

# NURSES' ROLE IN IMPROVING HEALTHCARE



**ihac**

Illinois Healthcare Action Coalition

Striving to address Illinois' most pressing health care challenges - access, quality, and cost

We are working to make sure Illinois residents get the care they need, when and where they need it.





# Nursing and the Future of Health Care in Illinois

## How Can Nurses Contribute to Better Care, Better Health and Lower Costs for Illinoisans?

The Illinois Healthcare Action Coalition (IHAC) believes all Illinoisans deserve better care, better health and lower costs associated with healthcare. The IHAC also believes nurses – as the largest group of healthcare providers in the state are the key to achieving these three goals in Illinois. IHAC members are enthusiastic about the potential of achieving the Institute of Medicine (IOM) Future of Nursing report goals established in 2010 to transform nursing and healthcare in Illinois.

The Illinois Healthcare Action Coalition has joined the national Campaign for Action, which envisions a nation where every American has access to high-quality, patient-centered care in a healthcare system where nurses contribute as essential partners in achieving success. The complexity of the ever-changing healthcare environment requires even more nurses in practice and with advanced credentials and expertise.

The Illinois Healthcare Action Coalition is an active participant in the Campaign for Action, and working to:

1. Increase the proportion of nurses with a baccalaureate degree to 80% by 2020;
2. Double the number of nurses with a doctorate by 2020;
3. Strengthen the diversity of the Illinois RN workforce to better care for the state's multicultural population;
4. Enable all nurses in Illinois to practice to the full extent of their education and training;
5. Advance interprofessional collaboration to ensure coordinated and improved patient care;
6. Expand leadership ranks to ensure that nurses have voices on management teams, in boardrooms and during policy debates; and
7. Improve healthcare workforce data collection to better assess and project workforce requirements

The Illinois Healthcare Action Coalition seeks to further the long term efforts of many nurse leaders and nursing organizations and to actively engage a wide range of healthcare providers; consumer leaders; prominent officials; and groups representing government, business, academia and philanthropy. The ANA-Illinois, Illinois Organization of Nurse Leaders and the Illinois Center for Nursing lead implementation of the IOM recommendations in Illinois. All three groups are enthusiastic about the potential for the IOM goals to transform nursing and thus transform healthcare in the state of Illinois.

The Illinois Healthcare Action Coalition believes significant improvements in health outcomes and the reduction of healthcare costs for Illinois will require transformation and better utilization of the nursing profession.

### *What is Campaign for Action?*

The Robert Wood Johnson Foundation, in collaboration with AARP, initiated the Future of Nursing: Campaign for Action in late 2010. The initiative builds on the Future of Nursing: Leading Change, Advancing health, a landmark Institute of Medicine (IOM) report that provided a blueprint for transforming the nursing profession to improve health care and meet the needs of diverse populations.

Campaign for Action envisions a nation where every American has access to high-quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success.

### *For more information about Campaign for Action in Illinois:*

**Campaign for Action**  
<http://Campaignforaction.org>  
**Illinois Healthcare Action Coalition**  
[www.illinoishac.com](http://www.illinoishac.com)  
**IHAC on Facebook**  
[www.facebook.com/IHAC2013](http://www.facebook.com/IHAC2013)

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**FUTURE OF NURSING™**  
Campaign for Action



We need to immediately plan for changes in the education and deployment of the nursing workforce.

Higher education is essential to meet the demand for APRNs who can help overcome primary care shortages. Graduate degrees are essential to increasing faculty ranks, thereby adding the necessary capacity to expand enrollment at all levels of nursing education.

Master of Science in Nursing = Lower Mortality Rates + Fewer Medication Errors + Positive Patient Outcomes

Studies show that lower mortality rates, fewer medication errors and positive patient outcomes are all linked to nurses prepared at the baccalaureate and graduate degree levels.<sup>3,4</sup>

### APRNs

APRNs acquire specialized knowledge and skills through graduate or postgraduate education and certification in a specific role with a specific patient population. They deliver high-quality, cost-effective care with low malpractice and litigation rates, and yet they remain grossly underutilized in many states.

#### APRNs INCLUDE:

- CNPs**  
certified nurse practitioners
- CNSs**  
clinical nurse specialists
- CRNAs**  
certified registered nurse anesthetists
- CNMs**  
certified nurse midwives



[www.NursingWorld.org](http://www.NursingWorld.org)

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates.

# LOOKING TO IMPROVE HEALTH CARE IN YOUR STATE?

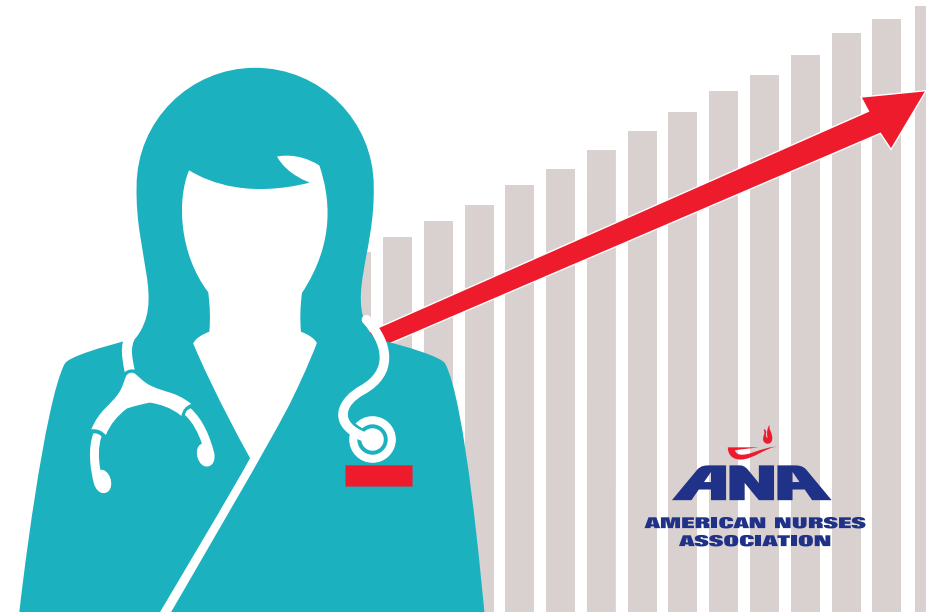
Nurses can make the difference.

<sup>1</sup> U.S. Department of Labor, Bureau of Labor Statistics. Occupational Outlook Handbook: Registered Nurses. 2014. Available at <http://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6>.

<sup>2</sup> American Association of Colleges of Nursing. New AACN data show that enrollment in baccalaureate nursing programs expands for the 10th consecutive year. December 1, 2010. Available at: [www.aacn.nche.edu/news/articles/2010/bacc-growth](http://www.aacn.nche.edu/news/articles/2010/bacc-growth).

<sup>3</sup> Kutney-Lee A, Sloane DM, Aiken LH. An increase in the number of nurses with baccalaureate degrees is linked to lower rates of post-surgery mortality. *Health Affairs*. 2013;32(3):579-586.

