A Campaign for Action Update

National Forum of State Nursing Workforce Centers Meeting
June 13, 2014
Susan B. Hassmiller, PhD, RN, FAAN, RWJF Senior Adviser for Nursing, and director, Campaign for Action
Areas of Focus

Education  Practice & Care  Leadership

Interprofessional Collaboration  Diversity  Data
Advancing Education Transformation

• Academic progression infrastructure being developed.
• Number of students enrolled in RN-to-BSN programs up 53% since 2010*.
• 30 ACs adopting promising models to strengthen nursing education.
• Medicare Graduate Nurse Education Demonstration underway.
• Magnet program promotes BSN education.
• CC White Paper

Source: AACN, 2014.
Indicator 1: Education

ICM Recommendation:
Increase the proportion of nurses with baccalaureate degree to 80% by 2020

Percentage of employed nurses with baccalaureate degree in nursing or higher degree

2020  80%
2013  51%
2011  50%
2010  49%

Data Source: American Community Survey, Public Use Microdata Sample (series)
**Education Indicator**

**Indicator 2: Doctoral Degrees**

IOM Recommendation:
Double the number of nurses with a doctorate by 2020

**Total fall enrollment in nursing doctorate programs**

<table>
<thead>
<tr>
<th>Program</th>
<th>Enrollments (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research-focused Program (PhD)</td>
<td>5,110</td>
</tr>
<tr>
<td>Doctor of Nursing Practice (DNP)</td>
<td>11,575</td>
</tr>
</tbody>
</table>

**Data Source:** American Association of Colleges of Nursing, Enrollment & Graduations in Baccalaureate and Graduate Programs in Nursing (series)
Removing Barriers to Practice & Care

State Legislation

• 7 states have removed statutory barriers that prevented nurse practitioners from providing care to the full extent of their education and training.

• 11 states requested and received FTC opinion on removing barriers.
Removing Barriers to Practice & Care

FTC: “expanded APRN scope of practice is good for competition and American consumers”

- APRNs can meet unmet health care needs when free from undue supervision requirements.
- Effective collaboration between APRNs and physicians does not require direct physician supervision of APRNs.
Scope of Practice Indicator

Indicator 3: Removing Barriers to Practice and Care

IOM Recommendation:
Advanced practice nurses to be able to practice to the full extent of their education and training.

- Independent: No requirement for a written collaborative agreement, no supervision, no conditions for practice.
- Not Independent: A written agreement exists that specifies scope of practice and medical acts allowed with or without a general supervision requirement by a MD, DO, DNP or podiatrist; or direct supervision required in the presence of a licensed, MD, DO, DNP or podiatrist with or without a written practice agreement.

Prescriptive Authority:
An NP is authorized to prescribe pharmacologic and non-pharmacologic therapies beyond the periperooperative and periprocedural periods.

Data source: National Council of State Boards of Nursing

State progress in removing regulatory barriers to care by nurse practitioners (NPs)
Leveraging Nursing Leadership

- 105 nurses in 23 states appointed to leadership boards.
- **North Carolina and Wyoming**: Nursing Leadership Institutes.
- **Virginia**: 40 Under 40 Awards.
- **New Jersey**: Goal to place nurse leader in every hospital boardroom.
- **Texas**: Governance and leadership education.
- **Leapfrog Group** requires nurses to be integrated into governance for hospitals to attain Magnet status.
Leadership Indicator

IOM Recommendation:
Health care decision makers should ensure leadership positions are available to and filled by nurses

Percent of hospital boards with RN members

Data Source: 2011 AHA Health Care Governance Survey Report; survey (conducted in 2010) of 1,062 hospital CEOs and 468 board chairs of nonfederal community hospitals in the United States.

*New data not available until 2014-2015
Promoting Workforce Diversity

Our focus is to help states:

• Develop state-based outreach initiatives that increase the diversity of the nursing workforce.
Diversity Subindicators

1) New RN graduates by degree type, race/ethnicity and gender.
2) Diversity of doctoral nursing graduates by race/ethnicity and gender.
3) States that collect race/ethnicity data about their nursing workforce.
4) Racial/ethnic composition of the RN U.S. workforce.
Fostering Interprofessional Collaboration

- HRSA’s National Center for Interprofessional Practice & Education.
  - National Center Data Repository gathering data to test effectiveness of interprofessional education and practice models.

