

Budget Initiative Discussion Document to Deans and Chairs
Actions to favorably impact budget during upcoming Biennium
Working draft
May 26, 2011

Background:

On March 9th, 2011, the Deans and Chairs group met to discuss how the school should respond to feedback from the school's budget hearings and its looming likely budget shortfall for the next Biennium. The Provost's message was clear: the school is too costly, too complex, and not sustainable. We do not have an Academic Business Plan. This led to collaboration with the Faculty Council through the school's Shared Leadership Council (SLC) to develop an intense school-wide process of identifying, prioritizing, analyzing, and recommending actions that the school needs to take as soon as possible.

The attached documents include the proposals for each of the budget initiatives (#1-5) and related documents. The 5 Budget initiatives that generated the recommendations below were selected and developed by collaborative teams from the SLC. They include the analyses and recommendations generated through extensive review, discussion, and feedback across the school. We have not included email communications, notes, and other records of the extensive meetings and related work involving faculty, staff, and consultants.

The narrative below reflects the analysis, thoughtful review, and recommendations of both the SLC and the Deans and Chairs group. The Dean endorses both the recommendations and additional considerations.

FINAL RECOMMENDATIONS

The analysis, discussion, and preliminary recommendations for each of the following final recommendations are included in the attachments of this report.

Budget Initiative 1: Administrative and fiscal services
Coordinators: Phillippa Kassover and Frederica O'Connor

Recommendation 1: Implement consolidation and organization of services where possible to achieve both enhanced efficiencies and effectiveness. Complete a functional analysis of fiscal and administrative services and benchmark fiscal and grant management services against other schools with similar research activity in the university. Functional analyses and benchmarking will be completed by December 2011 with implementation complete no later than June 30, 2012.

Recommendation 2: While consolidation and organization of services are interrelated with school structure (Budget Initiative #2), implementation should be considered regardless of structure.

Anticipated financial gains: The majority of financial gains will be realized in Year II of the Biennium. Estimates of annual savings range from: **\$250,000 to \$550,000**

Budget Initiative 2: Structure

Coordinators: Gail Keickhefer, Karen Schepp, Joie Whitney

Recommendation 1: Propose school restructuring through RCEP aimed at reduction of three departments to two. By Fall, 2011, there will be a plan in place for creating a vision of what this structure could look like, how it will align with the school's strategic plan, and how faculty and staff will be involved in the visioning process.

Anticipated financial gains: The majority of financial gains will be realized in Year II of the Biennium. Estimates of annual savings range from: **\$57,000 - \$150,000 plus the range of staff consolidation savings in #1.** (Note: These estimates do not include "downstream savings or additional revenue" achieved through the changed responsibilities of those whose roles have changed through restructuring.)

Budget Initiative 3: Graduate program cost and complexity

Coordinators: Patti Brandt and Cynthia Dougherty

Recommendation 1: By the end of academic year, 2011-12, the SoN will have identified 3 -5 priority graduate specialties within the MN, DNP, MS programs (fee or state-based funding). Those identified to be discontinued will proceed through the RCEP process and admissions paused for the 2012-13 academic year. The criteria used to reduce or consolidate specialties for the review process will include: the SoN strategic plan, the Provost's budget priorities, and needs of state/field. Associated educational options (i.e. certificates) will be reviewed as part of this process.

Anticipated financial gains: The impact of this work will begin to take place in Year II of the Biennium. Average estimated cost of offering a specialty (DNP/MN/MS)/year = \$365,925. Estimates of annual savings range from **\$146,000-\$1,800,000.**

Budget Initiative 4: Right-sizing the undergraduate curriculum

Coordinators: Margaret Heitkemper and Eunjung Kim

Recommendation 1: Maintain current enrollment level of generic BSN.

Recommendation 2: Hold to current enrollment level of ABSN, but evaluate over next 2 years as curricula is revised.

Recommendation 3: Look at ways to enhance access to clinical sites, find more cost-effective ways to teach, and explore the mix of undergraduate options, including the ABSN programs and a possible RN-BSN program to meet our commitment to the state.

Anticipated financial gains: Continuing the current undergraduate enrollment will help the school preserve its basis for ABB. **Future tuition associated with current enrollment will be retained.**

Budget Initiative 5: Discontinuation of tuition exemption for the school's graduate programs
Coordinator: Susan Woods

Recommendation 1: Continue to the status quo until a larger, university-wide approach is adopted.

Comments: While tuition exemption is extremely costly to the school, there are important concerns that relate to legal and personnel benefits considerations. In addition, there are concerns relating to what this type of action would mean for our practice partners for whom this is a benefit.

Additional Recommendations

Recommendation 1: Evaluate all aspects of the faculty role to ensure cost effective, high-quality educational priorities, sufficient time for scholarship, and efficient use of time for service.

Recommendation 2: All functions of the school will be examined, organized, and supported according to their alignment with the strategic priorities of the school. This will be completed in Year I of the upcoming Biennium.

Marla Salmon

From: pchfac-bounces@mailman2.u.washington.edu on behalf of Marla Salmon
<msalmon@u.washington.edu>
Sent: Thursday, March 31, 2011 5:49 PM
To: 'nursefac@u.washington.edu'; 'nsstaff@u.washington.edu'
Subject: [Pchfac] [Nursefac] Important request for your involvement
Attachments: ATT00001.c; ATT00003.c

This memo is sent on behalf of the Shared Leadership Council

To all members of the School of Nursing faculty and staff:

As many of you heard at this week's all school meeting, the School of Nursing's budget discussions with the Provost took place on March 18th, a few days after release of the State's most recent revenue projections. The budget picture for the state continues to decline. We are being now asked to prepare for an even greater decrease well beyond the initial 10% reduction (\$1 million) that we've already been modeling.

The Provost was clear in her message to the school, we *must* change – we must become simpler, smaller, significantly less expensive, and look well beyond the types of actions we've taken in the past to address the budget. And, we have a very short time in which to plan and act.

She has challenged us to be strategic in our approach. This means that we must identify the most significant priorities for our school and ensure that these are preserved and strengthened. We must eliminate and reduce other areas or programs that are not central to our mission, our identity as a premier School of Nursing, or our standing within a nationally respected public research university.

The School's Shared Leadership Council, comprised of deans, chairs, and members of the Faculty Council, have met to discuss this urgent situation. We must prepare a plan that demonstrates that we can make the changes necessary for this upcoming biennium, which begins July 1st.

At this SLC meeting, we accomplished two important objectives:

1. We all agreed that the UW School of Nursing's highest priorities are our undergraduate and Ph.D. programs. This is in alignment with the message we received from the Provost about the university's overall mission and future direction.
2. We decided that we need "big" ideas from faculty and staff that we can consider for action during upcoming biennium.

We deeply appreciate the quality of the ideas submitted by our school community in 2009, which helped us to plan the first round of 5% state budget cuts. This time we are asking you again to submit ideas for significant cuts, efficiencies, and revenue enhancement opportunities that will help us to meet these budget challenges.

Here are examples of the types of "BIG" ideas that have emerged through discussions in SLC so far. These and your additional ideas will be analyzed and reviewed at the school level.

- A radical restructuring of the School of Nursing, e.g. reduce the number of departments and centralize all administrative and support functions.
- Increase Ph.D. program admissions and aggressively pursue increased recruitment of students who have greater alignment with current faculty research, and target and enhance resources to support students through their programs of study.
- Offer a non advanced practice master's level program aligned with EO offerings and cut or move all advanced practice specialties to EO.
- Identify outsourcing possibilities for administrative, IT and DL functions.

- Develop a more creative, strategic, and less resource intensive approach to undergraduate education without a reduction in credit hours.

Because we believe that every organization holds wisdom and knowledge at all levels, we invite you to submit as many BIG ideas as you wish. Ideas may be based on cutting current expenditures/programs, cost savings through efficiencies, increasing revenues, restructuring or reorganization, or any other creative ideas you may have.

The leadership team is prepared to do the deep fiscal, academic, human resource and credit-hour analysis to ensure that revenue is enhanced or savings are realized without crippling our ability to retain funding once Activity Based Budgeting is fully implemented in 2012; that our faculty talents and resources are in alignment with program needs; that accreditation requirements are met; and that our proposals position the School well within the university and the state.

Please submit a very brief description of your BIG idea(s) no later Sunday, April 10th at

<https://catalyst.uw.edu/webq/survey/aaw4/129577>.

These are difficult and extraordinary times for the University of Washington and the School of Nursing, demanding the very best from all of us. But we have risen to the occasion in the past, and will do so again in the coming months.

Thank you for your attention and your commitment to our School!

Shared Leadership Council

Marla E. Salmon, ScD, RN, FAAN

The Robert G. and Jean A. Reid Dean in Nursing

Professor, Psychosocial and Community Health and Global Health

Box 357260

University of Washington

Seattle, WA 98195-7260

Tel: 206 543-8736; 206 221-2463

Fax: 206 616-2420

Email Address: msalmon@u.washington.edu

Marla Salmon

From: nsbus-bounces@mailman2.u.washington.edu on behalf of Marla Salmon
<msalmon@u.washington.edu>
Sent: Friday, April 15, 2011 5:07 PM
To: 'nursefac@u.washington.edu'; 'nsstaff@u.washington.edu'
Subject: [Nsbus] [Nsstaff] Big Ideas--Shared Leadership Council Update
Attachments: Budget ideas 4-15-11.pdf; ATT00001.c; ATT00002.c

Good afternoon all,

This is to update you on our progress in moving your "Big Ideas" forward. We received 71 responses for addressing our budget challenges, mostly from individuals but some from groups. These responses contained almost 200 ideas that were summarized and categorized earlier this week by Phillippa Kassover, Cathryn Booth-LaForce, and Gail Kieckhefer and discussed at the Shared Leadership Council meeting on Wednesday. (The summary is attached.) The SLC identified 5 areas that appear to have the greatest potential for financial benefit and feasibility. Each area has been assigned two leads, one from Faculty Council and one from the Deans and Chairs, who will shepherd them through an initial analysis:

1. School-wide Administrative & Fiscal Consolidation (Leads: Rica O'Connor and Phillippa Kassover)
2. School-wide Re-structuring (Leads: Karen Schepp and Gail Kieckhefer)
3. Advanced Practice Clinical Specialties--MN/DNP (Leads: Cindy Dougherty and Patti Brandt)
4. Undergraduate Programs (Leads: Eunjung Lee and Peg Heitkemper)
5. Student Waivers (Leads: Sue Woods and Catherine Taft)

Further development and analysis of the ideas will take place through an iterative, collaborative process, resulting in promising initiatives to address our budget challenges.

We know that this is a very busy time - we want to thank all of you for your interest and involvement. We will update you with the progress and plans after each Shared Leadership Council meeting, which are now scheduled on a weekly basis. We will also be asking for your continuing involvement in review and discussion. Faculty Council, Chairs, and I will engage all of you in this process as it goes forward.

Thank you very much,
Marla

BUDGET INITIATIVES CALENDAR

Version 3; April 21, 2011

GOAL: Create five 5 initiatives that 1) provide an update for the Provost; 2) suggest RCEP candidates; 3) stage setting for further analysis; 4) provide budget revisions.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
April 10	April 11	April 12	April 13	April 14	April 15	April 14
Big Ideas Due	D& C Meeting <ul style="list-style-type: none"> • Pull Provost Criteria (CT) • ABB Brief • Proposal template (CT) <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Categorize Big Ideas (CBLF, PK, GK)</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Rough estimates on savings/revenues for SLC meeting (Taft)</div>	Send list to SLC (CBLF)	SLC Meeting <ul style="list-style-type: none"> A. Timeline Review B. Discuss Template review C. Discuss Provost criteria D. Rough estimates E. Review and triage Big Ideas into <ol style="list-style-type: none"> 1. Top 5 2. Mid 5 3. Below F. Next Steps 			
April 17	April 18	April 19	April 20	April 21	April 22	April 23
	D&C Meeting <ul style="list-style-type: none"> • Big Ideas 1 & 5 				SLC Meeting: <i>Process Review</i> <u>Version 1.0 Due</u>	
Iterative Analysis and Review				*Schedule Meetings		
April 24	April 25	April 26	April 27	April 28	April 29	April 30
	D&C Meeting Faculty Meeting	SLC Meeting: Review 1.0			SLC Meeting: <i>Check-in: analysis and feedback</i>	
Iterative Analysis and Review				*Schedule Meetings		
May 1	May 2	May 3	May 4	May 5	May 6	May 5
	D&C Meeting				SLC Meeting: <i>Cancel or host forums</i>	
Iterative Analysis and Review				*Schedule Meetings		

May 8	May 9	May 10	May 11	May 12	May 13	May 14
	D&C Meeting		<u>Version 2.0 Due</u>		SLC Meeting: 2.0 Analysis Review	
Iterative Analysis and Review						
May 15	May 16	May 17	May 18	May 19	May 20	May 21
	D&C Meeting		<u>Version 3.0 Due</u>		SLC Meeting: 3.0 Review; Final discussion	
Iterative Analysis and Review						
May 22	May 23	May 24	May 25	May 26	May 27	May 28
	D&C Meeting					
	COMPLETED OUTCOMES					

- Draft proposals for 5 initiatives to:**
- a. Update faculty and staff
 - b. Update provost
 - c. Stage setting for further analysis PRN
 - d. Convey for RCEP
 - e. Revise Budget

Faculty and Staff Big Ideas Survey Results, 4-12-11

Item Numbers refer to original data spreadsheet. Highlighted items were deemed to be not currently feasible by Booth-LaForce, Kassover, Kieckhefer

Category	Subcategory	Summary Statement	Item Number	\$\$ Impact	ABB Impact
HR	Eliminate/Reduce Admin Positions	Eliminate Vice Associate Dean positions	6		
HR	Eliminate/Reduce Admin Positions	Reduce FTE for administrative positions	99		
HR	Eliminate/Reduce Admin Positions	Eliminate Vice Associate Dean positions	100		
HR	Eliminate/Reduce Admin Positions	Reduce FTE in Dean's office	101		
HR	Eliminate/Reduce Admin Positions	Decrease FTE in administrative positions	105		
HR	Eliminate/Reduce Admin Positions	Decrease FTE in administrative positions by at least 3 FTE	106		
HR	Eliminate/Reduce Admin Positions	Streamline administrative positions	110		
HR	Eliminate/Reduce Admin Positions	Eliminate administrative positions	112		
HR	Eliminate/Reduce Admin Positions	Eliminate Director of International Programs position	118		
HR	Eliminate/Reduce Admin Positions	Explore decreasing administrative costs by reducing Vice Associate Deans	145		
HR	Eliminate/Reduce Admin Positions	Administrative positions should only be Dean, Assoc Dean of Grad Programs, Assoc Dean of UG Programs	148		
HR	Salary	Offer early retirement incentives	5		
HR	Salary	Ask everyone to take a 1-2% pay cut	13		
HR	Salary	Support all faculty at 80% and they bring in the remaining 20%	174		
HR	Salary	Reduce the teaching year, thereby reducing salary	86		
HR	Salary	Everyone's salary (unless covered by grants) would reduce to 98%	88		
HR	Faculty Positions	Collaborate with clinical partners for training student teams	3		
HR	Faculty Positions	Be preceptors for educational clinical for MN students from UWB and UWT, who would then teach for us.	4		
HR	Faculty Positions	Reduce dept. faculty to 14 and staff by 25%	7		
HR	Faculty Positions	Prioritize Lecturers to teach clinical courses and tenure-line faculty to teach didactic courses	8		
HR	Faculty Positions	Reduce faculty workload because some may leave and it will cost more to recruit and mentor new faculty	9		
HR	Faculty Positions	Have a separate teaching (non-tenured) faculty and research-focused tenured faculty	11		
HR	Faculty Positions	Increase teaching load to 5 classes per academic year (20% buyout per class)	12		
HR	Faculty Positions	Explore sharing of resources with other nursing schools (NEXUX), WSU, and UWT and UWB	14		
HR	Faculty Positions	Pause all tenure-line hires immediately	15		
HR	Staff Positions	Stop hiring professional staff--we are top-heavy	133		
HR	Staff Positions	Hire more fiscal staff to deal with increase in workload and new grants	133		
HR	Staff Positions	Reduce SON receptionist position	104		
OPS		Allow outside vendors to perform facilities services	16		
OPS		Create a centralized garbage disposal area, charge for office pick-up, and have departments decide whether to have pick up or do it themselves.	17		
OPS		Develop student and faculty database to project revenue and costs	18		
OPS		Provide true cost estimates of courses, programs, admin tasks so reality-based decisions can be made	19		
OPS		Eliminate expensive off-campus retreats for D&C	21		
OPS		Big IT plan--ask Mark	22		
OPS		Make administrative overhead costs (at the SON level) available for examination and review	108		
OPS		Go paperless and use more electronic systems	138		
OPS		Make all Administrators accountable for state budgets	118		
OPS		Let fiscal staff be paid from NIH and HRSA budgets	118		
OPS		Improve systems related to salary, budgeting, and course listings	170		

Faculty and Staff Big Ideas Survey Results, 4-12-11

Item Numbers refer to original data spreadsheet. Highlighted items were deemed to be not currently feasible by Booth-LaForce, Kassover, Kieckhefer

Category	Subcategory	Summary Statement	Item Number	\$\$ Impact	ABB Impact
PROG	BSN	Reduce BSN program 25%; Add BSN to PHD and BSN to DNP	29		
PROG	BSN	Reduce enrollment of 50 BSN students for 2 years	36		
PROG	BSN	Reduce number of BSN students	157		
PROG	BSN	Downsize the BSN program to 80 students but make it special by adding research and leadership activities via mentoring by faculty	158		
PROG	BSN	Get innovative about how we offer BSN and PhD	40		
PROG	BSN	Develop strategic and less resource intensive approach to undergrad education without reduction in SCH-focus on interprofessional development and evidence based science (details provided about how this would work)	49		
PROG	BSN	Keep BSN and ABSN enrollment at current levels	56		
PROG	BSN	Reduce number of students in BSN program temporarily	75		
PROG	BSN	Give up basic educational programs to UWB and UWT; offer only professional programs for those who have a degree already	97		
PROG	BSN	Consolidate BSN ethics courses and teach 1-2 times	166		
PROG	BSN	Eliminate double teaching of senior undergraduate didactic courses.	168		
PROG	BSN	Eliminate multiple sections of NMETH 403.	169		
PROG	DL	Use more DL courses	23		
PROG	DL	End all distance learning	45		
PROG	DL	Offer hybrid learning experiences (e.g., Virtual Child)	64		
PROG	DL	Increase use of technology in curricula	76		
PROG	DL	Integrate DL into all BSN courses	91		
PROG	MN/DNP	Decrease specialty areas and offer only Peds, ANP, Psych mental health	26		
PROG	MN/DNP	Get rid of all specialty areas in advanced practice and offer only primary care (core) DNP	28		
PROG	MN/DNP	End specialty training and have one standardized DNP program	30		
PROG	MN/DNP	Eliminate MN program and have DNP for FNP, ANP, and PNP only	32		
PROG	MN/DNP	First 18 months of DNP standardized; specialty content in following part.	33		
PROG	MN/DNP	Pause enrollment into ANP, FNP, and Midwifery for 2 years	37		
PROG	MN/DNP	Eliminate FNP and Midwifery specialties	39		
PROG	MN/DNP	Eliminate MN pathways that exist in surrounding institutions and for whom there are no tenure-line faculty	41		
PROG	MN/DNP	Combine courses/programs (e.g., FNP and ANP)	42		
PROG	MN/DNP	Eliminate all specialty areas	43		
PROG	MN/DNP	Offer only specialty certification prep classes	44		
PROG	MN/DNP	Eliminate all MN and DNP programs	47		
PROG	MN/DNP	Discontinue non-NP programs, and evaluate whether small programs can be sub-specialties under NP programs	52		

Faculty and Staff Big Ideas Survey Results, 4-12-11

Item Numbers refer to original data spreadsheet. Highlighted items were deemed to be not currently feasible by Booth-LaForce, Kassover, Kieckhefer

Category	Subcategory	Summary Statement	Item Number	\$\$ Impact	ABB Impact
PROG	MN/DNP	Change all clinical programs to DNP, but with MN in passing	54		
PROG	MN/DNP	Eliminate all master's programs	55		
PROG	MN/DNP	Keep specialties with high enrollment (FNP) or those that fit a niche (PNP) except for those with low enrollment (Neo, perinatal)	57		
PROG	MN/DNP	Retain Midwifery Plus and move PNP to EO funding	59		
PROG	MN/DNP	Eliminate all small (< 10 students) granduate specialties;	66		
PROG	MN/DNP	Create generic master's program	68		
PROG	MN/DNP	Have only ANP and FNP specialties	69		
PROG	MN/DNP	Provide group advisement	70		
PROG	MN/DNP	Implement minimum credit leadership/inquiry-focused DL master's degree, 38-40 credits, lock-step with only a few electives	71		
PROG	MN/DNP	For students graduating with an new MN, offer CNL, working with our clinical partners and CNE to offer clinical hours through CNE	72		
PROG	MN/DNP	Admit students to latched MN/DNP program, with 38-credit, 3 quarter MN (tuition based) and then 2 years of DNP (EO fee based)	73		
PROG	MN/DNP	Assess whether Midwifery/Perinatal CNS/NNP specialties should continue	78		
PROG	MN/DNP	Consolidate primary care (adult, family, peds, women's health) NP and CNS specialties	79		
PROG	MN/DNP	Temporarily stop MN and DNP programs that do not have sufficient tenure-line faculty, unless they can be sustained by consolidation with other specialties.	80		
PROG	MN/DNP	Offer MN and post-master's DNP programs only	81		
PROG	MN/DNP	Revise Post-Master's DNP admission processes	82		
PROG	MN/DNP	Stop independent MN program	83		
PROG	MN/DNP	Maintain graduate school awarding of degrees.	98		
PROG	MN/DNP	Reduce number of admissions pathways	119		
PROG	MN/DNP	For DNP, collaborate with WSU	123		
PROG	MN/DNP	MN capstone in summer in Seattle	145		
PROG	MN/DNP	Eliminate the MN program and streamline the DNP	142		
PROG	MN/DNP	Offer post-BSN DNP in 1-2 specialties that are high demand	82		
PROG	MN/DNP	Do not offer specialties with no tenure-track faculty	57		
PROG	MN/DNP	Consolidate MN into 2 years of lock-step core and 1 year for DNP	47		
PROG	MN/DNP	Offer only top-rated programs with high demand	47		
PROG	MN/DNP	Standardize a master's project that is meaningful and rigorous but not overly burdensome in terms of faculty time	145		
PROG	MN/DNP	Require specialties to streamline course load/program of study	56		
PROG	MN/DNP	Require all specialties to have the same core courses, which are offered once per year only	56		
PROG	MN/DNP	Consolidate graduate health assessment offerings	165		
PROG	MN/DNP	Separate peds vs. med surg content in NURS 401 and NURS 405	167		
PROG	MN/DNP	Develop a 38 credit state-supported MN program	171		
PROG	MN/DNP	Combine ANP-PNP-FNP didactic core	172		
PROG	MN/DNP	Combine FNP and ANP and have one primary care program with a tenure-line faculty member in charge	176		
PROG	MN/DNP	Share DNP with WSU and split the cost through DL classes	178		
PROG	MN/DNP	masters DNP program.	171		
PROG	MN/DNP	Transition all advanced practice specialties to DNP	163		
PROG	PhD	Increase PhD enrollment	27		
PROG	PhD	Increase size of PhD program	34		
PROG	PhD	Have a DNP-PhD option	74		
PROG	PhD	Offer on-line PhD program starting with a Summer Research Institute	95		

