

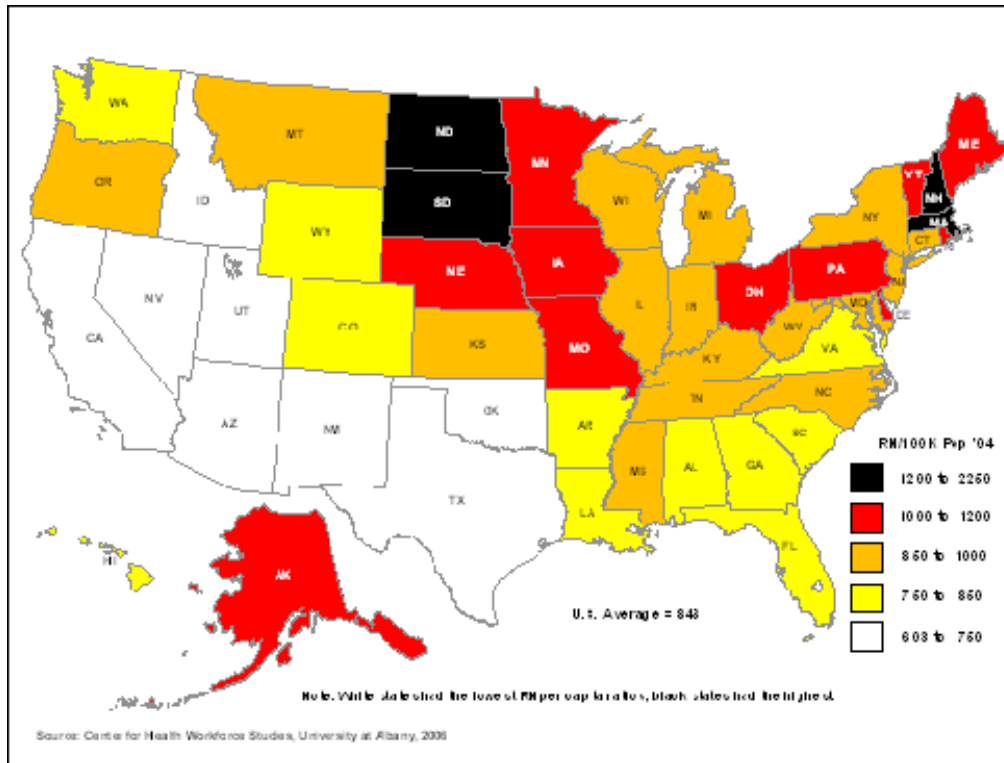
Testimony of  
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Before the House Subcommittee on Immigration, Citizenship, Refugees, Border Security and  
International Law  
June 12, 2008

Madam Chair and committee members: Thank you for the opportunity to appear today to discuss the nursing shortage, particularly as it pertains to the immigration of foreign-educated registered nurses (RNs).

I have been licensed as an RN since 1976 and have worked in nursing leadership positions within acute care hospitals at the unit, service, facility and system level for 27 years. My current position is Chief Nursing Executive for the Baptist Health System in San Antonio, Texas. Baptist Health System (BHS) is a leading provider of health care in San Antonio and South Texas. Staff in our five acute-care hospitals care for more patients hospitalized in San Antonio than any other hospital or health system, treating 34.9 percent of all hospitalized patients. Our hospital has 1,753 licensed beds and also serves patients through six emergency departments and extensive outpatient services. Baptist operates seven freestanding Imaging Centers and a School of Health Professions with a history of educating nurses and allied health professionals for more than 100 years.

San Antonio is a referral hub of hospital care to the 27-county South Central Texas Region, and BHS helps to direct patients with serious medical conditions or injuries to high-level care in San Antonio through its part ownership of San Antonio AirLIFE. Health-care needs in San Antonio and Bexar County continue to rise, with the population of Bexar County expected to increase by about 110,000 by 2012. More than 20,000 of those people will be age 65 and older, requiring a disproportionately higher level of health care. Quality of care is an essential commitment of BHS. Baptist has been recognized as a Solucient 100 Top Hospital® and is currently engaged in a concerted effort to provide even higher levels of quality care to every patient who enters the system. BHS is a member of the Texas Hospital Association (THA) and the American Hospital Association (AHA).

As Chief Nurse Executive for BHS I have responsibility for providing quality nursing and patient care to all of the patients who come to us for care. This requires the recruitment and retention of an adequate number of qualified nurses.



