

The Idaho Nursing Workforce

2018 Report on the Current Supply, Employment, Education and Future Demand Projections

Completed by

**The Idaho Nursing Workforce Center
at the Idaho Alliance of Leaders in Nursing**



in collaboration with

Idaho State Board of Nursing

Idaho Hospital Association

Idaho Healthcare Association

National Forum of State Nursing Workforce Centers

National Council of State Boards of Nursing

Individual Idaho Nurses



October 2018

This biennial report on the status of the Idaho nursing workforce was produced by the Idaho Nursing Workforce Center at the Idaho Alliance of Leaders in Nursing (IALN). IALN is the official Idaho representative to the National Forum for State Nursing Workforce Centers. The forum collaborates with each state workforce center and the National Council of State Boards of Nursing to monitor the current status of the national and state specific supply of Licensed Practical Nurses, Registered Nurses, and Advanced Practice Registered Nurses in each of the roles of nurse anesthetist, nurse practitioner, nurse midwife and clinical nurse specialist.

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The report is available on-line at the IALN website: www.nurseleaders.org.

The next biennial report will be published in fall 2020.

Respectfully Submitted,

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2018 Report

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Executive Summary

This summary presents outcome findings and discussions from the information gathered about the 2018 Idaho Nursing Workforce using multiple data sources.

2018 Nurse Supply Data Outcomes:

- There are 23,124 RNs licensed in Idaho, and 4,126 of them do not live in Idaho. The resident RN workforce is 18,998.
- There are 3,268 LPNs licensed in Idaho, and 174 do not live in Idaho.
- Statewide distribution shows that every county has resident RNs and LPNs except Camas Co., which does not have any LPNs.
- Resident numbers vary greatly for both RN and LPN by Idaho county.
- The greatest number of nurses in all categories resides in Ada County, with 642 LPNs and 6,898 RNs, representing 36.3%.
- Considering Ada & Canyon Counties combined, 45.1% of all RNs live in the Treasure Valley.
- Rank order of the top five counties having the most registered nurses are: Ada [6898], Kootenai [2144], Canyon [1689], Bonneville [1215], and Twin Falls [1038], representing 68.3% of all RNs.
- There are 1086 Nurse Practitioners in Idaho. There are nurse practitioners in every county except Clark and Camas Counties, and 64% of NPs identify their practice site as urban (Treasure Valley or Coeur d'Alene).
- 982 NPs identified themselves as primary care providers in a clinic setting. In Idaho, 1055 physicians identify themselves as primary care providers. Thus, 48.2% of primary care providers in Idaho are nurse practitioners. (source: Idaho Medical Association & Idaho Dept. of Labor)
- There are 319 CRNAs living in Idaho. They are located in all districts of Idaho, with the largest number in Ada County [163].
- There are 56 midwives in Idaho with 26 living in Ada County.
- Demographic information:
 - 37.4% of RNs are age 55 or more.

- Ages 20-34 represent 12.3% of RN workforce.
- Educationally, 71% of RNs have a BSN or higher degree, which exceeds the national average of 60%.

2018 Nurse Demand Data Outcomes:

- In the Northwest, Idaho ranks fourth in terms of salaries compared to the 6 surrounding states with Washington, Oregon and Nevada having greater average hourly rates of pay. In 2012 Idaho ranked 7th.
- Hospitals reported a combined RN employment of 7,006 RNs, and 141 LPNs.
- 76% of hospitals reported at least one RN vacancy at all times.
- Three common shortage areas for experienced RNs are Operating Room, Emergency Departments, and Intensive Care Units.
- Travel nurse use was reported by 21 hospitals. Hours paid for 12 months was equivalent to 83 FTEs, and projected to increase in 2019.
- 83% of Idaho hospitals offer some form of tuition reimbursement for RN to BSN.
- 42% [15 hospitals responding] offer additional hourly pay or a one-time bonus for certification in a clinical practice area.
- Of 36 hospitals reporting, only 3 did not hire any new graduates in the 12 months before the survey and the others combined to hire 423 new graduates.
- The most frequently reported length of time in the role of a Chief Nursing Officer at a hospital was 1 year or less. The statewide average was 2.8 years in the CNO role. In Long Term Care, the CNO average was 2.2 years with the most commonly reported length of time of a CNO being 1 year or less.
- The CNO has administrative responsibility for non-nursing areas in 77% of Idaho hospitals.
- Long Term Care facilities report ongoing and high percentages for RN and LPN shortages in the 78 of 192 facilities reporting.
- Travel LPN use is reported in Long Term Care.

2018 Educational Institution Data for Colleges and Schools of Nursing

- There are 5 Idaho schools that offer BSN degrees: Idaho State University, Boise State University, Lewis and Clark State College, Northwest Nazarene University and Brigham Young University Idaho.
- There are 6 Idaho schools that offer Associate Degrees in Nursing: Idaho State University Technical College, North Idaho College, College of Eastern Idaho, College of Western Idaho, College of Southern Idaho, and Carrington College.
- Limitations on increasing student enrollment are consistently reported as: limited clinical facilities, difficulty to hire qualified faculty, and limited master's programs in Idaho to educate faculty.
- Most schools report more qualified applicants than they can accept.

2018 Mitigation Strategy Summary:

- The need to increase student enrollment and clinical partnerships with organizations that employ nurses is essential.
- Develop joint appointment faculty so that qualified nurses in agencies can remain employed while being freed for time to serve as clinical faculty to assist schools with increased enrollments.
- Non-traditional clinical hours need to be utilized with cooperative clinical placement use between disciplines (PT, OT, technical) and schools for maximum utilization coordination.
- Employers need to focus on retention efforts to retain incumbent staff.
- Schools need to partner with rural healthcare agencies to seek students from those communities and facilitate clinical rotations in rural areas.
- Set a target increase in the number of students needed to graduate each year to meet increased demand from population and retirements.

Introduction

The Idaho Nursing Workforce Report is published every two years. The report is produced by the Idaho Nursing Workforce Center that is a part of the Idaho Alliance of Leaders in Nursing (IALN), which maintains a contract with the Idaho Board of Nursing to collect, analyze and publish the report. IALN is the official member representative for Idaho to the National Forum for State Nursing Workforce Centers.

The report is used by multiple sources that need current and future nursing workforce data to plan or expand new or existing programs, by educational institutions for nursing education program planning, by local Idaho communities when evaluating available nursing services that impact healthcare, and by agencies that employ nurses to determine an available workforce supply, and by researchers who use the data to impact public policy.

The report is divided into three main components: (1) information about the demographics of the existing supply of Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Practice Registered Nurses (APRN) in each of the four APRN roles of certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS) and certified nurse midwife (CNM), (2) educational production from Idaho based schools of nursing for both LPNs and RNs, and (3) information about future demand for nurses by employers including hospitals, long term care, assisted living, home health, hospice, public health, public school health nurses, schools of nursing, and private practices.

Data sources used to gather and analyze nursing workforce information are (1) historical Idaho nursing workforce data, (2) the Idaho State Board of Nursing current nursing licensure database, (3) the school report from each Idaho based nursing education program on current students and graduates, (4) data reported by employers of nurses about numbers and projections and (5) data from Idaho state and federal government agencies. Data used for national comparisons, nurse migration, census and national workforce projects came from state and federal agencies, the National Council of State Boards of Nursing, and the National Forum for State Nursing Workforce Centers.