Faculty and Staff Big Ideas Survey Results, 4-12-11

Item Numbers refer to original data spreadsheet. Highlighted items were deemed to be not currently feasible by Booth-LaForce, Kassover, Kieckhefer

Category	Subcategory	Summary Statement	Item Number	\$\$ Impact	ABB Impact
PROG	PhD	Expand pool of PhD applicants by offering CAM mentorship	74		
PROG	Reduce--Other	Make curriculum less individualized and more centralized	24		
PROG	Reduce--Other	Minimum class size should be 15 per class	46		
PROG	Reduce--Other	Offer all undergraduate and doctoral courses no more that once per year	58		
PROG	Reduce--Other	eliminate certificate programs	67		
PROG	Reduce--Other	Close school in summer, support staff for 11 months, mandate vacations in summer	20		
PROG	Reduce--Other	Simplify advanced practice NP curriculum, and reduce similar classes across specialties	53		
PROG	Reorganize	Arrange clinical teaching assignments by topic across student groups (e.g., BSN, MN)	61		
PROG	Reorganize	Reorganize primary care focused NP programs; discontinue some	65		
PROG		Invest in enrollment management across the school	179		
REV	EO	Get rid of the DNP program or move it all to EO	38		
REV	EO	One-year MN tuition based; 2-year DNP in smaller number of specialties (combine or eliminate) to EO	62		
REV	EO	Move all master's and DNP programs to EO.	84		
REV	EO	MS, MN, and DNP programs should go to EO funding asap	134		
REV	EO	Consolidate all EO budgets, and standardize student fees	163		
REV	EO	Move all DNP specialties to EO or keep them all tuition based.	56		
REV	EO	All MN/DNP programs to EO	173		
REV	EO	Keep MN state-funded and keep post-master's DNP as a one year program offered through EO.	177		
REV	Increase SCH	Decrease number of BSN students but start in sophomore year to increase credit hours	25		
REV	Increase SCH	Increase BSN quarters to 8	31		
REV	Increase SCH	Increase SCH in BSN program	48		
REV	Increase SCH	Start BSN program in sophomore year	50		
REV	Increase SCH	Begin BSN in sophomore year	63		
REV	Increase SCH	Begin BSN program in sophomore year.	89		
REV		Reactivate RNB program on Seattle campus, and make it a DL program	51		

Category	Subcategory	Summary Statement	Item Number	\$\$ Impact	ABB Impact
REV		Join WIN NEXus as a way to offer important SON PhD and DNP courses that might have low enrollments. Would increase revenue.	77		
REV		Dramatically increase number of out-of-state students	85		
REV		Furlough everyone in between quarters--shut down the SON	87		
REV		Develop faculty collaborative clinical practices	90		
REV		Set up SON Grant cost center for pre- and post-award services, so that others at the UW would pay for this.	92		
REV		Endowments should cover part of state salary rather than be an addition to salary.	93		
REV		Accept more AA nursing students--would save money because they have taken many courses already and would add to diversity	94		
REV		Offer on-line Summer Research Institute for faculty around the country	95		
REV		Reduce or eliminate tuition waivers	48		
STRUCT	Centralize admin functions	Centralize technology across the health sciences	103		
STRUCT	Centralize admin functions	Merge IT and DL resources across the health sciences	113		
STRUCT	Centralize admin functions	Change administrative structure for finance and operations	114		
STRUCT	Centralize admin functions	Centralize all departmental grant admin staff into a pre- and post-award team under ONR	116		
STRUCT	Centralize admin functions	Centralize all computer support personnel into TIER	117		
STRUCT	Centralize admin functions	Consolidate administrative functions that are duplicated across departments	120		
STRUCT	Centralize admin functions	Reorganize organizational structures	121		
STRUCT	Centralize admin functions	Centralize all fiscal management and administrative functions	122		
STRUCT	Centralize admin functions	Centralize Payroll for the whole school	124		
STRUCT	Centralize admin functions	Reduce TIER staff to 1 per dept/ align with larger campus efforts	125		
STRUCT	Centralize admin functions	Centralize curriculum management	128		
STRUCT	Centralize admin functions	Centralize fiscal, payroll, and purchasing functions	129		
STRUCT	Centralize admin functions	Centralize admissions, advising and clinical placement.	130		
STRUCT	Centralize admin functions	Manage all research activities centrally through ONR instead of in the depts.	131		
STRUCT	Centralize admin functions	Centralize admin functions--payroll, grant support, staff hiring and management	140		
STRUCT	Centralize admin functions	Manage all research activities centrally through ONR instead of in the depts.	144		
STRUCT	Centralize admin functions	Maybe outsource administration, but not IT	149		
STRUCT	Centralize admin functions	Manage all research activities centrally through ONR instead of in the depts.	154		
STRUCT	Centralize admin functions	Evaluate consolidating pre- and post-award support into ONR	164		
STRUCT	Centralize admin functions	Centralize all pre- and post-award grant functions	92		
STRUCT	Centralize admin functions	Centralize all IT support functions	92		
STRUCT	Merge with other HS schools	Merge with other health sciences schools	104		
STRUCT	Merge with other HS schools	Merge with Pharmacy, Public Health, and Dentistry	107		
STRUCT	Merge with other HS schools	Prepare for move to UW Health Sciences school	132		
STRUCT	Merge with other HS schools	Merge with the School of Pharmacy	137		
STRUCT	Merge with other HS schools	Explore an interdisciplinary health science college structure	150		
STRUCT	Merge with other HS schools	Become a College of Health Professions with dentistry, pharmacy, and public health	159		
STRUCT	Merge with other HS schools	Interdisciplinary health sciences college with joint classes	128		
STRUCT	No departments	Eliminate departments and create two new ones	109		
STRUCT	No departments	Eliminate departments	111		
STRUCT	No departments	Eliminate departments and restructure to divisions of research, undergrad, masters, PhD, and fee-based education	127		
STRUCT	No departments	Eliminate departments	136		
STRUCT	No departments	Discard departmental structure	152		
STRUCT	No departments	Reorganize faculty based on research interests and education business	153		
STRUCT	No departments	Eliminate departments	161		

Faculty and Staff Big Ideas Survey Results, 4-12-11

Item Numbers refer to original data spreadsheet. Highlighted items were deemed to be not currently feasible by Booth-LaForce, Kassover, Kieckhefer

Category	Subcategory	Summary Statement	Item Number	\$\$ Impact	ABB Impact
STRUCT	Two departments	Reduce or merge departments and centralize all admin and fiscal support	96		
STRUCT	Two departments	Reduce from 3 to 2 departments, organized by research topics	102		
STRUCT	Two departments	Restructure departments from 3 to 2	115		
STRUCT	Two departments	Restructure to 2 departments	126		
STRUCT	Two departments	Combine FCN and PCH	139		
STRUCT	Two departments	Reorganize departments into research areas (2)	146		
STRUCT	Two departments	Reorganize under two departments	147		
STRUCT	Two departments	Have only two departments--Grad and Undergrad	156		
STRUCT	Two departments	Reduce to two departments	113		
STRUCT	Two departments	Have two departments	160		
STRUCT		Centralize APT tasks	2		
STRUCT		Become independent of UWB and UWT	10		
STRUCT		Eliminate curriculum coordinating committees	35		
STRUCT		Close UWB and UWT nursing programs	135		
STRUCT		Rotate Chair responsibilities in departments among faculty	141		
STRUCT		Drastically reduce the amount of time faculty spend on curricular revisions	142		
STRUCT		Increase faculty time spent on the research mission at all-school and departmental meetings	143		
STRUCT		Combine courses with medicine, pharmacology, dentistry, etc.	151		
STRUCT		All programs and degrees school-wide	155		
STRUCT		Shift PNP/Peds CNS to fee-based, and explore offering courses via DL so that we might collaborate with other institutions to increase number of students in these courses	162		
STRUCT		Faculty can participate in educational meetings based on their focus of teaching	141		
STRUCT		Consolidate curriculum committees into one committee with sub-committees	119		
STRUCT		Give departments more IDC and recapture funds	118		
STRUCT		Restructure AS	104		
STRUCT		Have collectives with a different focus that are not specialty driven	175		

School of Nursing – May 20, 2011

Budget Initiatives V 3.0.3

Budget Initiative #1: School-wide Administrative & Fiscal Consolidation

Coordinators: Frederica O'Connor, PhD, Associate Professor, Psychosocial & Community Health
Phillippa Kassover, Senior Director of Advancement

Purpose: To identify potential savings by reviewing current administrative and fiscal processes and functions across all departments and units and streamlining, consolidating or centralizing when appropriate. This analysis excludes administrative functions carried out by those in faculty roles.

Proposed Initiative: Ideas submitted for consideration in the School-wide Administrative & Fiscal Consolidation/Centralization included:

1. Technology/Distance Learning: centralizing technology and/or distance learning services across the health sciences, centralizing all computer support personnel into TIER, reducing TIER staff to 1 per dept/ aligning with larger campus efforts. Maybe outsource administration, but not IT.
2. Administrative functions: centralize all administrative functions, decreasing FTE in administrative positions, streamline administrative positions, or consolidate administrative functions that are duplicated across departments.
3. Finance: Change administrative structure for finance and operations, centralize all fiscal management and administrative functions, centralize Payroll for the whole school, centralize fiscal, payroll, and purchasing functions. Centralize admin functions--payroll, grant support, staff hiring and management.
4. Grants and Contracts: Centralize all departmental grant admin staff into a pre- and post-award team under ONR. Manage all research activities centrally through ONR instead of in the depts. Evaluate consolidating pre- and post-award support into ONR
5. Other: Centralize admissions, advising and clinical placement.

Background and Significance

1. Technology/Distance Learning (TIER)

During 2010-11, TIER experienced nine resignations, including at least 4 in managerial positions. These positions have not been refilled, resulting in an annual savings of \$500,000. This savings has already been accounted for in the budget proposed to Provost Lidstrom in March. Catherine Taft reports that no additional savings are available in this area.

Distance Learning is a topic that needs more analysis from an all-school perspective to determine if DL will increase in importance as a delivery system for SoN educational programs. Once these priorities have been determined, DL should also be evaluated as a potential revenue source. Conversations are

already underway between the director of TIER and other HS schools who wish to increase DL offerings, but need assistance with infrastructure and expertise. We recommend that this topic be retained for future analysis.

Some programs (eg. FNP) use distance-learning videostreaming; concern is expressed that TIER support will remain sufficient to support this instruction modality.

2. Administrative and Fiscal Functions

Many administrative and fiscal functions are carried out separately in each department and may represent potential areas for savings.

During the past year, SoN Director of Finance and Administration, Catherine Taft has consolidated finance positions throughout the Dean's office and built a strong team of fiscal specialists who serve the central administrative units, including the Dean's Office, Advancement and Academic Services.

In 2009, a taskforce evaluated the benefits of centralizing payroll activities in the SoN. The task force noted that core payroll functions could be centralized and performed by a payroll specialist in the Dean's office. They estimated that this would allow reduction of one FTE in the School. This proposal was not implemented in 2009 and remains a viable option today.

The 2009 task force recommended that several other payroll- related and other fiscal tasks should remain in departments, including advising PIs, chairs, and administrators, in processing and orientation, hiring temporary employees, processing TAs and RAs and clinical faculty appointments, OWLS, travel, purchasing, managing budgets and projections, grant and contract closings, and Procard accounts. This proposal recommends that all these functions again be evaluated for duplicative efforts across fiscal functions and consolidated where real savings are found and consolidation is viable.

The 2009 taskforce also reviewed centralizing pre-award support. They did not recommend consolidating pre-award activities at that time; however they did see potential future benefits for implementing this idea. The current proposal includes evaluating consolidation of both pre- and post-award support to determine if significant and immediate savings can be achieved while still providing high quality service.

3. Other:

Other ideas submitted from faculty and staff, but not estimated to earn significant savings or revenue included:

Centralize Admissions: Dr. Susan Woods, Associate Dean-Academic Services reports that the acceptance and processing of applications is already a centralized task. But the reading and scoring of files and the selection of successful applicants is a faculty responsibility, managed through specialties, though coordinated by central Academic Services staff. The system is perceived as working reasonably well. Academic Services has raised the issue of increasing curriculum committee participation in determining admissions numbers, in light of their larger purview of shared resources and overall numbers.

Centralize Advising: Advising of undergraduate students in all programs (BSN, ABSN, GEPN) is already a centralized function, with all advising handled by Academic Services staff. Specialty-specific curriculum advising for graduate students is provided by faculty within the student's specialty. Academic Services staff provide periodic reminders of program requirements to DNP students. Group advising for routine progression, supplemented by individual advising for more specific planning is beginning to lessen reliance on all-individual advising.

Centralize Clinical Placements: Susan Woods reports that clinical placements for graduate students are managed in the specialties to ensure that course requirements and objectives are met. A non-tenured faculty member in each specialty is responsible for placement relationships. There is broad and unequivocal support for the contributions of clinical placement coordinators who serve as "strategic, vital contacts with clinical partners in the community, align clinical experiences with the curriculum, recruit new sites and are constantly in touch with preceptors to maintain clinical education." "Coordinators develop professional relationships . . . that often make the difference when trying to place a student in a site." Clinical placement faculty coordinate approaches to placement settings. Academic Services facilitates efficiency by tracking all student placements, maintaining the overall preceptor database, and managing all affiliation agreements. Clinical placements for undergraduate student groups are managed by course instructors.

Provost Priorities for Budget Decisions – is proposal aligned with Provost priorities?

Creating more efficient and cost-effective administrative and fiscal support service teams for the School of Nursing meets the Provost's priorities in the following ways:

- The Organizational Effectiveness Initiative (OEI), under the sponsorship of Provost Mary Lidstrom, aligns with the Two Years to Two Decades Initiative (2y2d) to improve and innovate work processes in the next two years, in order to strategically prepare UW for the next twenty.
- The Provost has identified Unit Process Improvements as a top priority, asking that each unit improve its effectiveness.
- The provost defines efficiency as:
 - Able to function without waste (delays, too many steps, duplication, underutilized people, too complicated) and capable of achieving the desired result with the minimum use of resources, time. Works well as measured by process indicators (cycle time, response time, benefit/investment, and/or costs).

These proposals have few, if any, impacts on the School's tuition revenue under Activity Based Budgeting.

Financial Impact Analysis

SoN Director of Finance and Administration, Catherine Taft and her staff have developed 4 models to identify potential duplication and savings across all these fiscal and administrative functions. These models were developed using the following assumptions and goals:

Assumptions:

- 1 Analyses include all administrative and fiscal staff in departments funded by GOF/DOF/RCR Funding - total FTE is 21.21
- 2 Current projection salaries were derived from departmental FY12 operating budget projections
- 3 Salaries in models reflects top of scale for Classified Staff (STEP M), actual salaries may be lower
- 4 Salaries in models reflect highest of all SoN incumbents for Professional Staff, actual salaries may be lower

- GOAL 1: Improve Customer Service
- GOAL 2: Enhance Efficiency/Reduce redundancy
- GOAL 3: Budget Savings
- GOAL 4: Preserve Jobs
- GOAL 5: Compliance

Models: The four following models depict scenarios that vary in terms of (1) number of staff, (2) categorical composition of staff, and (3) organizational placement of staff – ie, within a department or consolidated within central administration. Resultant financial implications are specified for each model.

Current total FTE is 21.21. In the following models, FTE varies from 14 (a decrease of 7 FTEs) to 21 (a small fraction of an FTE).

An implication of this model is that staff and faculty will need to plan together how achieve best possible outcomes with a lower staff to faculty ratio. It is likely workload will increase for faculty and staff.

Model #1 - Two Departments - no centralized staff support

Each Department would have 5 administrative and 3 fiscal staff

Administrator

Assistant to the Chair

Curriculum Manager

Administrative Specialist - pre-award support

Program Coordinator - general faculty support

Fiscal Team: Provides all fiscal functions regardless of budget source (all gifts, grants, contracts, state funds)

Budget Fiscal Analyst

Fiscal Specialist 2

Fiscal Specialist 2

Total staff reduction: 5.21 FTE

Total cost savings: \$411,809

Model #1 Two Departments – staff remain in departments

Analysis

This model eliminates 5.21 staff FTEs. Basically the staff are an administrator, an assistant to the chair, two program coordinators, and one fiscal staff member. Staff are divided equally between two departments and are responsible to their respective administrators. Not knowing the potential makeup of each department, there is no way to tell if an even split of staff is warranted. Adjustments could be made as this decision is implemented to account for differences in faculty needs, e.g. post award support.

Model #2 - Two Departments - some centralized staff support

Each Department would have 3 administrative staff

Assistant to the Chair

2 Program Coordinators - general faculty support

Centralize

2 Curriculum Managers (Academic Services)

2 Administrative Specialists - pre-award support (Office for Nursing Research)

2 Budget Fiscal Analysts - Finance and Administration

4 Fiscal Specialist 2 - Finance and Administration

Total staff reduction: 5.21 FTE

Total cost savings: \$537,919*

*(increased savings due to reduction of Administrator positions)

Model #2 Two Departments, some centralized staff support

Analysis

This model eliminates the departmental administrator positions and moves the curriculum and fiscal staff to Academic Services and central Finance and Administration. Staff members that are moved would become part of larger teams that support each chair and the various units. The consolidated teams would need additional senior and/or managerial staff, meaning that current department administrators could transition to management roles in the larger team.

Currently, the departmental administrators have the following responsibilities either directly or supervisory (from the job descriptions):

- Financial Management
- Compliance and Risk Management
- Operations Management
- Research Management
- Information Management

- Human Resource Management
- Facilities Management
- Educational Program(s) Management

This model proposes that all fiscal, operations and HR functions be housed in the central Finance and Administration group and managed by the Director of Finance and Administration and her managers:

- Financial Management
- Compliance and Risk Management
- Operations Management
- Information Management
- Human Resource Management
- Facilities Management

This model also proposes that The Director of Finance and Administration and/or her managers will have regular meetings with each Chair to review monthly reports and plan annual budgets etc.

The model proposes that research management functions and be housed in ONR with supervision from the Assistant Dean for Research:

- Research Management

And that academic program functions be housed in Academic Services, and supervised by the Assistant Dean and Directors in AS:

- Educational Program(s) Management

Pros and Cons for Model # 2

Pros

- All fiscal analysis, management and reporting will be standardized across the school
- Fiscal processes will be streamlined
- Regular, verified fiscal reports will be distributed to Chairs and unit heads monthly
- Chairs will meet on a regular basis with the Director of Finance and Administration
- Additional training and expertise will be available for all fiscal staff
- Fiscal staff will be cross-trained and work in teams to provide back-up during vacations or other absences to improve customer service to Chairs and faculty for departmental budgeting and post-award consultation and management
- Compliance will be more closely managed and achieved
- The central Finance and Administration team has a close relationship with central university personnel for access to additional information, advice and expertise
- Research management staff will be cross-trained and work in teams to provide back-up during vacations or other absences to improve customer service to faculty for research management and support.
- Pre-award support staff will have access to additional training and central support

- Pre-award support staff will be cross-trained and work in teams to provide back-up during vacations or other absences to improve customer service to faculty for pre-award support.
- Curriculum managers will be supervised by and work closely with AS leadership and staff and provide enhanced support to chairs and faculty

Cons

- Some people may lose their jobs, leading to significant disruption of their lives and their families' lives.
- Administrative and fiscal staff may have to take on higher levels of work and responsibility
- Close cooperation between the Chairs and administrators to manage day-to-day departmental operations will be lost
- Chairs will have less daily interaction regarding fiscal matters
- Faculty will need to go to a non-departmental locations and personnel for assistance with pre-award support
- Faculty will need to go to non-departmental locations and personnel for assistance with curricular/program support
- Faculty will need to go to non-departmental locations and personnel for assistance with post award support
- Close collaboration and shared knowledge between faculty and staff may be decreased or lost

Model #3 - No Departments - all staff centralized

Academic Services:

5 Program Coordinators - general faculty support

2 Curriculum Managers

Office for Nursing Research:

2 Administrative Specialists - pre-award support

Finance and Administration:

2 Budget Analysts

4 Fiscal Specialist 2

Total staff reduction: 7.21 FTE

Total cost savings: \$691,135

Model #3 – No Departments – all staff consolidated

Analysis

This model has no chairs or departments and therefore all administrative, curriculum and fiscal staff would reside in Academic Services, Office of Nursing Research and the Office of Finance and Administration. Supervision would be provided by the leadership in Academic Services, Office of Nursing Research, and Office of Finance and Administration. Existing department administrators and other supervisory personnel will likely be needed to continue as managers/supervisors in a new consolidated organization.

These departments and administrators would be responsible for all the following functions:

- Financial Management
- Compliance and Risk Management
- Operations Management
- Information Management
- Human Resource Management
- Facilities Management
- Educational Program(s) Management
- Research Management
- Pre and Post award support

Pros and Cons for Model # 3

Pros

- All fiscal analysis, management and reporting will be standardized across the school and part of one comprehensive budget
- Fiscal processes will be streamlined
- Regular, verified fiscal reports will be available to SoN administrative leadership and relevant faculty committees
- Faculty and Administrative leaders will meet on a regular basis with the Director of Finance and Administration and/or her managers
- Additional training and expertise will be available for all fiscal staff
- Fiscal staff will be cross-trained and work in teams to provide back-up during vacations or other absences to improve customer service to relevant administrators and faculty for post-award consultation and management
- Compliance will be more closely managed and achieved
- The central Finance and Administration team has a close relationship with central university personnel for access to additional information, advice and expertise
- Research management staff will be cross-trained and work in teams to provide back-up during vacations or other absences to improve customer service to faculty for research management and support.
- Pre-award support staff will have access to additional training and central support
- Pre-award support staff will be cross-trained and work in teams to provide back-up during vacations or other absences to improve customer service to faculty for pre-award support.
- Curriculum managers will be supervised by and work closely with AS leadership and staff and provide enhanced support to individual faculty and to curriculum committees

Cons

- Some people may lose their jobs, leading to significant disruption of their lives and their families' lives
- Administrative and fiscal staff may have to take on higher levels of work and responsibility
- Faculty will have less interaction with fiscal, administrative and operational staff
- Faculty will have less of a role in the the determination of in fiscal and operational matters
- Faculty will need to go to a central location and personnel for assistance with pre-award support

- Faculty will need to go to a central location and personnel for assistance with curricular/program support
- Faculty will need to go to a central location and personnel for assistance with post award support
- Close collaboration and shared knowledge between faculty and staff may be decreased or lost

Model #4 - Three Departments

Each Department would have: 5 administrative staff (15 staff)

Administrator

Assistant to the Chair

Curriculum Manager

Administrative Specialist - pre-award support

Program Coordinator - general faculty support

Centralized Fiscal Team: Provide all fiscal functions regardless of budget source (all gifts, grants, contracts, state funds)

2 Budget Fiscal Analysts

4 Fiscal Specialist 2

Total staff reduction: 0.21 FTE

Total cost savings: negligible

This is essentially our current model, which is no longer financially sustainable.

Academic impact analysis (SW, CBLF)

No direct academic impact for any Fiscal Initiative #1 function was identified by the academic impact reviewers.

Market and enrollment trend analysis, student impact (if academic program) (Dagmar)

Not an academic program

Environmental impact review (overall stakeholders)

Proposed process

Departmental impact – faculty, staff, risks (Chairs)

- Only works if we become less complex.
Everyone is working at maximum capacity now, so if we don't reduce workload we will still need the same number of people for the effort. In order to save money we would need to identify work to be eliminated.
- Pro: If fewer faculty were in administration and more teaching and working with student supervisory committees it could have a positive impact on the quality of the students' educational experience.

