Tackling the Nursing Shortage

HEALTH CARE REPORT

ORBIS EDUCATION
The United States and many countries around the world are experiencing a health care worker shortage that is only projected to get worse. The biggest segment of this shortage is in nursing, where there is a substantial imbalance between supply and demand.

To date, there has been no feasible plan to take the right action to fix the problem since the shortage was first recognized in 1965. (Ledbetter, 2016) Nursing industry studies have projected that by 2022, the U.S. will need an additional 1.05 million nurses (PwC, 2007) to meet the unprecedented demand caused by the “silver tsunami” of an aging Baby Boomer population and nurses reaching retirement age. (U.S. BLS, 2013) The combination of the silver tsunami with the influx of new patients stemming from the Affordable Care Act (ACA) is making the shortage more critical every day.

At the same time, the Institute of Medicine (IOM) is calling for at least 80 percent of the nursing workforce to be baccalaureate educated. (IOM, 2010) The nursing industry needs a serious intervention in the way nursing students are recruited and

2012 - 2022: Help Wanted

1.1 Million RN Jobs to Fill

![Diagram showing the number of RN jobs to be filled: 527,000 New RN Jobs and 555,000 Replacement RN Jobs]

Source: “Highlights of the National Workforce Survey of Registered Nurses,” conducted by the National Council of State Boards of Nursing and the Forum of the State Nursing Workforce Centers, 2013.
educated before the shortage of qualified nurses becomes an impossible problem to fix. Symptoms of the shortage include the widespread reliance on expensive temporary and travel nurses to fill vacancies to bridge the gap between education and practice. Hiring experienced nurses may save on onboarding costs, but year after year, health care providers have to pay higher and higher salaries and signing bonuses to compete. (Kutscher, 2015)

To make significant headway against the rising tide of RN vacancies and to improve patient outcomes, the industry needs innovative intervention to rethink the education and recruitment models for new nurses in order to realistically help the supply meet the demand. The solution involves innovative academic-practice partnerships among nursing schools, health care providers, and a third-party partnership manager that can help the schools significantly increase program capacity to produce an ample pipeline of well-prepared, “practice-ready” nurses to health care providers. Such a partnership requires a departure from the traditional delivery models for nursing education, and the adoption of innovative new models that use technology to increase educational access and immersive clinical experiences that increase practice-readiness.

**RN Salary Averages**

<table>
<thead>
<tr>
<th>Year</th>
<th>Wage</th>
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<tbody>
<tr>
<td>2010</td>
<td>63,750</td>
</tr>
<tr>
<td>2011</td>
<td>67,720</td>
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<tr>
<td>2012</td>
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<td>68,910</td>
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<tr>
<td>2014</td>
<td>69,790</td>
</tr>
<tr>
<td>2015</td>
<td>71,000</td>
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*Source: Bureau of Labor Statistics (BLS)*
Health Care’s Big Problem

The Decades-Long Nursing Shortage Has Become Dire

The current nursing shortage in the United States is nothing new. For decades, experts have predicted that the nursing shortage would only get worse, and the predictions are coming true. However, hospitals and other health care facilities have been forced to put plans to fix the shortage on the backburner to focus on “immediate” issues such as budget cuts and compliance. Short-term priorities, along with a fluctuating economy, have masked the gravity of the nursing shortage, making it unlike any other labor shortage seen in the United States. (Ledbetter, 2015)

The shortage is only becoming more acute as current nurses retire, Baby Boomers age, and more people gain access to health insurance and health care through legislative changes, mostly involving the ACA. Currently, 62 percent of the nursing population is over 54 years old and considering retirement, and there is not nearly the number of nursing school seats to meet the industry’s rapidly increasing and pressing need for more baccalaureate-educated nurses. (Jurachek, 2011)
Because of the many enrollment growth barriers (faculty availability, high costs of space and equipment, availability of clinical spots, etc.), traditional nursing education models will never be able to provide hospitals and other health care facilities with the number and quality of nurses they need not just now, but also for years to come.

