

New Program Impact Task Force: Request by Chamberlain College for A New Undergraduate Program

A New program Impact task force was held on September 15, 2016. The task force was a Board mandated initiative in response to concerns identified related to clinical availability and faculty availability concerning the request for Chamberlain College of Nursing to initiate a new Baccalaureate of Science in Nursing program in New Orleans in partnership with Ochsner Health Systems.

Report of the Task Force

Dr. Jolie Harris chaired the Task Force. Board members included Dr. Patricia Prechter and Dr. Laura Bonanno. LSBN staff included Dr. Karen Lyon, Mr. David Bolton, Dr. Patricia Dufrene, Dr. Cynthia Bienemy and Ms. Christin Accardo.

Chamberlain representatives included Ms. Nelda Webb, Dr. Carla Sanders, and Dr. Richard Cowling. Dr. Jennifer Couvillon represented Ochsner Health System.

Dr. Gail Poirrier represented Louisiana Council of Administrators of Nursing Education.

Representatives from the programs identified to have a direct impact were invited, and representatives included:

- Dr. Cheryl Myers, Delgado Community College
- Dr. Sharon Hutchinson, Dillard University
- Ms. Allison Adams, Fletcher Technical Community College
- Dr. Jennifer Manning, LSU Health Science Center
- Ms. Rebecca Lyons, Nicholls State University
- Dr. Anne Carruth, Southeastern Louisiana University
- Ms. Raquel Engolio, University of Holy Cross
- Ms. Nelda Webb, Chamberlain College of Nursing

The Task Force meeting commenced at 0903. Following an introduction of members, Dr. Harris provided a review of the development and purpose of the Task Force.

Dr. Harris discussed the preparation for the Task Force including:

1. Gathering facts related to status to reflect current student issue and clinical vacancy in the New Orleans area.
2. Seeking clinical availability information from clinical agencies in the Greater New Orleans area.
3. Requesting the programs identifying an impact to submit information related to clinical space utilization and availability.

Dr. Bienemy presented a one-page handout and discussed content, including the 2016 projections of the Registered Nurse Workforce and Supply Data for the New Orleans Regional Market Area.

Dr. Bienemy shared the 2013 Louisiana Center for Nursing (LCN) multiregional forecasting model. The LCN utilized the 2013 models and updated with 2014 data and projections for 2016. The LCN divided the information into eight regional areas thus allowing for consistency of data and utilization by Workforce.

For the purpose of the Task Force, data was focused on the eight parishes in the Greater New Orleans (GNO) region. Dr. Bienemy noted that information from that model was used by Chamberlain for their proposal but only focused on the statewide data.

New Orleans Regional Labor Market Area (RLMA)	Eight Parishes: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany
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Data presented by Dr. Bienemy for the GNO Regional market area included:

2014 Forecast Model Update	Updated 2014 Projections	2016 Projections based on 2014 Update
	Supply 12,480 FTEs Demand 14,441 FTEs Regional Demand 1,961 FTEs	Supply 13,778 FTEs Demand 15,487 FTEs Regional Demand 1,709 FTEs

The 2014 Forecast Model is based on FTE.
The supply data projects need through 2020.

Dr. Bienemy stated that the forecasting is one piece of the puzzle and you use the best numbers available at the time

When discussing supply and demand:

- 1) Supply – refers to number of nurses, age of nurses, newly licensed nurses, number of hours worked
- 2) Demand- refers to population demographics such as age, gender, degree of urbanization, various health care sectors. Demand represents the number of nurses required based on population needs

Additionally, as some areas show no need, other regions reflected few needs. In further discussions, Chief Nursing Officers in regions verbalized that there are many position vacancies in their agencies. This information reflects the need to look at other data. There is a national model that reflects a smaller demand in Louisiana, but our data validates and shows this is incorrect.

Dr. Bienemy presented the 2014 Employer Data focusing on positions available. The results lead to further questions as to whether these were newly created positions or positions as a result of turnover and staff leaving.