- Centralization assumes that individuals are doing something that can be cut. This is not the experience in FCN, as we have streamlined and worked on being efficient the past few years. Important to review the ratio of FTEs to staff support for ALL units.
- Money saved by reducing Chairs/Vice-Chairs is minimal as faculty will stay on in faculty roles. So it's only the \$500/supplement for Vice-Chairs/month; \$1000/month for Chairs; summer salary of 10% for Vice-Chairs and 50% for chairs during this time. Vice-chairs are let up one course per year.
- Important to review the central administration/staff, ONR, AS for efficiencies and reduction , not just departments. In the central administration: An analysis of roles is necessary to understand what each position does (and whether they are meeting our needs and goals) before we can fully understand impact of reducing those positions.
- Con: With centralization we will likely lose accountability, and access to help is reduced.

Summary and Recommendation(s)

Potential issues (such as timing, feasibility)

Due to time constraints, a very limited level of research has been conducted into the current work-load of administrative staff, and needs of chairs and faculty. We are assuming that if a decision is made to reduce departments from 3 to 2, or to eliminate the departmental structure, an RCEP process will be instituted that includes a more rigorous effort to collect and analyze data about the administrative and fiscal work load. We recommend that this include an evaluation of the work processes and work-load in other schools, colleges, or departments with similar research funding and grant complexities. We understand from informal conversations and the previous experience of Director of Finance and other members of her staff, that other schools/departments manage more grants, budgets and dollars with fewer staff. For example, the School of Social Work has approximately \$30M in annual expenditures (state, RCR, grants and contracts) with \$19M in grants and contracts with 5.5 FTE in fiscal support. The SoN currently has \$34M in annual expenditures (state, RCR, grants and contracts) with \$17M in grants and contracts with approximately 13.8FTE in fiscal support. The Division of Cardiology in the School of Medicine has 4.0FTE in fiscal support who manage 318 individual budgets and \$25M dollars, \$15M of which is from grant funding. These staffing levels are considerably lower than those in the SoN.

This and other data from around UW needs to be further investigated and evaluated for relevance to the SoN and potential consolidation of resources.

Recommendation(s)

We recommend that these models be considered once Initiative #2 has been determined. The structure of fiscal and administrative support must be in line with the overall structure of the school, although there may be very good reasons for streamlining and consolidating several fiscal functions, such as payroll, purchasing, budget management and post-award management.

We expect that the deeper analysis conducted during an RCEP process will confirm whether reducing FTE and streamlining the current work processes and procedures is possible and will result in the savings modeled here.

Our recommendations on the other ideas that surfaced during this process are:

Distance Learning is a topic that needs more analysis from an all-school perspective to determine if DL will increase in importance as a delivery system for SoN educational programs. Once these priorities have been determined, DL should also be evaluated as a potential revenue source.

Centralize Admissions. Further centralization of the admissions process is not recommended, although changes in programs and curriculum could pave the way for more pro-active enrollment management.

Centralize Clinical Placements It appears from the information we gathered that much work has already been accomplished to better coordinate clinical placements across programs. We encourage the continuation of this collaborative approach and do not recommend other changes at this time.

Budget Initiative # 2: Proposal to Re-structure the SoN

Coordinators: Karen Schepp, Joie Whitney, Gail Kieckhefer

Purpose:

To propose an alternative structure for the UW Seattle campus SoN in order to identify redundancies, save costs and increase organizational flexibility.

Proposed Initiative:

Three different ideas for restructuring the SoN have been proposed:

- 1. Restructure from 3 departments to 2 departments. If this restructure is selected we recommend the creation of two new departments rather than targeting one dept for elimination.***
- 2. Restructure with no departments.***
- 3. Restructure with three departments, but, share services or centralize services to save money***

Background and significance:

The SoN has historically been organized around departments and each dept currently has its own culture. This has had pros and cons, including providing faculty and staff with a smaller “home” and identity with others who share similar views and interests in scholarship and teaching focus. Departments have also operated individually and at times competitively which can concurrently foster or inhibit productivity. There is a past precedent for reducing departments (e.g. when we consolidated to 3 departments from 4). Reducing departments could have significant cost savings if real redundancies could be actually reduced (not simply shuffling deck chairs or shifting work to other depts/units).

Alignment with Provost’s Priorities for budget decisions:

The proposed restructure options are consistent with the guiding priorities of Quality, Affordability and Positioning for the Future. Through potential cost savings restructure might contribute to affordability and to the overall sustainability of the SoN and its business plan. It could potentially enhance regulatory compliance if combined with centralized and standardized services in selected areas by reducing differences that may occur across departments.

Alignment with strategic planning, ABB, Provost’s budget priorities:

Reducing the number of departments is aligned (or at least neutral) with the mission, vision and values that are being determined in the strategic plan that is under development. Restructuring could facilitate new venues for collaboration around research as well as educational programming. Restructure could potentially facilitate the mission of advancing nursing science and practice, pioneering improvements to health and health care through science and education and adhering to core values such as collaboration and respect.

Uncertain how restructure options would contribute to ABB.

Academic Impact (S. Woods & C. –LaForce):

- 1. Restructure from 3 departments to 2 departments. If this restructure is selected we recommend the creation of two new departments rather than targeting one dept for elimination.***

Having two instead of three departments would decrease the complexity of the School's matrix organization when making academic decisions. Because specialty areas are currently connected with departments, the reconfiguration to two departments would have to take into account the distribution of specialties.

2. Restructure with no departments.

Becoming a non-departmentalized School would create the need for a new centralized way of thinking and functioning. The Graduate faculty and the faculty as a whole would still make all curricular decisions without departmental discussion/direction. All School meetings would need to allow for this type of discussion perhaps by expanding in time. All policies that name the department would need to be reviewed and revised. This is in alignment with most of our degree granting programs being all-SON rather than departmentalized. Additionally, this would be alignment with the role of departments at the UW, which exist, in part, to award degrees (not sure this sounds right). Students do not relate primarily to departments, but to individual faculty members and programs thus not clear if there is a great impact on students. Space could potentially be reconfigured in the T-wing to allow more room for students. (I am not sure I agree if we keep all the same personnel)

3. Restructure with three departments, but, share services or centralized services to save money

Having shared and centralized services would create new ways of operating that could result in less complex decision making.

Financial Impact Analysis (Provided by C Taft, with review of Big Idea 2 coordinators)

MAXIMUM financial savings

School-wide Administrative & Fiscal Consolidation/Centralization with restructure to:

Model # 1, 2 departments no centralized staff, Model #2, 2 departments some centralized staff, Model #3, no departments and thus all services centralized, or Model #4, 3 departments with some centralization

******Please Note: Savings below involve reductions in personnel and the savings can only be realized if there is a concurrent reduction in workload from the present situation through other changes in the school, such as program streamlining. If reductions at the departmental level require adding personnel at the central level, financial savings will not be realized or could actually rise if higher-level/hire -paid personnel need to be employed.***

Assumptions:

Analyses include all administrative and fiscal staff in departments funded by GOF/DOF/RCR Funding - **total FTE is 21.21**

Current projection salaries derived from departmental FY12 operating budget projections
Salaries in models reflect top of scale for Classified Staff (STEP M), actual salaries may be lower and the realized savings may be lower

Salaries in models reflect highest of all SoN incumbents for Professional Staff, actual salaries may be

lower and thus realize savings may be lower

- GOAL 1: Improve Customer Service
- GOAL 2: Enhance Efficiency/Reduce redundancy
- GOAL 3: Budget Savings
Preserve Jobs
- GOAL 4: reductions in personnel
- GOAL 5: Compliance

Model #1

2 Departments - no centralized staff support

Each Department would have: 5 administrative and 3 fiscal staff

Administrator

Assistant to the Chair

Curriculum Manager

Administrative Specialist - pre-award support

Program Coordinator - general faculty support

Fiscal Team: Provide all fiscal functions regardless of budget source (all gifts, grants, contracts, state funds)

Budget Fiscal Analyst

Fiscal Specialist 2

Fiscal Specialist 2

Total staff reduction: 5.21 FTE

Total cost savings: \$411,809

(see Hard Copy Model)

Model # 2

2 Departments - some centralized staff support

Each Department would have: 3 administrative staff

Assistant to the Chair

2 Program Coordinators - general faculty support

Centralize 2 Curriculum Managers (Academic Services)

2 Administrative Specialists - pre-award support(Office for Nursing Research)

2 Budget Fiscal Analysts - Finance and Administration

4 Fiscal Specialist 2 - Finance and Administration

Total staff reduction: 5.21 FTE

Total cost savings: \$537,919 (increased savings due to reduction of Administrator positions)

(see Hard Copy Model)

Model #3

No Departments - all staff centralized

Academic Services:

4 Program Coordinators - general faculty support

2 Curriculum Managers

Office for Nursing Research:

2 Administrative Specialists - pre-award support

Finance and Administration:

2 Budget Analysts

4 Fiscal Specialist 2

Total staff reduction: 7.21 FTE

Total cost savings: \$691,135

(see Hard Copy Model)

It has been suggested by some that or this model to work an associate Dean of faculty affairs would need to be hired to assist the deam with annual faculty review, and other activities that are currently the responsibility of the chairs. If this is the case, savings would be significantly reduced.

Model # 4

3 Departments some centralization

Each Department would have: 5 administrative staff (15 staff)

Administrator

Assistant to the Chair

Curriculum Manager

Administrative Specialist - pre-award support

Program Coordinator - general faculty support

Centralize **Fiscal Team: Provide all fiscal functions regardless of budget source (all gifts, grants, contracts, state funds)**

2 Budget Fiscal Analysts

4 Fiscal Specialist 2

Total staff reduction: 0.21 FTE

Total cost savings: negligible

Minimum Savings Estimates (this is based on reducing by one dept, if no departments then assume these esrimates can be multiplied by 3).

Reduce to 2 Departments - Faculty savings			
	Salary	Benefits	Total
Chair ADS	\$12,000		\$12,000
Chair summer salary	\$15,000	\$4,080	\$19,080
ADS - Vice Chair	\$6,000		\$6,000
Summer Salary	\$5,500	\$1,496	\$6,996
ADS - Vice Chair	\$6,000		\$6,000
Summer Salary	\$5,500	\$1,496	\$6,996
	\$44,500	\$7,072	\$57,072

Market & Enrollment Trend Analysis, Student Impact: Not Applicable

Environmental/Department Impact:

It is anticipated that the environmental impact of restructuring into 2 or no departments would be huge, with potential high emotional impact on faculty, staff, and administrators. It would also involve considerable effort, turmoil and cost (time and cost of faculty, staff, administrator moves) because of the need for relocating individuals within the SoN. Students who affiliate with specific departments may be affected even if this is a small number. Structurally, the SoN is designed with 3 floors, and how 2 departments would be configured remains to be determined.

It is anticipated that retaining the three departments structure, but centralizing or sharing services, would have less of an impact but likely save less money. Shared activities could possibly save money or eliminate redundancy in the following areas *but the activities still need to accomplished:*

1. Orientation of new faculty & staff - central orientation
2. Teaching assignments – centralized (Is this possible, can it be done this way?) One professional staff person to do initial work on this and then keep track from year to year (eg. Susan P or Molly). Still have chairs involved to propose changes/oversight.
3. Appointments and promotions – One professional staff person keep track of all this for the departments. Monitor who is seeking appointment, reappointment, promotion and etc Monitors process, gets materials together, etc. (eg. Michele in Sociology).
4. Payroll (2 people rather than 3 or more)
5. Pre and post awards (Could 2 people do this across the SON? If we achieve one of our major goals of focus on ‘increased research funding’ from a greater array of sources, this seems counterintuitive.)

Departmental Comments:

FCN:

- Only works if we become less complex.
Everyone is working at maximum capacity now, so if we don’t reduce workload we will still need the same amount of people for the effort. In order to save money we would need to identify work to be eliminated.

- We are committed to paying tenure line faculty salaries anyway. If they are not in administrative positions the only direct savings would be the administrative supplements and perhaps some summer salary.
- Pro: If fewer faculty members are in administrative positions their efforts can be devoted to teaching and research, which could bring savings or additional revenue to the department.
- Pro: If fewer faculty were in administration and more teaching and working with student supervisory committees it could have a positive impact on the quality of the students' education experience.
- Centralization assumed that individuals are doing something that can be cut out. This is not the experience in FCN, as we have streamlined and worked on being efficient the past few years. Important to review the ratio of FTEs to staff support for ALL units.
- Con: Restructure of departments now will add more chaos to system and emotional tensions—not wise at this time point
- Con: If we lose a department we will lose a valuable microclimate. Major negative impact without major savings.
- Monies saved by reducing Chairs/Vice-Chairs is minimal as faculty will stay on in faculty roles. So it's only the \$500/supplement for Vice-Chairs/month; \$1000/month for Chairs; summer salary of 10% for Vice-Chairs and 50% for chairs during this time. Vice-chairs are let up one course per year.
- Important to review the central administration/staff, ONR, AS for efficiencies and reduction , not just departments. In the central administration: An analysis of roles is necessary to understand what each position does (and whether they are meeting our needs and goals) before we can fully understand impact of reducing those positions.
- Con: With centralization we will likely lose accountability and access to help is reduced.

PCH:

Community Health Comments:

- The first thing to do is to demonstrate how this has an effect on money while maintaining the same workload (see comments on this issue in initiative # 1
- Next, don't forget that we have had departments since about 1971. It is not easy (vs. social work with no departments) to make this change. If we are going to consider it, let's find out the experiences of others who have moved from departments to no departments.
- When we went from five departments to four, the similarities and social relationships between the two merged departments were huge. When we went from four to three, that was not as true, but there was a great deal of good will and social relationships. It has still taken decades to work this out. Going to two (which makes the same kind of sense as the 4 to 3 move—i.e., a missing department head)—will be worse. What will be the rationale for joining? Research has been mentioned. However, our departments are mostly for education and that needs to be strongly on the table. There will always be a disadvantage for community health nursing because we produce neither NPs nor CNSs so our educational needs are different.
- If we were to move to two departments, it would make sense to keep the more community oriented (both community-based and community-placed) clinical specialties together: community, psych, FNP. And then add others such as PNP. So we would have a community department and a hospital department. One of my graduate students in the 80s came from Wisconsin where the BSN was structured that way.

PSN Comments:

- Idea to leave three departments but restructure that centralize financial and support services is the most effective idea. This would allow faculty to retain stability and current relationships. Moving faculty and making new departments is disruptive to scholarly faculty activities. Moving financial activities to central source is an excellent savings. We could create a system like A., where different individuals are identified for specific activities. Faculty or department chairs would work with the centralized services, much as we currently do curriculum, admission, and other activities that are not departmentally based.
- If we must restructure, then we feel one Department should be a department for med/surge nursing across the lifespan, and the department, which is focused on the most vulnerable health care issues in the community. This department is based in the community and concerns itself with social justice, health policy and mental illness. A broad and conceptual department focuses on the care of the most vulnerable populations and age groups. This would include infant mental health, forensics, and system/policy.

BNHS:

- In general there was not support for having no departments. Currently some functions have been centralized and faculty experience this as more complicated and burdensome, and in some cases it impedes work due to having several layers of approval. There is a need for an administrator that is accessible for quicker decision-making. A model of having no departments forces homogeneity in the school, which is not necessarily viewed as a positive.
- The department is a faculty member's intellectual home. We may waste a lot of time and energy in restructuring that produces minimal yield in actual gain or savings.
- The school has played a role in the development of leaders in academic nursing. Departments have historically developed chairs who have become deans in other schools or leaders in national arena. Hence the question of what is our role in providing future leaders for roles throughout the country? Not having departments may reduce this. In addition, without the intellectual home grant writing might suffer a reduction.
- Without departments, informal subgroups of faculty with similar teaching or scholarship interest would likely develop. This may create greater fragmentation. Without chairs, we might need more individuals in associate dean positions, for example, the University of Kentucky has no departments but has five associate deans. The history of the past reorganization, is well remembered and not viewed uniformly as successful.
- Regardless of the number of departments, much of the work will remain and it must be determined who will do the work? This is particularly relevant to staff involved who are critical to teaching and research enterprises. Where will the work go/who will do the work that is needed if we reduce full-time equivalents in staff positions? Analysis is needed that examines our current model of faculty and staff work compared to a model(s) where there is consolidation and reduction in positions. At present based on available analysis it is difficult to understand the impact.

Staff Response from BNHS & ONR Staff:

- None of the BIG IDEAS that involve consolidating departments identify where the work reductions will come from...they identify potential positions to be eliminated, but that does not describe how the VOLUME of work currently accomplished by existing personnel will be accomplished with less staff. It may be true that some work throughout the school could be consolidated under fewer positions, but no one has consulted staff about the time it takes them to accomplish the current volume of work they have, and it is not clear that cutting staff will in any way diminish the work load that must be accomplished...indeed, in all likelihood, it will increase the work load and increase time to required to accomplish the work with fewer staff.
- The second of the proposals for "two departments" does not include an administrator for the remaining department(s), so presumably the admin functions would be handled by the School Administrator. What happens to the institutional knowledge if administrator positions are eliminated? For those of us at the department level, along with all the questions we all inevitably bring to our administrator, how quickly could any individual expect a response from central admin when questions from the whole school are filtered thru one office? Also, who will be responsible for keys, space, HR actions, etc. - would all that go to central admin?
- How can the school ensure quality service if everything is filtered through one person (Financial Administrator) or small group of people (Dean's office fiscal group)? Who are they accountable to? There will be a huge power differential between a program coordinator and the Administrator of Finance and Administration – how open can the lines of communication be?
- It seems unreasonable to expect one or two people to do the work that is currently handled by more than 3 people (administrators + some dept staff). This does not seem like a thoughtful plan – more like one that's been plucked from the air without detailed research or planning – and it definitely does not take into account the current structure of the departments. **We would like to see an org chart of how all of these responsibilities are currently handled across the departments AND in the Dean's office.**
- We pulled a list of current and recently ended grants off of MyFD...we have 104 budgets in BNHS alone (not to mention additional budgets if three depts. are consolidated into two). Some of those budgets are currently managed by Matt, some by Laurie, some by Lisa. Presuming proposed changes mean that their budget duties all go to the fiscal team...
 - If payroll is centralized and we have 2-3 fiscal staff for grant support, best case scenario, that's still more than 30 budgets apiece to process travel, do purchasing, subject payments, honoraria, set up and track subcontracts, monitor and project budgets for the PIs. Not to mention problem solve and troubleshoot. And CLOSE those budgets too.
 - At 173.33 working hours in a full-time month, that's an average of less than 6 hours per month to devote to each budget...presuming you work ALL your hours on budgets...don't attend trainings, fill out time sheets, go to staff or faculty meetings, spend any time on school committees such as Auction or SAC or Diversity Committee...
 - That's not even considering the addition of any budgets that might be added if we consolidate the school into only two departments. And it doesn't really address the more complex budgets with multiple subjects, lots of travel or subject payments, etc.
 - All budgets are NOT created equal and all will consume more than their share of time at some point in their lives. This is an unreasonable expectation and betrays a lack of thoughtful and realistic planning. As well as a lack of consultation with the people who actually do this work.
 - Please see the description of Post Award Team work load at the end of this document, which details the current work load of the existing Post Award team in BNHS.

- Centralizing pre-award support for grants makes a certain amount of sense...we all do pretty much the same stuff for the Research proposals but not for Training grants. However, with only 2 FTE (is Jennifer one of those 2 FTE or are Jennifer and Toni a separate unit that remains stable?), and grant submissions typically clustered around the NIH standard due dates, it is possible that the 2 people will be limited in how many proposals they can support for any single deadline (and still give accurate and timely service).
- The reallocation of duties does not take into account the specialized knowledge required for HRSA and other Training Grant proposals such as T32s, which require an additional skill set and cross-school understanding of faculty and curriculum issues. When faculty are submitting HRSA proposals, we typically have grant specialists from the curriculum area supporting those proposal submissions – this factor was not taken into account in the Big Idea scenarios.
- If we do need to limit the number of proposals submitted for any single deadline, the school may require some process to determine who gets to submit the larger proposals and to fairly distribute proposal support for all the researchers. Who would make those decisions? ONR? First come, first served? Faculty rank? Determining the merit or fundability of the proposal ideas – and who decides THAT?
- Would requiring “approval” (deciding who is allowed to submit a proposal) discourage some PIs from submitting proposals and eventually result in fewer proposals submitted from SoN, leading to less funding, leading to less RCR and IDC funds, etc., etc.?
- Less staff support for proposal submissions will lead to a decline in amount of service provided as well as quality of service. If producing quality research and future researchers is a mission of this school then this staffing proposal needs to be revised to portray a more realistic amount of help for the high quantity and quality of research this school is known for.
- Currently, when we do have an overload of proposals, we have some flexibility – we can find support outside the department (from Jennifer or from people downstairs...even the administrators have worked on proposals when we're really strapped)...60% FTE staff work additional hours (with pay) to keep up with the deadlines. And, as mentioned above, paying grant specialists from the curriculum side to support HRSAs and training grants. Would that still be an option if we have no dept. administrators, and fewer staff? WE CURRENTLY HAVE A SYSTEM THAT IS WORKING PRETTY WELL between grant staff distributed throughout the existing departments...but we are at the limit now of what we can accurately and efficiently support. What justification is there for changing that?
- Also, if our only options for help are staff untrained in the grant proposal process, whose job classifications don't include grant work, then how much help can we really rely on?
- Grant submission is cyclical...or it used to be...we had busy times, and then we had lulls and we'd do different short term projects for the department. But the last two years in BNHS have been totally non-stop year round, including summer. Granted, we're only 1.2 FTE on proposals, but we're also only one department. With something so deadline driven, and only two people (2.0 FTE) submitting proposals for the whole school, when would either person be able to take a true vacation of more than a few days in a row?
- To fill in during those "lull periods" (ha!), BNHS grant staff currently do FECs for the department, do grant closeouts, monitor the Human Subjects approval process for BNHS, and do other special projects as time allows...all those duties will need to go to someone else, because this work will all still need to be done.