Source: Center for Health Workforce Studies. (2006). *New York Registered Nursing Graduations, 1996-2004*. Rensselaer, NY: CHWS. <http://chws.albany.edu>

Currently our system hospitals have 236 unfilled RN positions, a 16% vacancy rate. Many of these vacancies are “temporarily filled” through voluntary overtime and contract and per diem agency staff. Additionally, with growth projections we anticipate needing 136 more RNs in the next 12 months. This vacancy rate exists in spite of a 6.1% improvement in year-over-year R.N. turnover, including one facility with a low annual turnover rate of 13.1%.

The inability to fill RN positions has a detrimental effect on the care we are able to provide to our patients, the confidence physicians and nurses have in our facilities and retention of staff. Bottom-line, the nursing shortage affects the quality, service and cost of care delivered. Sixty-five percent of U.S. registered nurses believe the shortage of nurses has caused a major problem in “early detection of complications” and 78% believe the nursing shortage has negatively affected the “quality of patient care”.

The immediate actual cost of vacancies is more than the quality and service costs to patients served. The costs extend to the inability to expand needed services to the community, including the temporary inability to provide services resulting in diversion of emergency response units and at times cancelled elective cases.

The shortage of nurses is not a new phenomenon and has come and gone several times in my nursing career. This shortage period, which is now in its tenth year, is at a critical level and is expected to continue to worsen. According to the U.S. Department of Labor, 1.2 million new and replacement nurses will be needed by 2014. The Department of Health and Human Services

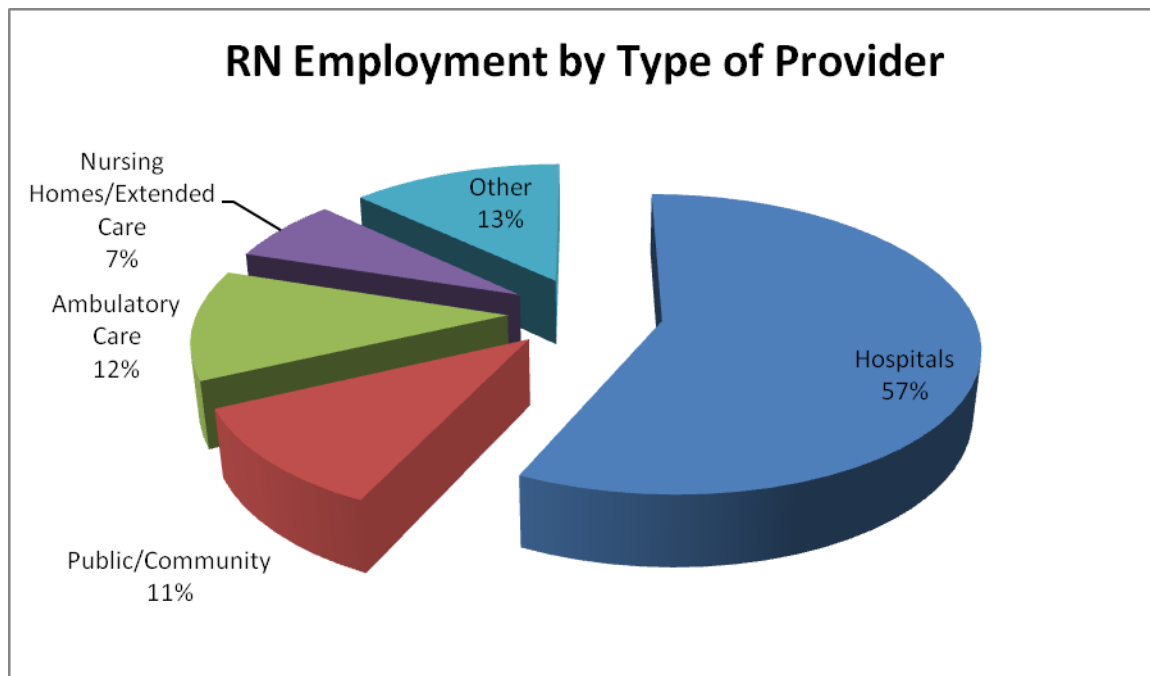
expects the nursing shortage to grow to over one million nurses by 2020, with the impact experienced by every state in the union.

There are several core reasons for the nursing shortage. These include the shortage of faculty and other educational resource limitations, such as clinical sites and classroom space; aging workforce; increased demand for RNs in and outside of hospitals; and the traditional hospital environment.