2018 Current Idaho Nursing Workforce

The current number of nurses licensed in Idaho contains information on both nurses living in the state of Idaho and nurses that live outside of Idaho who have active Idaho licenses to practice nursing. The total current license number includes all nurses whether they are employed as a nurse or not. The data source for nurse numbers comes from the Idaho Board of Nursing's nurse license database, which is updated daily. Global license renewal for incumbent Idaho nurses occurs on a two-year license renewal cycle every other year in August with even years for LPNs and odd years for RNs. This is the time when the majority of updates are made to addresses, education levels, and employment status. New nurse data is entered daily when licenses are issued, or updated information is received and entered into the system.

Determination of employment status is made by using employer reports to the Idaho Department of Labor and surveys completed by both employers and nurses to professional associations. Historically, nurses who stop working retain their licenses and renew them, thus remaining in the current active count. In 2013 and 2015 this number was near 1,000 RNs and 200 LPNs. Effective with the 2021 RN license renewal, a nurse must demonstrate continue competency to renew their license. Thus, we can expect some non-working nurses not to renew their licenses.

SECTION ONE-NUMBERS OF IDAHO NURSES

Overview of the Total Nursing Workforce by District

The Idaho Department of Health & Welfare district geographic chart is used to assess the distribution of all categories of nurses who reside in Idaho. There can be nurses who live in other state border counties and who work in Idaho and have Idaho licenses but who are not counted as Idaho residents. This applies to nurses who live in Nevada, Washington and Oregon, which are states that are not a part of the Nurse License Compact and thus require nurses to obtain an Idaho license to practice nursing in Idaho. This situation commonly applies to nurses in

eastern Washington and who work in the Coeur d’Alene and Lewiston areas. Utah, Wyoming and Montana are border states that participate in the Nurse License Compact, and thus nurses residing in those states and who work in Idaho will not show as Idaho licensed nurses.

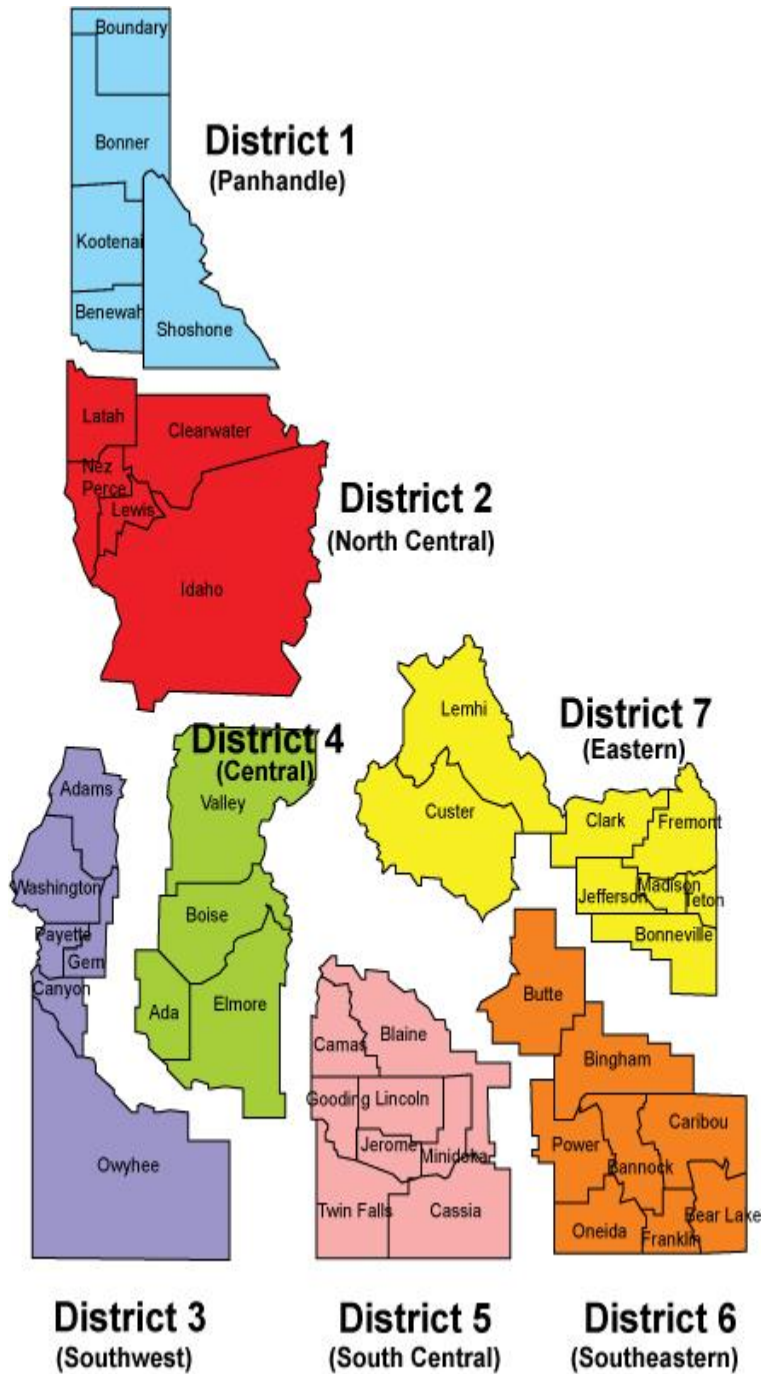


Table ONE: Nurse Distribution by Idaho County and District

County	LPN	RN	CNP	CRNA	CNM	CNS
District ONE						
Boundary	26	86	3			
Bonner	66	413	33	5		
Kootenai	293	2144	140	46	8	
Benewah	20	59	4			
Shoshone	17	71	3			
Total	422 (14%)	2733 (15%)	183	51	8	0
District TWO						
Latah	25	314	15	7	3	2
Clearwater	14	108	3	1		
Nez Perce	76	605	44	8		
Lewis	5	56	8			
Idaho	13	118	6	4		
Total	133 (4%)	1201 (6%)	76	20	3	2
District THREE						
Adams	2	21	4			
Washington	17	59	4	1		
Payette	37	171	7	6	1	
Gem	33	156	7	4		
Canyon	334	1689	57	16	4	3
Owyhee	9	51	4			
Total	432 (14%)	2147 (11%)	83	27	5	3
District FOUR						
Valley	9	126	3	5		
Boise	11	48	4			
Ada	642	6898	506	163	26	28
Elmore	44	141	6	3		
Total	706 (23%)	7211 (38%)	519	171	26	28
District FIVE						
Twin Falls	252	1038	59	30	1	
Camas	0	11	0			
Blaine	15	185	9	6	1	
Gooding	27	86	6			
Lincoln	15	26	1			
Jerome	64	157	9	3	1	
Cassia	34	161	10	6		
Minidoka	45	142	9	1		
Total	452 (15%)	1806 (9.5%)	103	46	3	0