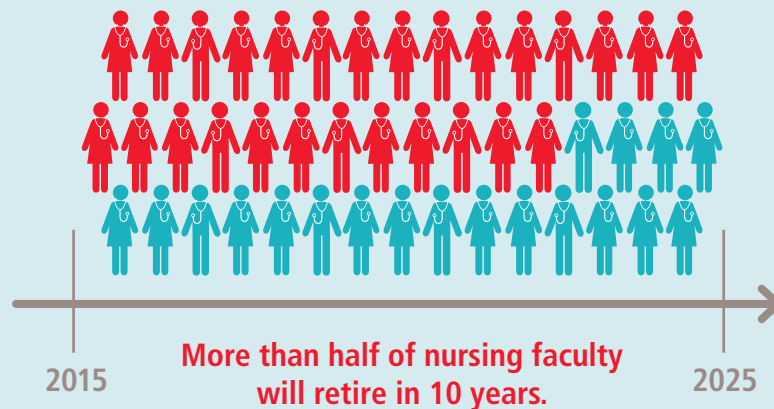
<sup>4</sup> Blegen MA, Goode C, Park SH, Vaughn T, Spetz J. Baccalaureate education in nursing and patient outcomes. *JONA*. 2013;43(2):89-94.



WE NEED  
**1.2**  
MILLION  
ADDITIONAL  
NURSES

MORE  
FACULTY  
IS KEY.

Over the next decade, more than half of nursing faculty will retire, and up to 500,000 experienced nurses will retire from the clinical workforce. The U.S. Bureau of Labor Statistics projects the need for 1.2 million additional nurses to replace retiring nurses and fill new positions.<sup>1</sup>



#### VACANCIES IMPACT CARE

A survey by the American Association of Colleges of Nursing (AACN) found that more than 75,000 qualified applicants were denied entry to baccalaureate programs due to insufficient clinical sites and lack of faculty. The impact of this shortage on health care is profound. Each nurse educator position left vacant could impact health care delivery for 3.6 million patients, according to the same study.<sup>2</sup>

## TO MEET THE FUTURE DEMAND FOR HEALTH CARE SERVICES, WE MUST ACT NOW.

Recommendations by the Institute of Medicine's Future of Nursing: Leading Change, Advancing Health. [www.iom.edu](http://www.iom.edu)

### 1 ENSURE THAT NURSES ARE EQUAL PARTNERS

- Include registered nurses (RNs) on health-related task forces, committees and panels.
- Connect with nurses through your state's nurses association. **See [www.findyourstate.org](http://www.findyourstate.org).**



### 2 REMOVE REGULATORY BARRIERS

- Revise scope-of-practice laws to ensure that advanced practice registered nurses (APRNs) realize full practice authority consistent with their education and training. Remove barriers such as collaborative practice agreements, supervisory requirements and prescribing limitations. Improve patient access by adopting the APRN Consensus Model to create uniform practice standards across state borders.
- Establish parity among third-party payers.



### 3 COLLECT AND USE DATA

- Support funding for workforce research and the creation of improved infrastructure to collect and analyze data.
- Use the data to systematically assess and project workforce requirements by role, skill mix, region and demographics to better inform future decisions.



### 4 SUPPORT HIGHER EDUCATION

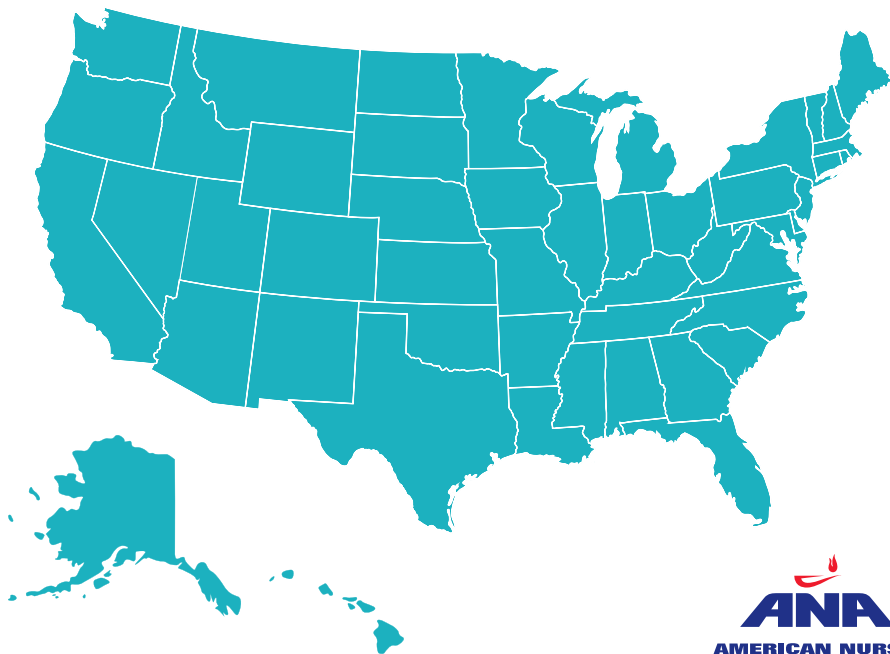
- Provide funding for scholarships and loan forgiveness programs.
- Smooth transitions between educational programs (e.g., articulation agreements).
- Recognize nontraditional programs.
- Strengthen nurses' capacity to contribute on interprofessional teams by amending your state's Nurse Practice Act to require RNs to obtain a baccalaureate degree within 10 years of initial licensure (grandfather currently licensed nurses and matriculated nursing students).



**3.1 MILLION REGISTERED NURSES—  
HEALTH CARE'S MOST VALUABLE ASSET.**

# IMAGINE A NATION WITHOUT NURSES

Learn more about the importance of  
RNs in health care at [RNaCTION.ORG](http://RNaCTION.ORG)



  
**ANA**  
AMERICAN NURSES  
ASSOCIATION

# REGISTERED NURSES MAKE A DIFFERENCE ACROSS THE HEALTH CARE SPECTRUM

Registered nurses (RNs) are the largest segment of the health care workforce—3.1 million and growing. In the United States, one out of every 45 potential voters is a nurse.<sup>1</sup> According to the U.S. Bureau of Labor Statistics, the projected employment growth for nurses over the next decade is 20.1 percent.<sup>2</sup> RNs meet America's health care needs on every level.

**3.1**

MILLION  
WORKFORCE



**\$68,910**

AVERAGE ANNUAL  
EARNINGS\*



**45**

AVERAGE  
AGE\*

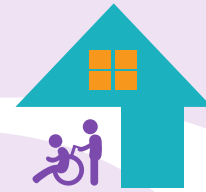


\*These demographics apply to direct care nurses only and salary averages do not include benefits.