**Why Current Efforts Are Not Fixing the Nursing Shortage**

Right now, too many hospitals and nursing schools lack productive collaboration when it comes to educating and preparing nurses for the realities of practice. Hospitals especially need practice-ready nurses who know their particular processes and procedures, and who require minimal onboarding. The traditional, four-year bachelor’s degree model just cannot supply the nurses to meet the demand on a significant scale due to its long-established cost structure. Additionally, many graduates from these traditional programs are not sufficiently practice-ready for their employers and require extensive onboarding before they can independently manage a full caseload. With so few qualified nurses, hospitals and other health care facilities are spending unprecedented funds to attract and retain them, including signing bonuses, relocation reimbursement, and record-high salaries. (Ledbetter, 2015)

Not only do hospitals need practice-ready nurses, they also need baccalaureate-educated nurses. Given the direct correlation between the number of baccalaureate-educated nurses and improved patient outcomes, the nursing shortage has become more critical than ever before. (HRSA, 2013) To meet the need, health care facilities have had to implement nurse residency programs similar to a physician’s residency—in addition to hiring temporary and travel nurses. Such practices are both costly and time-consuming and get in the way of continually improving patient outcomes.
A Deeper Look at How We Got Here

The Result of a Perfect Storm

The current nursing shortage is the outcome of a combination of several factors from aging Baby Boomers to lack of faculty. All of the combined factors have created a perfect storm to get us to the critical state we now face.

The Silver Tsunami & the ACA

Baby Boomers are now senior citizens and are living longer than their parents’ generation thanks to advances in health care. Ironically, advances in health care are now part of the reason the nursing demand is so high and part of why there is such a shortage. (PwC, 2007) Making the shortage even more complicated, much of the care needed by aging Baby Boomers has shifted from acute, episodic care to chronic care and long-term condition management.

Compounding the problem even more is the ACA providing more Americans with health insurance, which leads to more people seeking medical care. The combination of these newly insured patients and the silver tsunami has resulted in a massive influx of new patients. (Ledbetter, 2015)
The Coveted Magnet® Certification

For hospitals, Magnet status certification is the gold standard. Because BSN-educated nurses produce better outcomes, the Institute of Medicine (IOM) has recommended that hospitals and health care organizations should strive to have 80 percent of their nursing workforce be BSN-educated by 2020. An academic-practice partnership can help hospitals reach the coveted Magnet status.

“Every hospital wants Magnet status because it improves patient outcomes and helps hospitals better serve their communities. The academic-practice partnership model gives hospitals a steady pipeline of nurses who have achieved their BSN, helping hospitals meet industry recommendations and projections.”

– Darcy Burthay
Managing Director of Home Care Services at Ascension

The Economy, Pressure to Cut Costs, & More Have Masked the Shortage

Whenever the economy dips, it is typical for nurses to put off retirement or come out of retirement to go back to work. This has partly led to the long-assumed and misguided perception that the nursing shortage would eventually balance out like other labor industries. (Ledbetter, 2015)

The problem is exacerbated by hospitals reducing the number of nurses for budget reasons, which has narrowed the playing field and deterred potential nurses from pursuing a career they thought was unstable or too competitive.

When the economy is vital, the shortage is more visible, yet little has been done to remedy it. Hospitals and other health care providers are always under immense pressure to reduce costs and deal with other priorities such as changing payment systems, complying with new regulations, and meeting increasingly high care standards. The nursing shortage has always loomed, but due to other forces, health care providers have not been able to deal with the shortage until it is beyond critical. (U.S. BLS, 2013)

Traditional Education Methods Are Making the Shortage Worse

It is often lost on the general public that nursing is an incredibly skilled profession that requires a very specific, intensive, and high-cost education. Hospitals and health care facilities are at the mercy of nursing schools when it comes to the number and the quality of nurses—not to mention nurses who have bachelor’s degrees and who are practice-ready for their hiring hospitals.

Currently, there are not enough seats in traditional, four-year Bachelor of Science in Nursing (BSN) programs to address the quantity problem. When hospitals are not able to take part in vetting and educating nursing students, quality becomes a problem. Nursing schools cannot avoid budget cuts, and most hospitals have little input into academic curriculum, leaving them struggling to fill vacancies and picking up the tab for additional onboarding and educating when they do. (Juraschek, 2011) The IOM reported that hospitals and other health care facilities have been spending far too much time and money on recruiting from an insufficient pool of qualified nurses.
Low Supply of Practice-Ready Nurses to Meet the Soaring Demand

Today, only about half of all nurses have a bachelor’s degree (HRSA, 2013), while hospitals and other health care facilities remain in dire need of baccalaureate-educated nurses to meet the industry’s desired standards by 2020. Employing baccalaureate-educated nurses helps hospitals to obtain the coveted Magnet® status from the American Nurses Credentialing Center (ANCC).