BNHS Post Award Team:

- Currently responsible for 38 budgets – including a variety of sponsors with varying complexity (NIH, NRSA, Foundation, etc.)
- Includes small grants (R21s), large grants (R01s), subcontracts, industry grants, a T32, and the ever-complex HRSAs
- Total FTE for the Team = 2.65 (Every team member is currently less than 1.0 FTE)
- **Every team member has a disproportionately large amount of work on their plate but strives to get it done while still providing stellar service and ensuring compliance with sponsor guidelines**

Here is a sampling of what we do every day:

<p>Manager – 0.40 FTE</p>	<ul style="list-style-type: none"> • Monitor all travel, purchase, and work requests on BNHS Post Award SharePoint and the bnhspost email account • Manage workloads: reassign work due to staff absences/vacancies • Train faculty/staff on SharePoint • Supervise and train BFA, FS2, and FS1 • Advise faculty on progress reports, closings, FSRs, general fiscal management/compliance • Work with BNHS Post Award team and faculty adviser on quality improvements, e.g., generate catalyst survey • Make recommendations to department administrator and chair on fiscal management systems and Post Award staffing
<p>BFA #1 – 0.90 FTE</p>	<ul style="list-style-type: none"> • Projections • Schedule and track monthly PI meetings • Check reconciling • Update checklist for monthly budget projections • Update checklist for monthly budget reconciliations • SharePoint maintenance and trouble shooting • PI training • Progress reports • Oversight of post award team processes • Lead the FS1 and FS2 • Backup the FS1, FS2 and manager • Procard monitoring • Distribute post award tasks • General trouble shooting
<p>BFA #2 – 0.25 FTE</p>	<ul style="list-style-type: none"> • Reports for all budgets • Backup for projections • Backup for reconciliations • Backup for actions • T32 projections • T32 reconciliation check • T32 other (termination, appts, etc) • Projections for approx. 5 budgets

<p>Fiscal Spec 2 –</p> <p>0.95 FTE</p>	<ul style="list-style-type: none"> • Records - files/binder maintenance • Records - archiving • Records - closing out SharePoint requests • Records - create SharePoint requests • Actions - purchasing • Actions - travel • Actions - no-cost extensions • Actions - subcontracts • Actions - consultants • Actions - RSTs • Actions - RTEs • Actions - work requests and other • Reconciling • Reconciling - tuition confirmation • Reconciling - IDC confirmation • Reconciling - salary confirmation • Reconciling - receipt & packing slip confirmation • Reconciling - opening & closing accounts • Oversight - OSP actions • Oversight - GCA actions • Oversight - compliance • Oversight - new budget set up • Oversight - trouble shooting • Oversight - work study students
<p>Fiscal Spec 1 –</p> <p>0.30 FTE</p>	<ul style="list-style-type: none"> • Actions - purchasing • Actions - travel • Actions - no-cost extensions • Actions - subcontracts • Actions - consultants • Actions - RSTs • Actions - RTEs • Actions - work requests and other • Reconciling • Reconciling - tuition confirmation • Reconciling - IDC confirmation • Reconciling - salary confirmation • Reconciling - receipt & packing slip confirmation • Reconciling - opening & closing accounts • Oversight - OSP actions • Oversight - GCA actions • Oversight - compliance

Pros and Cons:

Pros

- 2 depts vs. none would provide smaller units for faculty and staff to stay connected. These could be structured around teaching and/or scholarship.
- With reduction in number of depts there may be fewer barriers, perceived or real, as specialty programs are shared more broadly and among more faculty. This could enhance discussions about changes in curriculum and facilitate new initiatives.
- With no depts curriculum committees could be resized with reductions in members including administrative—e.g., currently there is a chair rep to each CC as well as at least 1 Associate/Vice Associate Dean thus the *work* of faculty might be reduced tho no specific cost savings.
- Curriculum committees might have enhanced authority within a no dept structure.
- Could reduce the possibility of mis-communication and promote greater consistency across the school in communication.
- Could promote the development of a common or more common school culture.
- More faculty time for teaching & research if faculty not needing to hold administrative positions (ie no chairs & vice chairs)
- In addition to cost saving, the idea of restructure from 3 to 2 or no departments could potentially foster new collaboration in teaching and research. It could create new dynamics in the school.
- The idea of no department could potentially foster the sense of school or schoolness (vs. center on departments) and increase flexibility in resource use (e.g., teaching assignment not tied to departments).
- Reducing departments from 3 to 2 will help reduce the committee service demands on faculty. (for instance, we currently need 2 APT reps and 1 alternate from each department. It takes 9 people to serve on the School APT. It takes 6 people for FC. Restructuring to no departments may be able to achieve the same thing, depending on how we structure or group the faculty.)
- With the loss of faculty positions due to budget cuts and retirements, the School is smaller and probably more appropriate for less departments for optimal management, efficiency and effectiveness.
- For some committees, only full or associate professors are eligible so decreasing the number of departments would allow for a larger pool of faculty to choose from.

Cons

- Restructure will impact faculty and staff, esp. those who have been in their departments for a long time or had unpleasant experience/memory from the prior re-structuring. This type of cost is difficult to put a number on for potential cost.
- Given the size of the school, we would still need some structures to organize faculty and staff in order to make the decision-making and communication effective and efficient if we have no departments
- Depending on how this is executed, there could be significant fallout, emotional distress especially if one department feels targeted.

- If the SoN were to later become part of a School of Health Sciences, would we be disadvantaged by having fewer departments/none compared to the other schools?
- With only 2 departments there is the loss of a “tie breaker” in certain decisions.
- With no departments, we might lose the check and balance that occurs within departments.
- Restructure will require new bylaws as well as recep process.
- There will be need for increase in centralized support—e.g., currently there are 3 payroll coordinators, but if no depts it seems unlikely that one person could handle all payroll for SoN.
- With no departments the proposed organizational charts, include several new positions to accomplish the work previously done in the departments including curriculum manager, assistant curriculum manager and two administrative specialists out of ONR. With no departments would faculty feel isolated? Many faculty came to the SoN because of desire to work closely in faculty units that are defined by department focus and scholarship
- Would career development suffer? Who would monitor faculty career progression in a no dept structure? Who will mentor faculty?
- Would it be easier for mid/senior faculty to become ‘lost’ and less productive in a no department structure.
- Who will do the work that pertains to faculty—eg, APT, annual reviews, career development? There's also been talk of an associate dean for faculty affairs, who would do some of the necessary activities chairs currently perform.
- If we lose a department we will lose a valuable microclimate and loss of an intellectual home.
- With centralization we will likely lose accountability and access to help is reduced and time to help likely increased thereby reducing productivity.

Potential Issues-Timing, Feasibility

- None of the Departmental Feedback favors moving to no departments and there are many reservations regarding going to 2 departments. There are also differences in opinion as to *how* 2 departments would be formed.
- Seems strong concerns that reconfiguration will not really save money because it will not reduce workload. A remaining question is ‘have we identified that there are real redundancies of work that can be eliminated via restructure? This is critical to understand if we move forward with restructuring. Perhaps this work of *identification of work redundancy* needs to precede vs follow restructure.
- Restructure will require RCEP which may consume large amounts of faculty and administrative time.
- Given the School climate, is this the right time to effectively *centralize/consolidate* or is that a more ‘2D’ possibility?
- Will we need to RCEP all 3 departments if we move to 2 departments that are different from any of the existing departments?
- Seems feasible to reconfigure departments but question if it is feasible to reduce workload by merely reconfiguring?

Recommendations

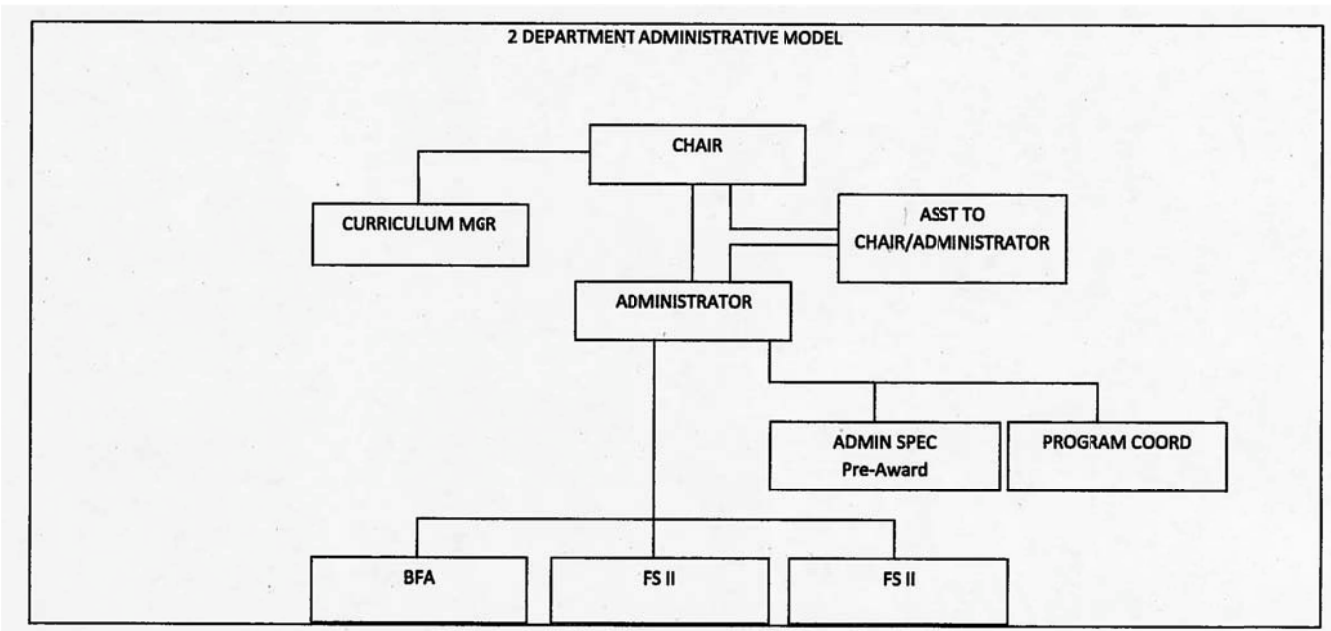
Lack of data on real redundancies leaves us hesitant to recommend going to no departments.

If a careful analysis of true work redundancies indicated significant savings through restructure then going to 2 departments or staying in 3 departments but consolidating selective services is an option for moving ahead with RCEP.

Organizational charts for Models of restructuring the SoN (See below)

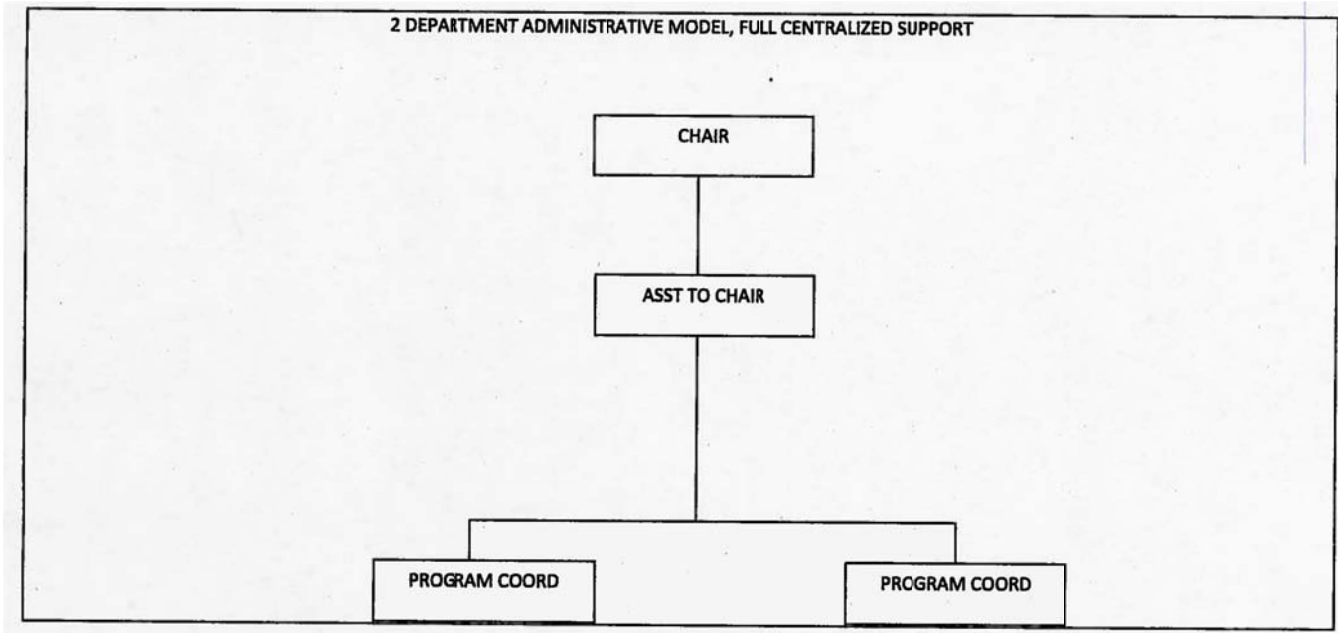
Model #1

2 Departments - no centralized staff support



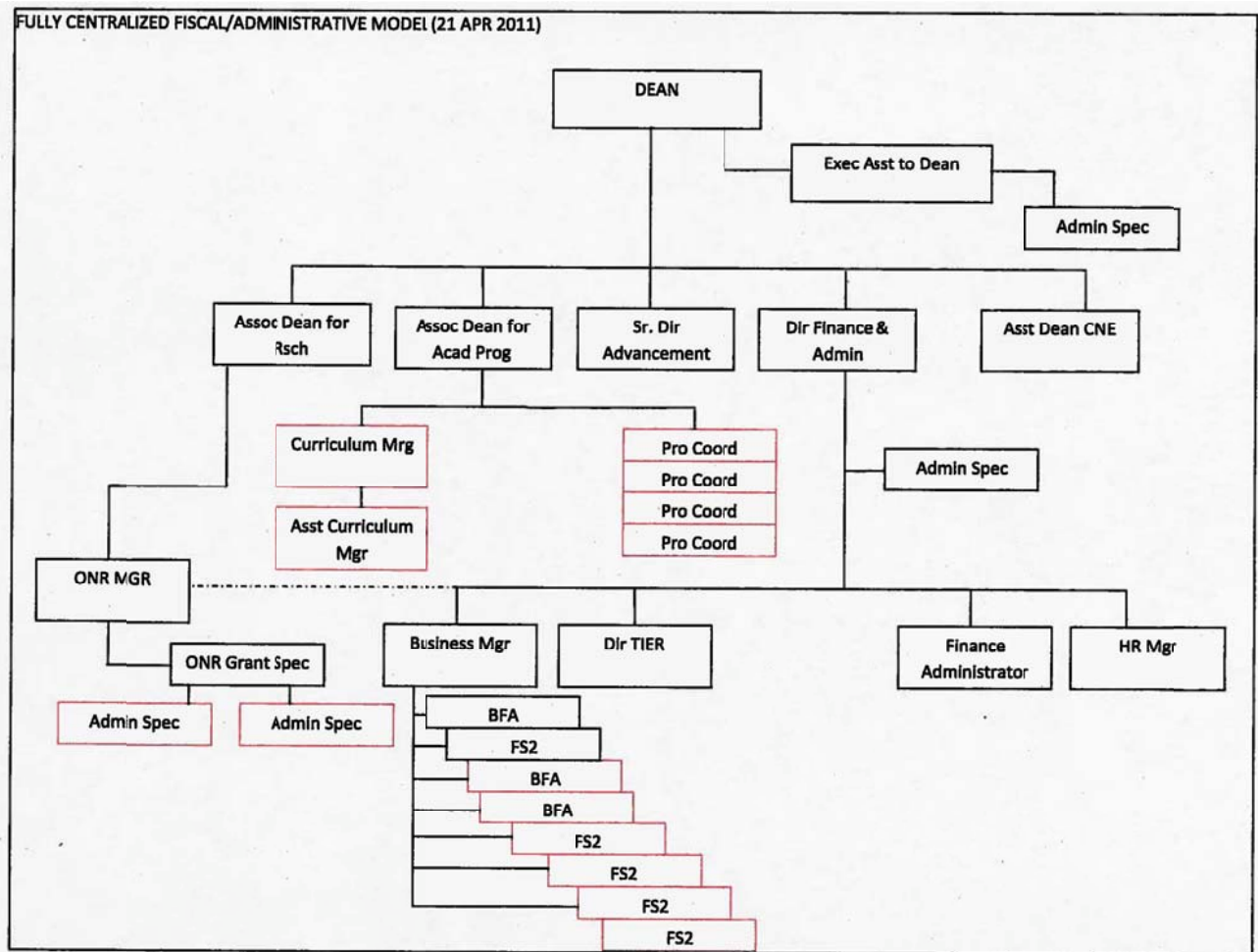
Model # 2

2 Departments - some centralized staff support

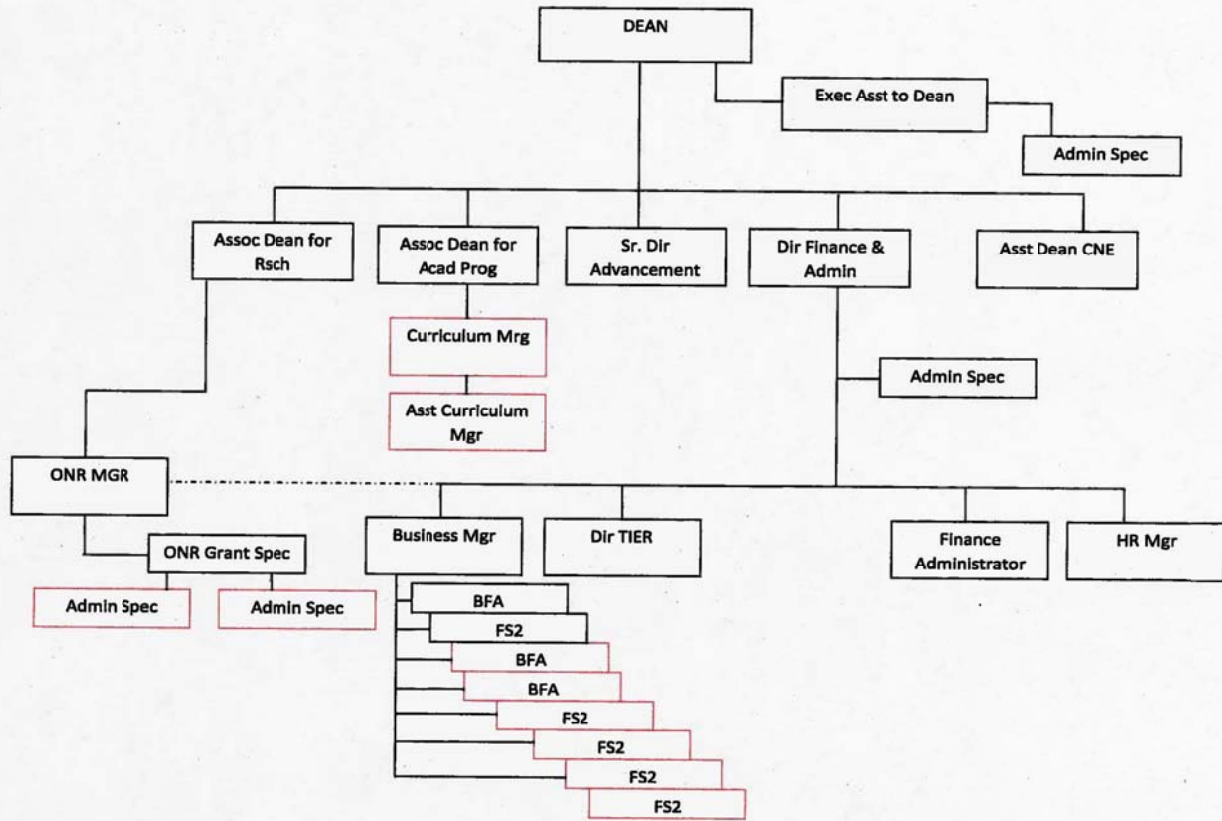


Model #3

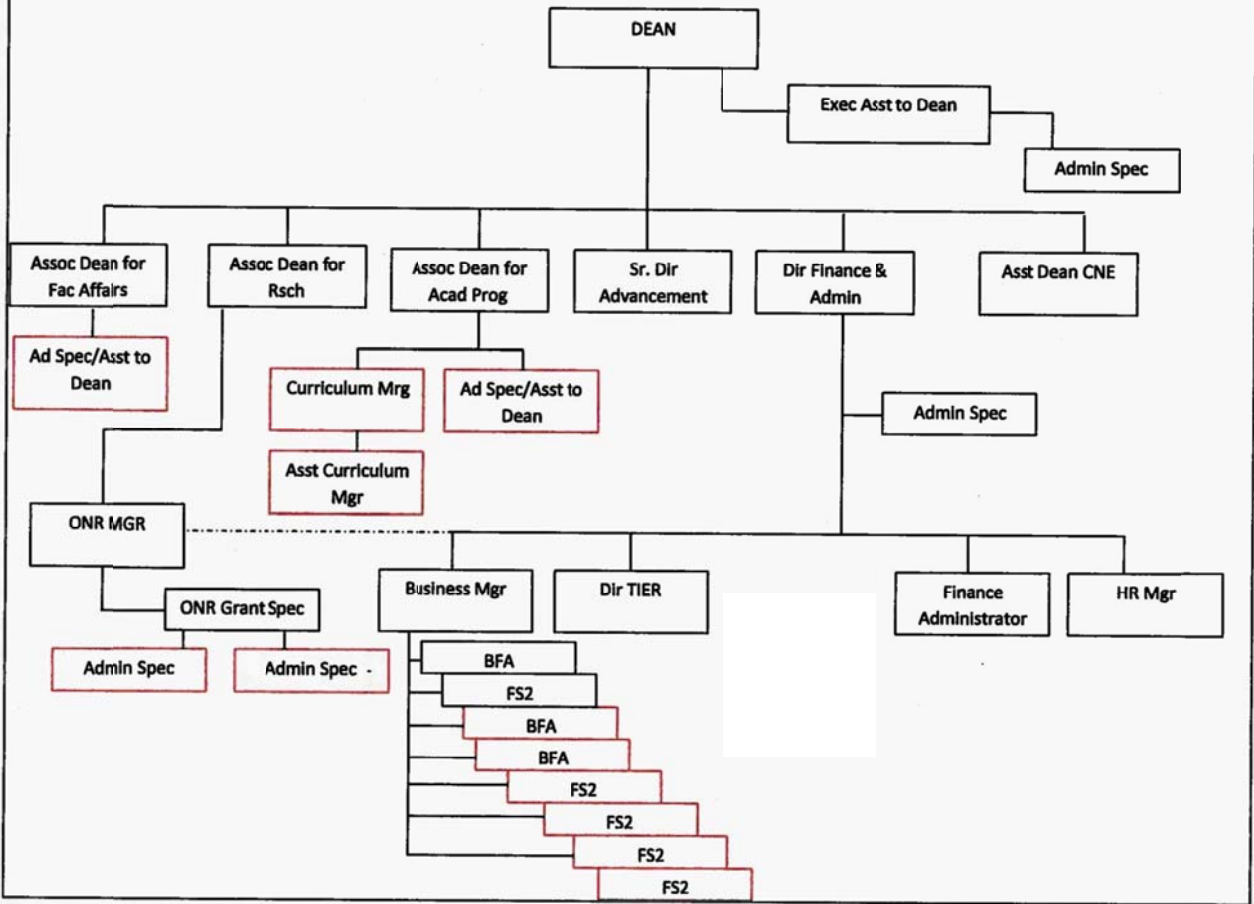
No Departments - all staff centralized



HYBRID CENTRALIZED FISCAL/ADMINISTRATIVE MODEL (21 APR 2011)



HYBRID CENTRALIZED FISCAL/ADMINISTRATIVE MODEL (21 APR 2011)



Budget Initiative Sub #2: Proposal to Re-structure Administrative Structure of the SoN

Coordinators: Gail Kieckhefer, Karen Schepp, Joie Whitney (alpha order)

Purpose:

To propose an alternative structure for the UW Seattle campus SoN Central Administrative support in order to identify and reduce redundancies, save costs, improve increase organizational function and decision-making and free faculty time from administration so they can devote it to teaching and research.