## WHERE DO NURSES WORK? EVERYWHERE!



**58.3%**  
Work in hospitals



**20.6%**

Work in home health, outpatient settings, specialty hospitals, assisted living, skilled nursing facilities and nursing homes



**9.7%**

Work in schools, insurance companies and other businesses



**6.9%**

Work in private practice, physician and health care offices



**5.4%**

Work in local, state and Federal Government

# PROFESSIONAL NURSING QUALIFICATIONS

## Licensure

To protect the public from harm, state Boards of Nursing:

- » Establish requirements for initial licensure and retention, including basic education for entry and continuing education and/or competency;
- » Interpret scope of practice parameters;
- » Investigate complaints against licensees and execute appropriate actions.

## Credentialing

### Specialty Certification — RNs

RNs may choose to achieve one or more certifications in clinical specialties from independent credentialing bodies, like the American Nurses Credentialing Center (ANCC). Certification validates specialized knowledge, enhances professional credibility and indicates a level of clinical competence.<sup>3</sup>



### Advanced Practice Registered Nurses — APRNs

APRNs acquire specialized knowledge and skills through graduate or postgraduate education and certification in a specific role with a specific patient population, as defined by the Consensus Model for APRN Regulation.

#### APRNs INCLUDE:

##### CNPs

certified nurse practitioners

##### CNSs

clinical nurse specialists

##### CRNAs

certified registered nurse anesthetists

##### CNMs

certified nurse midwives

## RN Education

To be eligible for a state license, nurses must complete a degree from an accredited school of nursing and pass the standardized National Council Licensure Examination (NCLEX)-RN.

**ADN:** The Associate Degree in Nursing is offered by community colleges and hospital-based schools of nursing. Diplomas in Nursing are in decline and only available through hospital-based schools.

**BS/BSN:** The Bachelor of Science in Nursing, offered at colleges and universities, prepares graduates to practice in all health care settings, and includes study of research, leadership, health care economics, informatics and health policy.




**MSN:** Master's degree programs offer a number of tracks designed to prepare nurses for roles in administration, nursing education, business, government and advanced clinical practice.

**PhD/DNP:** PhDs typically teach and/or conduct research, while doctors of nursing practice focus on clinical practice or leadership roles.



# REGISTERED NURSES DELIVER ESSENTIAL CARE

RNs	APRNs	HEALTHCARE PRACTITIONERS ROUTINELY:
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Counsel and educate patients and families 
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct physical exams and obtain medical histories 
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Administer medications, wound care and other direct patient care 
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Provide preventive care such as screenings and immunizations 
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Interpret patient information and make critical decisions about care 
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coordinate care with other health professionals 
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct research and translate findings to evidence-based best practices 
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Direct and supervise health care personnel 

RNs	APRNs	HEALTHCARE PRACTITIONERS ROUTINELY:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Order and interpret lab tests and diagnostic studies 
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diagnose, treat, and manage acute and chronic illnesses 
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Prescribe medication and treatments <sup>4</sup> 



## LPN vs. RN

**How do LPNs differ from RNs?** Licensed practical nurses (LPNs), also known as licensed vocational nurses (LVNs) in California and Texas, complement the health care team by providing basic, routine care under supervision. **An LPN scope of practice is not as broad as an RN.** Additional education would be needed to qualify for RN licensure.





[www.NursingWorld.org](http://www.NursingWorld.org)

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates.

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<sup>1</sup> Editor (2003, December 1). Nurses Vote! Johns Hopkins Nursing. Retrieved from <http://magazine.nursing.jhu.edu/2003/12/nurses-vote/>

<sup>2</sup> U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections, Employment by Detailed Occupation, Table 1.2 Employment by detailed occupation, 2012 and projected 2022. Retrieved from [http://www.bls.gov/emp/ep\\_table\\_102.htm](http://www.bls.gov/emp/ep_table_102.htm)

<sup>3</sup> National Council of State Boards of Nursing. APRN Consensus Model Regulation (accessed 6/3/2014 at <https://www.ncsbn.org/4213.htm>)

<sup>4</sup> Data Sources: American Nurses Association and 2012 National Sample Survey of Nurse Practitioners

# ADVANCED PRACTICE NURSES

## ILLINOIS SOCIETY FOR ADVANCED PRACTICE NURSING

### What is an Advanced Practice Nurse?

An Illinois APN is a licensed registered nurse, has completed a master's degree specific to one of the four APN specialties, listed below, and has acquired and maintains national certification to practice within their education specialty. Once all requirements are satisfied, an APN license to practice is granted.

APN education at the masters level includes concentrated clinical preparation in the area of specialty advanced nursing practice, a rigorous, high-quality curriculum, and learning in an environment that fosters evidence-based patient care outcomes linked with preventive healthcare services.

#### APNs provide care by:

- Assessing and diagnosing patients
- Ordering and interpreting tests and procedures
- Selecting and prescribing medications
- Providing patient education and advocacy
- Providing end of life care

### Where Do APNs Work?

- Private Health Care Offices
- Hospitals
- Health Clinics
- Community Health Centers
- Student Health Clinics
- Universities
- Outpatient Surgical Centers
- Emergency Centers
- Birthing Centers
- Psychiatric Facilities
- Schools
- Day Care Centers
- Public Health Departments
- Home Health Agencies
- Nursing Homes and Assisted Living Facilities
- Hospices
- Armed Forces
- Veteran's Administration Facilities
- Occupational Health Settings

### The APN Advantage

Numerous studies, throughout the country, have been conducted comparing the patient outcomes of care provided by APNs and physicians. Studies for the past 10 years concluded that APN care is safe, cost-effective, and results in similar clinical outcomes and patient satisfaction as their physician colleagues.

#### Patients may prefer seeing APNs for their health care needs because they:

- Take time to listen
- Answer patients' questions
- Help patients understand their health issues
- Provide guidance and offer patients treatment choices

APNs may concentrate in an area such as family, adult, pediatrics, women's health, critical care, cardiology, orthopedics, diabetes, neurology or anesthesia. To become an APN in Illinois requires a master's degree and certification in a specialty, as well as state licensing. APNs are certified to practice in one of four specialties:

Who are they?	# in IL?	What do they do?
<b>Nurse Practitioner (NP)</b>	6411*	Provide primary health care services including take health histories and provide complete physical exams; diagnose and treat acute and chronic illnesses; provide immunizations; prescribe and manage medications and other therapies; order and interpret lab tests and x-rays; provide health teaching and supportive counseling.
<b>Clinical Nurse Specialists (CNS)</b>	1034*	Provide advanced nursing care in hospitals and other clinical sites; provide acute and chronic care management; develop quality improvement programs; serve as mentors, educators, researchers and consultants.
<b>Certified Registered Nurse Anesthetists (CRNA)</b>	1849*	Administer anesthesia and related care before and after surgical, therapeutic, diagnostic and obstetrical procedures, as well as pain management. Settings include operating rooms, outpatient surgical centers, and dental offices. CRNAs deliver more than 65% of all anesthetics to patients in the U.S.
<b>Certified Nurse/Midwives (CNM)</b>	445*	Provide primary care to women, including gynecological exams, family planning advice, prenatal care, management of low risk labor and delivery, and neonatal care. Practice settings include hospitals, birthing centers, community clinics and patient homes.

