





QUALITY OUTCOMES 2002 2016 NCLEX - 78% NCLEX - 95.5% Online Courses - 0 Online Courses - 75+ Simulations - 0 Simulations - 4,200+

The MUSC College of Nursing "Taking Nursing Higher" First and largest program in SC with a 16 month accelerated BSN program (40% of students) All of our graduates programs are offered entirely online We educate more doctoral degree nurses

than all SC schools combined (60% of



students)

The MUSC College of Nursing is "Taking Nursing Higher" • Ranked 15th by NIH among nursing programs in research funding



CULTURE of EXCELLENCE

- •Faculty made the right choice in selecting MUSC College of Nursing 98%
- •Staff are pleased to be working at the MUSC College of Nursing 100%
- •Graduating students believe they made the right choice in selecting MUSC College of Nursing 96%
- •Current students believe they are receiving a high quality education 92%



MUSC



Steps Along Our Bridge to Success

- Environmental scan
- · Engagement of faculty
- · Envisioning our future
- · Assessment of resources
- · Strategic decision-making
- Continual evaluation of outcomes



Environmental Scan

- · National trends in health care
- Positions taken by our profession (closing of MSN programs)
- Unmet state/regional/national need for health services (particularly in primary care)
- State funding for MUSC and CON decreased 52%

Engagement of Faculty

- We're all in this together trust, respect, open dialogue
- Transparency, transparency, transparency
- · Data says it all
- No person, group or no program gets special treatment
- We are smart enough and committed enough to figure this out!



Engagement of Faculty

- We're all in this together trust, respect, open dialogue
- We are smart enough and committed enough to figure this out!



Envisioning Our Future

Align ourselves with our university – an academic health sciences center

- Administrative priorities
- ➤ Centers of Excellence
- ➤ Untapped opportunities



Envisioning Our Future

Review/revise our CON Strategic Plan

- **≻**Education
- **≻**Research
- **≻**Practice
- ➤ Organizational Culture



Envisioning Our Future

- Graduate more accelerated BSN students in a state with 60% ADN nurses
- · Lead in doctoral nursing education
- · Rank in top quartile for NIH funding
- Innovate in use of educational technology



Self-Assessment of Resources

- No new dollars for new programs
- · Hard look at faculty and staff workloads
- Examination of system inefficiencies with opportunities for savings
- Critical and sometimes painful evaluation of the cost of each program



Costing Out Each Program

- Itemize tuition and fees returned to CON for each program
- Analyze faculty costs by program student/faculty ratio, clinical intensity
- Rates of student progression and graduation

 especially part-time students
- Other program costs required

Stuart, G., Erkel, E., Shull, L. Allocating resources in a Middle driven college of nursing, *Nursing Outlook*, 2010; college of 58(4): 200-206.

Strategic Decision-Making

- Resource allocation
- Revenue enhancement
- Program diversification
- Strategic growth initiatives
- New financial budgeting model Responsibility Centered Management (RCM)



RCM Budgeting Model

- Premises
 - Revenue generating vs non-revenue generating centers
 - Provides for strategic investments
- · Incentive-based model
 - Grow the pie
 - Less focus on resources that are shrinking
- · Every tub on its own bottom



RCM Budgeting Model

- Revenue centers receive all revenues they generate
 - F&A, tuition & fees, practice
- Assessed for central/non-revenue generating services
 - Based on cost pools and algorithms
 - Examples: total students, total employees, square feet
 - Service Level Agreements



Overall Implications

- Transparency of financial decisions and accountability
- Focus on those activities that generate a positive margin (revenue minus costs)
- Benchmarking/service level expectations
- · Forecasting future scenarios



Implications for the CON

- Increasing revenue streams:
 - ✓ Tuition/student enrollment in each program
 - ✓ External grant funding with indirects
 - ✓ Entrepreneurism
- Maximizing efficiencies faculty-staff alignment, workload, incentives, databases



Initial Decisions Made

- Close programs that were in deficit (9 MSN tracks to 3; close RN-BSN)
- Open the DNP program focused on primary care
- · Move all graduate programs online
- · Set minimal online class sizes
- Externalize and make equitable faculty workload



Recent Decisions Made

- Opened 2 new DNP tracks Nurse Executive Leadership and Innovation; Psychiatric Mental-Health (now 5 in all)
- Develop Accelerated PhD program (3 years)
- · Reopen RN-BSN program
- Externalize and continually refine faculty workload, evaluation and mentoring plan