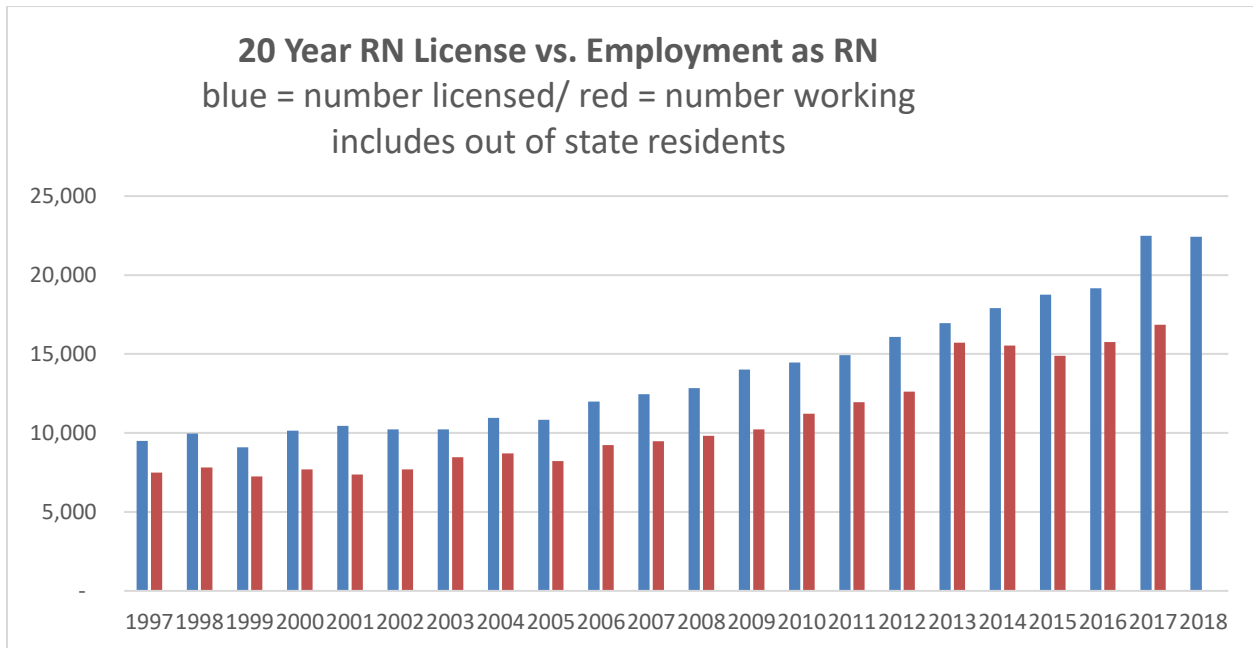
County	LPN	RN	CNP	CRNA	CNM	CNS
District SIX						
Butte	6	19	3			1
Bingham	127	419	20	12	1	
Power	15	31	3	15		
Bannock	226	987	67		3	3
Caribou	25	62	3	2		1
Bear Lake	22	58	2	3		
Franklin	32	82	3	3		
Oneida	11	46	5			
Total	464 (15%)	1704 (9%)	106	35	4	5
District SEVEN						
Lemhi	27	83	6	2		
Custer	6	22	3			
Clark	33	1	0			
Fremont	38	87	5	1		
Madison	32	374	10	8	3	
Jefferson	69	325	11	4		
Bonneville	267	1215	64	26	4	
Teton	13	89	7	2		
Total	485 (15%)	2196 (11.5%)	106	41	7	0
State Total	3094	18,998	1086	391	56	38

[Source: Idaho Board of Nursing. Nurse License Data Base, September 2018.]

Registered Nurses

Historically, the number of nurses licensed in Idaho has continually increased over the past 20 years. There has been a constant percentage of nurses who are licensed but are not actively employed as nurses. The percentage difference between licensed nurses and employed nurses has remained constant. Some of these nurses work in fields outside of nursing, but many have left the workforce to raise families, return to school or their economic situation does not require them to work. The total number of these non-working nurses has been near 1,000 for more than 10 years, but we may see this change in the next five years because evidence of continued nursing competence has been implemented to renew a license.

Table TWO: 20 Year RN License versus Employment



Calculating the Resident Idaho Registered Nursing Workforce

In September 2018 there are 23,124 RNs holding active licenses. Of those, 4,126 are not living in Idaho, and are not considered as a part of the resident Idaho nursing workforce. Nurses residing in neighboring states of Washington (1,466), Oregon (413), Montana (10), Wyoming (65), Utah (14) and Nevada (113) represent 2,081 nurses that could cross the border and work in Idaho. Most commonly this involves north Idaho and the Spokane-Coeur d’Alene corridor, or the Clarkston, Washington and Lewiston proximity. Idaho, Montana, Wyoming and Utah all belong to the Nurse Licensure Compact and nurses who reside in those states can come into Idaho and work on their home state license. Most commonly this occurs with southeast Idaho hospitals and Utah nurses, and Teton County with Wyoming nurses. The remaining 2,045 Idaho licensed nurses are in 5 countries, 43 states and Guam, Puerto Rico and Washington D.C. This yields a resident Idaho workforce of 18,998 Registered Nurses.

There is a maldistribution across the state with rural counties having low numbers of resident RNs to meet their workforce needs. Nurses residing in the

Treasure Valley, consisting of Gem, Ada and Canyon counties, represent 8,743 RNs or 46% of the Idaho resident nursing workforce.

Licensed Practical Nurses

Calculating the actual Idaho Licensed Practical Nursing Workforce

In 2018 there are 3,268 LPNs holding active licenses. Of those, 174 are not living and working in Idaho, and are not considered as a part of the Idaho resident nursing workforce. Nurses residing in neighboring states of Washington (74), Oregon (29), Montana (0), Wyoming (0), Utah (0) and Nevada (4) represent 107 LPNs that could cross the border and work in Idaho. Most commonly this involves north Idaho and the Spokane-Coeur d'Alene corridor, or the Clarkston, Washington and Lewiston proximity. Idaho, Montana, Wyoming and Utah all belong to the Nurse Licensure Compact and nursing who reside in those states can come into Idaho and work on their home state license. The remaining 67 Idaho LPNs are primarily California residents. This yields a resident Idaho LPN workforce of 3,094 LPNs.

There is a maldistribution across the state with rural counties having low numbers of resident LPNs to meet their workforce needs. LPNs residing in Ada Co. represents 20.74% of the total LPN workforce.

Comparison to the National Nursing Workforce Data report

Every two years, the National Council of State Boards of Nursing (NCSBN) collaborates with The National Forum of State Nursing Workforce Centers to produce the national nursing workforce report.

The total number of individual RNs licensed in the United States is 3,920,284 and the total number of RN licenses held is 4,613,484. The total number of individual LPNs licensed in the United States is 924,854 and the total number of LPN licenses held is 977,654.

The difference between the number of individual nurses and the number of licenses held is because of nurses being licensed in more than one state at the

same time. Because not all states participate in the Nurse Licensure Compact, nurses must hold individual state-based licenses to practice in non-compact states, or if the nurse has a permanent residency in a non-compact state, then the nurse must be licensed to practice in all other states where the nurse works. This results in 693,200 multiple RN licenses and 52,800 multiple LPN licenses.