\* as of Dec 11, 2014 per Illinois Department of Financial and Professional Regulation, Division of Professional Regulation



For more information about a nursing career go to <http://nursing.illinois.gov> or call 888-NURSE07 (888-687-7307). For a list of public and private schools offering APN programs, go to <http://nursing.illinois.gov/education.asp>



# Help Illinoisans Stay Healthy by Utilizing ADVANCED PRACTICE NURSES

NURSE PRACTITIONERS, CLINICAL NURSE SPECIALIST, NURSE MIDWIVES, NURSE ANESTHETISTS

## The time to act is NOW!

The shortage of primary care providers in Illinois has reached a critical level due to fewer physicians entering primary care, geographic and specialty maldistribution, retirement, a growing and aging Illinois population, and the expansion of coverage under the ACA.

- Out of Illinois' 102 counties, only 10 counties are classified as not having a primary care professional shortage (white areas on map)
- 92 Illinois counties have a primary care provider shortage (pink area); of these,
- 21 have a significant primary care provider shortage (red area)

Illinois residents who are uninsured, low-income, members of racial and ethnic minority groups, and/or those living in rural or inner-city areas are disproportionately likely to lack a usual source of care.

## Illinois Advanced Practice Nurses(APNs) are the Answer!

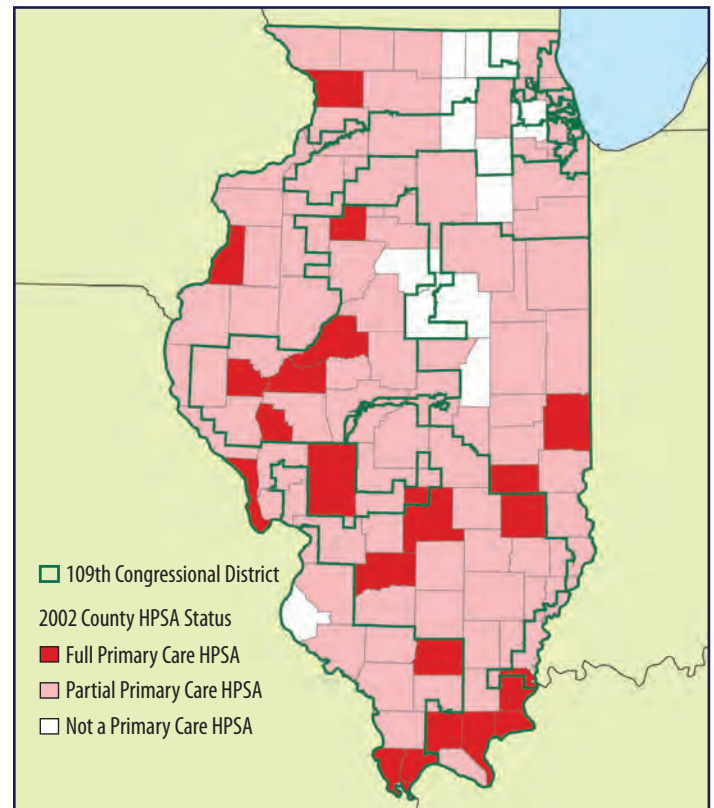
Nineteen states and the District of Columbia recognize APNs as an integral part of their respective states' health care systems, and APNs can practice to the fullest extent of their APN board-certified scope of practice license. Why not Illinois? Don't the residents of Illinois deserve access to care?

APNs and physicians were equivalent on outcome measures: overall quality of care, prescriptions, functional status, number of visits, and use the emergency room

APNs spent more time with patients, addressed health promotion more frequently, and made more referrals than physicians. APN's patients had fewer hospitalizations and better control of chronic conditions: control of high blood pressure and diabetics.

From Brown & Grimes, Meta analysis of numerous articles and documents over 30-yrs, based on randomized studies

## Illinois: Primary Care Health Professional Shortage Areas



ROBERT  
GRAHAM  
CENTER

Prepared by the Robert Graham Center:  
Policy Studies in Family Medicine and Primary Care  
Data Source: 2003 Area Resource File  
(U.S. Department of Health and Human Services)



**No matter what setting, APN's care has proven to be a high-quality, cost-effective means of primary care delivery**

# ILLINOIS NEEDS MORE HEALTH PROVIDERS

Illinois must address it's healthcare system – from the most populous urban communities to the most expansive rural areas



A quarter of Illinois residents live in rural areas, yet, only 10 percent of Illinois physicians practice there. Often rural residents drive over 50 miles to see a primary care provider.

Approximately 21.9% of residents in remote rural counties are uninsured, compared to 14.3% in urban counties.

Rural residents spend more out-of-pocket on health care than their urban counterparts. On average, rural residents pay 40% of their own health care costs compared, with urban residents, who pay one-third.

(Illinois Department of Public Health)

## By 2020, the US will be short 63,000 primary care doctors

The rate of primary care physicians in Illinois (currently 8832) continues to drop and by 2030, Illinois will be short 1,063 or 12% of the current workforce.

Conversely, the supply of primary care Nurse Practitioners is projected to increase by 30% from 55,400 in 2010 to 72,100 in 2020.

We cannot afford to limit Illinois APNs' Scope of Practice, nor can the residents of Illinois handle a further decrease in access to health care.

## Please Act now

The shortage of primary care providers has reached a critical level due to fewer physicians entering primary care, geographic and specialty mal-distribution, retirement, a growing and aging Illinois population, and the expansion of coverage under ACA.



**It is your responsibility to not only ensure access to primary care, but it is also fiscally sensible to expand this critical workforce**

(Chairman Bernard Sanders, Subcommittee on Primary Health and Aging, U.S. Senate Committee, 2013)



Illinois Organization of Nurse Leaders  
An affiliate of the American Organization of Nurse Executives