- Indiana adopting interprofessional collaboration in medical and nursing schools.

- RI interprofessional curriculum includes doctors, nurses, pharmacists and social workers.

- IPC Promising Practices
Interprofessional Collaboration Indicator

Number of required clinical courses and/or activities at top nursing schools that include both RN students and other graduate health professional students

Oregon Health Sciences University: 1 2 3 4 5
Yale*: 0 1 2 3 4 5
University of California, San Francisco: 0 1 2 3 4 5
University of North Carolina: 0 1 2 3 4 5
University of Washington*: 0 1 2 3 4 5
University of Pennsylvania*: 0 1 2 3 4 5
University of Michigan*: 0 1 2 3 4 5
University of Pittsburgh*: 0 1 2 3 4 5

Data Source: Top nursing schools (as determined by US News and World report rankings) that also have graduate-level health professional schools at their academic institutions. Course offerings and requirements include clinical and/or simulation experiences.

*No change between the 2011-2012 and the 2012-2013 academic years
Workforce Data Collection

Many states challenged to get accurate workforce data on numbers and types of health professionals.

Forum leading national effort to get states to collect a standardized data set.

Need to analyze data in timely manner and make it publically available.
Workforce Data Indicator

IOM Recommendation:
Build infrastructure for collection and analysis of interprofessional healthcare workforce data

Number of recommended data items collected by the states

Data Source: Forum of State Nursing Centers (Baseline, 2010); Philip R. Lee Institute for Health Policy Studies, UCSF (2012-2013).
We Need Your Support

www.campaignforaction.org
Now Is Nursing’s Time!

Culture of Health

Source: CBCStan.org
National Workforce Panel

- Karren Kowalski, Colorado Center for Nursing Excellence and Colorado Action Coalition co-leader.
- Judee Berg, California Institute for Nursing and Healthcare.
- Mary Lou Brunnell, Florida Center for Nursing and Florida Action Coalition co-leader.
Colorado Action Coalition

National Forum of State Nursing Workforce Centers Meeting
June 13, 2014
Karren Kowalski, PhD, RN, NEC-BC, FAAN, CEO and President, Colorado Center for Nursing Excellence and Colorado Action Coalition Co-leader
Vision Statement

• Nurses empowering nurses to cultivate healthy communities.

• Mission
Recruiting and Developing Nurse Leaders

- Clinical leaders.
- Deans and directors.
- Salons.
- State and community boards.
Scope of Practice: APRN RX Access to Care

Change:

- 3,600 hours.
- MD supervision for prescriptive authority with independent practice.
80/20 BSN

Colorado ADN & BSN Nursing Workforce 2013

- BSN: 54%
- Associates: 46%

Colorado Nurse Academic Degrees Rural vs. Urban

- Diploma in Nursing
- Bachelors of Science in Nursing
- Associate Degree in Nursing

- Rural Nurses
- Urban Nurses
Diversity

- Advisory panel.
- Transition to practice.
- Mentoring program.
Data Analysis
California’s Journey

National Forum of State Nursing Workforce Centers Meeting
June 13, 2014
Judith Berg, RN, MS, FACHE, executive director, California Institute for Nursing & Health Care
In the Beginning, Two Organizations