However, even if hospitals could hire all of the baccalaureate-educated nurses they need, it does not mean that those nurses are practice-ready. As part of their academic preparation, nurses need to learn facility-specific processes and procedures, which is currently not happening on a large enough scale to reduce the gap between education and practice.

Nurse Educator Shortage Limits Student Capacity & Worsens the Crisis

As part of the silver tsunami, many Nurse Educators are retiring and not being replaced. Reasons for the current lack of interest in becoming a Nurse Educator usually point to dollar signs. Nurses in clinical and private-sector positions can earn more as practicing nurses than they would in faculty roles, so there is little motivation for nurses to teach. (AACN, 2015)

To make matters worse, hospitals and other health care facilities need to create more faculty positions due to higher demand, but pervasive budget cuts get in the way. (AACN, 2015) As a result, U.S. nursing schools reported turning down, collectively, 68,938 qualified applications from baccalaureate and graduate nursing programs in 2014 due to an insufficient number of Nurse Educators, clinical sites, classrooms, and labs. The AACN reported that almost two-thirds of nursing schools cited faculty shortages as a primary reason for not accepting all qualified applicants into baccalaureate programs.
A Partnership Solution

Collaborative Partnerships Between Educators and Employers (with the Right Expert Facilitator) are Crucial

To bridge the gap between supply and demand, collaborative partnerships between educators and employers have become a necessity. Currently, most employers and educators operate independently from one another, with few productive opportunities to work together to meet everyone’s needs.

Employer and educator partnerships streamline the nursing education and onboarding process and help transition more practice-ready nurses, faster. Using the traditional, four-year bachelor’s degree BSN approach, the industry will never meet projected volume or relevancy needs.

Reduce Orientation and Onboarding Costs by Making Students Practice-Ready

Hospitals and health care facilities have been forced to spend countless dollars just to get licensed nurses educated with the appropriate skills to work in their facilities. Health care facilities are unnecessarily picking up the heavy tab for all orientation and onboarding. **With an academic-practice partnership, practice-ready education can be completed while nurses are still in school, as part of their curriculum.** Using this type of in-school training, hospitals have access to better-prepared nurses so they can reach the highest standards of care and improve patient outcomes. (Weston, Roberts, 2013)
An Experienced Partnership Manager Is Vital to the Collaboration

Successful employer and educator partnerships often require an expert third-party partnership manager to help nursing schools overcome growth barriers and ensure that employers have the pipeline of talent they need when they need it.

The Traditional Four-Year BSN Has Built-In Limitations

Factors including faculty availability, the high cost of equipment and workspace, and the complexity of securing and managing clinical rotations have kept traditional BSN programs from growing. The financial burden is a key reason health care providers and nursing schools need an outside resource that can fund and facilitate an innovative, quality-focused education model and address immediate vacancies (and prevent future shortage problems).

Hospitals that enter into collaborative school partnerships with an expert partnership manager assisting in program growth and delivery benefit from the partnership manager doing all of the legwork and absorbing the cost of producing more nurses. In a nutshell, hospitals and health care facilities get the nurses they need while also realizing significant operating savings. Plus, through this academic-practice partnership, employers and educators can become more influential advocates and leaders of much-needed academic innovation in nursing. (HRSA, 2013)
Steps to Stop the Shortage

Developing Innovative, Hybrid Accelerated BSN Programs That Increase Educational Access

To educate more quality RNs, strategies for relief include advocacy, educational partnerships, academic innovation, and external funding. Using a hybrid, accelerated BSN (ABSN) model facilitated by a skilled partnership manager (with clinical rotations provided by the health care partner) will help to make significant headway in the nursing shortage, both now and in the future.

Hybrid ABSN programs offer didactic courses online, which allows for greater enrollment—up to 200 students a year across multiple start dates, compared to the traditional BSN program’s 30 to 40. Often, hybrid ABSN programs are simply referred to as “online ABSN” programs. However, the hybrid ABSN model offers much more than online coursework. Such ABSN programs also include skills labs and patient simulations conducted at learning centers funded by the third-party partnership manager, but with systems and equipment that reflect the health care partner’s environment.

<table>
<thead>
<tr>
<th>4-YR BSN</th>
<th>HYBRID ABSN</th>
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<tbody>
<tr>
<td>Admissions</td>
<td>30-40 Students – 1 time/year</td>
</tr>
<tr>
<td>Duration</td>
<td>4 years</td>
</tr>
<tr>
<td>Max. Pipeline/year</td>
<td>30-40/year</td>
</tr>
<tr>
<td>Max. Pipeline/4 years</td>
<td>120-160/4 years</td>
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<tr>
<td>Increased Pipeline over 4-Year BSN</td>
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*Cohort size varies by market, partner, and graduation rate.