2014 Nurse Employer Survey (Demand Study) 39% Response rate	RNs (Statewide) Estimated Vacancies 2,652 Estimated Separations 6,602 Median Turnover Rate (Hosp. RNs) 13.8% Estimated One Year Growth 1,741
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Dr. Bienemy presented the 2015 LSBN licensure data. The report focused on FTEs and data was converted on the annual report to reflect the future workforce.

LSBN Licensure Data (2015)	2015 RN Supply 13,792 FTEs
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Dr. Bienemy presented future workforce data from New Orleans Regional Labor Market Area. The queried groups for this area included:

- Students enrolled at Delgado Community College, Dillard University, University of Holy Cross, Louisiana State University Health Science Center, and William Carey (included due to graduates)
- Students graduated
- Graduate Survey

No. of students enrolled in pre-RN programs in the New Orleans RLMA	2015	1,476 Students
	2014	1,416 Students
No. of students graduating from pre-RN programs in the New Orleans RLMA	2015	511 Students
	2014	549 Students
% of New Graduates Reporting Employment (Statewide Survey)	2015	97% (n=706)
	2013	94% (n=1,239)
	2011	94% (n=1,137)

The 2011 graduate survey contained a large amount of narrative information. The graduates reported difficulty finding jobs. Graduates stated it was taking longer to become employed, BSN degree is preferred for some positions, and employers are seeking nurses with experience. The survey results reflect the need for nurse residency programs.

Dr. Bienemy presented data on faculty. The average age of retirement is 62.5 years. It is becoming increasingly difficult to recruit faculty due to pay scales and state budget cuts to higher education.

Faculty Retirement	2015	16 Retirements
	2014	15 Retirements
Age of Faculty Faculty 61+ years	2015	140 Faculty (18%)
	2014	136 Faculty (18%)

Dr. Dufrene presented data of current clinical placement needs and utilization at New Orleans area hospitals. The following items were evaluated for this report.

1. The Clinical Affiliation lists and identification of concerns submitted in the 2015 School of Nursing Annual Reports from the impacted programs were reviewed.
2. The approved programs identifying an impact by Chamberlain were surveyed for their current clinical placement needs.
3. The Major Clinical Agencies in the GNO area were surveyed to evaluate their clinical slot requests and usage by programs within a 100-mile radius. The identified concerns from the clinical agencies were included.

Dr. Dufrene discussed the use of a section of the 2015 School of Nursing (SON) Annual Report that requires acknowledgment of clinical agency utilization. Agencies within the forecasting study by Dr. Bienemy were the primary focus. There were a total of 35 institutions utilized by the seven impacted programs. The list was confined to the agencies in the Greater New Orleans area where the new program was requesting establishment.

The 2015 SON annual reports reflected the following identified concerns:

1. Obstetrics (OB) placement was identified as a concern by one program.
2. The increasing use of preceptors was a concern of two programs as it was difficult to find both slots and qualified preceptors.
3. The remaining programs listed no concerns.

Dr. Dufrene requested data from the impact programs to identified slots requested, utilized and any particular concerns.

- 1) Delgado Community College reported a need for 936 slots. Of these, 320 slots were currently at Ochsner facilities.
- 2) Dillard University reported a need for 48 slots in fall of 2016 and 104 slots in spring of 2017. Ochsner is used for the Preceptor course. Dillard did identify that they were unable to secure Ochsner Baptist and WJGH for their OB request.
- 3) Fletcher Technical Community College reported a need for 90 slots per year (30 per each of their three rotations). Of these, 60 were reported to be at Ochsner Hospitals or Affiliates.
- 4) Louisiana State University Health Science Center provided a list of agencies according to each course. Dr. Manning provided more precise data in the discussion to reflect 780 clinical slots requested each fall and spring. Of these, 320 are at Ochsner facilities. Additionally, they utilize 100 slots per semester for management with four of the ten groups using Ochsner facilities.
- 5) Nicholls State University reported a need for 371 slots for fall 2016. Of these 43 are at Ochsner Hospitals and Affiliates. Nicholls holds clinical seven days a week. Nicholls representatives reported that the program was not granted preceptor requests from Ochsner.
- 6) Southeastern Louisiana University did not provide a report before the meeting. During the meeting, Dr. Carruth discussed the use of facilities in the GNO area, Northshore, and Baton Rouge. Southeastern representatives stated they use many Ochsner hospitals and affiliates and were denied requests in a Northshore agency.