CINHC
Optimizing Health through Nursing Excellence

CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE

CALIFORNIA ACTION COALITION
Advancing Health In California
Significant Overlap

**CINHC**
- Vision: Transforming nursing to advance health of Californians.

**California AC**
- Vision: A healthy California through nursing leadership and service.
## The Work

<table>
<thead>
<tr>
<th>CINHC</th>
<th>California AC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Started in 2003.</td>
<td>• Started in 2010.</td>
</tr>
<tr>
<td>• Master plan for nursing: capacity, data, diversity.</td>
<td>• Focused on IOM recommendations:</td>
</tr>
<tr>
<td>• Capacity increases:</td>
<td>– Academic progression (APIN)</td>
</tr>
<tr>
<td>– Clinical placement</td>
<td>– Residencies</td>
</tr>
<tr>
<td>– Simulation</td>
<td>– Practice barriers</td>
</tr>
<tr>
<td>– Clinical faculty programs</td>
<td>– Leadership development/mentorship</td>
</tr>
<tr>
<td>– Role transformation</td>
<td>– Diversity</td>
</tr>
<tr>
<td>• Educational redesign.</td>
<td>• Role transformation.</td>
</tr>
<tr>
<td>• Transition to/in practice.</td>
<td></td>
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National Forum of State Nursing Workforce Centers Meeting June 13, 2014
Where We Are Now

CINHC  CA AC
Next Year

CINHC

CA AC

A stronger organization
Making Connections in Washington State

National Forum of State Nursing Workforce Centers Meeting
June 13, 2014
Linda Tieman, RN, MN, FACHE, executive director, WCN, PI, APIN Grant
WCN History Lite

- Council on Nursing Education in WA together since 1971.
- Articulation plan 2002.
- Master Plan for Nursing Education in WA published 2008.
- CCNA Team 2009.
- Action Coalition 2011.
- APIN grant 2012.
- Single set of CC pre-requisites 2011.
- Direct Transfer Agreement launches 2015.
- RNB at 2 CC’s, 2 universities without generic BSN, others in process.
- “Best Practices in RNB Education” conference this summer.
Key Decisions

• Build on existing frameworks for information.
  - *Use the workforce template for data reporting, not nursing’s.*
• Build on what’s already in process or succeeding.
  - *What’s working, how can we support/improve?*
• Meet others on their turf.
  - *We extend ourselves to you.*
• Identify the influencers.
  - *What’s your investment and interest in nursing?*
• Ask for early guidance.
  - *Who else should I talk to? What should we do in the first 6 months?*
• Keep the goal in the forefront at all times.
  - *We’re focused on patient safety and a healthier state? Are you?*
• We’re bold and brave.
  - *There’s an issue to be addressed…*
Converging Forces Influencing APIN Work in Washington State

**Washington State Political Leaders**
- Washington State Governor
- Washington State Legislature

**National Organizations**
- American Association of Colleges of Nursing
- American Nurses Association
- American Organization of Nurse Executives
- Assoc. of State and Territorial Directors of Nursing
- The Carnegie Foundation
- The Center to Champion Nursing in America
- Forum of State Nursing Workforce Centers
- National Council of State Boards of Nursing
- National League for Nursing
- Nursing Organizations Alliance
- Robert Wood Johnson Foundation
- RWJF Initiative on the Future of Nursing

**Statewide Nursing Stakeholders**
- All Licensed Nurses
- Community Health Leadership Forum
- Council on Nursing Education in Washington State
- Northwest Organization of Nurse Executives
- Nursing Care Quality Assurance Commission
- Organized Labor
- Specialty Nursing Organizations
- Washington Center for Nursing
- Washington State Nurses Association
- Department of Health

**Regional Business, Education and Political Stakeholders**
- Independent Colleges of Washington
- Office of the Superintendent of Public Instruction
- Prosperity Partnership
- State Board of Community and Technical Colleges
- Washington Student Achievement Council
- Washington State Hospital Association
- Washington Workforce Training and Education Coordinating Board
- Washington State Employers

January 2013
This document reflects the stakeholders in the WA-APIN work
The Value of Nurse Workforce Data

National Forum of State Nursing Workforce Centers Meeting
June 13, 2014
Mary Lou Brunnell, MSN, RN, Executive Director, Florida Center for Nursing, and co-lead, Florida Action Coalition
The nurse data “trifecta”:

– **Nurse Supply Data** – licensure and renewal survey data analyzed biennially (consistent with renewal cycle).

– **Nurse Demand Data** – employer surveys of 6 industries conducted and analyzed biennially (odd years).

– **Nurse Education Data** – LPN / RN pre-licensure and graduate programs surveyed and analyzed annually.