2018 Number of Nurses per 1,000 Population

The standard in the United States for RNs per 1,000 population is reported as 10.35. Idaho falls short of the standard.

Table THREE: Standard RN ratio per 1,000 Population

	2018 Population	2018 Number RN	Per 1000 population
Idaho	1,716,943	18,998	9.03

[source: NFNWF. 2018. National Nursing Workforce Survey.]

Table FOUR: Comparing Numbers of Licensed Nurses in Surrounding States to Idaho

State	RN	LPN	NP	CRNA	CNS*	CNM*
<i>Idaho</i>	23,124	3,094	1086	391	38	56
Washington	97,770	11,405	3110	660	90	NA
Oregon	61,133	5,482	1570	270	160	NA
Nevada	39,525	3,951	680	NA	NA	NA
Utah	34,662	2,597	1520	120	90	NA
Wyoming	14,571	1,173	230	40	NA	NA
Montana	17,011	2,707	530	60	NA	NA

*Clinical Nurse Specialist and Certified Nurse Midwife numbers are not reported nationally from the states marked Not Available (NA).

[source: U.S. Dept of Labor, Bureau of Labor Statistics. Available at: <https://www.bls.gov/oes/current/oes291171.htm>]

SECTION TWO-IDAHO NURSE DEMOGRAPHICS

Nurse demographics were established using the Board of Nursing License Database that contains self-reported information by nurses at the time of their original nursing license application and at the time of renewal. This data is compared to the data established by the cooperative effort of the National Forum for Nursing Workforce and the National Council of State Boards of Nursing national repository for nurse license and demographic data.

Table FIVE: Idaho Nurse Demographics for Females

Item	LPN	RN	CNP	CRNA	CNM	CNS
Race						
White	2950	16791	814	157	56	32
Black	13	28	0			
Hispanic	39	34	6			
Native American	19	6	2			
Asian	4	49	4			1
Age						
20-34	421	2159	26	6	0	0
35-44	530	3260	161	58	12	3
45-54	920	4924	341	44	31	16
55-64	1032	5917	280	42	13	14
65 or older	122	648	18	7	0	1
Basic Education						
LPN Certificate	3025					
Associate		5112				
RN to BSN		2970				
Generic BSN		8826				
Higher Education						
MSN		2714	714	97	39	30
MA/MS other		214	0	60	0	0
DNP		184	97	0	5	0
PhD nursing		45	8	0	4	4
PhD not nursing		28	7	0	0	0
Other					8	

Table SIX: Idaho Nurse Demographics for Males

Item	LPN	RN	CNP	CRNA	CNM	CNS
Race						
White	66	2080	260	234	1	4
Black	0	0	0	0	0	0
Hispanic	1	2	0	0	0	0
Native American	0	0	0	0	0	0
Asian	2	8	0	0	0	0
Age						
20-34	8	186	9	4	0	0
35-44	9	824	48	33	1	0
45-54	13	502	148	86	0	2
55-64	32	510	52	104	0	1
65 or older	7	68	3	7	0	1
Basic Education						
LPN Certificate	69					
Associate		439				
RN to BSN		410				
Generic BSN		1241				
Higher Education						
MSN		368	246	69	1	2
MA/MS other		52	0	164		
DNP		7	12	1		1
PhD nursing		12	1	0		1
PhD other		16	1	0		
Other		0				

Demographic Discussion

- A major goal of the 2010 Institute of Medicine Report on the Future of Nursing was to increase the number of BSN educated nurses to 80% by

2020. Because of the large number of nurses who have completed RN to BSN degrees “on-line” either at Idaho schools or remotely from other states, **Idaho has now progressed to a 70.78% (71%) BSN prepared resident nursing workforce.**

- The overall age of the nursing workforce continues to increase. In 2016 Idaho had a 36.4% workforce over age 55. Today that has increased to 37.5%.
- Nurses in all categories, LPN, RN, and APRN roles all share a common age demographic with 35+ percent being age 55 years or older.

SECTION THREE-IDAHO APRN SELF-REPORTED DATA

Each licensed APRN was surveyed specific to their role [CNP, CRNA, CNM, CNS] in 2018. Data is reported by role. Each APRN received two mailings using an Idaho Board of Nursing mailing list of licensees. The mailing explained the workforce survey need and provided a web-based link to survey monkey for tool completion.

Certified Nurse Practitioners-CNP

Mailings went to 1,067 Nurse Practitioners. 823 responses represented a 77.13 % response rate. 796 of the 823 responding (96.7%) identified themselves as primary care providers.

1. CNPs report the following years of CNP clinical experience.
 - a. Less than 3 years = 21%
 - b. 3 to 6 years =18%
 - c. 7 to 10 years = 15%
 - d. 11 to 15 years = 13%
 - e. More than 15 years = 33%
2. CNPs report the following years of experience as a RN before becoming CNPs.
 - a. 0 years, graduated as direct NP= 4%
 - b. 1 year or less= 1%

- c. 1 to 3 years = 8%
 - d. 3 to 5 years = 13%
 - e. More than 5 years = 74%
- 3. CNPs report their national certification provider.
 - a. American Nurses Credentialing Center [ANCC] = 43%
 - b. American Association of Nurse Practitioners [AANP] = 52%
 - c. Other [i.e. Women's Health] = 5%
- 4. CNPs report their CNP education program credential used for original license.
 - a. Master's degree = 79%
 - b. Post Master's degree certificate = 10%
 - c. Doctor of Nursing Practice = 9%
 - d. Bachelor's with certificate = 2%
- 5. CNPs report graduation from 62 different programs in the United States for their CNP education for original license. CNP programs represented most frequently in the responses:
 - a. Idaho State University = 13%
 - b. Gonzaga University = 11%
 - c. University of Utah = 9%
 - d. Frontier University = 5%
 - e. Oregon Health Science University = 3%
 - f. University of Washington = 2%
 - g. All other universities = 57%
- 6. CNPs report their highest level of education:
 - a. Master's Degree in Nursing = 83.5%
 - b. Doctor of Nursing Practice [DNP] = 11%
 - c. Doctor of Philosophy [PhD] = 4%
 - d. Doctor of Education [EdD] = 1.5%

[192 CNPs report holding a doctorate degree.]
- 7. CNPs report holding an active CNP license in another state.
 - a. Yes = 36%
 - b. No = 64%
- 8. CNPs report holding an active CNP license in a surrounding state.

- a. Washington = 15%
 - b. Oregon = 6.3%
 - c. Nevada = 2%
 - d. Utah = 3.6%
 - e. Wyoming = 1%
 - f. Montana = 2%
 - g. None of these = 70.1%
9. CNPs primary site of employment report.
- a. Employed by an Idaho based health system = 33.3%
 - b. Employed by a physician = 24%
 - c. Employed by state government = 10.6%
 - d. Employed by federal government [incl VA & Indian Health] = 5.3%
 - e. Employed active military = 2%
 - f. Employed by Idaho based School of Nursing = 2%
 - g. Employed in Long Term Care = 2%
 - h. Independent Practice = 2.8% [33 individual CNPs reported]
 - i. Not employed as CNP = 18%
10. CNPs report employment status.
- a. Full time = 62%
 - b. Part time = 32%
 - c. Not employed = 6%
11. CNPs that are employed as CNPs report employment setting.
- a. Rural community = 36%
 - b. Urban Idaho = 64%
12. Three CNPs reported that they were the only provider in their rural community.
13. Hospital admitting privileges.
- a. 19% of CNPs report they have hospital admitting privileges.
 - b. 10% of CNPs report they can admit to the hospital in collaboration with a physician.
 - c. 71% of CNPs do not have hospital admitting privileges.
14. CNPs who are not employed by a hospital, 31% report that they can see and treat patients in the hospital in collaboration with a physician.