- 7) University of Holy Cross reported the use of an average of eight students per clinical in the fall and spring. Approximately 280 slots are secured for the year in 11 hospitals. Five of the hospitals are Ochsner Health Systems facilities. Of these slots, approximately 88 are in the Ochsner facilities. The program reports they have only been granted preceptor experiences at Ochsner main campus. They have been unable to secure clinical slots at Ochsner's main campus. The program also uses varying shift hours, times and days for experiences.

Dr. Dufrene presented the data gathered from clinical agencies.

There were 35 agencies (28 eliminating Ochsner facilities) in the New Orleans area identified in the 2015 SON Annual reports regarding Clinical Affiliations. Dr. Dufrene initiated reaching out to the major facilities utilized in the New Orleans area. After speaking with a third of agencies, results were examined and noted to be consistent and data collection ceased.

- The agencies identified that there are open slots available, but it would not be representative of the program needs as these slots are not at the prime day time frames. Agencies report that the Nursing Programs request the highest volume days and times. Agencies reported that the Tuesday, Wednesday, and Thursday are the most saturated and difficult to place new groups. All of the clinical agencies surveyed reported availability on Monday, Friday or weekends as fairly open. The agencies shared that slots available may not meet the skill mix needed by the student of the clinical course in which they are enrolled.
- The agencies (with the exception of Children's Hospital) reported the ability to support ten students in a clinical group.
- The agencies reported that denial of requests is rare as they attempt to negotiate with the nursing programs.
- According to the agencies, the concerns are confined primarily to the specialty areas. All agencies shared issues with placement for OB experiences.

Discussion ensued as program representatives discussed their needs and reports from agencies.

1. The program representatives reported that not all spaces requested are granted.
2. The program representatives reported the need to limit students for medication administration and Mental Health in addition to OB.
3. The program representatives identified that community sites are difficult to find for BSN students.
4. The BSN program representatives identified a difficulty placing advanced clinical (ICU, etc.).
5. Dr. Carruth from Southeastern in Hammond shared that 50% of clinical is on Northshore and 50% is in Baton Rouge. The program has been unsuccessful securing clinical placements in the New Orleans area as the agencies share their obligation to other programs. However, New Orleans schools are moving into the Baton Rouge area and creating limited clinical availability there as well.

6. Dr. Hutchison from Dillard University shared that the program uses Saturdays. However, the Saturday clinicals are even becoming limited.

Dr. Dufrene reported on the utilization of consortiums in Baton Rouge and Northshore. Dr. Poirrier shared some previous concerns in Lafayette and that the University of Lafayette worked with the other schools in the area to negotiate days. The negotiations required the university to change prerequisite course offerings to accommodate the negotiated days.

Dr. Bonanao stated concern of limiting the data collection to the New Orleans area hospitals and the data gathered was not representative of the needs of the programs as they utilize facilities on Northshore and in Baton Rouge.

Dr. Harris reiterated that the data was requested in a short period of time. Additionally, the data has never been collected before. The initial work clarified the perceptions and understandings at the facilities. The perceptions are not necessarily congruent with programs' experience of trying to schedule clinical experiences.

Dr. Lyon reiterated that the Task Force was created to evaluate a request from Chamberlain to establish a BSN program in the New Orleans area.

Dr. Harris requests Dr. Dufrene discuss the use of the impact form. Dr. Dufrene discussed the rules concerning the 100-mile radius impact and the difference between program establishment and distance clinical placement requests. Dr. Dufrene discussed the development of the form to assist the programs to identify potential impact on students, clinical sites and faculty in their program when another program is requesting approval within the 100-mile radius. The rule speaks to the required communication but does not reflect the weight of the impact statements.