These data elements permit forecasting.

[www.FLCenterForNursing.org](http://www.FLCenterForNursing.org)
Shaping the Future of Healthcare Through Nursing
Indicator #1: Florida Highest Degree Reported

- **2011**
  - ADN / DIP: 60.5%
  - BSN: 33.4%
  - Higher: 6.1%
  - Total: 100%

- **2013**
  - ADN / DIP: 58.2%
  - BSN: 35.0%
  - Higher: 6.8%
  - Total: 100%
Indicator #2: Florida Enrollment in Nursing Doctorate

<table>
<thead>
<tr>
<th>Year</th>
<th>PhD</th>
<th>DNP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>218</td>
<td>401</td>
<td>619</td>
</tr>
<tr>
<td>2013</td>
<td>194</td>
<td>612</td>
<td>806</td>
</tr>
</tbody>
</table>
Florida Number of Nurses with Doctorate

- 2011:
  - Nursing Doctorate: 320
  - Other Doctorate: 734
  - Total: 1054

- 2013:
  - Nursing Doctorate: 430
  - Other Doctorate: 820
  - Total: 1254
Percent Employed RNs with BSN or Higher by Florida Geographic Region

![Graph showing the percent of employed RNs with BSN or higher by Florida geographic region from 2011 to 2013. The graph indicates a general increase in the percentage across all regions, with the Northwest region showing the highest percentage.](image-url)
Can Florida Achieve 80% by 2020?

• Positive academic changes in Florida
  – Community Colleges → State Colleges offering RN-to-BSN completion programs.
  – State University & State Colleges concurrent ASN to BSN.
  – 42% increase in RN-to-BSN graduates since 2011.

• Is it enough?
  – Academic Progression in Nursing Data Forecast Model.
  – Applies assumptions to known information to predict outcomes.
  – FCN’s data inserted into model.
### Baseline 2012-13 licensure data

#### EMPLOYED RNs only

<table>
<thead>
<tr>
<th># nurses</th>
<th>total</th>
<th>BSN</th>
<th>% BSN +</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>24,428</td>
<td>13,430</td>
<td>55%</td>
</tr>
<tr>
<td>31-40</td>
<td>35,809</td>
<td>16,012</td>
<td>45%</td>
</tr>
<tr>
<td>41-50</td>
<td>43,317</td>
<td>18,133</td>
<td>42%</td>
</tr>
<tr>
<td>51-60</td>
<td>47,904</td>
<td>19,114</td>
<td>40%</td>
</tr>
<tr>
<td>61 or older</td>
<td>26,680</td>
<td>9,072</td>
<td>34%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>178,138</strong></td>
<td><strong>75,762</strong></td>
<td><strong>43%</strong></td>
</tr>
</tbody>
</table>

#### # grads per year (entry-level)

<table>
<thead>
<tr>
<th># screws</th>
<th>total</th>
<th>BSN</th>
<th>% BSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>5,981</td>
<td>1,940</td>
<td>32%</td>
</tr>
<tr>
<td>31-40</td>
<td>2,939</td>
<td>298</td>
<td>10%</td>
</tr>
<tr>
<td>41-50</td>
<td>1,534</td>
<td>146</td>
<td>9%</td>
</tr>
<tr>
<td>51-60</td>
<td>367</td>
<td>23</td>
<td>6%</td>
</tr>
<tr>
<td>61 or older</td>
<td>30</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10,851</strong></td>
<td><strong>2,408</strong></td>
<td><strong>22%</strong></td>
</tr>
</tbody>
</table>

#### # RN-to-BSN per year

<table>
<thead>
<tr>
<th># screws</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>757</td>
</tr>
<tr>
<td>31-40</td>
<td>661</td>
</tr>
<tr>
<td>41-50</td>
<td>428</td>
</tr>
<tr>
<td>51-60</td>
<td>174</td>
</tr>
<tr>
<td>61 or older</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,026</strong></td>
</tr>
</tbody>
</table>
In 2 years... assume that 20% of each age group moves "up" to the next age group. Assume they leave at age 66.