Proposed Initiative:

- 1. Restructure Central Administration to Dean, Associate Dean for Undergraduate Programs, Associate for Graduate Programs and Associate Dean for Research, eliminating all Vice Associate Deans.***
- 2. Restructure within departments to eliminate Vice Chair for Education and Vice Chair for Research, centralizing the activities of these current positions with fewer than the current six .25 positions.***
- 3. Examine the restructure of central financial services. (Realize we don't know enough about this at this time to suggest specifics. It is unclear whether positions vacated over the course of the past 12 months remain vacated or whether or they have been filled by movement of staff within the School of Nursing and if this has contributed to savings already taken/provided to the provost, versus additional savings moving forward)***

Provost Priorities for budget decisions:

The proposed restructure options are consistent with the guiding priorities of Impact by potentially improving the Faculty Experience by reducing the workload, Affordability and Positioning for the Future. By reducing administrative burden on faculty they would have more time available for innovative teaching and research. Through cost savings restructure would contribute to affordability and to the overall sustainability of the SoN and its business plan. It could reduce the number of administrators currently attending curriculum meetings and reduce the need for coordination between associate deans and vice associate deans. Centralizing teaching assignments and streamlining our programs could allow for these reductions in strategic manner as well as elimination of vice chair of education at the departmental level. With the strategic plan focus on improving research, we assume some of the savings from the elimination of vice chairs for research at the departmental level would be needed to fund one or two faculty potentially with differing research skills out of the Office of Nursing Research, supplementing the work of the Associate Dean for Research with similar benefits accrued. If this action is taken, we suggest that these not become administrative positions, but have faculty with .25 release-time from teaching to work on this effort.

Background and significance:

The SoN has historically been successfully organized with less central and departmental administrative FTE. As the school has become more complex in its teaching and research mission and faculty teaching loads increased, administrative positions have proliferated. With our current focus on streamlining educational programs and with reduced tenure-track faculty numbers this seems no longer necessary,

nor sustainable. With successful alignment of programs, reduction in central and departmental FTE for administrative vice associate deans/vice chairs appears possible and desirable.

Alignment with strategic planning, ABB, provost budget priorities:

Reducing the amount of administrative FTE is aligned with the mission, vision and values in the strategic plan. This could facilitate a more lean and flexible school leadership decision-making process and free up faculty resources for essential educational programs and research, potentially bringing a higher return on investment. It would also help develop a more sustainable, and perhaps more transparent administrative model as there would be fewer layers for potential miscommunication. It might also help better align and support faculty teaching workloads as more faculty FTE could be committed to one of the two most central missions of the School of Nursing, teaching students. As more faculty FTE is given to teaching, this model could contribute to support for future student enrollment to enhance our revenue in ABB.

Financial Impact Analysis

Maximum Estimated Savings

Reduce to 2 Departments - Faculty savings			
	Salary	Benefits	Total
Chair (50%) average	\$60,369	\$16,420	\$76,789
Chair ADS	\$12,000		
Chair summer salary	\$15,000	\$4,080	\$19,080
Vice chair research (25%)	\$30,000	\$8,160	\$38,160
ADS	\$6,000		
Vice chair education (25%)	\$30,000	\$8,160	\$38,160
ADS	\$6,000		
	\$159,369	\$36,820	\$172,189

Reduce Administrative positions	Salary	Benefits	Total
Executive Associate Dean (75%)	\$149,270	\$40,601	\$189,871
ADS	\$12,000		
Academic Services Assoc Dean (50%)	\$67,637	\$18,397	\$86,034
ADS	\$12,000		
Vice Associate Dean Learning Lab (25%)	\$25,500	\$6,936	\$32,436
ADS	\$6,000		
	\$272,407	\$65,935	\$308,342

Continue with:

- Dean
- Assoc Dean of Undergraduate Programs (25-50%)
- Assoc Dean of Graduate Programs (25-50%)

Assoc Dean for Research (50%)

Eliminate Vice Chairs for Research and Education	Salary	Benefits	Total	reduction
Vice chair research (25%) ADS	\$30,000 \$6,000	\$8,160	\$38,160	X1 (2 moved to ONR) him and
Vice chair education (25%) ADS	\$30,000 \$6,000	\$8,160	\$38,160	X3
	\$72,000	\$16,320	\$76,320	\$152,640

Minimum financial savings estimates

Continue with:

- Dean
- Assoc Dean of Undergraduate Programs (25-50%)
- Assoc Dean of Graduate Programs (25-50%)
- Assoc Dean for Research (50%)

Eliminate Vice Chairs for Research and Education	Salary	Benefits	Total	x3
Vice chair research ADS	\$6,000			
Vice chair education ADS	\$6,000	\$1,632	\$7,632	
	\$12,000	\$1,632	\$7,632	\$22,896

Department and Environmental impact:

It is anticipated that the environmental impact would have greatest impact on those persons currently holding vice associate dean or vice chair positions. If persons holding these faculty positions cannot be moved into teaching, work that is currently accomplished by others in non-state-funded positions which could be eliminated, or research activities to bring in revenue, there may be no financial savings except for the administrative supplements. If these positions are eliminated there needs to be clarity on how the work that is currently part of these roles is to be accomplished.

FCN & BNHS: See Idea 2 comments re work-load issues

PCH: We did ok without vice chairs for years. Now, however, we know that it is essential to have a powerful departmental infrastructure for research; still needed whether there is a vice chair or not. Without the education vice chair, the chairperson must again take up that workload and we still have only half time positions for chair people. This needs some thought and careful construction of research and education infrastructure.

Pros & Cons

Pros

- More faculty time available for teaching, student committees, and research.
- Less hierarchical levels, reducing possibility of discrepant information being communicated.
- Is that is he could facilitate a more lean and flexible school leadership decision-making process

Cons

- reduced numbers for mentoring faculty
- need to move to .25 faculty support to all one are typified the mentoring for research support reducing the financial savings netted or research support to faculty will be reduced.
- Without significant simplicity in our programming reduction of vice chairs for education will move the burden and workload to the chairs and perhaps requiring increased and their FTE thus canceling any savings.

Potential Issues-Timing, Feasibility

- Since these faculty serve their administrative positions at the pleasure of the Dean, actions could be taken immediately.
- Feasible to make the change

Recommendation

-If the savings is really the maximum \$152,000 then we support this proposal. If the only the minimum savings of \$22,000 can be realized we think this requires more thought since there is value in the work the vice chairs perform.

Budget Initiative #3: Consolidate-Reduce-Restructure Advanced Practice Specialties , V. 3.0

Updated, 5/18/11: See especially pages 2, 4-5, 6, 10-11 & Appendix A for ABB; Appendix C for specialty application patterns.

Coordinators: Cindy Dougherty & Patti Brandt

There were about 50 entries in the survey completed by faculty and staff in relation to advanced practice programs, with many conflicting ideas. The themes that pervaded were: reduce specialties and the associated instructional and non-instructional costs; consolidate specialties and courses; increase the cost-effectiveness of the advanced practice courses and the capstone projects; have a master's & post-master's DNP entry only; have a post-baccalaureate entry to DNP only; eliminate the master's and master's in passing; match advanced practice programs with tenure track faculty expertise; and eliminate all advanced practice programs. *The following 3 'proposed' initiatives address these dominant themes.*

Purpose

To identify cost savings by reviewing, consolidating, stopping, reconfiguring, and reducing the advanced practice specialties in the School of Nursing. Secondly, to offer practice specialties that match the SoN expertise and resources while responding to societal needs for health care and professional advancement.

Initiative #1: Transition all remaining advanced practice specialties to the EO fee based structure in academic year 2012. The specialties that have not yet transitioned to EO are: Community Health, PNP, Psych-Mental Health, and 'Adult' CNS.

1a. Any specialty that does not meet the fee based criteria including sufficient enrollment, will be paused. There will be no admissions to the specialty in 2012. The specialty will be reviewed for termination through the RCEP process if not found to be financially able to be sustained.

1b. Consolidate budgets for ALL specialties by 2013. Assess each specialty's viability after 1 year to determine if it will be continued.

Background and Significance #1

This proposal exemplifies fiscal responsibility and accountability as well as meeting and sustaining fee based criteria. To continue to maximize resources and keep as many advanced practice programs current, it is essential that programs that exceed the capacity of current resources find alternative funding systems to be sustainable in the future or be terminated.

PROJECT ANALYSIS: Financial & Academic (impact and market/student) input are included here. See Appendix A for full data set that also includes: departmental, individual faculty, MCC & DNPCC & student rep.

Financial Assessment of #1 (prepared by Susan Pullen, Patrick Tufford in consultation with Patti Brandt, Cindy Dougherty and Sue Woods)

Assumptions:

1a. Pause/RCEP :

- Women's Health
- Forensic Nursing
- Independent MN
- Leadership Certificate
- Clinical Nurse Leader

Data used to budget financial impact of transitioning Community Health, PNP, and Psych-Mental Health to fee-based is from 2009-2010 that was updated by Lawrence Wilson & Susan Pullen on 5/18/11. Data used for Adult CNS was derived from the current curriculum model. Changes have taken place (such as new/different required courses, changes to # of credits) so this is a **rough estimate**. These estimates reflect **instructional costs only** (FTE for course instructors), **not** administrative expenses or EO expenses/overhead. The estimates included MN and DNP students at previously projected enrollment levels. Changes to teaching assignments from tenure-line to other faculty would impact the projected savings to GOF indicated below. As a benchmark for comparison, the average for instructional costs (MN and DNP for each specialty) across the fee-based graduate specialties for 2011-2012 is \$566,410 with an average of 60 students enrolled in each program for the year.

Financial ANALYSIS (updated, 5/18)

Until these specialties are transitioned to fee based, no additional savings would be anticipated for graduate specialties in 2011-2012 from this initiative. However, here are 'rough estimates' of instructional 'revenues' for transitioning PNP, Community Health & Psych-Mental health no later than 2012-13. The non instructional costs have not been estimated for this analysis but TIER, LAB, AS etc revenues would be obtained through a fee based approach. The overhead costs charged by EO are also not estimated here.

- **PNP** during 2012-13
 - Roughly \$244,815 in instructional costs would be saved if fee-based instead of funded by current methods
 - Roughly \$160,239 of these costs would be saved on the GOF budget (does not include summer)
 - Roughly **696** Student Credit Hours would be moved from School to EO
- **Community Health** during 2012-13
 - Roughly \$318,000 in instructional costs would be saved if fee-based instead of funded by current methods
 - Most of the courses are taught by tenure-line faculty so most of this would be saved from the GOF budget
 - Roughly **1,041** Student Credit Hours would be moved from School to EO
- **Psych-Mental Health** during 2012-13
 - Roughly \$342,313 in instructional costs would be saved if fee-based instead of funded by current methods
 - Most of the courses are taught by tenure-line faculty so most of this would be saved from the GOF budget
 - Roughly **1,771** Student Credit Hours would be moved from School to EO
- **Adult CNS** during 2012-13

- Roughly \$196,403 in instructional costs would be saved if fee-based instead of funded by current methods
- Roughly \$131,273 of these costs would be saved on the GOF budget (does not include summer)
- Roughly **870** Student Credit Hours would be moved from School to EO

TOTAL SAVINGS TO GOF: \$951,827

TOTAL CREDITS LOST: 4378

ANALYSIS: Academic Impact (prepared by C. Booth LaForce & Sue Woods) and Market and Student Implications (prepared by Dagmar Schmitz, Patrick Tufford, Carolyn Chow). *See Appendix A for full data set.*

PNP, PMHNP, and Advanced Community Health (MN, DNP, and Certificate) could transition to the EO funding model in summer of 2012 and ANP CNS if meet criteria. Students might pay higher fees than state-based tuition. There would be no tuition waivers. Some students may not qualify for financial aid. Experience in AS tells us that continuing students need to be informed as soon as possible because this may impact their ability to continue in their program of study.

Benefits: 1) a higher percentage of all academic resources in the SON would be funded by EO; 2) all MN/DNP/Certificate students would be paying the same fees; 3).closer to working toward a consolidated budget degree-based program in EO rather than paying the EO fees for each specialty individually; 4) having all specialty areas in EO would give us the opportunity to find out the real costs of each one, and to evaluate sustainability.

This process of transitioning to EO would provide time to evaluate which specialty areas are central to our mission and possibly reduce specialties offered by the school. If all specialties were fee based, this will greatly simplify work of Academic Services and departments because of the large amount of time it takes for everyone to address the confusion about programs that currently exists. If this option is chosen, communication with students about tuition fee structures needs to be available as soon as possible.

**Current figures by demand for advanced practice programs(newly added, 5/18)
Applicants/year* by Most Subscribed.**

1. ANP : 2009 ,115; 2010, 209; 2011, 78

2. FNP: 2009, 104; 2010, 110; 2011, 39

3. Midwifery: 2009, 54; 2010, 67; 2011, 23

4. PNP: 2009, 26; 2010, 89; 2011, 36

5. NNP, NCNS : 2009, 36; 2010, 37; 2011, 13

6. Psychiatric-Mental Health 2009, 19; 2010, 37; 2011, 42

7. Other (CIPCT, ACNS, Forensics, Indep MN, Women’s Health) 2009, 92; 2010, 96; 2011, 30

NOTE: Numbers are smaller in 2011 as only ONE application per specialty was allowed. (See APPENDIX C for more detail)

RECOMMENDATION #1 Determine Priorities, Consolidate and RCEP Specialties to maintain maximum 3-4 specialties/programs in SoN

1. During 2011-12, complete the RCEP process for ALL specialties. The goal would be to maintain no more than 3-4 specialties/programs. Specialties would be consolidated or eliminated through the RCEP process or consolidated within the SoN or with other universities in the State.
2. Consider using the Provost's criteria(5/15/11 communique) as the basis for the RCEP process. Criteria are: a) demand for the program(market viability), b) capacity for current tenure line faculty to deliver a high quality program, c) positioning of the UW for future preparation of nurses, and d) the special niche that the program offers at the UW that is perhaps not offered elsewhere in the state of Washington or the nation. Scholarship associated with the specialty by faculty and students could also be one of the criteria included in the review.
3. During 2011-12, the SoN would determine whether to maintain these 3-4 specialties thru ABB or fee based approach . a) Examples of specialties that could be merged or combined with other State schools i.e. WSU (Psych, Community, FNP) or private Schools such as Seattle U (Midwifery) who have advanced practice programs; b) Examples of specialties that could be merged within the SoN are ANP, FNP & PNP for a "Primary Care Program" with a program director and certification available for each of those specialties .
4. By 2012-13, the plan would be in place for the specialties offered and whether ABB or fee based.

PROS

1. Most of the faculty teaching in the specialties listed above (PNP, ACNS, Community, Psych) are tenure line faculty. If all specialties & other degree programs continue with the same number of students/courses, i.e. undergraduate & PhD,with fewer tenure line to teach due to the budget cuts, tenure line faculty will have higher teaching loads & more will have to teach undergrad clinicals than currently.
2. The 3 specialties that are now fee based, ANP, FNP & Midwifery/Neonatal-Perinatal have a mixture of lecturers/certified in specialty & few or no tenure line associated with the specialty. Without consolidation or elimination these specialties will need to be fee based to be able to support the lecturers who are certified to teach the courses
3. Tuition dollars are not likely to provide sufficient monies to teach the high number of courses/credits with so many adv practice options and also provide for non instructional costs.
4. Due to the simplification and termination of some specialties through the RCEP process, more faculty would be freed up to teach other courses (Essentials/Core) , develop DL for both graduate and undergraduate programs. This would be a cost savings for the SON as tenure line faculty would be responsible for more of the student credit hours than now.
5. Determining the priority 3-4 adv specialties will provide the direction needed to strategically hire new tenure line faculty to match with these priorities.

CONS

1. Moving the above specialties to EO would cause a net loss of student credits for calculation of SON dollars using ABB calculations. This would reduce the possible future dollars to the SON. The issue remains, will we gain more by having fee based that covers ALL costs instructional and noninstructional than ABB or not. See Appendix A for ABB info.

2. There is significant time devoted by many in Son to create the fee based curriculum model, budget and memorandum of understandings. Perhaps, it might be wiser to eliminate and/or consolidate specialties before processing any more fee based specialties.
3. Approximately 1.5 million dollars in revenue generation could be realized in 2013 if the remaining specialties were transitioned to fee based. Thus, if we do not transition these specialties because they were consolidated or eliminated there would be less revenue generated.

RECOMMENDATION #2. Institute doctoral preparation only for advanced practice for all graduate specialties in the SoN by 2014-2015 academic year.

Entry to be one of 2 ways: 1) post baccalaureate and 2) post master's (with specialty or adding or seeking a specialty). Post master's would remain as fee based.

- 2a. Core courses for DNP Essentials will be offered sequentially by a prescribed curriculum grid
- 2b. Increase the number of CORE specialization courses by consolidating & revising select currently offered courses
- 2c. Complete the consolidation or elimination of specialties during 2011-13, so by 2013- 2014 we have the curriculum needed and associated marketing. Assure there are clear DL plans so students know what can be completed distance
- 2d. Eliminate MN entry into advanced practice for 2013-14 admissions (institute Generic Master's in 2013-14); eliminate MIP as of 2013-14.

PROS:

- 1)Effective use of resources by having fewer degree options.
- 2) More efficient admissions, advisement, marketing clarity
- 3) With no MIP faculty workload would be decreased
- 4)With no MIP, applicants would know this is a doctoral degree only and would self-select this program in relation to their career trajectory.
- 5)Keeping the postmaster's as fee based, will provide the resources needed to offer this program for those who are interested in returning for clinical doctorate .
- 6)Timeline extended to 2014-2015, all DNP admission to allow the transition needed to do the consolidation, market and institute a generic master's degree.
- 7)Offering a 'doctoral' degree for advanced practice appears to match the UW SoN's 'niche' /focus per Provost criteria by enhancing translation to practice scholarship.

CONS:

- 1) There will be a temporary or permanent reduction of numbers applying if MN for adv practice and MIP are not available.
- 2)Graduate faculty will need to vote on this and there is controversy among many
- 3) The workforce needed for advanced practice may be impacted as there is about an additional year.
- 4)The diversity of applicants may be impacted if scholarship monies are not readily available.
- 5) Most clinical agencies do not reward DNP monetarily or have positions that use the full tripartite role.

Background and Significance #2

This proposal matches with the expertise of the tenure line faculty for building the doctoral programs and translation research. In addition, the DNP builds the future teachers of clinical programs to

contribute to the mix of faculty needed to sustain the advance practice preparation in the US. No resources are allotted to maintaining the Master's as an option or in a generic program. This will simplify the SoN processes such as admissions and advising. Students will know they are making a choice for a 3 year commitment at the time of application and they will have one clear message to apply in this SoN for the doctoral preparation, DNP. By omitting the Master's as a generic or option, this avoids having a master's project and special arrangement of clinical courses and having to develop new courses to meet the new Master's essentials. The MS is recommended to be paused and reviewed through the RCEP process due to low enrollment.

Financial ANALYSIS of Initiative 2 (prepared by Susan Pullen, Patrick Tufford in consultation with Patti Brandt, Cindy Dougherty and Sue Woods)

Assumptions:

- *If a Masters in Passing were to be offered, it would include a Master's Project (6 credits) and not a Thesis.*
- *If a Masters in Passing were to be offered, NMETH 598 (or NMETH 598 + 530) would only be offered once a year.*
- *Calculated NMETH 598 at 4% per student, the same metric used for the 2011-2012 approved fee-based budgets.*

Financial impact:

2a. Impact of offering core courses only once per year according to a prescribed curriculum grid:

This could generate a savings to fee-based students by reducing the infrastructure charge included in our fee-based budgets. The \$2,000 infrastructure charge is applied once to each unique program budget for each individual course listing (in other words, one specialty offering NSG 530 two quarters would be charged $2 \times \$2,000 = \$4,000$; 3 specialties all offering NSG 530 the same quarter would be charged $\$2,000 \text{ each} \times 3 \text{ specialties} = \$6,000$).

Offering core courses once per year would also reduce costs to students by sharing the expense of providing a course across a higher number of students. On the con side, specialties will need to rearrange curriculum models in order to accommodate courses being offered once during the year. Also, we may need to change the way some courses are taught to accommodate greater numbers of students. In some cases, more than one faculty may need to be assigned to the course depending on the outcomes desired of the course for the students.

2b. No impact analysis as we do not know which courses would be consolidated. See above for cost savings when fewer courses are offered.

2d. Impact of transitioning to one consolidated DNP budget, eliminating fee-based Master's:

This would not have a direct financial impact in 2011-2013; however it could make our fee-based specialties more affordable/competitive in subsequent years by reducing the EO and overhead expenses currently included in our fee-based programs:

The general EO expenses include:

- \$25,000 program management charge – applied once to each unique program budget (Midwifery MN, Midwifery DNP, FNP, Post-MN DNP, etc.)
- \$2,000 infrastructure charge detailed above

These two charges above are where we can achieve savings with a consolidated business model – particularly so with the infrastructure issue. Further savings would be achieved by only offering courses once per year.

In addition, there is the operational overhead and risk pool fund which takes up about 16% of our estimated revenue. However, since this is a percentage, it does not change with respect to how many unique specialties are offered – the amount will be a function of our curriculum rather than dependent on the administrative details of how that curriculum is offered. No additional savings are expected here.

If 2013 is the last year we admit MN advance practice students, we would not realize the program savings above (program management charge, all infrastructure charge savings) until all students who are in the Masters graduate. Note: We could admit only full-time MN students during 2012 to facilitate realizing this savings in the earliest possible year as it would take longer than the 6 years (number of years UW gives for completion) if part time students are admitted.

Total Savings of Consolidated , fee based budgets using only two degrees (MN & DNP):

\$25,000/specialty with about 30 specialties = \$750,000 to students. (We currently have about 30 different EO options now as each MN and each DNP course is counted as ‘different’ as well as each certificate). Also, there is a \$2000 savings every time a course per specialty/quarter is taught (30 x \$2,000 = \$60,000) to students.

If we no longer would have MN projects, and MN committees by eliminating MN Entry & MIP. This would greatly simplify the admission and guidance process and reduce workload @ multiple staff levels.

a) Impact of eliminating Master’s in Passing (MIP) versus offering Master’s in Passing:

The cost difference between offering a Masters in Passing or not, aside from the EO expenses outlined above, would be the cost of offering the Master’s Project, Master’s Clinical Course enrollment (6 credits required) and MN Committees. At 4% per student for NMETH 598, it would be less expensive to offer the Master’s Project as a group (NMETH 530) one quarter + one quarter of individual NMETH 598 if there were 13 or more students.

- If the MIP were offered as NMETH 598 spread across two quarters, the cost for 30 students would be roughly \$90,000 (based on \$10,000/month tenure-line salary).
- If the MIP were offered as NMETH 530 one quarter + NMETH 598 one quarter, the cost for 30 students would be roughly \$61,000 (again based on \$10,000/mo salary). This is the most common option chosen by students.
- If the MIP were eliminated we would reduce the EO budgets according to calculations above as well as saving the \$2,000 per course per quarter (\$4,000) course infrastructure charge from EO. We do not know the total cost savings of this.

TOTAL COST INCREASES WITH MIP: \$61,000/quarter where most students choose this option.

TOTAL COST SAVINGS WITH NO MIP: \$61,000/quarter where *most* students choose this option.

ANALYSIS OF Academic Impact(prepared by C. Booth Lafourche & Sue Woods) , Market and Student Implications(prepared by Dagmar Schmitz, Patrick Tufford, Carolyn Chow) of Initiative 2. See Appendix A for full data set.

This initiative is in alignment with the school’s long-term strategic planning for advanced practice being at the doctoral level and AACN’s recommendation that preparation for all advanced

practice be at the doctoral level by 2015. Having two entry points for advanced practice is confusing for the consumer and difficult to manage. It increases the complexity of recruitment, progression, and graduation unnecessarily. The graduate faculty will need to vote on this as well as the date of implementation.