Hybrid ABSN Programs Bring In a New Group of Eligible Candidates

Hybrid ABSN programs often target students who already have a non-nursing bachelor’s degree. These “second-degree students” tend to be more motivated, perform better and achieve better outcomes, including first-time NCLEX pass rates that are consistently higher than the national average. Some programs even offer degree completion and prerequisite tracks for students who need extra preparation before beginning their nursing curriculum.
Put Clinical Experiences In the Health Care Partner’s Facilities

With ABSN programs delivered through a true academic-practice partnership model, all the clinical experiences occur in a single health care partner’s facilities rather than being allocated to different organizations as availability allows. An arrangement of this type means **the health care partner gains preferred hiring access to practice-ready nurses who already know their processes and procedures.** The partnership also means that there is no need for nurse residency or extensive onboarding. Plus, each health care partner’s nurses have the opportunity to serve as adjunct clinical faculty for the ABSN program. Nurses who take the adjunct faculty route can earn supplemental income and influence a new generation of nurses.

Hospital-specific clinical training also gives health care providers the opportunity to gain early exposure to new hires and gauge their skills. This way, the health care partner gets priority access to hiring exceptional graduates and a more competitive edge in the market. With the leadership and resources of a third-party partnership manager, along with a hybrid approach to BSN education that increases access through technology, nursing schools can remove the barriers to growth, and hospitals will have a steady, customized pipeline of RNs familiar with their unique way of doing things.

**Health Care Partners Can Keep Other School Relationships**

It is important to note that with ABSN programs delivered through an academic-practice partnership, **the health care partner does not have to displace any existing clinical relationships with schools to accommodate the new partner school.** Hybrid ABSN program students can complete their clinical requirements in the “off” hours because they have the flexibility of using online learning for the didactic portion of their nursing education.
Benefits for Health Care Partners

A Pipeline of Eager, Clinically Prepared Nurses for St. Vincent’s Hospital

Ascension Health’s Darcy Burthay believes that the structure of the educator/employer partnership makes students who work at the partnering hospital feel like part of the “family” during their education journey. It’s why many students choose to stay at the partnership hospital once they become RNs.

“For health care providers, it’s a pipeline of new nurses who were already prepared for the specific processes and practices of their teaching hospital,” Burthay noted. “These nurses are practice-ready and truly contribute substantially to improving overall patient care and outcomes.”

From costs to quality, the benefits of having an ABSN program based on an academic-practice partnership model and delivered by an expert third-party partnership manager can help to fix nursing shortage problems. Not only do hospitals get a voice in the educational process, but they also get what they need most—high quality, BSN-educated nurses.

A Customized, High-Volume Pipeline of Practice-Ready Nurses

With the hybrid ABSN program, aspiring nurses can go from applicant to licensed RN in as little as two years. The programs take just 16 months once prerequisites are completed, and with three start dates a year, ABSN programs produce a constant stream of practice-ready nurses into partnered hospitals. These nurses are educated to each health care partner’s particular specifications, and often taught by the health care partner’s own RNs, ensuring that the new nurses are fully prepared to deliver outstanding care from day one.

Nursing students from hybrid ABSN programs receive the same education and number of clinical hours and are taught by the same university faculty as students who take the traditional BSN route. The only difference is that the accelerated, hybrid learning model gets more student nurses to graduation faster while also making them more prepared to practice as soon as they are licensed.
Access to Highly Motivated, Successful Candidates Who Were Discouraged or Lost on Waitlists

St. Vincent’s & Marian University: Tapping Into a Diverse Group of Nurses

With traditional, four-year BSN programs, St. Vincent’s Hospital was not able to find, attract and hire nurses who fully reflected the diversity of their community until they entered into an academic-practice partnership with a third-party program manager.

“The Marian ABSN is a second-degree program, which attracts highly motivated, mature students,” said Ascension Health’s Darcy Burthay, who was on the ground floor of the partnership between St. Vincent’s Hospital and Marian University. “They could do the work and were ready for the rigors of the program, and they truly reflected the diverse population of the community the hospital served. That’s very important when it comes to providing the best patient care.”

