is very difficult for the majority of students to financially survive this type of program without a great deal of support from families or spouses. The financial aid that students receive is not sufficient to pay for their tuition, fees and living expenses.

Students consistently attending college-provided supplemental instruction courses and college/university learning communities have successfully completed (the program).

Model C-1 – Accelerated Nursing Faculty Programs

Mott Community College, UM—Flint, Genesys Health System & McLaren Health System

- A summer workshop was provided for Clinical Nursing Faculty (CNF) to learn more about test-taking strategies and various learning styles to enable them to have better understanding and support of students. Twenty-seven CNF attended this session. The academic calendar included summer break from July through September 4; however, three CNF tutored students during these months to prepare them for nursing courses this fall; others reviewed to take their NCLEX-RN.
- CNF, working under the direction and mentorship of faculty, are providing one-on-one attention and in-depth observation of critical behaviors of nursing students in the clinical setting. This experience allows additional patient care by students while enhancing the teaching skills of the CNF.
- When the program was initiated, some faculty perceived mentoring responsibilities might impede time available for students; however, the opposite effect is being reported resulting in an elevated sense of satisfaction by students, faculty, and CNF alike.
- During post-clinical conference, the CNF presented topics related to clinical skills and critical care. She brought a chest tube set-up and reviewed content aspects of chest tubes and related the information to patient situations where she provided the care.
- From a student in the Clinical Nursing Faculty Program: "This experience is much more than I expected. I absolutely love assisting with clinicals and love the teaching that I get to provide to the OB

students. I am so fortunate that I have gotten this experience and look forward to eventually pursuing my master's with an educational focus as well as advanced practice."

- Faculty comments about clinical assistants:
 - “The students are able to actualize more clinical experience opportunities because the assistants are there to help facilitate and supervise the students with treatments, assessments, charting and answer questions in a timely manner. The students receive needed one-on-one attention and in-depth observation of critical behaviors.”
 - “I would like to reiterate how essential I think this program is to UMF. The nursing students in my clinical received much more individualized attention, and there was adequate time to review charts and solve problems with each student rather than just one or two. I strongly feel that students carried more experience and knowledge from 2nd semester due to the presence of a clinical assistant.”

Saginaw Valley State University & Bay Regional Medical Center, St. Mary’s of Michigan, and Covenant Healthcare

Successes: This model will serve to assure sufficient faculty resources for the SVSU and other education programs that have increased their student capacity. It may also serve as professional development, a retention strategy, for hospital nurses. Nurses who want to teach are motivated by the accelerated model.

Challenges: Healthcare agencies are formalizing the release time standards for nurses returning to college to earn an RN to BSN/MSN degree. This is a new practice/policy for the agencies which makes compliance with the program a case-by-case decision.

The RN-participants were more variable in basic preparation than anticipated, requiring remedial coursework to advance in the program. This discouraged the participants....Most students required remediation in math/algebra in order to be prepared to complete the statistics course; thus, inability to complete that requirement as planned delayed and discouraged student progression.

Likewise, the ability to adapt was overestimated, as some students continued to work more hours (than planned), either because they perceived the work required their presence or they could earn additional money if they did not actually utilize the release time allowance. (Not) utilizing the release time appropriately and still trying to complete the full-time load of courses proved to be very stressful and became a deterrent to program completion.

Model C-2 – Special Programs (MSN-Education & Doctor of Nursing Practice)

Master’s in Nursing Education Program

Oakland University & St. John’s -- Providence

At least one lesson learned thus far is that recruitment of qualified applicants for nursing education programs takes a much longer time than other programs. We have waiting lists for second degree programs (BSN) so current recruitment efforts feed us students well into the future. We have not generated a pool of applicants for the nursing education programs. While we do recruit on an ongoing basis, we have been unable create cohorts of significant numbers of students even those these efforts have been done in collaboration with two large health systems in southeastern Michigan.

Doctor of Nursing Practice Program

Oakland University, Northern Michigan University, & Oakwood Healthcare

Challenges: The accelerated nature of the program has been a challenge for most students. They also had to adapt to several different types of teaching modalities and technologies in a relatively short period of time. The NMU students also faced considerable challenges in meeting travel and face-to-face

expectations, largely because of the distance. Most students felt that they were not able to give up their jobs entirely so balancing school, work, and family proved to be quite stressful.