Continual Evaluation of Outcomes

- Quality is our hallmark
- · Revenue enhancement a priority
- · Support faculty ongoing development
- · Grow enrollment in all programs
- Hire selected non-nurses to diversify and expand research base
- · Partner with hospitals and the VA MUSC Test new models of education



- Acknowledge the hard work of your faculty and staff'
- Toot your horn across campus
- Take a bow :)





Assessment

- 1. What is the demand from students?
- 2. Is there employer support?
- 3. Who is the competition?
- 4. What approvals will you need and can you get them?
- 5 Do you have sufficient, prepared faculty?
- 6. Do you have staff to support it?
- 7. Are there clinical facilities for students in the program?
- 8. Will it need to break even or will you have internal start-up support?



Required Data Elements

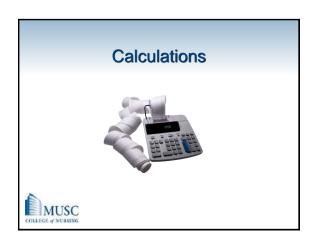
- Faculty costs
 - Devil in the details
- Faculty contact hours
 - How good is your workload Tuition formula?
 - Definition of full time load
 - Clinical vs regular track
- Programs of study
 - By program and track
- · Student credit hours for academic year
- · Number of students
- - By student type
- Torture matrix
- · Fees
 - College specific ones
 - Can be a fluid revenue item



Decisions to be Made

- ?Standardization of student FTE definition
- ?What faculty salary to use
- ?Target student-faculty ratio by program and track





Results

- Student Faculty Ratio (actual)
 - FTE students (standardized)
 - Required # of Faculty FTEs
 - Mean # of Students
 - Use: compare actual to target to analyze capacity



			Target	Projected	Projected
		Mean No. FTE St			
Program BSN	Ratio*	Students**	Ratio 12:1	Students*** 160.6	FTE Students
RN-BSN/MSN MSN	13:1	30.5	13:1	30.5	0.
	11:1	73.6	10:1	106.8	34.
PhD	7:1	8.5	8:1	10.5	2.
Total	10:1	273.2	11:1	308.4	34.
MSN Track					
Admin	8:1	6.2	10:1	7.6	1.
Adult	-	0.6			
ANP	8:1	3.3	10:1	4.0	0.
ANPC	7:1	2.7	10:1	4.0	1.
FNP	12:1	22.7	10:1	22.7	
FNPC	-	0.4	-	-	
GNP	6:1	2.6	10:1	4.6	2.
NE	9:1	8.7	10:1	9.9	1.
NMW	4:1	6.8	10:1	19.4	12.
NNP	3:1	6.2	10:1	19.4	13.
PNP	9:1	8.3	10:1	9.0	0.
PSYNP	8:1	5.1	10:1	6.3	1.
ATTICO Total	7.2	73.6	10:1	106.8	34.



		Student-Faculty	Cost per Student (\$)	Total Cost (\$)**	Total Revenue (\$)***	Difference (
Program	1	Ratio*				
BSN		12:1	8,973	1,441,000	653,541	(787,459)
RN-BSN/MSN		13:1	8,728	266,200	273,420	7,220
MSN		11:1	15,379	1.131.900	930,318	(201,582)
PhD		7:1	15,788	134,200	199,204	65,004
	Total	10:1	10,883	2,973,300	2,056,483	(916,817)
MSN Trac	k					
Admin		8:1	13,484	83,600	92,557	8,957
Adult		-	-	_	7,911	7,911
ANP		8:1	13,667	45,100	42,719	(2,381)
ANPC		7:1	15,889	42,900	34,808	(8,092)
FNP		12:1	9,062	205,700	256,312	50,612
FNPC		-	-	-	7,911	7,911
GNP		6.1	20,308	52,800	55,376	2,576
NE		9:1	12,517	108,900	108,379	(521)
NMW		4:1	31,221	212,300	81,482	(130,818)
NNP		3:1	34,242	212,300	66,451	(145,849)
PNP		9:1	11,928	99,000	113,125	14,125
PSYNP		8:1	13,588	69,300	63,287	(6,013)
	Total	11:1	15.379	1.131.900	930.318	(201.582)