Current students have 6 years to complete the MN program in which they are enrolled, so we would still have to continue this program until all of the students completed it. A disadvantage is that in some specialties there is a market for MN rather than DNP degrees, so we would not attract these students. Therefore, overall enrollment in some specialties could be jeopardized. However, by consolidating all DNP specialties into EO, we would mitigate this disadvantage.

It is customary at the UW to offer the master's in passing (MIP) for all doctoral programs. This allows an exit point for those students who are evaluated to be not suitable for continued doctoral study. It also allows students the option of obtaining a master's degree while they are continuing their doctoral study, which allows them to earn a higher salary if they are also employed. The MIP could be awarded early in the student's program of study, when the MN requirements are completed (36-38 credits). Eliminating the MIP would reduce faculty workload related to the thesis/project requirement and the 6 credits of non-advanced practice clinical.

Student enrollment may be affected by a dip in enrollment in 2013-2014, the first year we don't offer the advanced practice MN. This was noted in 2008-2009 program transition. MN applications do not translate into DNP applications in a 1:1 way. This trend of lower enrollment may continue beyond 2013-2014. We may not have sufficient qualified applicant interest to sustain the enrollment necessary for a program to be viable. Also, fewer students would mean higher tuition for those remaining. However, the applicant pool for ANP and FNP is far larger than we can accommodate every year, so the impact on applications may be not be important.

Offering core DNP courses is viable and efficient as long as students are guaranteed pursuit of the specialty to which they applied. Prospective students will not commit to a program that cannot commit a specialty education to them. DNP will not be viable without a predictable pathway through the specialty of interest.

Since a DNP is not necessary in community health, there is unlikely to be any monetary return. That puts CHN at a clear disadvantage in a national market. A general problem is that we do not know the long term consequences of the transition to EO and the loss of state funding.

RECOMMENDATION #3: In collaboration with UW Bothell & Tacoma, offer a generic master's program in the SON by 2014-15 that is tuition based and will be accessible thru distance learning

3a. Merge MS into generic master's and omit independent masters & omit master's/advanced practice.

3b. Those completing the Master's degree and decide later to do the DNP program could then apply to the Post-BSN DNP fee based program. Credits could be transferred as many of the generic master's essentials courses are same as those taken by postbaccalaureate DNP students.

3c. Generic Master's would consist of CORE (Essentials) courses that are also taken by the DNP students including the required 6 credits of Clinical practicum.

3d. Omit the thesis option and provide a 'group' approach to Master's Projects such as NMETH 530 for 5 credits & NMETH 598 for 1 credits/final project.

3e. Collaborate with UW Tacoma & UW Bothell to offer this generic master's so courses are not duplicated across campuses and create DL full or hybrid for the core courses.

3f. Outcomes to be for example, leadership, evidenced based practice, and quality improvement/safety, education.

PROS

1. Collaborating with UW Bothell and Tacoma will reduce program costs for all so that essential/core courses are not duplicated. Students would register for one of the campus programs. The curriculum offerings would be divided between the 3 campuses with each having agreed upon resource allocation. (similar to how core courses are allocated now across the 3 SoN departments for teaching assignments)
2. A generic master's would provide the opportunity to enhance the workforce for those desiring other career pathways than adv specialty at the time. See above possible outcomes.
3. Providing the 'group approach' to master's project & omitting thesis will reduce resources/cost
4. Having a master's program that 'articulates' with a DNP program due to a high proportion of the 'essentials' courses being the same will assist with somewhat seamless approach. If the graduate of the generic later determines career trajectory of advanced practice, credits could be transferred if/when admitted to the DNP program.
5. Having the generic program part of ABB will provide SoN with the opportunity to generate revenue through tuition and solidify /share resources for the core/essential courses taken by the DNP student whether DNP program is fee based or not.
6. DL full or hybrid will increase access for rural or place bound students

CONS

- 1) This generic master's is NOT proposed to operate as a 1 + 2 approach. This could be interpreted as a negative (if one wants to keep a MN for advanced practice or a MIP) or positive (contains NO advanced practice clinical training. Clinical practicum is proposed to be aimed toward leadership, evidenced based practice and quality/safety outcomes), educational programming.
- 2) Distance Learning presents new challenges to be pedagogically sound and faculty may need start-up time and tech support.
- 3) SoN needs to develop a strategic plan for DL...type of DL that is quality, cost effective and sustainable.
- 4) A prescribed curriculum grid would be necessary to assure scheduling of courses that are required by both degree programs do work for both. This type of enrollment management for courses is unfamiliar to some faculty.
- 5) Market viability is unknown at the present so a market assessment is needed.
- 6) It is unknown to what degree Bothell & Tacoma are interested in collaborating.

Background & Significance of Initiative 3

The focus on core courses that address Essentials will decrease the redundancy of offerings, enhance the cost-effectiveness and enhance credits needed for ABB in the future by assuring the core courses remain School based. This proposal addresses the societal need to prepare individuals who can function in the workforce with graduate preparation. Having a generic master's that is DL focused will increase accessibility for rural students and improve the diversity of the profession.

Provost Budget Priorities and Strategic Alignment & Relevance for Initiatives #1-3

This proposal addresses the Provost's priorities in several ways: improves students' access to core courses by assuring they are predictable and some offered through DL; assures offering clinical specializations that match priority criteria. It also positions the SoN for the future by aligning faculty capacity and expertise with specialties offered and by preparing the teachers for educational programs and workforce needed for the complexities of health care. Maintaining a generic master's degree program in the SoN aligns with ABB principles. A consolidated Fee based approach to the DNP provides for a sustainable future for the more costly offerings of clinical specialization. This proposal addresses SoN's Strategic Planning in the category of achieving operational excellence. It involves evaluating and

basing our programs on availability of resources and strategically investing in the future. It focuses on maximizing efficiencies by assuring core courses, reducing redundancy of courses and increases shared curriculum and thus, resources. The proposal also focuses on creating partnerships through shared curriculum and with clinical agencies through the Capstones. The emphasis on faculty capacity and match of specialty with faculty expertise & research advances clinical research and clinical excellence.

Financial ANALYSIS of #3 (prepared by Susan Pullen, Patrick Tufford in consultation with Patti Brandt, Cindy Dougherty and Sue Woods).

Assumptions:

- For generic MN, estimated cost was based on 30 students.
 - This may be an overestimate of students and impact our ABB funding due to having lower than projected student credit hours.
 - We've not been recruiting or advertising this program. These efforts take 2-3 years or so. Any applicant pool is likely to start small as a result.
- All core generic MN and DNP courses would only be offered once each year.
- Generic MN and advance practice students would take core courses together (regardless of whether advanced practice students took course in 1st, 2nd or 3rd year).
- We did not incorporate the MS.
- Curriculum is based on the recommendations from the Summer Work Group (see curriculum below)
- This program would be 3 quarters long, Autumn-Spring.

Summary: Costs of offering generic MN would be approximately:

- \$141,720 with NMETH 530/NMETH 598 or
- \$170,853 with NMETH 598 only

With 30 students, the Student Credit Hours for the generic MN would be 1,140.

TOTAL COSTS GENERIC MASTERS: Develop /modify 1 therapeutics course & 1 clinical practicum(6 credits) oriented to leadership/policy

TOTAL CREDIT RECAPTURE: With 30 students, the Student Credit Hours for the generic MN would be 1,140.

ANALYSIS: Academic Impact (prepared by C. Booth LaForce & Sue Woods) and Market and Student Implications (prepared by Dagmar Schmitz, Patrick Tufford, Carolyn Chow).

See Appendix A for data set.

This program does NOT propose to operate as a 1 + 2 approach to the DNP because this program contains NO advanced practice clinical training. Students in this program are not prepared to enter a post-master's DNP program but rather this is a generic degree. Graduates of this program who want an advanced practice specialty-DNP would need to apply to the post-baccalaureate entry and transfer credits from Master's degree to the DNP. It would be up to the student's DNP committee to approve the program of study including transfer of credits.

The redesign of the Master of Nursing program is in alignment with the new AACN Master's Essentials. This one-year (36-38 credit) program would prepare a non-advanced-practice leader with perhaps, an outcome focused on leadership. This is a terminal degree for those who do not want advanced practice, but if done in alignment with the AACN essentials, would allow articulation and

credit transfers for those who eventually want to apply to the DNP program. By being state-tuition-based, this program would be beneficial for ABB in terms of enrollment in major numbers and student credit hours. Moreover, there is community demand for nurse leaders and educators at the MN level who are not NPs. If we were to develop a distance learning MN program, this could increase access, enrollment, and diversity.

Consolidating students in the current *MS* program into the new generic MN would reduce the complexity of our offerings. For the small number of international students who enroll in the *MS* program due to license issues, the *MS* would no longer be an option. We would have to retain the *MS* program until they finish. The PhD students would no longer have this degree as an option but very few choose this option. The *CIPCT* students who are nurses would be admitted to the MN program and the non-nurses would be admitted through the *SOM* into the *CIPCT* program. This also solves our accreditation issue with non-nurses in our *MS* program. We would also have one less graduate degree to manage. Eliminating the *MS* would require RCEP, although we could pause admission to this program right away.

Bothell & Tacoma campuses already have a generic master's degree. If we do not offer a generic option we would keep the UW-Seattle campus for only advanced specialty preparation. However, the UW Seattle campus offers the diversity of courses that students who are already in practice and pursuing a terminal MN degree, the ability to round out their program of study. From an employer perspective having master's prepared nurse is as valuable as having advanced practice nurses in our workforce. For non-APRNs, the MN degree affords them the ability to develop advanced skills and competencies through taking courses both inside and outside nursing, which the Seattle campus offers.

Not offering the generic master's will send a clear message to post-baccalaureate prospective students that we are focusing on preparing for advanced practice at the doctoral level. For a generic MN, it requires only one set of admission reviews, simplifies advising, financial aid, financial planning, and saves time for faculty and staff. If state tuition is lower, students interested in advance practice will likely complete a generic MN and then apply to a fee-based DNP because it could be a significant financial savings for students. These students might be stronger applicants and thus increase the potential pool of viable DNP applicants.

See curriculum grid for a Generic Master's in Appendix B. With a generic master's, fee-based specialty program budgeting would be more complex as currently not all specialty DNP students take all the core courses. Lower demand is likely for the full curriculum in the EO programs, which could result in higher program cost and lower GOF savings as a result. We'd need significant consideration around how we'd handle student progression. All DNP programs would be significantly impacted. If we offer a Generic Masters we would want it to be a quality, coherent program. Thus, the timing of when these courses (which are also mostly DNP core courses) would need to be driven by the Generic Masters with the DNP curriculum fitting around this timing. As a result, NCLIN 500 might end up in Spring. Specialties would then not begin their clinical until the end of year 1, which would delay receipt of a Masters in Passing until possibly the 3rd year. This could be alleviated if courses were offered more than once, but that would cost the School more money.

APPENDIX A: ANALYSES DATA OF IMPACT FOR BIG IDEA #3: Academic, Departments, MCC, DNP CC (& STUDENT REP), Other Individual Faculty

#1 Proposed Initiative: Transition all remaining advanced practice specialties to the EO fee based structure in academic year 2012.

<p>Academic Services (C. Chow, P. Tufford, D. Schmidt)</p>	<ul style="list-style-type: none"> • Fee-based approach reduces access by increasing cost and omits possibility of student financial support. • Need early commitment and clarity whether a specialty will be offered fee based. Historically, program budget proposals and budget approvals have not been finalized and thus communicated in reasonable time for students to make informed decisions. Thus, interested and competitive applicants who were confused and weary of the ‘pending’ program costs dropped out. • If all specialties were transitioned to EO, there is a communication and goodwill advantage then all students would be paying the same fee structure which reduces the administrative overhead to all programs and reduces confusion in communicating in recruitment. • If all specialties were EO, this will greatly simplify work of Academic Services and departments because of the great amount of time it takes for everyone to address the confusion about programs that currently exists. • The cost savings with all specialties being fee based or paused if not able to meet the criteria would be realized as soon as 2012-2013. Costs are influenced by many factors including faculty salary, number of credits, courses and students. For tenure line faculty (GOF), there are ‘savings’ that will be realized because this will generate revenue for the departments. • Students: will have increased costs for tuition based with tuition as currently defined by State. Re: During 2011-12, determine criteria and priorities for the continuation of advance practice specialties offered in the UW SoN. Enact decisions in 2013. Potential applicants will need sufficient notification of any potential changes, we recommend in connection to the 2013 cohort. • No cost savings realized in the next biennium.
<p>Academic (S. Woods, C. Booth-LaForce)</p>	<ul style="list-style-type: none"> • Analysis: Certificates’ should be added here and not with generic master’s initiative as they would be fee based. • Academic Impact: PNP, PMHNP, and Advanced Community Health (MN, DNP, and Certificate) would transition to the EO funding model in summer of 2012. Students might pay higher fees than state-based tuition. They would lose tuition waivers then.

	<ul style="list-style-type: none"> Continuing students need to be informed as soon as possible because this may impact their ability to continue in their program of study. Benefit is that a higher percentage of all academic resources in the SON would be funded by EO. Benefit is that all MN/DNP/Certificate students would be paying the same fees. Benefit is that we would be closer to working toward a consolidated budget degree-based program in EO rather than paying the EO fees for each specialty individually. Having all specialty areas in EO would give us the opportunity to find out the real costs of each one, and to evaluate sustainability. This would buy us time in terms of evaluating which specialty areas are central to our mission, with the eventual goal of reducing specialties offered by the school.
DNP CC	<ul style="list-style-type: none"> There were no comments here except that the 'certificates' should be added here and not with generic master's initiative as they would be fee based.
MCC	<ul style="list-style-type: none"> Be helpful to have Fact sheet with common questions of specialties that are not now fee based For those specialties that are transitioning to single entry DNP, be helpful to have a couple years to equilibrate to assure adequate numbers to be sustained as fee based
Student	<p>DNP CC REPS: No comment on this initiative</p> <p>GEPN MIDWIFERY STUDENT: Very concerned about the '300%' increase in tuition after she had been in the program</p>
Departments	
FCN	No discussion on this initiative in dept
PCH	<ul style="list-style-type: none"> PNS prepared to transition but have question about process & procedures but understand there is assistance. Advanced practice—direct-entry DNP If need to transition a PMHNP specialty to EO, then do DNP PMHNP, keep MN PMHNP in SoN Need Entry at Postmaster's and Masters in passing as MIP is financial necessity for PMHNP students. Students are less likely to apply to specialty if cannot get masters in passing to help pay for their education.
BNHS	Faculty will provide input once analysis is completed
Other Faculty	<ul style="list-style-type: none"> Faculty #1 - This seems efficient; I do worry about community health a bit as their focus is unique compared to other advanced practice specialties who focus mainly on delivery of personal health services. What are the "fee based criteria" that specialties need to meet? All specialties need to be aware of these. When we move toward consolidation of EO budgets, specialties need to be more closely involved. I have repeatedly requested that all leads be part of this discussion and I would hope this will be the case as we take the next step. Finally, are we certain about the credit situation for the SON? Over the past couple of yrs, I have heard several faculty ask about

	<p>the implication for the SON of moving pgms to EO in terms of credits. The answer has varied from no impact to a hi impact...we need specific info on the implication eh?</p> <ul style="list-style-type: none"> • Faculty #2 - Clarify how resources are conceptualized or defined is critical as it has implications for determination of the viability of a specialty • Faculty #3-A key problem here is that the majority of specialties have the possibility of making extra money with a DNP. Since a DNP is not necessary in community health, there is unlikely to be any monetary return. That puts CHN at a clear disadvantage in a national market. A general problem is that we do not know the long term consequences of the transition to EO and the loss of state funding (such as it is).
<p>Financial (S. Pullen, P. Tufford in consultation with P. Brandt, C. Dougherty & S. Woods)</p>	<p>SEE MAIN TEXT</p>

#2 Proposed Initiative: Institute a doctoral preparation only for all graduate practice specialties in the SoN – entry to be: post baccalaureate, post master’s with specialty, and post master’s with changing specialty. Eliminate the MN entry to advanced practice and the Master’s in Passing by 2013.

<p>Academic Services (C. Chow, P. Tufford, D. Schmidt)</p>	<ul style="list-style-type: none"> • Eliminating the MN as an entry point will decrease interest in the grad programs. • MN remains in higher demand by applicants than the DNP. Fact, in 2009 when MN advanced practice specialties were paused, applications to the DNP rose but not by the same degree that MN applications fell. In 2010, when MN advanced practice entry was unpaused, MN resumed its robust demand. • Offering core DNP courses is viable and efficient as long as students are guaranteed pursuit of the specialty to which they applied. Prospective students will not commit to a program that cannot commit a specialty education to them. DNP will not be viable without a predictable pathway through the specialty of interest. • The cost savings associated with a single entry DNP program would eliminate the multiple pathways that students have in choosing advanced practice preparation in the SON. This single entry program would all reside in the EO
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	<p>fee based structure. After the remaining specialities are moved in Initiative #1, all subsequent years after 2012 would include no further admissions of master's entry or master's in passing options. This will create the ability to eliminate master's projects and other workload issues. After a 6 year period, there would be no further master's in passing options in all advanced practice programs. TO BE developed : EO budget estimate for DNP admissions in 2013 and those students currently in all DNP specialties.</p>
<p>Academic (S. Woods, C. Booth-LaForce)</p>	<ul style="list-style-type: none"> • Analysis: Include MIP as it is typical option @ University. Allows students to work with additional functions/pay and addresses workforce needs. Curriculum would not have to be modified in sequence but would need to be specified what courses equate with MIP. Preceptors express more readiness to take on students who have been certified and have a degree..i.e. MIP. • Increased faculty workload and cost to EO budget is a con to #2. If included, consider MIP choice to be ONLY NMETH 530(4) & NMETH 598 (2) so group courses will decrease overall cost. • Add a 2 c. "Eliminate MN entry", "Eliminate Independent Master's" and take off of initial sentence stating initiative. • Academic Impact: This initiative is in alignment with the school's long-term strategic planning for advanced practice being at the doctoral level. It is in alignment with the AACN recommendation that all advanced practice programs be at the doctoral level by 2015. Having two entry points for advanced practice is confusing for the consumer and difficult to manage. It increases the complexity of recruitment, progression, and graduation unnecessarily. • The graduate faculty will need to vote on this as well as the date of implementation. • Current students have 6 years to complete the MN program in which they are currently enrolled, so we would still have to continue this program until all of the students completed it. • For some specialties there is a market for MN rather than DNP degrees, so we would not attract these students. Therefore, overall enrollment in the specialty areas could be in jeopardy. However, by consolidating all DNP specialties into EO, we would mitigate this disadvantage. • It is customary at the UW to offer the master's in passing (MIP) for all doctoral programs. This allows an exit point for those students who are evaluated to be not suitable for continued doctoral study. It also allows students the option of obtaining a master's degree while they are continuing their doctoral study, which allows them to earn a higher salary if they are also employed. The MIP could be awarded early in the student's program of study, when the MN requirements are completed (36-38 credits). • Eliminating the MIP would reduce faculty workload related to the thesis/project requirement and the 6 credits of non-advanced practice clinical.

DNP CC	<ul style="list-style-type: none"> • Reword – i.e. Institute doctoral preparation only for advanced practice for all practice specialties in the SoN. • Entry to be one of 3 ways: post baccalaureate, post master’s with specialty , post master’s & changing specialty. • include MIP as it is typical option @ University. Pro: allows students to work with additional functions/pay and addresses workforce needs. Curriculum would not have to be modified in sequence but would need to be specified what courses equate with MIP. Preceptors express more readiness to take on students who have been certified and have a degree..i.e. MIP. • Con: increased faculty workload and cost to EO budget. • If included, consider MIP choice to be ONLY NMETH 530(4) & NMETH 598 (2) so group courses will decrease overall cost. • Add a 2 c. “Eliminate MN entry”, “Eliminate Independent Master’s” and take off of initial sentence stating initiative.
MCC	<ul style="list-style-type: none"> • DNP is a desirable degree • The timeline of 2013 is too soon • Have a phase in with end point for entry into master’s about 10 years from now. That would then be 2021 + 6 more years or 2027 before all master’s would end. (Students have 6 years to complete master’s) • Community health: years before employers would require a DNP. Maintaining master’s will respond to workforce needs. • Master’s in Passing would create more options and immediate workforce.
Student	<ul style="list-style-type: none"> • DNP CC REP #1: I support moving advanced practice to the doctoral level with the elimination of the advanced practice masters' programs, but do support the MIP for advanced practice students. I do support the post-MN option for either new or non-new specialty as well as the post-BSN option. • DNP CC REP #2: Supports the MIP • GEPN Midwifery: Need for flexibility in getting a master’s within DNP program due to cost and need to exit
Departments	
FCN	<ul style="list-style-type: none"> • Assure post-masters continues as an option • Opposed to eliminating the master’s in passing. This is an option chosen by some students so they can work prior to or while they are finishing their last year of DNP courses. It is also a good way for students to practice while the management courses are still fresh in the mind.
PCH: PNS only	<ul style="list-style-type: none"> • PNS: unique specialty serves needs of mentally ill, not like other specialties as we focus on vulnerable populations. Active in health policy/social justice. Students do not work in hospitals or outpatient medical clinics but in

	community clinical and mental health system. DNP takes longer to establish in these communities as they are specialized and have many personnel from other disciplines. Support DNP but not ready to have only DNP degree. (6 sts admitted to DNP with 26 entering MN now). Closing MN will lose a financial stream that helps support the overall. Nationally recognized as one of best. Do not transition to only DNP in 2013
BNHS	Faculty will give input after the analysis is complete
Other Faculty	<ul style="list-style-type: none"> Faculty # 1 - Support a single entry post bacc DNP for advanced practice as it will increase efficiency and appropriate level of preparation for advanced practice. Ideally 2013, but some specialties may not make it until 2015. Sspecialties already at post bacc DNP can be of assistance to others as they transition. Recruitment efforts need attention. Re: Masters in passing PRO = students take certification exam while course content is "fresh"; considered a DNP pgm milestone; other doctoral pgms offer masters along the way; some students receive a raise in pay where they are employed w MIP; some clinical sites more prone to take immersion students who are certified (has implications for level of supervision) MIP is NOT the end of the degree program to which the students are admitted; danger of students leaving after MIP. Realistically, students can't be employed in 1st APN position while still completing the DNP; POSSIBLE workload issue: project usually beginning lit review leading to capstone; eventually certification will be at culmination of DNP pgm. I am "on the fence" about MIP - don't want to see this issue deter faculty from supporting moving to all post bacc DNP entry level. If so, we need to separate this MIP issue for later Faculty # 2 - I agree with consolidating NP courses – core courses: then specialties branch off from that Faculty # 3 - The cost (for a longer program of study) is likely to discourage people from applying and affect total number of applications. Most importantly, applicants from the underserved communities or disadvantaged backgrounds are most likely to be affected by DNP only Faculty # 3 - We will need a different post-master's DNP program so students in the advanced practice specialties can take their certification exam Faculty # 3 - Offer an MN program with limited specialties and a single post-master's DNP program that focuses on practice inquiry and leadership (no individualized program of study like the current system) because 1) a master's program is more affordable and requires less faculty time effort than a 3 year post-BSN DNP program and 2) post-master's students come with training in Advanced Practice (defined broader than just NP) – to fulfill DNP essentials, focus on Practice Inquiry and Leadership as well as integration of tripartite roles – if they need additional course work in Advanced Practice, they take courses with MN students – strategically admit students who match with the expertise of the tenure line faculty giving us the advantage in strengthening their preparation in practice inquiry and leadership, in gaining credit hours (more credits in practice inquiry and leadership courses)

	<p>and simplifying advising and admission (no specialty).</p> <ul style="list-style-type: none"> • Faculty # 4 - I'm very grateful for our potential to see advanced practice shift toward the DNP level of study, and to build a distinct, separate Master's degree that will address AACN essentials. • Faculty # 5: CHN perspective, omitting MN is not viable. This is not an NP and the DNP degree is not yet accepted in public and community health. It might be in the future. It is an excellent idea to consolidate capstone experiences. A big chunk of work (the advising) can probably be reduced. The other big chunk (reading the reports) will remain the same.
<p>Financial (S. Pullen, P. Tufford in consultation with P. Brandt, C. Dougherty, S. Woods)</p>	<p>SEE MAIN TEXT</p>

#3 Proposed Initiative: Offer a generic master's program that is SoN funded/tuition based and will incorporate the new master's essentials and MS program.