Add numbers of graduates to each age group (times 2, for 2 years)
Move the RN-to-BSN up (times 2, for 2 years)

<table>
<thead>
<tr>
<th># nurses</th>
<th>total</th>
<th>BSN +</th>
<th>% BSN +</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>31,504</td>
<td>16,138</td>
<td>51%</td>
</tr>
<tr>
<td>31-40</td>
<td>39,411</td>
<td>17,414</td>
<td>44%</td>
</tr>
<tr>
<td>41-50</td>
<td>44,884</td>
<td>18,855</td>
<td>42%</td>
</tr>
<tr>
<td>51-60</td>
<td>47,720</td>
<td>19,311</td>
<td>40%</td>
</tr>
<tr>
<td>61 or older</td>
<td>30,985</td>
<td>11,096</td>
<td>36%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>194,504</td>
<td>82,815</td>
<td>43%</td>
</tr>
</tbody>
</table>
In 4 years, work from the 2-year spreadsheet.

Add numbers of graduates to each age group (times 2, for 2 years)
Move the RN-to-BSN up (times 2, for 2 years)

<table>
<thead>
<tr>
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<th>total</th>
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</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>37,165</td>
<td>18,305</td>
<td>49%</td>
</tr>
<tr>
<td>31-40</td>
<td>43,709</td>
<td>19,078</td>
<td>44%</td>
</tr>
<tr>
<td>41-50</td>
<td>46,857</td>
<td>19,714</td>
<td>42%</td>
</tr>
<tr>
<td>51-60</td>
<td>47,886</td>
<td>19,613</td>
<td>41%</td>
</tr>
<tr>
<td>61 or older</td>
<td>34,392</td>
<td>12,754</td>
<td>37%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>210,009</td>
<td>89,464</td>
<td>43%</td>
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</tbody>
</table>
In 8 years, work from the 4-year spreadsheet.

Add numbers of graduates to each age group (times 4, for 4 years)
Move the RN-to-BSN up (times 4, for 4 years)

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<td>53,655</td>
<td>25,433</td>
<td>47%</td>
</tr>
<tr>
<td>31-40</td>
<td>54,157</td>
<td>22,760</td>
<td>42%</td>
</tr>
<tr>
<td>41-50</td>
<td>52,364</td>
<td>21,881</td>
<td>42%</td>
</tr>
<tr>
<td>51-60</td>
<td>49,148</td>
<td>20,419</td>
<td>42%</td>
</tr>
<tr>
<td>61 or older</td>
<td>37,211</td>
<td>14,156</td>
<td>38%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>246,535</td>
<td>104,649</td>
<td>42%</td>
</tr>
</tbody>
</table>
Trend in Number of New Graduate Nurses 2007-2013

- ADN programs
- Pre-licensure BSN Programs
### Baseline 2012-13 licensure data

#### EMPLOYED RNs only

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<td>7,000</td>
<td>117%</td>
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<tr>
<td>31-40</td>
<td>2,989</td>
<td>3,000</td>
<td>102%</td>
</tr>
<tr>
<td>41-50</td>
<td>1,534</td>
<td>1,500</td>
<td>99%</td>
</tr>
<tr>
<td>51-60</td>
<td>367</td>
<td>400</td>
<td>109%</td>
</tr>
<tr>
<td>61 or older</td>
<td>30</td>
<td>50</td>
<td>166%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>10,851</td>
<td>11,950</td>
<td>110%</td>
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#### # RN-to-BSN per year

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**400% Increase in pre-licensure BSN graduates**
In 8 years, work from the 4-year spreadsheet.

Add numbers of graduates to each age group (times 4, for 4 years)

Move the RN-to-BSN up (times 4, for 4 years)

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<td>60,244</td>
<td>112%</td>
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<td>31-40</td>
<td>54,157</td>
<td>46,612</td>
<td>86%</td>
</tr>
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<td>52,364</td>
<td>34,413</td>
<td>66%</td>
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<td>24,638</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>180,900</strong></td>
<td><strong>73%</strong></td>
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