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Testimony before the  
Assembly Health and Human Services Committee  
February 10, 2003

Presented by:

Bill Welch, President/CEO and  
Doreen Begley, RN, MS, Nurse Executive

NEVADA HOSPITAL ASSOCIATION

Good afternoon Chairwoman Koivisto and members of the committee. For the record, my name is Bill Welch, President/CEO of the Nevada Hospital Association (NHA). Alongside me is Doreen Begley, NHA's Nurse Executive and Dr. Julie Johnson, Director of UNR's Orvis School of Nursing who co-authored the University and Community College System of Nevada's (UCCSN) *Plan to Double the Capacity of Nursing Programs within the System* (Doubling Plan).

■ The Doubling Plan, mandated by AB378 in the 2001 Legislative Session, was a collaborative effort developed by Nevada's seven schools of nursing and **unanimously approved** by the UCCSN Board of Regents, as evidenced by the comments from Regents Dondero and Seastrand on the slide before you. NHA was asked to participate in the formation of the Doubling Plan with the complete support of Chancellor Jane Nichols who is also with us today. I'd like to personally thank Chancellor Nichols and the Board of Regents for recognizing, understanding and following through with their commitment to help develop a potential solution for Nevada's nursing shortage. We appreciate this opportunity to speak to you today on the need for the Doubling Plan. This nursing workforce shortage is truly a huge topic, and we have made every effort to make our comments inclusive of the primary contributing factors that have brought us before you today. It is my pleasure to introduce to you one of the co-authors of the Doubling Plan, Doreen Begley.

Thank you, Bill. Good afternoon Chairwoman Koivisto and members of the committee. For the record, my name is Doreen Begley, Nurse Executive of the Nevada Hospital Association. I have been a registered nurse for 33 years, and I have been specifically working to address Nevada's current nursing shortage for the past three years. You have before you a handout we have provided, to be used as a reference document throughout the session. It contains the slides from this presentation, the Doubling Plan, and the most current data regarding Nevada's nursing workforce shortage, as compiled by High Sierra Area Health Education Center (AHEC), by Dr. John Packham, who is also here in the audience should you have specific questions regarding the report.

■ I am very proud of the Doubling Plan, and to have been asked by Chancellor Nichols to be a co-author for it. It is important for you to know that all of Nevada's seven schools of nursing were able to assess their individual campus needs and develop a plan that is collaborative, innovative, and takes into consideration an economic use of resources. In California, Governor Gray Davis has pledged \$60 million dollars to address their needs, but they have no specific plan. Here in Nevada we have developed a precise plan to double the nursing capacity of our UCCSN nursing programs that now needs your support for funding.

■ The plan has been completed, and I think it is important for you to understand that this is not a hospital issue. This is not even a nursing issue. This is an access to care issue, and it directly affects every citizen in the State of Nevada. It is patients who need nursing care. Right now, we have a tremendous shortage within our state. That begs the question, if we don't address this issue **NOW**, we will soon have to answer the question, "Who will Care?" for those needing health care, but are unable to access it as a result of the nursing shortage.

To be able to answer that question, we must identify the root cause of the problem. Before I tell you what the root cause is, I want to clarify for you what the problem is not. There are three issues.

■ **The First Issue: What the problem is not Number One.**

One of our primary goals is to place an emphasis on scientifically obtained data to allow us to make decisions that are reliable and valid, and to present factual data instead of anecdotal information.

I'm sure you have all heard it said that "nurses are leaving nursing in droves because they are unhappy with working conditions." However, the national data does not show that to be true. While these statistics appear to be relatively flat over the past 20 years, in fact, on close examination, things have actually improved.

Tim Porter O'Grady, a nurse PhD and Futurist, has stated that 30 years ago over 80% of all health care related procedures were performed in hospitals. Today, over 80% of them are performed outside of the hospital. Nurses may be leaving hospitals, but **NOT** nursing. They are simply following their patients.

■ **The Second Issue: What the problem is not Number Two.** This is the second most popular issue that is referenced as an anecdotal reason for the workforce nursing shortage in our state. "If we paid nurses better, they would stay." In Nevada, we actually are in the top 25% of the nation in terms of nurse wages.

As ■ demonstrates, in the regional comparison; Nevada is ranked second to California our next-door neighbor.

We also compete with California for nurses constantly, because, if you notice, they are right next to us in terms of the shortage table. This table demonstrates how our numbers

have worsened over the past four years. In fact, if you refer to the High Sierra AHEC report, Tab 2, page 15, you will see that Nevada is surrounded with mountain states that are all suffering from a similar shortage.

██████ Nevada has 262 fewer nurses per 100,000 residents than the nation as a whole. And this does not take into consideration our non-resident population of tourists.

██████ **And that brings me to the Third Issue: What the problem is not Number Three.** Burnout. It is said that nurses are leaving nursing because of burnout and that is what is causing the nursing shortage. Nurses are being burned out **BECAUSE** of the shortage. As Dr. Packham has pointed out on multiple occasions, we must keep the causal arrow pointing in the right direction. It is the shortage causing the burnout, and not the other way around.