<p>Academic Services (C. Chow, P. Tufford, D. Schmidt)</p>	<ul style="list-style-type: none"> • 4a. (Merge MS into generic master's. Discontinue the current MS program and the Independent Master's.) Discontinue CIPCT? IMN is really like a specialty within MN program. It's not its own degree program. So how would cutting it save money? • 4b. (Generic Master's to consist of CORE (Essentials) courses that are also taken by the DNP program students including the required 6 credits of Practicum focused on, i.e. Evidenced Based practice & leadership.) We would be competing with Bothell and Tacoma. Prospective students are interested in UW Seattle MN because of our advanced practice specialties. A generic MN would be duplicating programs across the 3 campuses. • 4c. (CORE courses to be offered through DL.) Great idea because it'll increase access for rural students. To attract applicants, it needs to allow for specialization in year 2. Year 2 should then be planned for distance accessibility so as not set up obstacles for students trying to complete their MN.
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	<ul style="list-style-type: none"> • Need to cost out the generic master's degree program including master's projects completed thru NMETH 530 & 2 credits of NMETH 598 and a Leadership/Evidenced Based Practicum of 6 credits. DL for all courses need to be costed out.
Academic (S. Woods, C. Booth-LaForce)	<ul style="list-style-type: none"> • Analysis: Clarify that this program does NOT propose to operate as a 1 + 2 approach to DNP . • Clarify that students are not prepared for advance practice in this generic degree; what the competencies of these graduates will be and what will they be prepared to do?; the data for the demand for a generic? • What happens if graduates of generic decide they want to have advanced practice specialty/DNP? The process: apply to the postbaccalaureate entry, transfer credits from Master's degree @ UW to DNP as many core courses are same. Would it be up to DNP committee or student's committee to approve program of study including transfer of credits? • Do not offer a generic degree...let Bothell & Tacoma do this. UW stay only with advanced specialty preparation • Academic Impact: The redesign of the Master of Nursing program is in alignment with the new AACN Master's Essentials. This one-year (36-38 credit) program would prepare a non-advanced-practice leader. This is a terminal degree for those who do not want advanced practice, but if done in alignment with the AACN essentials, would allow articulation and credit transfers for those who eventually may want to apply to the DNP program. By being state-tuition-based, this program would be beneficial for ABB in terms of enrollment in major numbers, and student credit hours. Moreover, there is community demand for nurse leaders and educators at the MN level who are not NPs. If we were to develop a distance learning MN program, this could increase access, enrollment, and diversity. • Consolidating students in the current MS program into the new MN would reduce the complexity of our offerings. For the small number of international students who enroll in the MS program due to license issues, the MS would no longer be an option. We would have to retain the MS program until they finish. The PhD students would no longer have this degree as an option. However, very few PhD students choose this option. • The CIPCT students who are nurses would be admitted to the MN program and the non-nurses would be admitted through the SOM into the CIPCT program. This also solves our accreditation issue with non-nurses in our MS program. We would also have one less graduate degree to manage. • Eliminating the MS would require RCEP, although we could pause admission to this program instead.
DNP CC	<ul style="list-style-type: none"> • NMETH530 is offered for 3 or 5 (but not 4) credits. I suggest that you have NMETH530 for 5 credits and NMETH598 for 1 credit but it is also fine to make another revision to the course to allow for 4 credits. • Students would need to apply to the postbaccalaureate entry." Graduates of generic degree would apply to the Post Master's Seeking a new specialty if they were interested in advanced practice. Inform that this generic does

	<p>NOT propose to operate as a 1 + 2 approach to DNP as students are not prepared for advance practice in this generic degree.</p> <ul style="list-style-type: none"> • Need to know the competencies of these graduates will be and what will they be prepared to do? • What is the data for the demand? • What is the process if graduates of generic decide they want to have advanced practice specialty/DNP...what is the process. For example, they would need to apply to the postbaccalaureate entry and if UW graduates would likely be able to transfer credits from Master's degree @ UW to DNP as many core courses are same. <i>It would be up to DNP committee to approve program of study including transfer of credits.(is this worded correctly?)</i>
MCC	<ul style="list-style-type: none"> • What would be the focus/outcomes for such a degree? • Would need to be prescriptive curriculum and responsive to the essentials • Likely provide opportunity for those who do not want adv practice but instead leadership/admin focus • Need input from Bothell/Tacoma to avoid completion • Why would we want to duplicate what is offered @ Bothell/Tacoma • Allows UW main campus to have creative options for future • Positive to respond to upcoming ABB & credit recapture (Student credit hours) • Untapped market re to leadership/admin(non adv practice)
Students	<ul style="list-style-type: none"> • DNP CC REP, #1: I do support having this program located at the Seattle campus for several reasons, some of which were discussed at our last meeting. The new essentials were developed with the of allowing graduate nursing students to either complete the MN as either a terminal degree or matriculate to the DNP or PhD level. While the new essentials does not prepare students for advanced specialty practice, it was considered that nurses in diverse practice environments may choose to take additional courses to augment their POS. Consequently, the primary reason why I prefer continuing a MN program at the UW Seattle campus is that this campus provides the diversity of courses that students who are already in practice and pursuing a terminal MN degree the ability to to do just this and round out their program of study. From an employer perspective having master's prepared nurses is as valuable as having advanced practice nurses in our workforce. For non-APRNs, the MN degree affords them the ability to develop advanced skills and competencies through taking courses both in or outside nursing, and that is what I believe the Seattle campus offers.
Departments	
FCN	<ul style="list-style-type: none"> • How would our Generic Masters be different from Bothell and Tacoma's programs? We need to enhance our explanation to clearly differentiate or distinguish our program.

	<ul style="list-style-type: none"> • Who would the Generic Masters serve? What would the students be prepared to do for work? Many community colleges are now looking for doctoral-prepared faculty (though in practice many still need to request waivers from the state to hire BSN-prepared faculty due to shortage of faculty). • Might make sense to make up the SCH in other program like PhD, rather than Generic MN. • Students in Generic Masters and DNP could take same courses, but the DNP students should not be required to take these courses in year 1 across all specialties. Preserve the flexibility of taking the courses in the year when it makes sense pedagogically. • Concerned about offering the generic master's degree. In addition to being unclear about what graduates will do when they finish, I also think we would be looking at low numbers of applicants. With the cost of tuition so high, I don't think students will choose to earn a degree that doesn't have clear marketability. • Eliminate the MN & promote the DNP so that advanced practice students who chose DNP have career aspirations that vary from students who chose MN programs.
PCH	No information provided by PCH
BNHS	Faculty will give input after analysis is complete
Other Faculty	<ul style="list-style-type: none"> • Faculty # 1 - Generic masters- DNPCC has summarized points here which I also support. Mainly we need to assure that the generic masters is distinct and not viewed as a 1+2 DNP program. The post generic masters student would use the same application process as the post bacc. (see DNPCC response) • Faculty #2: This will not work for CHN. Remember that the DNP is not yet accepted. The MN is therefore an excellent advanced practice degree, especially from the UW because of the opportunities for education in public health and public affairs. We have a very strong MN. What would a generic masters graduate would do, work in the hospital?
Financial (S. Pullen, P. Tufford in consultation with P. Brandt, C Dougherty, S.Woods)	SEE MAIN TEXT

ABB Impact

*Transition of clinical programs to fee-based

*State tuition students will be transitioned to fee-based, and Provost will reduce state funding by 70% of tuition lost to central

*project 12% tuition increase per year

Program	Projected #students	FY2012 Projected Annual State Tuition	FY2013 Projected Annual State Tuition
		\$19,477	\$21,814
PMHNP-MN/DNP	54	\$1,051,758	\$1,177,969
Community-MN/DNP	40	\$779,080	\$872,570
PNP-MN/DNP	29	\$564,833	\$632,613
Total Tuition	123	\$2,395,671	\$2,683,152

ABB state funding reduction (70%)

(\$1,676,970)**(\$1,878,206)**

Table developed by Catherine Taft, using ‘numbers’ of students. Per Catherine, “upper campus is calculating the tuition via “amount of tuition paid to the UW”-SCH is also part of the equation, but the majority of our students are enrolled in the SoN and taught by SoN faculty, so it is not a large factor in the equations” (e-mail on 5/18)

APPENDIX B: SAMPLE CURRICULUM GRID FOR GENERIC MASTER'S & PRELIMINARY LIST OF TENURE TRACK FACULTY WHO ARE OR HAVE BEEN CERTIFIED IN AN ADVANCED PRACTICE SPECIALTY

Example of Generic Master's Courses that are also DNP CORE that can be shared:

TOTAL CREDITS = 36-38 credits to re-capture

Leadership and Professional Foundations (14 credits)

- NURS 530 Leadership and professional (intra & inter) issues for quality health care (5 cr)
- NURS 568 Social Justice Class (3 cr)
- NURS 525 Managing Clinical Effectiveness (3 cr)
- NURS 573 Policy or NURS 534 Political Aging (3 credits)

Pathophys Core (16 credits)

- PHARM 514 Pharmacology basic (4 credits)
- NURS 557 Pathophysiology (5 credits)
- NCLIN 500 Health Assessment (3 cr) without hands on assessment lab
- PHARM 515 or specialty PHARM (4 credits) elective
- NURS XXX Nursing Therapeutics to be developed (3 credits)

Scholarly Inquiry (16 credits)

- NMETH 520 Scholarly inquiry for nursing practice (5 cr)
- NMETH 527 Introduction to Systems Thinking Health Informatics(3 cr)
- NMETH 533 Practice Inquiry in Clinical Practice (4 credits)
- NMETH 534 Translational Research in Practice (4 credits)

I. Preliminary list of tenure track faculty who are or have been certified in an advanced practice specialty

FCN: Andrea Landis FNP(teaches in PNP specialty)

Cindy Perry FNP(not attached to a specialty/women's health paused)

Marie-Annette Brown FNP and P/MH Clinical Specialist (not attached to a specialty/women's health paused)

Gail Kieckhefer PNP(teaches in PNP specialty)

Eunjung Kim PNP (teaches in PNP specialty)

Patti Brandt, Child & Adolescent Psych, (currently not certified/ARNP)

Theresa Ward, FNP (currently not certified/ARNP).

Susan Flagler, WHNP(currently not certified/ARNP)

PCH: Yoriko Kozuki - PMHNP - Adult Psych,(Certified, ARNP)
Diane Magyary PMHCNS Child & Adolescent Psych(certified, ARNP)
Patty Betrus - PMHCNS Adult psych
Karen Schepp PMHCNS Child & Adolescent Psych
Elaine Walsh - PMHCNS Child & Adolescent Psych
Jenny Tsai - PMHCNS Adult Psych
Josephine Ensign FNP
Doris Boutain - Certification in Community Health Nursing

BNHS: Cynthia Dougherty ANP and P/MH Clinical Specialist

APPENDIX C: Applications/Accepted Offers data for 2009, 2010 and 2011

By Degree Program:

	2009 Apps	2009 Accepted Offers	2010 Apps	2010 Accepted Offers	2011 Apps	2011 Accepted Offers
Accelerated Bachelor of Science in Nursing	N/A	N/A	85	16	115	46
Bachelor of Science in Nursing	363	91	417	88	455	94
Doctor of Nursing Practice	237	54	177	38	103	43
Graduate Certificate Pgm in Advanced Practice Nursing	26	17	31	15	31	7
Graduate Entry Pgm in Nursing, Doctor of Nursing Practice	106	15	108	11	N/A	N/A
Graduate Entry Pgm in Nursing, Doctor of Philosophy in Nursing Science	N/A	N/A	1	0	N/A	N/A
Graduate Entry Pgm in Nursing, MN	86	16	195	18	N/A	N/A
Graduate Entry Pgm in Nursing, MS	1	1	9	2	N/A	N/A
Master of Nursing	52	19	176	50	164	61
Master of Science (Nursing)	13	10	24	16	14	8
Doctor of Philosophy in Nursing Science	24	12	40	12	28	16
Total	908	235	1263	266	910	275

By Specialty:

	2009 Apps	2009 Accepted Offers	2010 Apps	2010 Accepted Offers	2011 Apps	2011 Accepted Offers
Adult Nurse Practitioner	115	8	210	30	78	12
Community Health Nursing	22	9	67	14	22	15
DNP Only (Post MN, Not seeking new specialty)	23	12	29	11	21	9
Family Nurse Practitioner	104	15	110	17	39	10
Graduate Certificate Program in Advanced Practice Nursing	21	15	23	14	32	7
Nurse Midwifery	54	18	67	10	23	7
Neonatal Clinical Nurse Specialist; Neonatal Nurse Practitioner; Perinatal Nurse Specialist	36	13	37	14	19	13
Other*	92	27	96	29	30	10
Psychiatric Mental Health Nurse Practitioner	19	9	37	14	42	29
Pediatric Nurse Practitioner	26	7	89	10	36	5
Total	512	133	765	163	342	117

Budget Initiative #4 Right Sizing the Undergraduate BSN Program

Coordinators: Eunjung Kim ARNP, PhD and Margaret Heitkemper, RN, PhD

Purpose: To 'right size' the undergraduate program in the School of Nursing.

Initiative: The initial input from the SON faculty/staff survey suggested several directions for 'right sizing' of the BSN program. These responses included maintaining the number of BSN and ABSN enrollment, reducing the number of undergraduates (e.g., 10-25%), adding the BSN to the PhD and DNP programs, stopping the program (with UW-T and UW-B continuing to offer the BSN completion program), and consolidating current courses (i.e., ethics and teach 1-2 times per year; eliminate double teaching of senior undergraduate didactic courses; eliminate multiple sections of NMETH 403; develop less resource intensive approach to UG education). There was one suggestion to increase the undergraduate enrollment. The survey results were discussed at the special SLC meeting on 4/13/11 and additional resource-generating as well as reducing strategies were discussed. In parentheses we have noted the source of the idea. Additional information was received at May 2 and 16 department faculty meetings.

1. Reduce the number of generic undergraduate BSN students by 8 or 16 (initial faculty/staff input)
2. Expand access to BSN-education by implementing a technology-enhanced distance learning BSN-completion program (faculty/staff survey)
3. Increase the number of EO-funded and or state funded ABSN students (SLC meeting)
4. Increase the number of loaned faculty (SLC meeting)

Provost Priorities for Budget Decisions – is proposal aligned with Provost priorities?

This proposal addresses the Provost's priorities by 1) improving quality of students' experience in learning, discovery, and engagement; 2) ensuring positive student experience, 3) improving affordability on the SON, and 4) improving access to a high demand discipline. On May 13 in her presentation Interim President Wise also commented on the need to both match the faculty capabilities with the program and to ensure the quality of the programs.

Backgrounds and Significances:

1. Reduce the number of generic undergraduate BSN students by 8 or 16 (faculty/staff survey).

Background and Significance:

Currently, in some clinical experiences, students do not get full return of their investment. For example, at Seattle Children's Hospital, students have their rotation on weekends when not many patients are available because patients go home for weekends. By right sizing the numbers of students, we can provide students high quality education. While there are 7 SONs in Washington state that offer the BSN, the liberal arts education our students take (especially those at UW - a distinguished public university with a record of excellent undergraduate education) for the first two years before beginning the nursing curriculum prepares our students to think critically, write well, assume leadership roles, analyze systems, consider public policy issues, understand cross-cultural issues, and evaluate scientific evidence.

Academic Impact:

Fewer students will be able to have access to our state-funded BSN program, making it even more competitive. This may decrease student diversity in the BSN program. Additionally, we will lose 8-16 nursing majors and 720-1440 total student credit hours, (280 are summer quarter), which will have a

negative impact on ABB. It is possible that we could lose our loaned faculty members, which have been provided to maintain our enrollment in the BSN program. It would be easier to find appropriate classrooms for a smaller number of students. We would need to find and maintain fewer clinical sites. By reducing the number of nurses we produce without increasing the numbers via other mechanisms, we could be in danger of losing more state funding. In 2003 the SON increased its enrollment from 80 to 96 with HECB funding, which has been eliminated with the last biennial budget cuts. Yet, we continue to teach these additional students.

Academic Services response:

An alternative would be to reduce admission to BSN program to 64 students and limit these spaces to first degree students only.

Departmental Impact (Input from 5/2 and 16/11 department meetings):

FCN: In favor of leaving the BSN enrollment the same. The following table summarizes the vote from the FCN department in relation to BSN enrollment:

Motion	Yes	No	Abstain
Do you favor increasing the enrollment in the BSN program?	6	9	1
Do you favor reducing the enrollment in the BSN program?	6	9	1

PCH: Reduce number of generic BSN students; concern re: state legislature. The proposal is more about different combinations of BSN students. It is unclear how the right size will be determined.

BNHS: After examination of the modest number of dollars saved BNHS faculty saw little benefit in reducing the number of BSN students currently enrolled.

Department Chair Impact:

Keep BSN numbers same; b) PCH & BNHS ok with keeping ABSN numbers same but FCN prefers to decrease by 2 sections or 16 students due to quality learning and quality teaching (50-75% turnover/faculty have 100% positions, & this is in addition) and limited clinical sites/week-end sections are fraught with difficulty from system, faculty and student.

Financial considerations:

BNHS, FCN, PCH lecturer and AS staff savings

CLASS	typical fac	%/sect	rate	FCN	PCH	BNHS	TOTAL
NCLIN 302	Freitag	25%	6550		6,249		6,249
NCLIN 306	S Landis	25%	6427			6,131	6,131
NCLIN 402	S Landis	50%	6427			12,263	12,263
NCLIN 406	Freitag	50%	6550	12,497			12,497
NCLIN 409	Nuhsbaum	50%	5775		11,019		11,019
NCLIN 411	Hirnle	50%	7073			13,495	13,495
NCLIN 416	Sterritt	50%	6052	11,547			11,547
NCLIN 418	Njenga	50%	5700		10,876		10,876

TOTAL				24,045	28,143	31,889	84,077
AS	aver-classified/pro	26.35/hr			8 studs	\$30 ea	8,474
							8,474
POSSIBLE SAVINGS REDUCING ONE SECTION							92,551

*8 BSN state tuition students will be transitioned to fee-based, and Provost will reduce state funding by 70% of tuition lost to central

*project 16% tuition increase per year

Program	Projected #students	FY2012	FY2013
		Projected Annual State Tuition	Projected Annual State Tuition
		\$9,422	\$10,930
BSN	8	\$75,376	\$87,436

ABB state funding

reduction (70%)

(\$52,763)

(\$61,205)

Pros:

1. Reducing the BSN by 1-2 sections would reduce the number of Lecturers employed. This would reduce not only dollars spent on those faculty but also administrative support including training and mentoring. It may allow for a more stable group of faculty with less turnover and thus, sustain quality in our BSN program.
2. The reduction would be less strain and resources needed for clinical placements.
3. The reduction would enhance the environment of didactic courses where the current number of students limits faculty and student interaction.
4. The reduction of clinical groups is consistent with the reduction in state resources for this program

Cons:

1. Concern regarding the impact on the Washington state work and subsequently the legislature which may in the worse case scenario result in less state funding.
2. Limits access of the certain potential student populations thus concerns regarding the diversity of the students.
3. Modest amount of cost savings obtained.
4. The distance BSN-completion program will have major impacts on CHN. We will need to develop new sites for community health clinical, which requires time and resources that we currently don't have. We will also need to work out details to ensure that the 'distance students' get the same type of undergraduate CHN experiences as the other BSN students. This takes time and is unlikely to be a short-term budget solution.

Recommendation: Leave undergraduate program as is until BSN revision is complete.

2. Expand access to BSN-education by implementing a technology-enhanced distance learning BSN-completion program (faculty/staff survey)

Background and Significance:

This project will develop, implement, and evaluate a new BSN completion program (RNB) which will be accessible to nurses in rural and remote areas of Western WA. It could also provide enrolled students the opportunity to complete some graduate coursework. This proposal is viewed as a way to increase the number of BSN graduates and increase the number of recaptured student credit hours. Additionally, if distance education and site development are added, this could strengthen the quality of the generic undergraduate BSN program.

Academic Impact:

There is great demand for rural BSN completion program access, as well as out-of-state RNs who wish to complete their BSNs and would prefer an online option. There is demand in the State for a completely web-based RNB program since WSU will no longer be teaching theirs on-line. The WSU program is now a hybrid one. There is a need for a totally web-based program to meet the needs of rural Washington. UWB and UWT are interested in partnering with us to create two versions of each RNB class—the face-to-face version will be their domain and the web-based version will be our domain, but students could cross-enroll. Student credit hours will benefit each program depending on the courses in which each student is enrolled, but ABB credits for enrollment in the major and graduation would go to the primary program in which the student was admitted. There is also the possibility of two-year web-based RNB to Master's program (generic MN). RNBs are a good pool from which to recruit for our graduate programs. This recruitment would only be effective, though, if our graduate programs were distance learning-supported as well. The RNB program would need to be well-thought out and online without requiring travel or visits to Seattle and/or WA (who would coordinate such visits?), clearly communicated objectives. A distance RNB would likely increase diverse applications because there are more ADN-prepared RNs of color than BSNs. Long range, this could create a more diverse graduate applicant pool if recruitment efforts were implemented carefully. Potential funders are SEIU and HRSA. It was suggested that we collaborate with the community college program to partner with them in the delivery of this new program. All of this would be viewed as very positive in the State because we would be meeting IOM recommendations for all nurses to have a BSN by 2020, and we would also be partnering with other institutions in the State. Our clinical partners would also view this positively.

Departmental Impact (Input from 5/2 - 16/11 department meetings):

PCH: Distance learning program difficult for PCH; expand to a DL BSN completion program is not acceptable. The distance BSN-completion program will have major impacts on CHN. They would need to develop new sites for community health clinical, which requires time and resources. We will also need to work out details to ensure that the 'distance students' get the same type of undergraduate CHN experiences as the other BSN students. This takes time and is unlikely to be a short-term budget solution.

FCN: Distance learning access: other campuses have done this well—why go looking for something more to do, more complexity; we should focus on simplifying and what we do well already. Need to clarify with Tacoma and Bothell whether they are currently offering distance learning.

BNHS: Faculty are supportive of this initiative but realize it will take time and resources to implement. This is a 2D idea that hopefully faculty will initiate activity (e.g., HRSA grant application) during the next academic year.