Strengths: The list of DNP research projects ...gives strong testimony to the learning successes of these students. They are poised to make a difference in the health care of the people of Michigan as they apply newly acquired skills and knowledge in their chosen fields.

Lessons Learned:

- We can educate successful nurses in this compressed time frame.
- Personal interviews are an important part of the admission process.
- Establishment of dates and times for any face-to-face sessions must be determined far in advance for OU course scheduling purposes and student planning.

We are in the process of establishing a more formal approach to interviewing applicants in order to provide more consistency in decision making...We are in a state of continuous improvement with respect to the delivery of the DNP curriculum and meeting student learning needs.

Sustainability: We continue to experience high demand for the accelerated DNP program. We admitted a second cohort of 28 students in Fall 2007We also admitted a cohort of 12 students who began coursework in January 2008. There are at least 45 qualified applicants for admission to the Fall 2008 cohort and OU plans to admit 30 more students.

Model D – Allied Health Programs

Kalamazoo Valley Community College & Bronson Methodist Hospital

Student Comments:

- “I was one of the lucky ones allowed to continue on my educational journey into Respiratory Care thanks to your efforts in getting the grant. I can’t even begin to tell you how much getting into the program this fall has meant to me...After the initial apprehension regarding Respiratory Care, I have discovered that not only is this the most challenging thing that I have done but I have finally found what I have been looking for...I would have never had this opportunity if it had not been for you obtaining this grant...Thank You.”
- “If not for the grant I would be dealing with another program while I waited to get into the RCP program... When Pat called me and wanted to know if I was still interested I think I may have blown her ear drums by screaming in reaction. Anyways, I thank you for the opportunity; it means a lot to me and my family.”
- “First of all let me say how thankful I am...I feel that a year makes a huge difference for me. This is going to be very rewarding...Thank you Michigan!”

Schoolcraft Community College & Detroit Medical Center – Harper Hospital

- Each of the Allied Health programs have been designed to be completed in one semester; however, most students elect to participate as part-time students and take as many semesters as necessary to complete.
- Flexibility of these programs has been one of the most apparent of learning successes. The addition of the class sections offered through this grant...increased accessibility for students significantly. The additional sections gave students more opportunity to take the required classes for completion of their program (ie, new times, open classes, on-line options).
- Students enrolled in the three (grant) Allied Health programs are primarily women (96%), attempting to gain certificates for employability skills. Generally, they are working in low-paying jobs and taking classes part-time. Thus, it is difficult for most of them to complete their program in the one-semester format (originally) designed for this project.

Attachment C

List of MiRSA® Partners

MiAHCTI MiRSA Partners

Capital Healthcare & Employment Council
2110 S. Cedar St.
Lansing, MI 48910

East Central Healthcare Alliance
1600 N. Michigan, Room 400
Saginaw, MI 48602

Health Professionals for Michigan's Future
519 S. Saginaw St., Suite 306
Flint, MI 48503

Michigan Direct Care Workforce Readiness Training Initiative RSA
310 West Bacon St.
Hillsdale, MI 49242

Long Term Health Care MiRSA
707 W. Milwaukee Ave.
Detroit, MI 48202

Southeast MI RSA: Registered Nursing
333 W. Fort, Suite 1230
Detroit, MI 48226

West Central MI Healthcare RSA
1345 Monroe Ave., N.W., Suite 256
Grand Rapids, MI 49505

Other Partnering Organizations

Detroit Workforce Development Dept

Greater Detroit Area Health Council

Greater Flint Health Coalition

Upper Peninsula Healthcare Roundtable

Attachment D

MiAHCTI Staff

Michigan Department of Labor and Economic Growth

Janet Howard, MDLEG
Keenan Wade, MDLEG
Vicki Enright, formerly with MDLEG
Diana Carpenter, MDLEG
Janice Cooper, MDLEG
Sue Schaible, MDLEG
Angela Nelson, MDLEG