Potential nursing students are turned away each year and forced to pursue a different career. Even if schools have the capital resources to expand, they cannot find enough talent to teach. These factors contribute to an epidemic of quality students who abandon their nursing goals when they are stuck on waitlists (if they even make it that far).

These “lost” nursing candidates are what the industry desperately needs. Hybrid ABSN programs market to and connect with these valuable students. The partnership manager typically provides one-on-one advice and guidance for students throughout the admissions process and helps to expedite the steps that place students in a hybrid ABSN seat. The hybrid ABSN partnership gives motivated nursing candidates a place to study, learn, and thrive.
This more diverse population of nurses is changing the traditional idea of the “face” of nursing the same way academic-practice partnerships are changing the idea of how to educate nurses. Today’s new nurses include men (many from military backgrounds) and older, non-traditional career changers from many different backgrounds, including teaching, social work, and men and women from the corporate world.

“We saw more diverse students who really mirrored our community. Many of the aspiring nurses were second-degree students who have the level of maturity and drive needed to succeed in this program.” Burthay noted. “Both the diversity and the maturity of the student body created an unmistakable spirit of teamwork.”

- Represents the true market for nursing students. Less than half of nursing applications are qualified and accepted. Almost a quarter of applications are qualified, but denied due to lack of nursing school seats. However, there are also Career Switchers and Non-Traditional Students who can become qualified candidates, but are not catered to by traditional nursing programs. (In other words...lost nursing potential.)
Dramatically Reduced Costs for Human Resources, Including Recruiting, Hiring, and Onboarding

Cost-Reducing Partnership: Marian University & St. Vincent Health

Before St. Vincent Health in Indianapolis, Indiana entered into a partnership with Marian University, it had a small pool of RNs to fill an ever-growing demand, and was competing with every other hospital and health care provider to get the baccalaureate-educated nurses it needed. The organization found itself paying record-high salaries just to get the quality of nurses needed to fill immediate vacancies—then it had to spend even more money putting them through a costly 12-week orientation.

At the time, Darcy Burthay, now the Managing Director of Home Care Services at Ascension Health (St. Vincent’s parent organization), was on the ground floor of the ABSN academic partnership program between Marian University and St. Vincent. The goal was to reduce onboarding and orientation time and attract a more diverse group of nurses to fill open positions.

Hybrid ABSN partnerships help hospitals and health care facilities save by significantly lowering costs for Human Resources, especially when it comes to the expensive process of hiring temporary and contract nurses. In 2015, a leading 29-hospital system in the Southwest spent nearly $30 million on temporary and contract nurses alone. Hospitals are paying a lot to get more nurses in the door...and then paying even more to get them practice-ready.

When hospitals enter into an academic-practice partnership, the responsibility of getting the students ready for practice shifts back where it belongs—to the education partner. At the same time, the third-party partnership manager brings the funding that hospitals and schools do not have, removing the barriers to growth by providing necessary capital resources.

Health Care Providers Get a “Seat” At the Academic Table

Hospitals can gain a voice in the educational process along with priority access to a pipeline of practice-ready nurses by entering into collaborative partnerships with nursing schools and partnership managers. Educational relevance is assured when the curriculum is developed by the educational partner’s faculty and the partnership manager’s e-learning team—*with direct input from the health care partner.*
Using Current Staff to Teach and Shape Future Nurses

The hybrid ABSN model is a win/win for current, baccalaureate-educated nurses and their employers. By becoming clinical instructors, existing nurses can “win” by earning extra money while teaching and influencing ABSN students. They gain a valuable opportunity to contribute to advancing their profession.

“The academic partnership with Marian University brought several benefits for St. Vincent,” Burthay said. “One of the most immediate wins was reducing new nurse orientation time by two weeks. It saved time and, therefore, costs, and equipped hospitals with nurses who were practice-ready, sooner.”

Cutting orientation by two weeks saved St. Vincent approximately $1,000 per student. Over the course of even just one year, the onboarding savings was significant.

The “win” for hospitals and health care facilities is that their experienced nurses are nurturing and teaching new nurses to become “employer-specific” nurses. Hospitals and health care providers can step out of recruiting and onboarding and step back in to focusing on quality patient care.
Benefits for Nursing Schools

It is not just the health care facilities that benefit from academic-practice partnerships. With this accelerated, hybrid-learning BSN model, universities are not only able to scale their nursing programs and increase enrollment; they are able to do so with no incremental cost. With greatly expanded program capacity, educators can benefit from a recurring incremental revenue stream that does not rely on tuition increases, endowment income, or fundraising efforts.