U.S. nursing schools turned away 40,285 qualified applicants from baccalaureate and graduate nursing programs in 2007 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. The most recent data from the National League for Nursing reflect that nearly 150,000 qualified applicants were turned away due to lack of faculty and shortage of clinical training sites. The faculty shortage is the principle bottleneck in the production of more nurses in the U.S, with a historical lack of competitive salaries being a consistently identified causative factor. The minimum educational requirement for a nursing educator is a Master of Science in Nursing (MSN). MSN level nurses are also in demand as nurse leaders, clinical nurse specialists, and nurse practitioners, with these positions having on average a higher salary band than teaching. Nationwide, nursing faculty earn on average significantly less than many staff nurses and nursing positions requiring similar credentials. In my state, an instructor in a baccalaureate nursing program earned an average annual salary that was \$12,828 less than the average salary of a hospital nurse manager. (*Texas Department of State Health Services, Texas Center for Nursing Workforce Studies, September 2006*)

The aging RN workforce is another reason for the shortage and the main reason the shortage will escalate. According to the Department of Health and Human Services Division of Nursing's 2004 National Survey of Registered Nurses the average age of the RN population in March 2004 was 46.8 years of age, up from 45.2 in 2000. The percentage of nurses over the age of 50 and under the age of 30 has dramatically changed since 1980, with large increases and decreases respectively. Specifically, just over 41 percent of RNs were 50 years of age or older in 2004, a dramatic increase from 33 percent in 2000 and 25 percent in 1980. Only 8 percent of RNs were under the age of 30 in 2004, compared to 25 percent in 1980. Findings from the Nursing Management Aging Workforce Survey released in July 2006, in a survey of nurses, the majority being nurse managers, indicated 55% intended to retire within seven to fourteen years.

According to the latest projections from the U.S. Bureau of Labor Statistics published in the November 2007 Monthly Labor Review, more than one million new and replacement nurses will be needed by 2016. Government analysts project that more than 587,000 new nursing positions will be created through 2016 (23.5% increase), making nursing the nation's top profession in terms of projected job growth. In San Antonio alone, more than 900 new RN positions will be created in the next 12 months that do not exist today, with the opening of two new acute care hospitals and a new call center.



Source: The Registered Nurse Population, March 2004. USDHHS, Bureau of Health Professions, Division of Nursing, November 2005.

Although the nursing shortage is critical, it would be significantly worse without the tremendous efforts expended and outcomes achieved to date by individual hospital/healthcare systems, communities, and state and national organizations.

The strategies used by the BHS run the spectrum of those reported in the literature and identified as best practices. Our overall strategy is to have a comprehensive plan that keeps all RN “pipelines” flowing to our hospitals. A major component of this strategy has been the expansion of the Baptist Health System School of Health Professions (BHS-SHP). Presently it is one of only two diploma programs in Texas, and one of fifty-eight hospital-owned nursing schools in the United States. Currently the BHS-SHP is working with the Texas Higher Education Coordinating Board to achieve authority to confer the Associate of Applied Sciences degree. Since its inception in 1903, the BHS-SHP has graduated over 3,300 Registered Nurses. In response to the continuing nursing shortage in late 2004, the BHS leadership increased funding and support to significantly increase the number of students admitted. The result has been an almost three-fold increase in graduates, from 46 in 2004 to 126 in 2007.

The Baptist Health System School of Health Professions has grown through the addition of faculty, including loaned clinical faculty from the hospital and significant expansion in physical space. The school expansion required a new physical plant, with the development of a 65,000 square foot facility with state of the art classrooms and labs. In addition, a \$4 million dollar investment was made in the development of six distance learning classrooms and technical personnel to provide support.

Other recruitment tactics used include job fairs, direct mailings, use of internet sites, community events, and continuing education programs for nurses. Developing and maintaining a reputation for great nursing practice and a valuing of patient care is vital to effective recruitment. Our own staff are our best recruiters when this reputation exists. Additionally, to recognize and encourage “staff recruiters” or “unit ambassadors”, an employee referral bonus is provided to staff when a referred applicant is hired.

Other initiatives within BHS include improving the retention of RNs. The development of a positive work environment through implementation of shared governance enables staff nurse leaders to truly share in decision-making related to professional practice and the work environment. This engagement has been shown to be essential to creating a “magnet” environment. Also, development opportunities through the clinical ladder, support for tuition reimbursement and national and specialty certification, have proved to be valuable nurse retention and development strategies.

Another tactic used by BHS has been the recruitment of foreign nurses. Two and one-half years ago we interviewed and selected 88 qualified nurses from the Philippines. At present time, most have all requirements including the NCLEX and Visa Screen, but are unable to enter the U.S. due to visa restrictions. Lack of visas has resulted in at least a 1 year delay of 80 nurses who could be available to BHS patients today.