Michigan Department of Community Health

Jeanette Klemczak, MDCH
Monica Balderson, MDCH
Linda Fox, MDCH
Brian Keisling, MDCH
Paul Abid, MDCH

Attachment E

MiAHCTI Partners Table

Michigan Accelerated Health Care Training Initiative (MiAHCTI) - Partners Table

Community College or University Partner	Hospital Partner	MiRSA Affiliation	Years
Eastern Michigan University Starkweather Hall, 2 nd Floor Ypsilanti, MI 48197	Oakwood Hospital & Medical Center One Parklane Blvd. Ste 1000E Dearborn, MI 48126	Southeast Michigan MiRSA: Registered Nursing	2
Ferris State University 901 S. State St. Big Rapids, MI 49307	Saint Mary's Health Care 200 S. Jefferson NE Grand Rapids, MI 49503	West Central Michigan Healthcare MiRSA	1&2
Grand Valley State University Kirkhof School of Nursing 301 Michigan NE Grand Rapids, MI 49503	Spectrum Health 100 Michigan NE Grand Rapids, MI 49503	West Central Michigan Healthcare MiRSA	1&2
Henry Ford Community College 5101 Evergreen Road Dearborn, MI 48128-1495	Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202	Long Term Care MiRSA / Detroit Workforce Development Department Greater Detroit Area Health Council	1 2
Kalamazoo Valley Community College 6767 West O Avenue Kalamazoo, MI 49003	Bronson Methodist Hospital One Healthcare Plaza, Box C Kalamazoo, MI 49007	Southwest Michigan Regional Healthcare Skills Alliance	1
Kalamazoo Valley Community College 6767 West O Avenue Kalamazoo, MI 49003	Allegan General Hospital 555 Linn Street Allegan, MI 49010	West Central Michigan Healthcare MiRSA	1
Lake Michigan College 2755 East Napier Avenue Benton Harbor, MI 49022	Lakeland Regional Health System 1234 Napier Avenue St. Joseph, MI 49085	Southwest Michigan Regional Healthcare Skills Alliance	1
Lake Michigan College 2755 East Napier Avenue Benton Harbor, MI 49022	Lakeland Regional Health System 1234 Napier Avenue St. Joseph, MI 49085	MiRSA for Emerging Technologies	2
Michigan State University College of Nursing A-133 Life Sciences Bldg. East Lansing, MI 48824	Oakwood Hospital & Med Center 23400 Michigan Ave. Suite 301 Dearborn, MI 48124	Long Term Care MiRSA / Detroit Workforce Development Department	1&2
Michigan State University College of Nursing A-133 Life Sciences Bldg. East Lansing, MI 48824	William Beaumont Hospital 3601 W. Thirteen Mile Road Royal Oak, MI 48073	Long Term Care MiRSA / Detroit Workforce Development Department	1&2
Michigan State University College of Nursing A-133 Life Sciences Bldg. East Lansing, MI 48824	Ingham Regional Medical Center 401 W. Greenlawn Ave. Lansing, MI 48910	Career Alliance MiRSA / Greater Flint Health Coalition Greater Flint Health Coalition	1 2
Michigan State University College of Nursing A-133 Life Sciences Bldg. East Lansing, MI 48824	Sparrow Health System 1215 E. Michigan Ave. Lansing, MI 48910	Southwest Michigan Regional Healthcare Skills Alliance Capitol Healthcare and Employment Council	1 2