██████ **So why is Nevada ranked dead last in the nurse to population ratio in our nation?** There are two primary reasons: 1) the enormous population growth in Nevada and 2) a lack of an expanding nursing education system.

As referenced in Slide 6, Nevada has the worst nurse to population ratio in the nation. We are ranked 51st at 520 nurses per 100,000 population. The national average is 782.

██████ shows population changes throughout the United States, and it is clearly evident even to the naked eye that Nevada is experiencing significant growth.

██████ Nevada is the fastest growing state in the nation, growing by 66% from 1990-2000. This growth alone constitutes 800,000 new residents. The U.S. Census Bureau has projected 2005 population will be an estimated 2.1 million.

██████ This statistic is very significant because more than in any other state, Nevada's elderly population grew 72%, which is cause for even more concern. The elderly tend to be higher users of health care, causing an even greater demand on our existing system. And there are 80 million baby boomers in the United States poised to all get "old" at the same time in the next 5-10 years.

██████ Add to these issues, our "virtual population." The average number of tourists, according to the Nevada Commission on Tourism for the period of October 2001-September 2002, who visited our state, was almost 4 million visitors per month. Almost double the population of Nevada. This fact actually lowers our nurse to population ratio from 520 to 487!

As you can see, the demographic explosion that is occurring within our own backyard is a concern for us, because we simply do not have an infrastructure in place that will be able to meet the increased demands that are being placed upon our health care system today, and in our future.

████████ With this phenomenal pressure on the demand for nurses in Nevada, we must now explore the supply side of the equation. It is estimated that we will need **716 additional** nurses through the year 2010, each year, to be able to provide patients with the nursing care they require, and to adequately meet the health care needs of Nevada's citizens.

████████ If we do nothing, over the next six years we will be 3,000 nurses short. The longer we wait to address this shortage, the worse it is becoming and it is a problem that will not "go away" by ignoring it. Yes, it is expensive to address this shortage now, but it will be even more costly in the future.

So, what must we do **NOW** to reverse this disturbing and downward trend? It is imperative that Nevada has enough nurses to provide patients the care they require. How will we do that? As referenced before, we cannot count on recruiting them from our neighboring states, as we are all suffering from the effects of the same shortage. Our solution is that Nevada must "grow our own."

████████ The current nursing programs for UCCSN produce approximately 264 new nurses per year. As you can see, this number falls far short of the estimated 716 needed to meet our demand. Our nursing programs, at their current funding level, cannot keep up with the demand for nurses within our state, and, more importantly, they cannot accommodate the demand for admission by qualified nursing students who would like to become nurses.

████████ Last year, the system had to deny admission due to lack of available positions to over 255 qualified applicants. These are students who had successfully completed the prerequisites, and were eager to enter nursing school. When students are not admitted to our nursing schools, they leave the state, or choose another career path. So last year, in 2002, we lost a potential 255 nurses to nursing programs in other states. California has 157 nursing programs. This is significant because nursing students tend to remain in the state where they were educated. Nevada had a consistent retention rate of 90% of our nursing student graduates. So, in 2002, we graduated 264 students, and turned away 255. Just saying it makes me heartsick. But if you fund it, they will come!

The 2003 admission demands are not looking any brighter. While all of the admission cycles are not complete, this is what we know about 2003.

We know that the available nursing classes in every program are filling, and as an example:

- UNR Orvis School of Nursing is currently funded for 48 students; they have received applications from 97 qualified applicants for Fall 2003.
- Dean, Emily Jo Hasley, from Truckee Meadows Community College writes "While we haven't begun our admission cycle for 2003, the applicant pool in recent years has far exceeded our acceptance limits."

This is not an issue of attracting students to the nursing profession. As evidenced by the above numbers, there are more students interested in becoming a nurse than Nevada can accommodate. The really exciting/frustrating news is that there are 500 declared "pre-nursing" students at TMCC and 600 at UNR Orvis School of Nursing. The pipeline is full. We need to be able to accept these qualified students into our nursing schools in a timelier manner, before they leave our state or chose another career path.

While we recognize the importance of addressing work environment issues, and are doing much to improve them, the bottom line root cause of this nursing shortage is Nevada's explosive demographic growth and we need a greater supply of nurses to meet Nevada's health care demands.

Over a 6 year period, from 1995 to 2001, admission to Nevada's community hospitals rose by over 50,000 patients, yet Nevada's number of graduating nursing students has remained stagnant, in comparison.

It is believed that the last significant increase for funding specifically to nursing programs occurred in the early 1980's. The Legislative Council Bureau queried a wizened legislator and that was his best recollection.

So it is the combination of all these factors that brings us to the table today. Nurses do not routinely ask others for help, as it is generally our role to be the providers of care. However, when nurses do ask for help, there is a darn good reason for us to do so. And as nurses, we are not asking for your support today for us, but for the patients who rely on us every day to be there for them. Please remember, it is patients that need nursing care, and if we cannot provide an adequate supply of nurses to meet the demand for them, "Who will Care?"

Thank you for your time and allowing us to present to you today. Dr. Julie Johnson is here to address any technical questions you may have regarding the Doubling Plan, and we would be happy to answer any questions you may have at this time.