# A Day in the Life of Your School Nurse



National Association of School Nurses



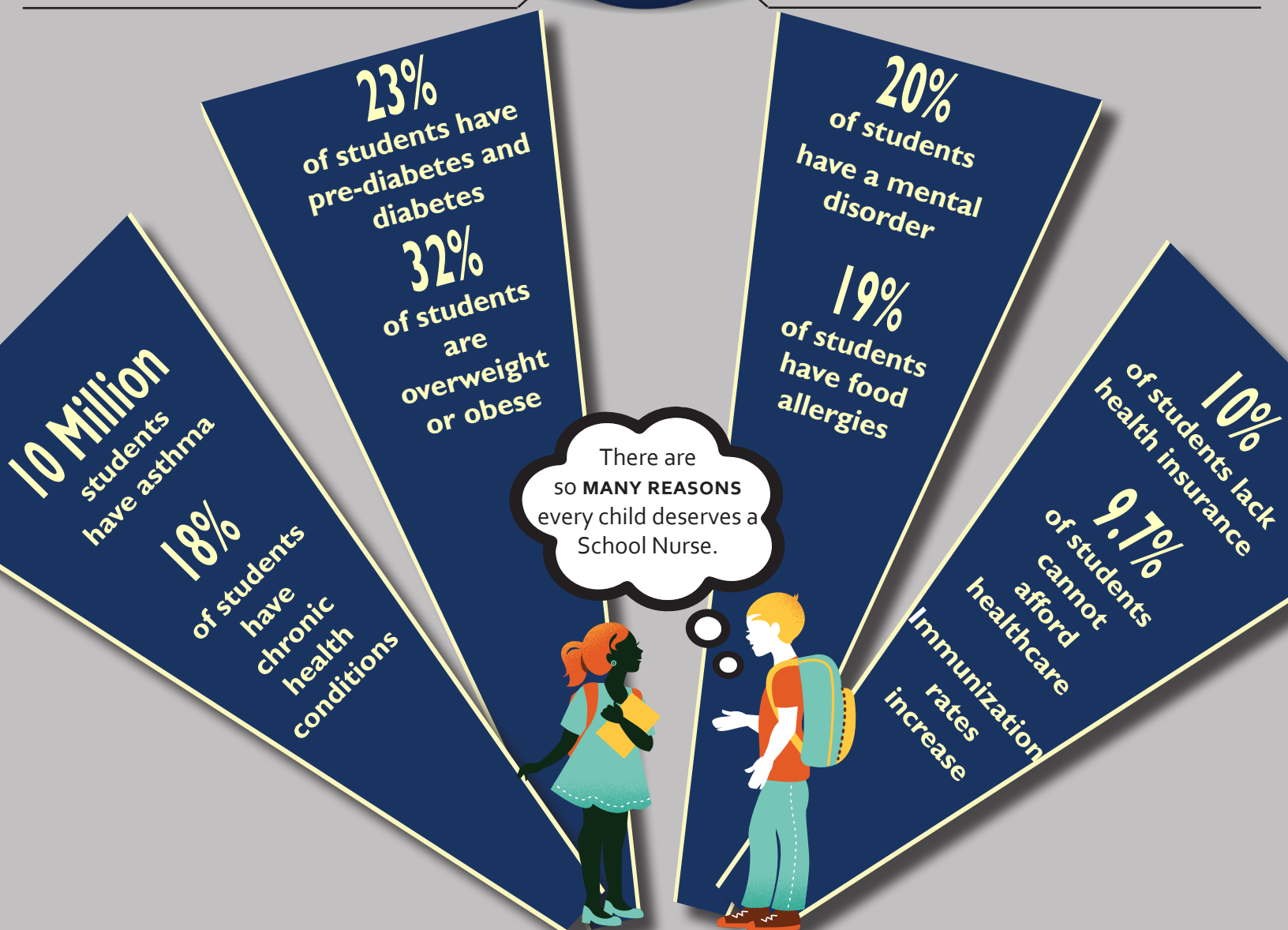
20 minutes saved per day for the Teacher by the School Nurse

60 minutes saved per day for the Principal by the School Nurse

32% of time is spent by the School Nurse providing mental health services



45 minutes saved per day for the School Clerical Staff by the School Nurse



## School Nurses: The Invisible Healthcare of Our Nation's Children

Key activities of school nurses which support student success include:

- Health promotion and disease prevention
- Triage and treatment of acute issues
- Management of chronic disease (asthma, diabetes, severe allergies, seizures, etc.)
- Support of student psychosocial problems such as bullying, depression, anxiety, and familial issues
- Assessment of health complaints, medication administration, and care for students with special health care needs

Public health activities include

- A system for managing emergencies and urgent situations
- Mandated health screening programs, verification of immunizations and infectious disease reporting
- Environmental surveillance to reduce injuries and communicable illness
- Health education and promotion to combat childhood obesity, and increase the health and wellness of whole communities

Certified School Nurses have a minimum of a Bachelor's degree, as well as additional coursework and preparation in public health, special education, and education theory/pedagogy (education courses taken with education majors). This allows them to have a professional educator's license, teach topics such as health in schools, apply public health knowledge to transform whole school communities into healthier citizens, and advocate for the specific needs of each child who meets the criteria for special education.

The Illinois State Board of Education recognizes Certified School Nurses as professional educators. Certified School Nurses possess the knowledge needed to best advocate for all students, ensure the rights of students with special needs, independently provide classroom instruction, and transform whole communities with public health initiatives.

**Healthy Children Learn Better. Every Child Deserves a School Nurse.**

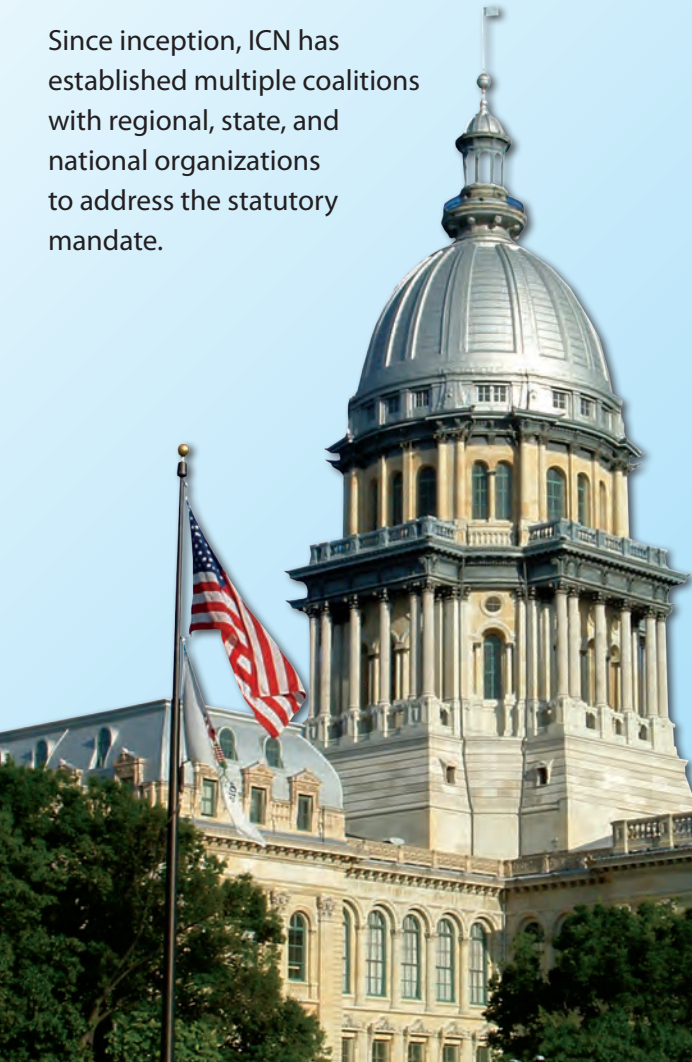


# ILLINOIS CENTER FOR NURSING (ICN)

## was established through legislative action in 2006

and placed within the Illinois Department of Financial and Professional Regulation to address issues of supply and demand in the nursing profession. Comprised of eleven members with diverse expertise appointed by the governor, the Center is administered by a manager.