15. DEA and Controlled Substance licenses are held by 87% of CNPs.
16. Opioid prescribing in the previous 12 months was reported by 72% of CNPs.
17. CNPs report seeing 24% more chronic pain patients today than one year ago.
18. CNPs report seeing 47% more mental health patients than one year ago.
19. CNPs report plan to be practicing in Idaho in 5 years.
 - a. Yes = 77%
 - b. No = 23%

Certified Registered Nurse Anesthetists-CRNA

Mailings were sent to 518 CRNAs, including out of Idaho addresses that work locum positions in Idaho intermittently in 2018. Responses were 246, representing a 47.5% response rate.

1. CRNAs report the following years of CRNA clinical experience.
 - a. Less than 3 years = 9%
 - b. 3 to 6 years = 16%
 - c. 7 to 10 years = 14%
 - d. 11 to 15 years = 25%
 - e. More than 15 years = 36%
2. CRNAs report the following years of experience as a RN before becoming CRNAs.
 - a. 1 year or less = 7%
 - b. 1 to 3 years = 30%
 - c. 3 to 5 years = 23%
 - d. More than 5 years = 40%
3. CRNAs report their national certification provider.
 - a. NBCRNA = 49%
 - b. AANA = 51%
4. CRNAs report CRNA education program credential used for original license.
 - a. Master's degree = 97.5%
 - b. Post Master's degree certificate = 2.5%

5. CRNAs report graduation from 36 different programs in the United States for their CRNA education for original license. There is no CRNA education program in Idaho. CRNA programs that are represented most frequently in the responses:
 - a. Gonzaga University = 8%
 - b. All other universities = 92%
6. CRNAs report their highest level of education:
 - a. Master's Degree in Nursing or Anesthesia = 99.3%
 - b. Doctor of Nursing Practice [DNP] = 0.68% [represents 1 CRNA]
7. CRNAs report holding an active CRNA license in another state.
 - a. Yes = 29.5%
 - b. No = 70.5%
8. CRNAs report holding an active CRNA license in a surrounding state.
 - a. Washington = 14.6%
 - b. Oregon = 4.88%
 - c. Nevada = 0%
 - d. Utah = 4.88%
 - e. Wyoming = 0%
 - f. Montana = 0%
 - g. None of these = 75.64%
9. CRNAs report their employment:
 - a. Employed by an Idaho based health system = 2%
 - b. Employed by a physician anesthesia group = 45.56%
 - c. Employed by federal government [incl VA & Indian Health] = 6.8%
 - d. Employed active military = 1%
 - e. Independent Practice = 38.64%
 - f. Not employed as CRNA = 6%
10. CRNAs report employment status.
 - a. Full time = 86.36%
 - b. Part time = 13.64%
11. CRNAs report employment community setting.
 - a. Rural community = 27.27%
 - b. Urban Idaho = 72.73%

12. No CRNAs reported that they were the only anesthesia provider in their rural community.
13. CRNAs report that they are affiliated with pain management services such as injections.
 - a. Yes = 15.91%
 - b. No = 84.09%
14. CRNAs report that they plan to be practicing in Idaho in 5 years.
 - a. Yes = 77.27%
 - b. No = 22.73%

Certified Nurse Midwives--CNM

Mailings went to 65 Certified Nurse Midwives. Responses were 42, representing a 64.6% response rate.

1. CNMs report the following years of CNM clinical experience.
 - a. Less than 3 years = 18%
 - b. 3 to 6 years = 9%
 - c. 7 to 10 years = 23%
 - d. 11 to 15 years = 5%
 - e. More than 15 years = 45%
2. CNMs reported the following years of experience as a RN before becoming CNMs.
 - a. 0 years, graduated as direct CNM program = 9%
 - b. 1 year or less = 0%
 - c. 1 to 3 years = 9%
 - d. 3 to 5 years = 14%
 - e. More than 5 years = 68%
3. CNMs report their national certification provider.
 - a. American Midwifery Certification Board [AMCB] = 54%
 - b. American College of Nurse Midwives [ACNM] = 42%
 - c. Other = 4%
4. CNMs report their CNM education program credential used for original license.

- a. Master's degree = 77.3%
 - b. Post Master's degree certificate = 4.5%
 - c. Doctor of Nursing Practice = 13.7%
 - d. Bachelor's with certificate = 4.5%
5. CNMs report graduation from 8 different programs in the United States for their CNM education for original license. There are no CNM education programs in Idaho. CNM programs that are represented most frequently in the responses:
- a. Frontier University = 42%
 - b. University of Utah = 39%
 - c. All other universities = 19%
6. CNMs report their highest level of education:
- a. Master's Degree in Nursing = 68%
 - b. Doctor of Nursing Practice [DNP] = 23% [represents 9 CNMs]
 - c. Doctor of Philosophy [PhD] = 9%
7. CNMs report holding an active CNM license in another state.
- a. Yes = 18.18%
 - b. No = 81.82%
8. CNMs report holding an active CNM license in a surrounding state.
- a. Washington = 4.5%
 - b. Oregon = 4.5%
 - c. Nevada = 0%
 - d. Utah = 10%
 - e. Wyoming = 0%
 - f. Montana = 4.5%
 - g. None of these = 76.5%
9. CNMs report their employment:
- a. Employed by an Idaho based health system = 32%
 - b. Employed by a physician = 32%
 - c. Employed by state government = 10.6%
 - d. Employed by federal government [incl VA & Indian Health] = 5.3%
 - e. Independent Practice = 5% [2 individual CNMs reported]
 - f. Not employed as CNM = 15%

10. CNMs reported employment status.
 - a. Full time = 90.5%
 - b. Part time = 9.5%
11. CNMs that are employed as CNMs report community of employment setting.
 - a. Rural community = 27%
 - b. Urban Idaho = 73%
12. Hospital admitting privileges?
 - a. 64% of CNMs report they have hospital admitting privileges.
 - b. 36% of CNMs do not have hospital admitting privileges.
13. Of CNMs who cannot directly admit to a hospital, 71% report they can see and treat patients in the hospital in collaboration with a physician.
14. DEA and Controlled Substance licenses are held by 96% of CNMs.
15. Opioid prescribing in the previous 12 months was reported by 73% of CNPs.
16. CNMs report plans to be practicing in Idaho in 5 years.
 - a. Yes = 78%
 - b. No = 22%

Clinical Nurse Specialist--CNS

Mailings went to 50 Clinical Nurse Specialists. Responses were 22, representing a 44% response rate.