Dr. Sanderson presented the Chamberlain and Ochsner representatives. Chamberlain serves wait-listed students, therefore they provide experiences that ensure students are ready for the rigors of a nursing curriculum. Dr. Sanderson reported two big differences at Chamberlain College to include:

1. A State of the Art Simulation Center to address the clinical shortage by taking advantage of state regulations while utilizing simulation; and
2. A Center for Academic Success on every campus to provide support to 2.5 GPA and below students.

Discussion ensued to allow every participant to contribute information and ask questions of Chamberlain and Ochsner representatives.

Concerns/Discussion points include:

- 1) A description of the partnership of Chamberlain with Ochsner was requested. Chamberlain representatives identified that they partner with hospitals according to an Institutional Education Partnership (IEP). Chamberlain also offers programs that are approved for post-licensure. Discounted tuition (30%), including for the

- DNP, is offered. Currently, there are 4 IEP's in Louisiana. The number of students taking advantage of the partnership is unknown.
- 2) A clarification of the GED equivalent for admission to Chamberlain was requested.
According to Chamberlain, the GED equivalent allows entrance into the continual three-year program.
 - 3) A clarification of the use of Simulation at Chamberlain was requested.
The program representatives stated they follow the state requirements for the campuses. Chamberlain referred to 25% Simulation promoted from NCSBN study. Dr. Dufrene clarified that this is per program, not per course. Additionally, LSBN requires care across the lifespan in a variety of settings.
 - 4) A distinction of NCLEX-RN pass rates for GED versus other students at Chamberlain was requested.
According to Chamberlain representatives, the 81.54% BSN first attempt pass rate represents 13 campuses but is not separated out for GED admitted students. Chamberlain representatives identified experiencing a decline in pass rates since 2014. The program previously used an end of program assessment. An end of program assessment is not used on every campus as not all states allow high stakes testing. As Chamberlain is growing into areas, there is a standard curriculum. Chamberlain representatives did not acknowledge how this would affect pass rates. Chamberlain implemented a new system in 2015 that follows throughout the program and instituted admission changes to include an admission assessment. Chamberlain uses the same admission requirements, but they are weighted differently. The program also introduced a w/draw failing designator.
 - 5) Chamberlain representatives were asked to discuss their current ASN program. Chamberlain representatives stated that they are currently phasing out the ASN program.
 - 6) Is theory at Chamberlain online, hybrid, or face to face?
Chamberlain offers limited courses online (Informatics, Patho). The remainder of the courses are offered onsite in face to face format.
 - 7) Do the Chamberlain graduates find employment?
Chamberlain representatives stated that students are from the local community and are finding jobs in clinical settings.
 - 8) Does Chamberlain have LPN-BSN and LPN-MSN options available?
Chamberlain representatives stated they offer LPN-BSN but not LPN-MSN.
 - 9) Since Chamberlain began the remediation program, has retention improved?
Chamberlain representatives stated it has improved, but it is not mature enough to reflect NCLEX-RN scores.
 - 10) A clarification of the Graduation and Completion Rates posted on the Chamberlain website was requested. The first-time full-time reflects 40% graduation rate and a 60% graduation rate is noted for all fulltime students. What is the difference?
Chamberlain representatives believe what is portrayed is program specific. There are some states that require separating out the first-time pass rates. The closest campuses to New Orleans are Houston and Atlanta, but there are no graduates yet. Dr. Sanders will review and provide clarification.