Since inception, ICN has established multiple coalitions with regional, state, and national organizations to address the statutory mandate.



ILLINOIS  
CENTER FOR  
**NURSING**

### CONTACT

888-NURSE07 [888-687-7307]

[nursing.illinois.gov](http://nursing.illinois.gov)

 [facebook.com/ILDFPR](https://facebook.com/ILDFPR)

 [@IDFPR](https://twitter.com/IDFPR)



ILLINOIS  
CENTER FOR  
**NURSING**

**Committed  
to the  
Nursing  
Profession**





# Illinois Center for Nursing (ICN)

## STRATEGIC PLANNING MAP

### CENTRAL CHALLENGE

Optimize ICN's influence as the leader for nursing workforce development that impacts quality healthcare policy, practice and education in the era of change

### MISSION

The Mission of the Illinois Center for Nursing (ICN) is to advocate for and ensure appropriate nursing resources necessary to meet the healthcare needs of the citizens of Illinois. Through these efforts, ICN promotes access to healthcare, improved quality, and decreased cost.

The central challenge at this time of unprecedented health care change is to optimize ICN's influence as the leader for nursing workforce development to impact quality health care policy, practice and education.

### ACCOMPLISHMENTS

Overall capacity in RN programs increased by 57.8% and in LPN programs by 18.5% through multiple initiatives: (2006-2013).

### ISSUES

Projections of mass retirements of RNs and increased demands for advanced practice nurses, nurse educators, and those with new competencies. This demands understanding of national and state supply/demand.

#### Data

**Strategic Objective:**  
Utilize data to plan and project workforce needs

**Strategies:**  
Interpret data to formulate recommendations for current education, practice, policy changes, and further data collection and analysis

Analyze national reports to identify and respond to implications for the Illinois nursing workforce

Disseminate information and results

#### Partnership

**Strategic Objective:**  
Build key strategic partnerships to facilitate the work of the ICN

**Strategies:**  
Identify potential partners and alliances  
Determine and clarify the potential scope of collaboration based on mission and vision of the identified partner

Designate a liaison from the ICN Board to partner with the organization

Build and leverage key strategic partnerships to initiate change

Collaborate with professional organizations and partners to initiate change

#### Resources

**Strategic Objective:**  
Utilize existing state funds and seek additional non-state resources

**Strategies:**  
Create a model to identify financial requirements to achieve strategic priorities  
Create a system for assessing and reporting effective management of resources

Collaborate with state agencies to ensure necessary funds to achieve needed workforce

Pursue and accept non-state resources provided by public and private partnerships to maximize workforce

Identify financial requirements to achieve strategic priorities

#### PR/Marketing

**Strategic Objective:**  
Increase visibility and communicate value of the ICN

**Strategies:**  
Identify key messages that reflect the value of ICN's roles, expertise, and programs

Develop a comprehensive communication plan outlining goals for the plan, target audiences, and needed resources

Identify measures of success



# Preparing the Nursing Workforce for a Changing Health System: The Role of Graduate Nursing Education

By Beeta Rasouli and Sarah Dash, with contribution from Zsofia A. Parragh, Alliance for Health Reform

## Overview

**The** nursing profession, with approximately 3 million licensed and practicing nurses in the U.S., comprises the largest segment of the nation's health care workforce. However, efforts are underway to rethink nursing education and training so that it meets the needs of an aging population with increasingly complex chronic diseases. Moreover, the capacity of today's health care workforce may need to be strengthened to meet growing demand brought about by recent coverage expansions. In light of these needs, there is consensus among experts that nursing education should be modernized to train a greater percentage of nurses at the graduate level and provide the skills nurses need as today's health care delivery system continues to evolve towards more team-based, data-driven, and coordinated care.

**Demand for registered nurses is projected to grow 19 percent from 2012 to 2022**

This toolkit is intended to provide policy-makers with a primer on today's nursing workforce, expert views on how nursing education should evolve to meet the needs of a changing health system, and the role of federal policy in advancing nursing education. It includes the following sections:

- The U.S. Nursing Workforce
- Outlook and Recommendations for Nursing Education
- Role of Federal Policy
- Resources

## The U.S. Nursing Workforce

An estimated 2.7 million registered nurses (RNs) were active in the workforce in 2012. [The Bureau of Labor Statistics](#) projects that 1.1 million job openings will be available for RNs and advance practice RNs by 2022, and demand for registered nurses is projected to grow 19 percent from 2012 to 2022.<sup>1</sup> Meanwhile, demand for nurse anesthetists, nurse midwives, and nurse practitioners is projected to grow 31 percent by 2022.<sup>2</sup> The demand for additional nursing services is expected to be driven by factors such as the aging population, the expected retirement of a significant percentage of the nursing workforce, and changes in care delivery models that could require nurses to spend more time on duties such as care coordination and prevention of acute health problems.<sup>3</sup>

According to the [Health Resources and Services Administration \(HRSA\)](#), the projected changes in supply and demand for nurses vary substantially by state. Nationally, if RNs continue to train at current levels, the supply of RNs is projected to outpace the expected demand for nursing services by 2025. However, national figures mask expected shortages based on geography, and disparities may still exist in terms of the supply of nurses at the state level. In the next decade, thirty-four states are expected to experience a growth in the supply of nurses that will exceed demand, but sixteen states are projected to experience a shortage of nurses.<sup>4</sup>

Relative to physicians, the number of nurse practitioners and physician assistants is expected to be much higher than the projected number of primary care doctors in the



coming years. [The Association of American Medical Colleges](#) projects a shortage of 45,000 primary care physicians by 2020.<sup>5</sup> As a result, analysts are looking to nurse practitioners to play an important role in alleviating this shortage under new models emphasizing team-based care, such as the patient-centered medical home, particularly in certain settings.<sup>6</sup> According to a [national survey](#) of primary care nurse practitioners and primary care physicians, nurse practitioners are more likely to provide primary care in a wider range of community settings such as urban and rural areas, and provide proportionally more care to Medicaid enrollees, racial and ethnic minorities, and uninsured populations.<sup>7</sup>

The diversity of the nursing workforce is also important for ensuring access to care. Underrepresented groups in nursing include men and individuals with African American, Hispanic, Asian, American Indian, and Alaska Native backgrounds. While the proportion of non-white RNs increased from 20 to 25 percent over the past decade, the proportion of men in the RN workforce increased by about a percentage point and is currently 9 percent.<sup>8</sup>

**Nursing programs turned away 78,089 qualified applicants due to faculty shortages, lack of clinical training sites, and budget constraints, in 2013.**

### Outlook and Recommendations for Nursing Education

Unlike other health professions training, multiple education entry points to nursing exist and requirements for nursing levels vary. The different levels of nursing qualifications include:

- [Registered Nurse \(RN\)](#), a status that can be obtained through an associate's degree, bachelor's degree, or a three-year hospital training diploma program;
- [Advanced Practice Registered Nurse \(APRN\)](#), graduate-prepared nurses including nurse practitioners, certified nurse-midwives, certified registered nurse anesthetists, and clinical nurse specialists, require a master's degree; and
- [Doctorate Degree in Nursing](#).