1. CNSs report the following years of CNS clinical experience.
 - a. Less than 3 years = 0%
 - b. 3 to 6 years = 21.5%
 - c. 7 to 10 years = 21.5%
 - d. 11 to 15 years = 14%
 - e. More than 15 years = 43%
2. CNSs report the following years of experience as a RN before becoming CNSs.
 - a. 1 year or less = 0%
 - b. 1 to 3 years = 7%

- c. 3 to 5 years = 7%
 - d. More than 5 years = 86%
- 3. CNSs report their national certification provider.
 - a. American Nurses Credentialing Center [ANCC] = 86%
 - b. Other = 14%
- 4. In addition to CNS certification, CNSs report also holding additional certifications. Most commonly reported as being Nurse Practitioner.
 - a. Yes = 65%
 - b. No = 35%
- 5. CNSs report their CNS education program credential used for original license.
 - a. Master's degree = 93%
 - b. Post Master's degree certificate = 7%
 - c. Doctor of Nursing Practice = 0%
- 6. CNSs report graduation from 14 different programs in the United States for their CNS education for original license. CNS programs that are represented most frequently in the responses:
 - a. Idaho State University = 45%
 - b. University of Utah = 19%
 - c. Gonzaga University = 3%
 - d. Washington State University = 2%
 - e. All other universities = 31%
- 7. CNSs report their highest level of education.
 - a. Master's Degree in Nursing = 68%
 - b. Doctor of Nursing Practice [DNP] = 10%
 - c. Doctor of Philosophy [PhD] = 22%
- 8. CNSs report holding an active CNS license in another state.
 - a. Yes = 8%
 - b. No = 92%
- 9. CNSs report holding an active CNS license in a surrounding state.
 - a. Washington = 8%
- 10. CNSs report their employment:
 - a. Employed by an Idaho based hospital or health system = 35%

- b. Employed by a physician = 0%
 - c. Employed by state government = 0%
 - d. Employed by an Idaho School of Nursing = 14%
 - e. Employed by federal government [incl VA & Indian Health] = 3%
 - f. Independent Practice = 18% [Psychiatric Mental Health CNS]
 - g. Not employed as CNS = 30%
11. CNSs report their employment locations.
 - a. Rural = 28%
 - b. Urban = 72%
 12. CNSs report employment status.
 - a. Full time = 58
 - b. Part time = 42%
 13. CNSs report CNS employment roles.
 - a. Psychiatric Mental Health= 31%
 - b. Other specialty provider role [diabetes, cardiac, wound] = 38%
 - c. Hospital traditional CNS not in a provider role = 23%
 - d. Nursing education role = 8%
 14. DEA and Controlled Substance licenses are held by 65% of CNSs.
 15. Opioid prescribing in the previous 12 months was reported by 7% of CNSs.
 16. CNSs report plans to be practicing in Idaho in 5 years.
 - a. Yes = 58%
 - b. No = 42%

SECTION FOUR—2018 NURSE EMPLOYMENT IN IDAHO

Nurse Salaries in Idaho

Data is reported for LPN staff and RN staff and manager positions for hospitals and clinics by regions of the state. Salaries are aggregate ranges. Critical access hospitals (CAH) salary data represents statewide ranges and averages for all hospitals reporting. Regional data is inclusive of both community and critical access hospitals.

Table SEVEN: Nurse Salaries in Idaho

Registered Nurse Role	Min	Max	Ave. Actual
CAH Staff Nurse – all regions	\$ 24.78	\$ 38.29	\$ 30.92
Hospital Staff Nurse - Southeast	\$ 24.63	\$ 37.08	\$ 30.57
Hospital Staff Nurse - Southwest	\$ 26.54	\$ 42.15	\$ 32.73
Hospital Staff Nurse - North	\$ 26.70	\$ 42.33	\$ 33.09
Clinic RN – CAH—all regions	\$ 23.21	\$ 32.74	\$ 27.06
Clinic RN - Southeast	\$ 21.84	\$ 29.43	\$ 25.32
Clinic RN - Southwest	NA	NA	NA
Clinic RN - North	\$ 24.27	\$ 35.40	\$ 29.32
RN Unit Managers			
Nurse Manager - CAH	\$ 35.68	\$ 51.91	\$ 43.24
Nurse Manager - Southeast	\$ 35.27	\$ 52.90	\$ 40.48
Nurse Manager - Southwest	\$ 37.49	\$ 55.11	\$ 45.41
Nurse Manager - North	\$ 33.20	\$ 51.31	\$ 42.86
Licensed Practical Nurses			
Hospital LPN - CAH	\$ 16.26	\$ 24.18	\$ 20.46
Hospital LPN - Southeast	\$ 16.31	\$ 24.09	\$ 19.74
Hospital LPN - Southwest	\$ 17.34	\$ 25.88	\$ 22.34
Hospital LPN - North	\$ 16.35	\$ 24.12	\$ 21.44
Clinic LPN - CAH	\$ 15.70	\$ 21.81	\$ 19.23
Clinic LPN - Southeast	\$ 16.13	\$ 22.67	\$ 19.91
Clinic LPN - Southwest	NA	NA	NA

Clinic LPN - North	\$ 15.52	\$ 22.12	\$ 19.47
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[Source: Idaho Hospital Association annual survey aggregate report, January 2018.]

Table EIGHT: RN and LPN Average Salaries in Surrounding States Compared to Idaho 2018

State	Staff RN hourly	Staff RN annual	LPN hourly	LPN annual
IDAHO	\$29.94	\$62,275	\$20.37	\$42,369
Washington	\$43.40	\$90,272	\$21.32	\$44,345
Oregon	\$42.84	\$89,107	\$24.19	\$50,315
Nevada	\$35.25	\$73,320	\$26.10	\$54,288
Utah	\$27.60	\$57,408	\$19.06	\$39,644
Wyoming	\$28.56	\$59,404	\$19.78	\$41,142
Montana	\$29.30	\$60,944	\$18.02	\$37,481

Table NINE: APRN Average Salaries in Surrounding States Compared to Idaho 2018

State	NP annual	NP hourly	CRNA annual	CRNA hourly	CNM Annual	CNM hourly
IDAHO	\$105,913	\$50.92	\$145,910	\$70.15	NA	NA
Oregon	\$112,870	\$54.26	\$207,480	\$99.75	\$108,880	\$52.35
Washington	\$115,250	\$55.41	\$194,080	\$93.31	\$100,250	\$48.20
Nevada	\$105,520	\$50.73	\$196,730	\$94.58	NA	NA
Utah	\$99,960	\$48.06	\$156,960	\$75.46	\$108,770	\$52.29
Wyoming	\$113,310	\$54.48	\$250,610	\$120.49	NA	NA
Montana	\$97,470	\$46.86	\$252,460	\$121.38	NA	NA

sources:

1. U.S. Dept of Labor, Bureau of Labor Statistics. Available at: <https://www.bls.gov/oes/current/oes291151.htm#st>
2. Nurse Salary Guides National Data, available at <https://nursesalaryguide.net>
3. State Nursing Workforce Data through shared Northwest Collaboration

Reports by Idaho Hospitals

Thirty-six (36) individual hospitals and hospital systems responded to a workforce questionnaire in May and June 2018. Twenty-four (24) hospitals were designated Critical Access and rural and twelve (12) were community and larger hospitals systems.