Increase Enrollment & Generate Revenue without Raising Costs

Nursing schools that participate in the academic-practice partnership see expanded enrollments, up to 200 students a year. Obviously, expanded enrollment leads to a recurring incremental revenue stream. Such a revenue stream could fund strategic initiatives, and is independent of schools’ traditional methods of creating new revenue.

Guaranteed Clinical Placements & Enhanced Academic Quality

The academic-practice partnership also guarantees clinical placement for nursing students. Schools do not have to find hospital partners—the third-party partnership manager brings the hospital partner to the school’s table, and then performs all of the clinical scheduling and management through the hospital partner. The schools do not invest any time or money for these guaranteed clinical placements.
Embracing the Academic-Practice Partnership Means More Practice-Ready Nurses, Faster—with Fewer Costs

Without intervention, the nursing shortage crisis will soon become a nursing shortage epidemic, and hospitals will keep spending and spending just to fill immediate vacancies. When hospitals and nursing schools embrace the academic-practice partnership model, they gain access to a perpetual pipeline of top-performing, practice-ready nurses.
Creating the Right Academic-Practice Partnership

When implementing an academic-practice partnership, it is important to note that not all third-party partnership managers are the same, nor are all ABSN programs. ABSN programs that use a hybrid-learning model are set apart from other similar programs. The hybrid-learning model produces the practice-ready nurses demanded by the market, at a pace that can finally help to outrun the pervasive shortage. However, academic-practice partnerships require a partnership manager who is well versed in growing and overseeing such programs. Many partnership managers have expertise with online learning, but in the nursing field, the hands-on, experiential learning components are just as critical and far more challenging to manage.

Partnering with Orbis: Fine-Tuned, Cost-Effective Solutions

In a way, Orbis Education is the matchmaker for nursing supply and demand, creating unique partnerships that solve hospitals’ nursing workforce shortages. As the nation’s leading manager of outsourced nursing programs, Orbis has done more than just identify the problems with today’s efforts to remedy the nursing shortage. Orbis has created a fine-tuned methodology that gives both the health care industry and nursing schools what they need—at no additional cost.
Orbis Partners Strictly with Nursing Schools that Have Academic Expertise & Brand Credibility

With much talk about the risks of for-profit learning institutions, Orbis is very careful about choosing academic partners and only works with non-profit nursing schools. All of Orbis’ university partners are regionally accredited, with nursing programs approved by their state’s Board of Nursing and industry accrediting bodies. Every student who graduates from an Orbis partner school will be well prepared to sit for the NCLEX. In fact, students from Orbis-run nursing programs regularly achieve first-time NCLEX pass rates well above the industry average. Once licensed, these students become part of a pipeline of high-quality RNs available to their partner hospital.

Reduce Hiring and Onboarding Costs (without Losing Current Clinical Relationships)

While reducing hiring and onboarding costs for the health care provider is a valuable benefit, hospitals might worry about their other clinical partnerships. However, with ABSN programs facilitated by Orbis, hospitals do not have to sacrifice any partnerships they have with other schools due to the flexibility of the hybrid model.

Orbis’ Health Care Partners Can Shape, Nurture, & Monitor Future Nurses

Through an Orbis-facilitated academic-practice partnership, hospitals provide facility-specific, robust clinical experiences for students. These providers can have an active part in shaping, nurturing and monitoring nursing students, while also gaining access to nurses who are trained to work at their specific facilities, using their specific processes.
Orbis Has Redefined the Partnership Between Educators and Employers

Orbis’ collaborative, holistic approach to building partnerships gives the health care industry the tools to finally dig their way out of this shortage. The best part is that health care providers do not have to worry about bandaging their shortage with temporary and contract nurses while they are in the process of hiring the number and quality of nurses they need.

Orbis can help health care providers and educators do the seemingly impossible: fill RN vacancies while maintaining or improving educational outcomes and relevancy. It is no longer up to the health care providers or the schools to figure out a way to fix the problem on their own. With Orbis, both the employers and educators will have a partner to guide them through and absorb costs. Most importantly, Orbis helps hospitals and health care facilities to improve patient outcomes and overall care.

Take the First Step to Fix Your Shortage

See what Orbis can do for your health care organization. Contact us today for a consultation and take your first step to fixing your nursing shortage—now, and in the future.

Visit us at www.orbiseducation.com or call 317.663.0260.
References