Experts in the nursing community concur that higher levels of nursing education and training are imperative to ensuring a high quality, patient-centered system. [The Institute of Medicine \(IOM\)](#) recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020 and doubling the number of nurses with a doctorate by 2020. Recommended strategies for accomplishing these goals include core competencies emphasizing leadership, health policy, system improvement, research and evidence-based practice, teamwork, technological skills and health information management. [The IOM](#) also recommends creating opportunities for a seamless transition into higher nursing degree programs, encouraging interprofessional collaboration, producing more diversity in the workforce, and establishing residency programs in community settings to help manage the transition from nursing school to practice.<sup>9</sup>

### Training Challenges: Faculty Shortages and Budget Constraints

Some of the longstanding challenges to training more graduate-level nurses include securing both the necessary funding and also the faculty to conduct the training. Despite a large pool of qualified nursing applicants, there are not enough faculty members or facilities to train them, and that shortage is expected to worsen. According to the [American Association of Colleges of Nursing \(AACN\)](#), baccalaureate and graduate nursing programs turned away 78,089 qualified applicants due to faculty shortages, lack of clinical training sites, and budget constraints, in 2013.<sup>10</sup> At the same time, about half of nursing school faculty members are expected to reach retirement age within the next ten years.<sup>11</sup> According to an [AACN survey](#) conducted on vacant faculty positions for the 2013-2014 academic year, two-thirds of nursing schools surveyed reported insufficient funding to hire new faculty as one of the biggest barriers.<sup>12</sup> Furthermore, higher compensation in clinical and private-sector settings may be discouraging qualified graduates from becoming nurse educators.<sup>13</sup>

Currently, 55 percent of RNs hold a bachelor's or higher degree, where an associate's degree in nursing was the first degree for many of these nurses.<sup>14</sup> To qualify for faculty positions, however, most schools either require or prefer doctorally prepared faculty members.<sup>15</sup> The multiple layers of degrees necessary to reach this level may present a challenge to many nurses, especially those who start with the minimal requirement of an associate's degree.



## The Role of Federal Policy

The main federal source of nursing education funding comes from [Title VIII of the Public Health Service Act](#), administered by the Health Resources and Services Administration (HRSA). The major grant program areas are: Advanced Education Nursing; Workforce Diversity Grants; Nurse Education, Practice, and Retention Grants; National Nurse Service Corps; Nurse Faculty Loan Program and Comprehensive Geriatric Education Grants.<sup>16</sup> [The funding for Title VIII](#) in fiscal year 2015 is \$232 million, which is a 3.5 percent increase over FY 2014 operating levels of \$224 million, but not significantly more than the FY 2012 level of \$231 million, and still less than the FY 2011 level of \$242 million.<sup>17</sup>

Medicare already has a well-established [program](#) for funding entry level nursing education via diploma programs, although many of these programs closed in the 1980s. This was most likely due to increased support for baccalaureate nursing education and difficulties faced by hospitals to rely on federal funds.<sup>18</sup> In addition, in 2012, the Centers for Medicare and Medicaid Services' Center for Medicare and Medicaid Innovation (CMMI) awarded \$200 million each to five hospitals to fund a [four-year demonstration project](#) aimed at supporting training and increasing the supply of APRNs who provide services to the growing number of Medicare beneficiaries. The focus of the training is on primary care and chronic care management, and at least half of the funding supports training in community-based settings. The Hospital of the University of Pennsylvania, Duke University Hospital, Scottsdale Healthcare Medical Center, Rush University Medical Center, and Memorial Hermann-Texas Medical Center Hospital received grants.<sup>19</sup>

## Resources Overview

### The Future of Nursing: Leading Change, Advancing Health

Institute of Medicine (IOM). October 5, 2010  
<http://goo.gl/KxxvJ>

This report examines the role of nurses in the health care system and provides recommendations focusing on nursing workforce readiness while meeting complex patient health needs. Recommendations include advancing education transformation, leveraging nurse leadership, removing barriers to practice and care, promoting nursing diversity, and fostering interprofessional collaboration.

**Future of Nursing: Campaign for Action Overview**  
 Center to Champion Nursing in America (CCNA).  
 October 8, 2014  
<http://goo.gl/RxhStt>

The Future of Nursing: *Campaign for Action* is an initiative of AARP and The Robert Wood Johnson Foundation, which strives to improve the nation's health care system through maximizing the use of nurses. The *Campaign* has organized coalitions in 50 states and DC to help implement the IOM's evidence-based recommendations.

**American Nursing Education at a Glance (Baccalaureate and Graduate)**  
 American Association of Colleges of Nursing (AACN). June 2014  
<http://goo.gl/JOIJia>

This policy brief provides statistics on the enrollment and graduation of students in baccalaureate and graduate nursing programs. It also provides a snapshot of the nursing workforce and breaks down the various roles of APRNs. The brief cites a growing demand for nurses and barriers to expanding the nation's nursing workforce.

**Supply and Demand Practice Characteristics of Primary Care Nurse Practitioners and Physicians**  
 Nursing Outlook, Peter Buerhaus et al. August, 2014  
<http://goo.gl/vvsHZJ>

This article reports the results of a national survey of primary care nurse practitioners (PCNPs) and primary care physicians (PCMDs), conducted in 2011–2012. The article reports that PCNPs are more likely than PCMDs to practice in urban and rural areas, provide care in a wider range of community settings, and treat Medicaid recipients and other vulnerable populations. The article finds that a strong majority of both types of clinicians reported that if they could choose an ideal primary care practice type, it would be a team practice with physicians and nurse practitioners.

**Job Outlook: Registered Nursing**  
 Bureau of Labor Statistics, U.S. Department of Labor, Occupational Handbook. January 8, 2014  
<http://goo.gl/RPKynV>

According to this report, registered nursing (RN) is listed as one of top occupations in terms of job growth by 2022. The Bureau projects employment of RNs to grow by 19 percent from 2012–2022 due to an aging population and greater demand for health care services.

### **Job Outlook: Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners**

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Handbook. January 8, 2014  
<http://goo.gl/TivzIA>

Employment of nurse anesthetists, nurse midwives, and nurse practitioners is projected to grow 31 percent from 2012–2022. This report provides the job outlook for APRNs with detailed projections.

### **Future of the Nursing Workforce: National and State-level Projections, 2012–2025**

Health Resources and Services Administration (HRSA). December 12, 2014  
<http://goo.gl/vuhdEA>

This brief provides national and state-level projections of the supply of and demand for registered nurses (RNs) and licensed practical/vocational nurses (LPNs). Using data from 2012 and the Health Resources and Services Administration's (HRSA) Health Workforce Simulation Model, the authors present projections for the entire U.S. in 2025. As an example, a key finding shows that between 2012 and 2025 the projected changes in supply and demand for LPNs vary substantially by state.