Numbers of regularly employed RNs and LPNs

Idaho hospitals reported a combined RN employment of 7,006.4 full time equivalent positions. Additionally, these hospitals reported a combined LPN employment of 141.2 full time equivalent positions.

Hospitals reported nurse vacancies and recruitment issues

Idaho hospitals reported consistent vacancies for RNs in specialty areas. Hospitals reporting that they experienced having at least one RN vacancy at all times represented 76% of reporting hospitals. This was particularly problematic in Critical Access Hospitals that had a total number of employed nurses at less than 20 RNs.

These three areas were most commonly needed:

1. Experienced Operating Room circulators and scrubs—55% of hospitals need
2. Experienced Emergency Department nurses—66% of hospitals need
3. Experienced ICU nurses—31% of hospitals need

Although the hiring preference is for an experienced RN, 62% of hospitals reporting stated they would hire new graduates into these departments to fill vacancies.

In the coming two years, thirty (30) hospitals representing 83% of hospitals anticipate increased nurse retirements and more difficulty hiring nurses. The primary reasons identified in the survey for anticipated hiring difficulties are:

1. Non-competitive salaries with other hospital within Idaho or border states (32%)
2. Lack of spouse employment in the area (29%)
3. Rural location (22%)
4. Lack of desired clinical experience (11%)
5. Cost of living in the area (6%)

Use of “Travel Nurse” temporary staffing

Twenty-one (21) of the 36 hospitals reported employing travel nurses during the 12 months March 1, 2017 through February 28, 2018. During this time, 172,587 travel nurse work hours were paid. This is equivalent to 82.97 full time equivalent positions.

BSN Preparation Preference

Although 81% of hospitals responded that they would prefer to hire a RN who holds a BSN degree with experience in the clinical area being hired for, only 3.5% stated they would hire a BSN without experience in the clinical area being hired for even if they had an experienced Associate Degree option. Additionally, 22% of hospitals will hire an experienced Associate Degree RN with experience in the clinical area being hired for over a BSN new graduate or a BSN with experience outside of the clinical area being hired for.

Of the 36 hospitals reporting, 30 hospitals or 83%, offered some form of tuition reimbursement for RN to BSN completion.

Certifications

Of the 36 hospitals reporting, 15 hospitals or 42%, offered an additional hourly wage or one-time bonus for RNs who are certified in a clinical practice area even if it is not a part of their job description.

New Graduate Hires

Of the 36 hospitals reporting, 3 did not hire any new graduates in the past 12 month March 2017-February 2018, and the others combined to hire 423 new graduates with 391 being graduates from Idaho schools of nursing. The same 36 hospitals reported hiring 30 LPNs, both new graduates and experienced.

New Graduate Nurse Residency Program

Of the 35 hospitals reporting, eighteen (18) or 50% of hospital offered the opportunity to participate in a new nurse residency program. Critical access and rural hospital more often reported they would participate in a new nurse residency program if there was some financial assistance to cover tuition.

The Idaho Alliance of Leaders in Nursing (IALN) facilitates and on-line New Nurse Residence program through the University of Iowa. This program is used by multiple other Western states and is focused on rural and critical access hospitals that hire new graduates. In 2018, 6 Idaho new graduates employed in critical access hospitals have completed the residency.

Chief Nursing Officer Experience at the Hospital

The years that the CNO had been in the CNO role at the hospital ranged 4 months to 9 years. The most frequently reported length of time in the CNO role was 1 year or less. The statewide average for nurses being in the CNO role was 2.8 years. Twenty-eight (28) hospitals representing 77% of hospital CNOs reported having administrative responsibility for non-nursing clinical areas such as social work, pharmacy, therapies or imaging.

Reports by Idaho Long Term Care and Assisted Living

In cooperation with the Idaho Healthcare Association, 192 Long Term Care and Assisted Living Centers were surveyed. The responses were 50% from each sector, for a total of 78 responses or a 40.6 % response rate.

Numbers of regularly employed RNs and LPNs

The 78 Idaho Long Term Care and Assisted Living Centers reported the employment of 385 RNs and 368 LPNs between March 1, 2017 through February 28, 2018. Having at least one RN vacancy at all times was reported by 34 facilities (44.7%). Having at least one LPN vacancy at all time was reported by 33 facilities (43.2%). The hiring of new graduate RNs was reported by 24 facilities (30.7%). Only 6 facilities hired more than 1 new graduate RN. A total of 164 experienced LPNs were hired. Facilities reported hiring 52 new graduate LPNs. Only 28 facilities reported that they did not hire LPNs during the year.

For RNs employed in Long Term Care and Assisted Living, 71.5% hold associate degrees in nursing.

Long Term Care and Assisted Living reported nurse vacancies and recruitment issues

In the coming two years, seventy-eight (78) representing 100% of Long Term Care and Assisted Living Centers anticipate increased nurse retirements and more difficulty hiring nurses. Seventy-nine percent (79%) of facilities reported that there was not a sufficient number of RNs or LPNs to have adequate resources for local hiring. This was true in all rural community facilities that reported.

Recruitment costs to hire a RN by 39% of facilities ranged \$,1500 to \$5,000, while another 26% estimated costs ranged \$5,000 to \$10,000 per hire. An average cost of \$1,500 was estimated by 10% of facilities.

The primary reasons identified in the survey for anticipated hiring difficulties are:

1. Non-competitive salaries with hospitals (50%)
2. Lack of desired clinical experience (21%)

3. Cost of living in the area (11%)
4. Rural location (10%)
5. Lack of spouse employment in the area (8%)

Twenty- three (23), representing 30% of facilities reporting, stated they preferred to hire RNs who hold a BSN degree, and these same facilities reported that they paid a salary difference between an associate degree and a BSN. Tuition reimbursement or scholarship was offered to RNs for degree completion by 44.74% of facilities.

Certifications

Of the 78 Long Term Care and Assisted Living facilities reporting, 5 reported that they offered an additional hourly wage or one-time bonus for RNs who are certified in a clinical practice area, such as gerontological nursing, even if it is not a part of their job description.

Chief Nursing Officer Experience in Long Term Care

The years that the CNO had been in the CNO role at the facility ranged 1 to 17 years. The most frequently reported length of time in the CNO role was 2 years or less. The statewide average for nurses being in the CNO role was 2.2 years. Twenty-eight (28) hospitals representing 77% of hospital CNOs reported having administrative responsibility for non-nursing clinical areas such as social work, pharmacy, therapies or imaging.

SECTION FIVE-IDAHO FUTURE DEMAND FOR NURSES

There are three major issues that impact the future demand for nurses in Idaho.

- I. Aging of the current Idaho nursing workforce: 37% of currently licensed RNs are age 55 or older, with 12% older than age 65. Because full retirement age is 66 years, we can expect increased numbers of nurses leaving the workforce when they reach age 66 years and almost 100% leaving active work by age 70.