- 11) What is your projected enrollment for Chamberlain?
Chamberlain representatives identified the first class would be limited to 30 students with the five-year projected maximum of 400 students.
- 12) What are faculty recruitment plans for Chamberlain?
Chamberlain representatives discussed a program called Master Instruction to develop clinically focused nurses into educators. Faculty from mature campuses are also brought in to new programs to develop a peer mentor program.
- 13) Is Chamberlain's clinical placement completely at Ochsner?
Chamberlain representatives confirmed that the clinical would be at Ochsner.
- 14) Does the partnership with Chamberlain shift focus to preferential placement at Ochsner?
Dr. Couvillon presented the master clinical placement schedule for review but requested the document not be posted. According to Dr. Couvillon, Ochsner flexes as needed and asks for academic partners to flex. Attempts by Ochsner are made to avoid denial if possible. Preceptor experiences are difficult to place. It is especially difficult to place Nurse Practitioners. Clinical affiliates are the same for Chamberlain as for other programs in that there is no guarantee. Chamberlain will continue to offer 24/7 opportunities. The challenge will persist with specialty placements such as OB. This partnership is the first time Ochsner has looked at hosting clinical sites throughout an entire educational program. Ochsner is interested in this as we are looking at engagement and retention in nursing. The partnership does not eliminate the request from others just the need to flex to meet all needs.
- 15) Expansion of discussion on the hiring needs at Ochsner was requested.
Dr. Couvillon reported that nurses are leaving due to overworking. If the agency cannot rearrange for clinical, it is perhaps because of the nursing shortages.
- 16) Ochsner was requested to address the reports of not hiring new graduates.
Dr. Couvillon identified the ideal as a mix of experience levels. Ochsner desires 20% with 7-15 years experience. Ochsner onboarded 1800 nurses last year. Of these, 500 were new graduates. Ochsner is working on removing barriers such as assisting with licensure and extending orientation through an established professional development program. Dr. Couvillon provided a gap analysis.
- 17) Chamberlain was requested to discuss the statement made previously that candidates are wait-listed students from Louisiana programs, as most Louisiana programs do not have a formal wait-list.
Chamber representatives identified that many of the students they enroll are not accepted into other programs.
- 18) Discussion of tuition reimbursement offered to an Ochsner employee was requested to include whether undergraduate or graduate level and if it applies to any program or confined to Chamberlain?
Dr. Couvillon stated that the 30% tuition discount applies to all employees and allows them to go to any program.

- 19) Concerning the RN-BSN and current hiring by Ochsner, does Chamberlain's relationship with Ochsner affect the ability of Ochsner to recruit from other programs?
Dr. Couvillon reported that Ochsner welcomes all levels and graduates of all education programs. There is not intent by Ochsner to enter into any changes to current clinical affiliations. Ochsner expects expansion.
- 20) Chamberlain stated the Center for Faculty Excellence provides tuition reimbursement up to \$5000 to pursue a doctoral degree. Is this just for training at Chamberlain and how many doctorates in the program?
According to Chamberlain representatives, faculty can pursue education anywhere and receive reimbursement. Dr. Sanders will search for the percentage of DNP but believe that it is about 30%.
- 21) Are all 400 students at Chamberlain intended to be in clinical at the same time?
Chamberlain representatives stated that there are 33 clinical pathways. Students are in various stages, therefore not all 400 will be in clinical at the same time.
- 22) Chamberlain representatives were requested to speak to 81% NCLEX-RN pass rate at other campuses.
Chamberlain representatives stated that the Houston campus is currently on warning for 78% last quarter.
- 23) Discussion of concern of 400 students in clinical being added and established programs requiring to be flexed was presented. Ochsner representative was requested to address.
Dr. Couvillon stated that flex needs to be addressed by all programs to solve the problem for training more nurses. Dr. Couvillon reflected that there is an academic gap that creates a care gap. Without staff, Ochsner will not be able to offer clinical training. Training space offered is out of a partnership with all programs. These partners require flexibility.
- 24) Will Chamberlain be given preferential treatment in scheduling students?
Dr. Couvillon reported that according to the academic agreement with Chamberlain, Ochsner does not value one student over another. Dr. Couvillon stated she cannot ever say that she will always be able to offer the same experiences to some programs. Clinical requests come in, and the agency meets to determine how to accommodate all requests. According to Dr. Couvillon, Ochsner has not denied programs space. Group disagreed and cited examples of denial from Ochsner hospitals and affiliates.
- 25) A concern was voiced regarding the 100% of all placements provided by Ochsner identified in the proposal from Chamberlain. Therefore it is a misrepresentation for Ochsner to say they do not have priority over other program's request.
Dr. Couvillon stated this is true for all programs requesting clinical slot placement. The members of the task force disagreed.
- 26) An example was given from Ochsner clinical requests for an Adult Health Course as reflected on the clinical placement form submitted by Dr. Couvillon. The maximum number of 47 placements is required for the course according to program requests. The total number of secured placements (in seven facilities) is 69. Therefore if 100% of the 69 are secured placements, that only leaves 22 slots for the other programs. Dr. Couvillon reported that the numbers are based on the