Community College or University Partner	Hospital Partner	MiRSA Affiliation	Years
Michigan State University College of Nursing A-133 Life Sciences Bldg. East Lansing, MI 48824	Foote Health System 205 N. East Avenue Jackson, MI 49201	South Central Michigan Works	2
Montcalm Community College 2800 College Drive Sidney, MI 48885	Carson City Hospital 406 E. Elm Street Carson City, MI 48811	West Central Michigan Healthcare MiRSA	1&2
Mott Community College & University of Michigan-Flint 1101 E. Court Street Flint, MI 48503	Genesys Regional Medical Cntr & McLaren Regnl Medical Cntr One Genesys Parkway Grand Blanc, MI 48439	Greater Flint Health Coalition	1&2
Mott Community College & University of Michigan-Flint 1101 E. Court Street Flint, MI 48503	Hurley Medical Center One Hurley Plaza Flint, MI 48503	Greater Flint Health Coalition	2
Muskegon Community College 221 South Quarterline Road Muskegon, MI 49443	Mercy General Health Partners Hackley Hospital 1500 S. Sherman Blvd. Muskegon, MI 49443	West Central Michigan Healthcare MiRSA	1
Northern Michigan University School of Nursing 1401 Presque Isle Ave. Marquette, MI 49855	Marquette General Hospital 580 West College Ave. Marquette, MI 49855	Upper Peninsula Healthcare Roundtable	1
Oakland University SON Northern Michigan Univ. SON 428 O'Dowd Hall Rochester, MI 48309	Oakwood Hospital & Med Center 23400 Michigan Ave. Suite 301 Dearborn, MI 48124		1
Oakland University School of Nursing 428 O'Dowd Hall Rochester, MI 48309	DMC-Harper University Hospital 3990 John R Detroit, MI 48201	Long Term Care MiRSA / Detroit Workforce Development Department	1
Oakland University School of Nursing 428 O'Dowd Hall Rochester, MI 48309	Oakwood Hospital & Med Center 23400 Michigan Ave. Suite 301 Dearborn, MI 48124	Long Term Care MiRSA / Detroit Workforce Development Department	2
Oakland University School of Nursing 428 O'Dowd Hall Rochester, MI 48309	St. John's Health System Providence Hospital 16001 W. Nine Mile Road Southfield, MI 48075	Long Term Care MiRSA/Detroit Workforce Development Department	1&2
Oakland University School of Nursing 428 O'Dowd Hall Rochester, MI 48309	William Beaumont Hospital 3601 W. Thirteen Mile Royal Oak, MI 48073-6769	Long Term Care MiRSA / Detroit Workforce Development Department	1&2
Saginaw Valley State University 279 Wickes Hall 7400 Bay Road University Center, MI 48710	Bay Regional Medical Center 1900 Columbus Avenue Bay City, MI 48708	East Central Health Care Alliance	1&2

Community College or University Partner	Hospital Partner	MiRSA Affiliation	Years
Saginaw Valley State University 279 Wickes Hall 7400 Bay Road University Center, MI 48710	Mid-Michigan Health 4009 Orchard Drive Midland, MI 48640	East Central Health Care Alliance	1
Saginaw Valley State University 279 Wickes Hall 7400 Bay Road University Center, MI 48710	Covenant Healthcare 700 Cooper Avenue Saginaw, MI 48602	East Central Health Care Alliance	2
Saginaw Valley State University 279 Wickes Hall 7400 Bay Road University Center, MI 48710	St. Mary's of Michigan Hospital 800 S. Washington Avenue Saginaw, MI 48601	East Central Health Care Alliance	2
Schoolcraft Community College 18600 Haggerty Road Livonia, MI 48152	DMC-Harper University Hospital 3990 John R Detroit, MI 48201	Long Term Care MiRSA / Detroit Workforce Development Department	1
Washtenaw Community College 4800 East Huron River Drive PO Box D-1 Ann Arbor, MI 48106-1610	University of Michigan Hospital & Health Centers 1500 E. Medical Center Drive Ann Arbor, MI 48109	Long Term Care MiRSA / Detroit Workforce Development Department	1
Washtenaw Community College 4800 East Huron River Drive PO Box D-1 Ann Arbor, MI 48106-1610	St. Joseph Mercy Health Systems 5301 E. Huron River Drive Ypsilanti, MI 48197	Long Term Care MiRSA / Detroit Workforce Development Department	1
Wayne State University College of Nursing 5557 Cass Avenue Detroit, MI 48202	DMC-Harper University Hospital 3990 John R Detroit, MI 48201	Long Term Care MiRSA / Detroit Workforce Development Department	1&2

Note: Some of these partnerships received awards to test more than one model of accelerated education. This accounts for the difference between the 30 partnerships listed here and the 40 partnerships mentioned on pages 3 and 7 of this report.