Department Chair Impact:

DL for undergrads: 2d

Financial considerations:

*Projected enrollment in new BSN DL program

*Implementation date Summer 2012

Program	Projected #students	FY2013 Projected Annual State Tuition	FY2014 Projected Annual State Tuition	FY2015 Projected Annual State Tuition
RN-BSN DL		\$10,930	\$12,678	\$14,707
	10	\$109,295		
	15		\$190,174	
	20			\$294,135

ABB state funding increase

\$76,507

\$133,122

\$205,895

TIER costs	
13 * 800 = \$10,400 for Moodle	
6 * \$2750 for video support = \$16,500	
Total	\$26,900

Pros:

1. There is a need for greater access to BSN program. This is evident from the goal of 80% BSN prepared nurses by 2018. This program is not being conducted elsewhere in the state.
2. The program fits better the expertise of the tenure line faculty. All teaching would be done by tenure line faculty.
3. Experience of faculty with DL
4. Current market forecast
5. Potential to receive funding from HRSA or EO to develop this program.
6. Program to collaborate with UW-Tacoma

Cons:

1. Differences across departments in terms of using DL technologies.
2. Cannot be accomplished in 2years

Recommendation: This is a 2D initiative which merits follow through.

3. Increase the number of EO fee based ABSN students (SLC meeting).

Background and Significance:

In 2009 the UW SON shifted admission away from the graduate entry nursing program (GEPN) and into an ABSN program. It is a highly sought-after program as evidenced by the 115 applicants to the program in 2011. This proposal is brought forward based on 1) the need to fund faculty who perform clinical instruction at the undergraduate level; 2) the need to continue to supply BSNs for the Washington state workforce; and 3) the loss of undergraduate education expansion monies.

Academic Impact:

This would mitigate the loss of 8-16 new nurses from the state-funded BSN program. We would not get enrollment or student credit hour ABB credit on the one hand, but the school's revenue would increase on the other hand. Diversity would likely decrease due to the cost of the program, even with financial aid. By having a larger percentage of students in the ABSN program relative to the BSN program, more salary for faculty teaching didactic classes would be covered by EO. Student services and learning lab funding would increase proportionately.

Academic Services response:

Increase national recruitment efforts to draw from applicants from out-of-state. Target regions with fewer accelerated BSN program opportunities. Provide a specific program for ABSN students, tailored to post-baccalaureate students, focused on leadership, for example. It must be differentiated from the traditional BSN program in a way that serves the needs of the varied applicant pools and addresses the difference in their experience and needs. At the same time, change the traditional BSN program for first-degree students ONLY. Currently, approximately 25% of the BSN program students are post-baccalaureate.

Departmental Impact (Input from 5/2/11 department meetings)

FCN and Department Chair Impact: We haven't evaluated the outcomes of the ABSN program. We need to focus on our strengths. Wouldn't support an increase to ABSN because students want the degree quickly but they are not happy with the experience. Faculty feel the quality of the students' learning experience is suffering because of the workload/fatigue. Double clinicals must go. In favor of reducing ABSN enrollment. The following table summarizes the vote from the FCN department in relation to ABSN enrollment:

Motion	Yes	No	Abstain
Do you favor increasing the enrollment in the ABSN program?	2	12	2
Do you favor reducing the enrollment in the ABSN program?	8	6	2

PCH and BNHS: Due to current availability of clinical sites, faculty were 'ok' with this initiative.

Financial Impact:

A section of 8 ABSN students "costs" to the school

One ABSN section over the course of the program's 5 quarters in the range of \$157,000 - \$170,000, depending on whether we increase or decrease the enrollment – more enrollment leans toward the lower cost, of course since we'd have more students to spread the cost among.

Assumption:

1. This total is the instruction cost alone. Does not include fixed costs (lab, central admin, TAs, Moodle, etc.).
2. Estimation is from our current budget model of an assumed tenure-track person to teach didactic courses and lead clinical seminars, as well as a lecturer to handle the clinical section itself – all salaries then applied per our usual EO metrics (partial salary where the course is shared).
3. This figure represents the VARIABLE cost of the ABSN program – the costs that would change with differing enrollment. The program as a whole costs much more, of course, though the costs of the rest do not differ with enrollment.

Recommendation: At this time the ABSN student enrollment should not be increased. Consider reduction in number of ABSN students during 2y period.

4. Increase the number of loaned faculty (SLC meeting).

Background and Significance:

In 2010-2011, 2 departments, BNHS and PCH, have loaned faculty. FCN has NO 'loaned faculty' currently. Increase of loaned faculty of the undergraduate education is consistent with the Provost's message to the legislature that includes an emphasis on maintaining quality. Increase of loaned faculty reduces the likelihood that tenure-line faculty will provide undergraduate clinical instruction. Many senior faculty members have not engaged in clinical practice for a number of years and would require intensive training to become credentialed in Seattle's acute care institutions. Loaned faculty program is beneficial for both UW SON and the participating clinical agencies.

Academic Impact:

This type of collaboration would have benefits for both the SON and the clinical agencies. The agencies benefit by retaining a master's prepared clinician and the school benefits by getting that clinician's expertise in teaching; and the SON receives a financial benefit. This would benefit students in that they get these master clinicians to teach them. Therefore, they receive a much richer educational experience, and they respond very favorable. Loaned faculty in clinical and teaching have provided a level of passion, expertise and consistency that have been a great benefit to the student learning experience. Moreover, the loaned faculty students stay in the clinical site for two rotations in a row, thus improving the continuity of instruction. We also have less turnover with loaned faculty, which contributes to the stability and quality of our programs. They enrich us by coming to our faculty and curricular meetings by bringing real-life examples and suggestions to the table that serve to improve our programs.

Departmental Impact (Input from 5/2 and 16/11 department meetings)

FCN: Loaned faculty: For pediatrics and OB, no motivation for these agencies to donate to us.

BNHS: This will depend on the dean’s negotiations with clinical partners. Others suggested that tenure line faculty time could be ‘bought out’ by selected clinical agencies.

PCH: Good idea but who will take leadership role in this initiative. CHN clinical rotations take place in many different settings, and most of the settings are not ‘health care settings’ (e.g., social service agency). Although getting loaned faculty seems a good idea for resource to support BSN clinical teaching, it does not seem relevant (or realistic?) to CHN in terms of relief of CHN faculty teaching load. Loaned faculty may not be appropriate for CHN courses.

Financial considerations:

Loaned faculty, BNHS, one academic year

Currently, BNHS saves approximately \$113,5266 (based on an average salary rate of \$7000/month. Salary and benefits follow. Nclin 302 is 25%, rest are 50%.)

	AUT	WIN	SPR	total
HMC	6,678	13,356	13,356	33,390
UMC	13,356	13,356	13,356	40,068
VM	13,356	13,356	13,356	40,068
total	33,390	40,068	40,068	113,526

Courses	302		411
	306	402	406
	306	402	406

Loaned faculty, PCH, one academic year

Currently, PCH saves about:
 $\$5,700 \text{ (salary)} * 1.272 \text{ (benefits)} * 3 \text{ months} * 50\% * 2 \text{ quarters} = \$21,750$

Loaned faculty, FCN, one academic year

Estimation of saving from one loaned faculty for one quarter:
 $\$7987 * 27.2\% = \$2172 \text{ } (\$10,159) * 3 = \$30,477 @ 50\% = \$15,239/1 \text{ quarter}$

Pros:

There are many pros – this would provide resources, allow students to have an instructor who understands the clinical agency, enhance the quality of instruction, allow for greater collaboration between academia and practice.

Cons:

No one identified to take this responsibility on. Financial status of many institutions does not allow for this type of investment.

Recommendation: The School should go forward with this (2d idea). This should be a priority of AS and the Dean's office.

Additional BIG IDEA suggestions (not analyzed at this time).

- prioritize lecturers to teach clinical courses and tenure-line faculty to teach didactic courses (3 – strategic planning)
- increase teaching load to 5 classes per academic year (20% buyout for each class) (we are already doing this – strategic planning)
- reduce faculty teaching load (3 Strategic planning)
- explore sharing programs with other schools (1 – not 2y, possible 2d
- eliminate multiple sections of courses, e.g., nurs403
- decrease number of BSN students but start BSN program in the sophomore year)
- increase BSN program to 8 quarters (3 strategic planning)
- increase out of state students (3 strategic planning)
- Develop faculty collaborative clinical practices (3 strategic planning)

Budget Initiative #5: Proposal to Eliminate UW Tuition Exemption Program in the SON

Coordinator: Susan L. Woods

Purpose: To eliminate the use of the UW tuition exemption for any UW SON State-supported academic programs.

Proposed Initiative: As of Autumn, 2012, no longer allow students who are eligible for the UW Tuition Exemption Program to register for up to six free credits. **This proposal must have UW legal review before proceeding.**

Provost Priorities for budget decisions: This policy change would increase the tuition base for the SON by having all students pay for credits earned at the SON. In addition to increased revenue, the SON would be able to count these unrecognized student credit hours and enrollment.

Background and significance: The UW Tuition Exemption Program, established under the authority of [RCW 28B.15.558](#) (below), enables UW employees and state of Washington employees who have been admitted to the UW to have tuition waived for up to six credits when enrollment is on a "space-available" basis. The Tuition Exemption Program is available at UW Seattle, Bothell, and Tacoma campuses. Those who enroll at the UW on a "space-available" basis for more than six credits will receive the tuition waiver for the first six credits, and will pay a per credit charge for the credits taken over six.

Program Eligibility. UW Employees: Professional staff, faculty and permanent classified staff who meet all of the following criteria are eligible to participate in the Tuition Exemption Program: Employed half-time or more; Employed on the first day of the quarter; Paid monthly (except for employees in the Print Plant Craft Bargaining Unit) and not hourly; and For classified staff new to the University, have completed the probation period prior to the first day of the quarter. **State of WA Employees:** State of Washington employees who are employed half time or more and who meet one of the following criteria are eligible to participate in the Tuition Exemption Program: The employee is not a UW permanent classified employee; or The employee is a permanent classified or exempt technical college paraprofessional employee; or The employee is a faculty member, counselor, librarian or exempt employee at another state of Washington public higher education institution. **Admission, Requesting Tuition Exemption, & Registering for Classes:** Tuition Exemption Program registration takes place on the third day of the quarter for UW faculty and staff and on the fourth day of the quarter for other Washington State employees. Admission, registration and fee payment requirements are established by the Office of the Registrar. The following courses are not available under the Tuition Exemption Program: UW Extension or Distance Learning courses; English 100, 101, 102, and Math 098; Independent study or internship courses (courses numbered 600, 700, or 800); Any self-sustaining courses. In addition, academic or fiscal considerations may exclude certain state-funded courses or programs from the Tuition Exemption Program.

Overview<http://www.washington.edu/admin/rules/policies/APS/22.01.html>

The SON currently does not allow any NCLIN or independent study course to be taken as part of the free six credits. Both UW Tacoma and Bothell limit the use of this program. UW Bothell allows one course to be taken tuition exempt; UW Tacoma allows enrollment only when space is available.

Alignment with strategic planning, ABB, and provost budget priorities: This new policy would be in alignment with provost budget priorities in that students would pay for the courses they enroll in and bring new revenue to the SON. Having all students and SCHs count in the formula to fund the SON is fair. The magnitude of the current loss is calculated below for the last two quarters. For Winter and Spring Quarters, 2011 the SON accommodated 67 students in this tuition exempt program: (Winter enrollment was 622 and Spring enrollment was 591 students)

	Tuition Exempt Headcount - Winter
BSN	1
DNP	11
GCPAPN	6
MN	15
MS	9
PhD	6
GNM	19
Total:	67
	Tuition Exempt Headcount - Spring
DNP	13
GCPAPN	6
MN	14
MS	10
PhD	6
GNM	18
Total:	67

As of Summer, 2011, ANP (MN and DNP), CIPCT (MS), and Infant MH (Cert) programs will move to UW EO funding, and therefore will become ineligible for this program. Removing these students from the current 67 students who are in this program, the number decreases to 47 students. Tuition varies by academic program: DNP/MN/Cert- 6 credits-\$4,969; MS/PhD-\$3,412; and GNM-6 credits-\$3,412:

For Spring, 2011:

DNP/MN/Cert credits: 101 times \$828/credit equals \$83,628

PhD/MS/GNM credits: 107 times \$569/credit equals \$60,883

Total loss tuition per quarter is \$144,511

12% planned increase for 2011-2012, \$161,852 loss per quarter

12% planned increase for 2012-2013, \$181,274 loss per quarter

Thus, the academic year loss in 2012-13 will be \$543,822, unless other academic programs move to UWEO funding. If the DNP/certificate programs moves to EO funding, then the number of tuition exempt students would be reduced from 47 to 28. The largest remaining group to use this program is the GNM group (n=19).

Environmental Impact: The major impact will be on two major SON partners UW Medical Center and Harborview Medical Center who use this employee benefit as a recruitment strategy. We could jeopardize our relationship with them and could potentially loose the loaned faculty that they currently provide the SON.

Spring 2011 Tuition Exemptions:	
UW Classified Staff	50
UW Professional Staff	10
State Employees	5
Faculty	2

RCW 28B.15.558

(1) The governing boards of the state universities, the regional universities, The Evergreen State College, and the community colleges may waive all or a portion of the tuition and services and activities fees for state employees as defined under subsection (2) of this section and teachers and other certificated instructional staff under subsection (3) of this section. The enrollment of these persons is pursuant to the following conditions:

(a) Such persons shall register for and be enrolled in courses on a space available basis and no new course sections shall be created as a result of the registration;

(b) Enrollment information on persons registered pursuant to this section shall be maintained separately from other enrollment information and shall not be included in official enrollment reports, nor shall such persons be considered in any enrollment statistics that would affect budgetary determinations; and

(c) Persons registering on a space available basis shall be charged a registration fee of not less than five dollars.

(2) For the purposes of this section, "state employees" means persons employed half-time or more in one or more of the following employee classifications:

(a) Permanent employees in classified service under chapter 41.06 RCW;

(b) Permanent employees governed by chapter 41.56 RCW pursuant to the exercise of the option under *RCW

41.56.201:

- (c) Permanent classified employees and exempt paraprofessional employees of technical colleges; and
 - (d) Faculty, counselors, librarians, and exempt professional and administrative employees at institutions of higher education as defined in RCW [28B.10.016](#).
- (3) The waivers available to state employees under this section shall also be available to teachers and other certificated instructional staff employed at public common and vocational schools, holding or seeking a valid endorsement and assignment in a state-identified shortage area.
- (4) In awarding waivers, an institution of higher education may award waivers to eligible persons employed by the institution before considering waivers for eligible persons who are not employed by the institution.
- (5) If an institution of higher education exercises the authority granted under this section, it shall include all eligible state employees in the pool of persons eligible to participate in the program.
- (6) In establishing eligibility to receive waivers, institutions of higher education may not discriminate between full-time employees and employees who are employed half-time or more.

WAC 478–160–163: Waivers of tuition and fees.

- (1) The board of regents is authorized to grant tuition and fee waivers to students pursuant to [RCW 28B.15.910](#) and the laws identified therein. A number of these statutes authorize, but do not require, the board of regents to grant waivers for different categories of students and provides for waivers of different fees. For the waivers that are authorized but not required by state law, the board of regents must affirmatively act to implement the legislature's grant of authority under each individual law. A list of waivers that the board has implemented can be found in the *University of Washington General Catalog*, which is published biennially. The most recent list may be found in the online version of the *General Catalog* at www.washington.edu/students/reg/tuition_exempt_reductions.html.
- (2) Even when it has decided to implement a permissive waiver listed in [RCW 28B.15.910](#), the university, for specific reasons and a general need for flexibility in the management of its resources, may choose not to award waivers to all students who may be eligible under the terms of the laws. Where the university has chosen to impose specific limitations on a permissive waiver listed in [RCW 28B.15.910](#), those limitations are delineated in subsection (5) of this section. If the university has not imposed specific limitations on a permissive waiver listed in [RCW 28B.15.910](#), the waiver is not mentioned in subsection (5) of this section. The university's description of the factors it may consider to adjust a waiver program to meet emergent or changing needs is found in subsection (8) of this section. All permissive waivers are subject to subsection (8) of this section.
- (3) The board of regents also has the authority under [RCW 28B.15.915](#) to grant waivers of all or a portion of operating fees as defined in [RCW 28B.15.031](#). Waiver programs adopted under [RCW 28B.15.915](#) are described in the *General Catalog*. The most recent list may be

found in the online version of the *General Catalog* at www.washington.edu/students/reg/tuition_exempt_reductions.html. Waivers granted under [RCW 28B.15.915](#) are subject to subsection (8) of this section.

(4) Waivers will not be awarded to students participating in self-sustaining courses or programs because they do not pay "tuition," "operating fees," "services and activities fees," or "technology fees" as defined in RCW [28B.15.020](#), [28B.15.031](#), [28B.15.041](#), or [28B.15.051](#), respectively.

(5) Specific limitations on waivers are as follows:

(a) Waivers authorized by [RCW 28B.15.621](#) (2)(a) for eligible veterans and National Guard members, shall be awarded only to:

(i) Undergraduate students pursuing their first bachelor's degree to a maximum of 225 college-level credits, including credits transferred from other institutions of higher education; and

(ii) Full-time graduate or professional degree students, provided however, that the waiver may be applied only toward a single degree program at the University of Washington, and, provided further, that graduate and professional degree students who received a waiver authorized by [RCW 28B.15.621](#) (2)(a) as undergraduates at the University of Washington shall not be eligible for this waiver.

To qualify an individual as an "eligible veteran or National Guard member," the person seeking the waiver must present proof of domicile in Washington state and a DD form 214 (Report of Separation) indicating their service as an active or reserve member of the United States military or naval forces, or a National Guard member called to active duty, who served in active federal service, under either Title 10 or Title 32 of the United States Code, in a war or conflict fought on foreign soil or in international waters or in another location in support of those serving on foreign soil or in international waters, and if discharged from services, has received an honorable discharge.

(b) Waivers of nonresident tuition authorized by [RCW 28B.15.014](#) for university faculty and classified or professional staff shall be restricted to four consecutive quarters from their date of employment with the University of Washington. The recipient of the waiver must be employed by the first day of the quarter for which the waiver is awarded. Waivers awarded to immigrant refugees, or the spouses or dependent

children of such refugees, shall be restricted to persons who reside in Washington state and to four consecutive quarters from their arrival in Washington state.

- (c) Waivers authorized by [RCW 28B.15.558](#) shall be awarded only to:
- (i) University of Washington employees who are employed half-time or more, hold qualifying appointments as of the first day of the quarter for which the waivers are requested, are paid monthly, and, for classified staff new to the university, have completed their probationary periods prior to the first day of the quarter; or
 - (ii) State of Washington permanent employees who are employed half-time or more, are not University of Washington permanent classified employees, are permanent classified or exempt technical college paraprofessional employees, or are permanent faculty members, counselors, librarians or exempt employees at other state of Washington public higher education institutions; or
 - (iii) Teachers and other certificated instructional staff employed at public common and vocational schools, holding or seeking a valid endorsement and assignment in a state-identified shortage area.
- (6) Waivers mandated by [RCW 28B.15.621\(4\)](#), as amended by section 1, chapter 450, Laws of 2007, for children and spouses or surviving spouses of eligible veterans and National Guard members who became totally disabled, or lost their lives, while engaged in active federal military or naval service, or who are prisoners of war or missing in action, shall be awarded in accordance with, and subject to the limitations set forth in state law.
- (7) Waivers mandated by [RCW 28B.15.380](#), as amended by section 4, chapter 261, Laws of 2010, for children and surviving spouses of any law enforcement officer (as defined in [Chapter 41.26 RCW](#)), firefighter (as defined in chapter [41.24](#) or [41.26](#) RCW), or Washington state patrol officer, who lost his or her life or became totally disabled in the line of duty while employed by any public law enforcement agency or full-time volunteer fire department in this state, shall be awarded in accordance with, and subject to the limitations set forth in, state law.
- (8) The university may modify its restrictions or requirements pursuant to changes in state or federal law, changes in programmatic requirements, or in response to financial or other considerations, which may include, but are not limited to, the need to adopt fiscally responsible budgets, the management of the overall levels and mix of enrollments, management initiatives to modify enrollment demand for specific programs and

management decisions to eliminate or modify academic programs. The university may choose not to exercise the full funding authority granted under [RCW 28B.15.910](#) and may limit the total funding available under [RCW 28B.15.915](#).

[Statutory Authority: 2010 c 261, chapter 28B.15 RCW, RCW 28B.20.130 and University of Washington board of regents Standing Orders, Chapter 1, Section 2. 10-22-058, § 478-160-163, filed 10/28/10, effective 11/28/10. Statutory Authority: RCW 28B.15.558, 28B.15.621, and 28B.20.130. 08-03-115, § 478-160-163, filed 1/22/08, effective 2/22/08. Statutory Authority: RCW 28B.15.621 and 28B.20.130. 07-13-024, § 478-160-163, filed 6/11/07, effective 7/12/07. Statutory Authority: Chapter 28B.15 RCW and RCW 28B.20.130. 06-12-008, § 478-160-163, filed 5/26/06, effective 6/26/06; 02-06-021, § 478-160-163, filed 2/25/02, effective 3/28/02.]

2.0 (May 11) Project Description and Analysis

- Academic impact analysis

This proposal will capture previously lost tuition from students who used the state tuition waiver benefit. In addition, student enrollment and SCHs can be counted in the ABB system. Students who cannot afford full time study without the waiver may have to go part time thus decreasing SCHs. However, even if some do, there will still be a benefit to the School in terms of tuition, enrollment, and SCHs. Individual students choices are unpredictable and there cannot be estimated. By waiting a year to implement (2012), we may avert difficulties with our clinical partners by giving adequate notice and seeing what program remain state funded in 2012.

- Financial impact analysis
- Market and enrollment trend analysis, student impact

See above. So far the students transitioning to the EO model have lost their waivers and occasionally have dropped the program or gone part time. Thus, lost of the waiver may affect some students but the data show that most will continue. Finding additional financial resources for student will be important, e.g., UWMC's endowed staff scholarship that was negotiated in response to loss of waivers when programs transferred to EO funding.

- Department Impact-faculty, staff, risks

3.0 (May 18) Summary and recommendations

- Alignment with strategic plan, ABB, Provost budget
- Environmental impact overview
- Pros & cons
- Potential issues
- Recommendations

Recruitment/Marketing and Student Impact (Dagmar Schmidt & Carolyn Chow)

- According to the UW Registrar, UW SON has the highest enrollment of students with tuition waivers on campus.

- UWMC/Harborview nurses consider tuition waivers part of their employee benefits; elimination of this benefit will decrease interest for nurses to pursue graduate school and/or select UW SON as their graduate school.
- Tuition waivers have been a great recruitment tool for out-of-state students to join the UWMC/Harborview workforce and enroll in Graduate School. For example, both UWMC and Harborview have been able to attend national conferences and recruitment events while we have not due to budget cuts. Both agencies have used the tuition waiver benefit to help us recruit competitive out-of-state nurses to work at UWMC/Harborview and attend SON.
- Fewer applicants to our graduate programs.
- Reputation: Not only are we raising tuition, moving programs to EO but we are also eliminating tuition waivers and are seen as not being supportive of graduate nurses advancing their education.

Meeting with the AAG and Todd Mildon:

On May 18, Maggie Baker and I met with Todd Mildon and the AGG. As a result of our discussion we believe that while the SON could go ahead with this proposal, we were told that there is a UW Committee considering UW next steps in this same area. This committee may make a recommendation to revise the existing WAC (<http://www.washington.edu/admin/rules/policies/WAC/478-160-163.html>) stated above to be more specific related to the RCW (RCW 28B.15.55) stated above. Also, we were advised that if this elimination of the waiver of tuition has been seen as a UW employee benefit, then elimination of this benefit could result in a need for the UW to bargain with the union.

Recommendation:

Wait until the UW committee completes it work, before continuing with proposal review. A very careful analysis of pros and cons would need to be considered including non tangible items such as relationships with the UWMC and Harborview MC.