- current requests. If there are denials, it is because of time and day. Task force members stated there are Ochsner hospitals who give preferential placement. Dr. Couvillon refutes denial and states there is space for multiple groups.
- 27) Gaps of unlimited slots appear to be in the months of August and December when Louisiana programs do not have clinical sessions. Is it the intention of Chamberlain to fill these gaps?
Chamberlain representatives identified that Chamberlain does have clinical in August and December. The program holds evenings and weekends clinical as well.
- 28) Are faculty salaries at Chamberlain regionally based or nationally based?
Chamberlain representatives stated that the salaries are regionally based on the ACEN market study as the benchmark utilized.
- 29) A clarification on the publication on pass rates and graduation rates was requested as only NCLEX-RN and not graduation rates are posted.
Chamberlain representatives stated that pass rates and graduation rates are posted if the state requires.
- 30) Chamberlain was requested to describe the non-traditional clinical experiences previously discussed.
Chamberlain representatives stated that they hold clinical outside of the normal mid-week, 7 am -3 pm time frames.
- 31) Are all clinical experiences under Chamberlain faculty?
According to Chamberlain representatives, all clinical experiences are under direct faculty supervision.
- 32) How can you ensure that Chamberlain's partnership with Ochsner will not displace other programs?
Chamberlain representatives stated that this is reflected in the information given by Ochsner. Dr. Couvillon stated she cannot make guarantees to any program. Dr. Couvillon further discussed that there is a process of partnerships here and a need to address gap with as minimal impact as possible. Dr. Couvillon reported that Ochsner is offering another opportunity to address the nursing shortage.
- 33) Louisiana nursing education program representatives stated the need to remember everyone has a curriculum and have needs that need to match which requires addressing the analysis of need versus analysis of space.
- 34) A clarification of Chamberlain entering the Baton Rouge Market through Ochsner's expansions was requested.
Dr. Couvillon stated that Ochsner takes requests and allows training in all facilities. Ochsner is continuing to grow. Growth includes the Baton Rouge area.
- 35) Louisiana nursing education program representatives discussed the difficulty in placing senior students in Ochsner affiliations because students need codes for medications to prevent falsification by faculty in documenting for students. Ochsner will not provide student codes.
Dr. Couvillon discussed the policy that is currently in place as a safety issue. Dr. Couvillon will explore this concern.
- 36) Concern was identified by Louisiana nursing education program representatives for non-traditional days being the only available, and these do not offer the same experiences as the weekdays and day shift hours.