- II. Increased population by migration into Idaho: census projects show a higher number of current in-migration to Idaho is by people over age 55 years. Many of these pre-retirees bring an elderly parent to Idaho within 2 years of their move to Idaho, thus increasing the demand for assisted living, long term care and other healthcare services. The Idaho census is projected to increase by 1.5% annually over the next 7 years to a 2025 census of 1.9 million.
- III. Limitations on current education programs to increase numbers of graduates exist because of limited clinical facilities and a lack of qualified faculty. Currently Idaho schools of nursing have more applicants for admission than they have available space for student admissions. The range is 7-10 applicants per space.

Based on these 3 issues, table 10 demonstrates the projected annual shortage, using an incremental decay methodology, if current projected retirements, numbers of new graduates, out-migration of new graduates and retention rates of incumbent nurses in the workforce remains at current levels and current Idaho growth and demand projections continue.

Table TEN: Annual RN Shortage Determination 2018-2025 Based on Maintaining Current Impact Status

Year	Idaho population projection	RN demand	RN supply	RN age 55-65	RN age >65	New Graduate increase at 40/year	With current grads retention rate	Projected shortage statewide
2018	1,730,722	17,826	18,998	6427	716	800		
2019	1,756,002	18,087	17,957	5624	478	840	18,797	(710)
2020	1,781,282	18,347	16,916	4821	240	880	17,796	551

2021	1,806,563	18,608	15,875	4018	2	920	16,795	1,813
2022	1,831,843	18,868	15,072	3215	0	960	16,032	2,836
2023	1,857,123	19,128	14,269	2412	0	1000	15,269	3,859
2024	1,882,403	19,389	13,466	1609	0	1040	14,506	4,883
2025	1,907,684	19,649	12,663	806	0	1080	13,743	5,906

SECTION SIX-NURSING EDUCATION PROGRAMS IN IDAHO

Idaho has the following nursing education programs that are physically located in the state that prepare Licensed Practical Nurses, Registered Nurses and Advanced Practice Registered Nurses in the role of Nurse Practitioner. Idaho State University has a Master’s degree in nursing education that is not currently admitting students due to low application numbers. On-line educational programs are also available to Idaho licensed nurses, but because they are post-licensure programs they are not tracked by state agencies. Most on-line programs for nurses are RN to BSN completion, but there are other options. Idaho nurses can obtain graduate education in both APRN programs and non-APRN focused graduate programs in other states. APRN graduates qualify for APRN license in Idaho. [Example: a RN can obtain a Doctor of Nursing Practice (DNP) degree as a nurse practitioner at Gonzaga University in Spokane, Washington, via distance learning methodology while living in Idaho and be licensed in Idaho upon graduation and successful passing of the license examination.]

Review of the 2017 Education Program Assessment that was conducted in 2018 based on 2017 graduates, applications and admissions yields the following data. The data collection reflects information in programs for students that are in

pre-license programs. Thus, the doctorate programs at ISU and BSU that have students who already are licensed as RNs are not included in this data report.

- Idaho LPN graduates remain constant and are at the same level as 2008. [source: IDOL, 2008 nursing overview]
- To alleviate the LPN shortage in southwest Idaho, College of Western Idaho is opening an LPN program targeted to have 25 students.
- The number of nursing students and graduates has remained constant for the past 10 years.
- Numbers of graduates do not fully compensate for the number of nurse retirees expected in the next 5 years.
- Numbers of graduates do not meet the increased nurse demand placed on the healthcare system due to population increase.
- Colleges and Schools of Nursing are challenged to hire qualified faculty because salaries do not compete with industry.
- Most nurses seeking graduate education are focused on advanced practice roles of nurse practitioner or nurse anesthetist versus educator roles.
- Clinical faculty are difficult to hire because they have greater salaries in hospitals and other clinical agencies.
- More clinical faculty are needed to fully utilize multi-site clinical space opportunities.
- All schools report that they have ongoing faculty positions available.
- The average age of current faculty is older than the average age of current clinically practicing nurses, and thus we can expect to see a greater number of faculty retiring sooner and increased difficulty finding replacements. Average age of current Idaho nursing faculty is 59.7 years.

Table ELEVEN: Report from Idaho Colleges and Schools of Nursing based on 2017 student data

Name of Idaho School of Nursing	Program Type LPN/RN/NP	2017 Total Applicants	2017 Idaho Resident Applicants	2017 Total Accepted	2017 Idaho Accepted	2017 Graduates (accepted prior years)
CEI	LPN	29	29	29	29	30
CSI	LPN	45	43	45	43	41
CWI	LPN	NA	NA	NA	NA	NA
NIC	LPN	31	25	23	18	20
LCSC	LPN	9	9	9	9	4
ISU	LPN	44	44	36	36	35
CARRINGTON	LPN	60	43	60	43	53
Total LPN		218	193	202	178	183
CEI	RN ASSOC	62	62	52	52	34
CSI	RN ASSOC	107	96	107	96	68
CWI	RN ASSOC	225	60	50	50	39
NIC	RN ASSOC	177	129	72	46	58
ISU	RN ASSOC	62	62	35	35	36
CARRINGTON	RN ASSOC	88	80	88	80	59
Total RN Assoc degree		721	489	404	359	294
ISU	RN BSN	144	136	106	102	97
ISU	MSN	0	0	0	0	0
ISU	DNP-NP	37	24	30	20	11
ISU	PhD					
BSU	RN BSN	238	214	144	144	111
BSU	MSN-NP	29	17	29	17	18
BSU	DNP					
LCSC	RN BSN	90	81	90	81	62
NNU	RN BSN	45	33	45	33	32
NNU	MSN-NP	43	39	15	14	0 (1 st yr)
BYU-I	RN BSN	161	87	161	87	75
Total RN BSN		678	551	546	447	377
Total RN		1399	1040	950	806	671
Total APRN-NP		109	80	74	51	29

SECTION SEVEN-NURSING SHORTAGE MITIGATION

STRATEGIES FOR IDAHO

The following mitigation strategies that are focused on impacting the pending nursing workforce shortage in Idaho were discussed at a statewide forum held in February 2018.

1. Clinical partnerships between organizations that employ nurses and education institutions are essential to expand clinical facilities.
2. Schools need to increase student enrollment based on expanded clinical facilities.
3. Facilities need to work with schools to develop joint appointment faculty so that qualified nurses in hospitals, clinics, home health, public health and long term care can remain employed by clinical agencies, while being freed for time to serve as clinical faculty to assist schools with increased enrollments.
4. Non-traditional clinical hours need to be utilized to increase student numbers.
5. Cooperative clinical placement use between disciplines and schools needs systematic coordination for maximum utilization.
6. Nurses and employers need to engage with legislators to discuss the issues facing the Idaho nursing workforce and seek legislative and government support for program and faculty funding.
7. Employers need to focus on retention efforts to retain incumbent staff. We have demonstrated that Idaho salaries have been addressed and that we are on target with surrounding states. Other job satisfaction, recognition and reward programs need to be implemented.
8. Schools need to partner with Critical Access Hospitals and other rural healthcare agencies to seek students from those communities and facilitate clinical rotations in rural areas.
9. A target increase in the number of students needed to graduate each year to replace retiring nurses and increased demand from population growth needs annual calculation.

10. Schools, government agencies and industry must work together on an ongoing basis to address current and future issues that impact the nursing workforce.