### **Projecting the Supply and Demand for Primary Care Practitioners through 2020**

Health Resources and Services Administration (HRSA). November 2013  
<http://goo.gl/lmsBA1>

This study highlights the projected growing demand for primary care services due to an aging population. It also discusses the projected increase in the supply of nurse practitioners and physician assistants by 2020 and how utilization of NPs and PAs could alleviate the projected primary care physician shortage, if properly integrated into the system.

### **Highlights from the 2012 National Sample Survey of Nurse Practitioners**

Health Resources and Services Administration (HRSA). 2014  
<http://goo.gl/8jgPyN>

This survey takes an in depth look at the nurse practitioner workforce and profiles education, certification and practice patterns.

### **Nursing Shortage Fact Sheet**

American Association of Colleges of Nursing, Robert Rosseter  
<http://goo.gl/ZHZmU5>

This fact sheet discusses the expected shortage of RNs and capacity barriers in nursing schools to meet growing demands, outlines the current and projected nursing shortage indicators, and describes contributing factors impacting the nursing shortage.

### **Enhancing Diversity in the Nursing Workforce**

American Association of Colleges of Nursing (AACN). January 21, 2014  
<http://goo.gl/ORhC1Y>

The need to attract students from underrepresented groups in nursing — specifically men and individuals from African American, Hispanic, Asian, American Indian, and Alaskan native backgrounds — is gaining in importance given the Bureau of Labor Statistics' projected need for more than a million new and replacement registered nurses by 2020.

### **Training Capacity**

#### **Nurses for the Future**

New England Journal of Medicine, Linda Aiken. January 20, 2011  
<http://goo.gl/Eoalg>

The author recommends a change in patterns of initial nursing education. She discusses unintended consequences of allowing the majority of graduates to enter nursing practice with an associate's degree.

### **The Shortage of Doctorally Prepared Nursing Faculty: A Dire Situation**

Nursing Outlook, Linda Berlin and Karen Sechrist. March 2002  
<http://goo.gl/55x0ry>

According to this article, the average retirement age for nurse faculty is 62.5 years, and the average retirement age of doctorally prepared faculty is 53.5 years. It predicts a wave of retirement within the next ten years.

### **Interprofessional Education Collaborative (IPEC)**

<http://goo.gl/A6ZUnK>

This website introduces the Interprofessional Education Collaborative (IPEC). Six national education associations of schools of the health professions established IPEC in 2009 to promote and encourage efforts that prepare the next generation of health care leaders for team-based practice and improved population health outcomes. Resources, funding opportunities, news and announcements can be found on the website.



## Federal Funding

### Justification of Estimates for Appropriations Committees, Fiscal Year 2015

Health Resources and Services Administration (HRSA). March 2014  
<http://goo.gl/fZnOmp>

HRSA is the Federal agency responsible for working to improve access to health care services for the targeted population of uninsured, isolated or medically vulnerable. This document summarizes and highlights HRSA's programs and activities, and provides detailed budget requests for FY2015.

### Graduate Nurse Education Demonstration

Center for Medicare and Medicaid Innovation (CMMI). July 30, 2012  
<http://goo.gl/iy7fGn>

This fact sheet describes the Graduate Nurse Education demonstration under the Center for Medicare and Medicaid (CMMI), which is a model that funds the clinical education of advance practice registered nurses.

### Medicare Graduate Nursing Education Demonstration

Center to Champion Nursing in America. October 9, 2014  
<http://goo.gl/V8I9ld>

This fact sheet provides information on the Medicare Graduate Nurse Education (GNE) Demonstration. The four-year Demonstration, under the Center for Medicare and Medicaid (CMMI), was awarded to five hospitals across the nation. The demonstration aims to increase the supply of advance practice registered nurses (APRNs), including nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

### Course Correction: Better Preparing Today's Nurses For 21st Century Health Care Service

Health Affairs, Kelly Hancock. June 20, 2014  
<http://goo.gl/8j4r4Z>

This publication highlights lack of technical and "soft skills" (critical thinking, problem recognition, prioritization) because of flaws in education and discusses recommendations for improving nursing education and skills. Some examples include establishing nursing residency programs, creating better academic/clinical synergies and increasing clinical competence.

### Medicare Funding of Nursing Education: Proposal for a Coherent Policy Agenda

Nursing Outlook, Kathleen Thies and Doreen Harper 2004  
<http://goo.gl/zl6QqN>

This article provides background on Graduate Medical Education (GME) funding for nursing education and recommendations for a more coherent policy agenda.

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AARP  
<http://www.aarp.org/>

Alliance for Health Reform  
[www.allhealth.org](http://www.allhealth.org)

American Association of Colleges of Nursing  
<http://www.aacn.nche.edu/>

American Association of Critical Care Nurses  
<http://www.aacn.org/>

American Association of Nurse Anesthetists  
<http://www.aana.com/>

American Association of Nurse Practitioners  
<http://www.aanp.org/>

American College of Nurse-Midwives  
<http://www.midwife.org/>

American Nurses Association

<http://www.nursingworld.org/>

American Nurses Credentialing Center

<http://www.nursecredentialing.org/>

Centers for Medicare & Medicaid Services, Nursing Home Compare

<http://www.medicare.gov/nursinghomecompare/search.html>

Graduate Nurse Education Demonstration, Centers for Medicare and Medicaid Services

<http://innovation.cms.gov/initiatives/GNE/>

Institute of Medicine

<http://www.iom.edu/>

Interprofessional Education Collaborative (IPEC)

<https://ipeccollaborative.org/>

National Association of Clinical Nurse Specialists

<http://www.nacns.org/>

National Council of State Boards of Nursing

<https://www.ncsbn.org>

Nursing Outlook

<http://www.nursingoutlook.org/>

Oregon Health & Science University School of Nursing

<http://www.ohsu.edu/xd/education/schools/school-of-nursing/>

The Journal of Continuing Education in Nursing

<http://www.healio.com/nursing/journals/jcen>

The Robert Wood Johnson Foundation

<http://www.rwjf.org/>

University of Pittsburgh School of Nursing

<http://www.nursing.pitt.edu/>

University of Washington, School of Nursing

<http://nursing.uw.edu/>

## ENDNOTES

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## *If You Need to Contact Someone about Nursing Leadership in Illinois*

The Illinois Organization of Nurse Leaders' (IONL) historical formation dates back to 1977 when its function was to unify and promote nurse executive practice. Since the 70's, the organization evolved to broaden its scope and focus to nurses in all leadership positions.

IONL encourages development of care delivery systems that are forthright and visionary. The IONL develops strategic initiatives in the area of executive management expertise in health care systems.

IONL provides direction for achievement of excellence in nursing leadership. It promotes professional development, networking, research and innovation for the advancement of nursing practice.

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