- 37) Is there a guarantee that Ochsner will hire Chamberlain students?
Dr. Couvillon stated that the agreement does not provide hire as RN guarantee.
- 38) Why did Ochsner not partner with other schools in the state with well-established curriculums and pass rates?
Dr. Couvillon stated Ochsner is partnering with other schools. Ochsner is not providing faculty for Chamberlain. Chamberlain will be established on Ochsner property, but Chamberlain is bringing in its own resources. Ochsner is only opening the door for more clinical training. Ochsner is partnering with all the programs and would discuss any partnership brought forth. Ochsner is not being brought any other solutions for nursing shortages and trying to solve the issue.
- 39) Does Chamberlain have any tenured faculty positions?
According to representatives, Chamberlain does not have a tenure track. Chamberlain offers positions that allow faculty to move up ranks.
- 40) Chamberlain representatives stated previously that the faculty are encouraged to enroll in their DNP program. Are faculty taught by their fellow faculty members?
According to Chamberlain representatives, the DNP is offered at a different campus.
- 41) Chamberlain representatives were requested to describe a quality faculty.
Representatives stated that faculty must meet required credentials (Master's) and clinical experience. There is a mixture of experience among the faculty body.
- 42) Dr. Dufrene presented a clarification of concerns identified as confusion at the table regarding the words commitment and partnership. The partnership is being used in two meanings. One form of partnership is the formal academic clinical partnership entered into by Chamberlain and Ochsner affiliation where 100% of students will have their entire training at this one Health System. The other is in the form of a clinical affiliation agreement between programs and agencies. Clinical affiliation is a requirement by regulatory and accrediting bodies to identify the affiliation and responsibilities and does not reflect an agreement to space. What is being viewed by the other programs regarding the agreement between Ochsner and Chamberlain is beyond that clinical affiliation to include a guarantee of placement for the entire program. Dr. Dufrene shared the expression by the other program representatives that the proposed formal agreement reflecting 100% clinical placements for Chamberlain students naturally supersedes the clinical affiliation submitted each semester regarding requests for clinical slots.
Dr. Couvillon stated that the agreement is not different than other programs. As a community employer invested in responding to the nursing shortage, Ochsner is proposing a different paradigm with a different student base.
- 43) The proposal identifies that Ochsner agrees to 100% placement of Chamberlain students yet Ochsner maintains it is not displacing other programs. Ochsner representative was requested to address.
Dr. Couvillon stated she could only guarantee experiences if space is available. Chamberlain will require flexing just as other institutions if clinical space is not available.
- 44) Ochsner was requested to discuss the future growth that has been identified regarding Ochsner. The concern is if the growth includes acquisitions where the

programs are currently placed; there are additional concerns for being denied clinical slots.

Dr. Couvillon discussed new acquisitions, as well as expansions at current facilities, will provide space.

- 45) Louisiana program representatives discussed more concerns with the proposal identifying a guarantee of 100% placement of Chamberlain student clinical experiences.
- 46) A concern of education occurring in one institution and return to hospital based education was presented.
- 47) Clarification was provided that the Louisiana Rules and Regulations require varied experiences.
- 48) Chamberlain was requested to verify that faculty are 12 month.
Chamberlain representatives stated that faculty are hired for 12 months.
- 49) The concern is the protection of the public. Are we currently meeting needs or need to accept a new way to answer the need of the projected GNO regional market demand for 1700 FTE's? Are there different opportunities to meet this need?
- 50) A concern was identified as to whether the existing Louisiana-based programs would be given the same opportunities as Chamberlain for placement.
- 51) A discussion of the shortage of faculty and reviewing the capitation issue was discussed. There is a disconnect between Nurse Practitioner and Nurse Educators. Concern for quality of education in general, unrelated to Chamberlain, was expressed. There is a practice gap reflecting the need to examine accelerated programs and residency programs.
- 52) Dr. Couvillon was requested to discuss the vacancies at Ochsner as to whether these are new positions or vacated positions?
Dr. Couvillon relayed that it is a mix. There is about 18% turnover per month,
- 53) Does Chamberlain have the data on the students that were denied enrollment into other Louisiana programs?
Ms. Webb stated that it is typically related to GPA. Chamberlain accepts lower GPA with the intention to use major resources to facilitate student success.
- 54) If unable to place Chamberlain graduates, does Ochsner offer loan repayment since tuition is high?
Dr. Webb stated this is not available.
- 55) A concern for setting a precedent was presented.
Dr. Harris reviewed the purpose of the taskforce to examine the impact issue regarding Chamberlain. When reviewing the proposal, they have met all the requirements established by LSBN.

Task Force concluded at 1234