It is estimated that 15% of new nurses being licensed in the U.S. each year are foreign graduates. Any interruption of their availability has an immediate and very detrimental effect on the healthcare industry, making an already difficult situation worse. As of July 1, there will again be no immigrant visas available for nurses who are already facing delays of more than two years this month. Without Congressional action, this situation will only get worse. Over the past three years we have seen the delay reach as high as five years.

Within greater San Antonio, a number of partners are working together to address these challenges, including the Greater San Antonio Hospital Council, the Greater San Antonio Chamber of Commerce, Alamo Workforce Solutions, healthcare institutions, community foundations and Bexar County. The Greater San Antonio Hospital Council, which represents more than 120 hospitals and healthcare related institutions throughout the 23 counties covering over 22,000 square miles of south central Texas, has served as a “neutral home” for normally competitive entities and has been a coalition builder in the community.

In 1991, Bexar County Judge Nelson Wolff called for a Healthcare Summit in his inauguration speech and The Greater San Antonio Hospital Council served as summit host. The Health Professional Resources Task Force was created to address the nursing shortage by addressing the shortage of nursing faculty. Hospital foundations, corporations, and philanthropic individuals raised \$810,000 and funds were dispersed in 2003 –2004 to three San Antonio schools of nursing

for additional faculty to support increased student admissions. The grant required the addition of 110 nurse graduates. This goal was exceeded by 58%, with a total of 291 additional graduates by 2006 (with 30 graduates pending delayed graduations).

Continued efforts include the creation of the Nurse Executive Forum (NEF) by the Hospital Council in 2005. The NEF brought the Chief Nursing Officers of the public and private sector hospitals and the nursing leadership from academia, including the deans of all the area nursing schools together. The NEF's primary goal is to identify strategies to effectively address the priority issues facing nursing in the greater San Antonio area. This group developed a Robert Wood Johnson Grant proposal based on the success already achieved in increasing new graduate production.

At a state level, the Texas Nurses Association and the state legislature have actively addressed the shortage. The TNA has a two-fold goal of increasing the capacity of Texas professional nursing schools and improving the workplace. Funds have been designated and legislation has passed to support both of these goals (Texas Appropriations Table). TNA also developed the Texas Nurse Friendly program designed for rural and smaller hospitals to improve staff retention.

#### Texas Appropriations

	202-2003 Biennium Allocated	2004-2005 Biennium Allocated	2006-2007 Biennium Allocated	2008-2009 Biennium Appropriated	Total
Dramatic Enrollment Growth (Capacity Building)	\$10.9 mil	\$5.8 mil (includes \$0.6 attributable to nursing growth at community colleges)			\$16.7 mil
Professional Nursing Shortage Reduction Fund (Capacity Building)			\$6.0 mil	\$14.7 mil	\$20.7 mil
Tobacco Settlement Fund (Pilots, Research, Special Projects -\$4.5 mil/biennium)	\$3.1mil	\$4.9mil	\$5.0mil	\$4.1mil	\$17.1mil
Student Financial Aid	\$0.8mil	\$0.5mil	\$1.8mil	\$1.8mil	\$4.9mil
<b>Total</b>	<b>\$14.8mil</b>	<b>\$11.2mil</b>	<b>\$12.8mil</b>	<b>\$20.6mil</b>	<b>\$59.4mil</b>

Although significant initiatives at the local, regional, state and national level have been implemented with considerable success, it is not enough to get through a shortage of this magnitude. We must continue on all fronts and become even more collaborative and innovative to minimize the critical situation that we are experiencing today in the majority of hospitals and health systems across the country. It is also imperative that all options available today to supply U.S. hospitals with additional nurses now be made available as soon as possible. This means

opening the opportunity for qualified foreign professional nurse graduates to enter the U.S. to work.

On this point, legislation recently introduced by Rep. Robert Wexler, H.R. 5924, the Emergency Nurse Supply Relief Act, will help us address our immediate need for nurses. The bill would set aside 20,000 visas per year for highly-qualified foreign-educated nurses for 3 years. It would also bolster our domestic supply by establishing a program to help U.S. nursing programs prepare more nurse faculty. Immigration is not the permanent solution to our nursing shortage—increased domestic supply is. But dramatically increasing our domestic training and retention will take time and our patients need nurses right now. So we must keep a reasonable supply of qualified immigrant nurses coming in the mean time.

Madam Chair and members of the committee, as hospital leaders, we strive to provide our patients with the best care possible. But we cannot accomplish that goal without registered nurses. I hope you will help us meet our patient's needs, and that of our communities by working for passage of H.R. 5924. Thank you.