Health Care System Challenges

- Fragmentation
- High costs
- Health care disparities
- Primary care shortage
- Aging and sicker population
Our Current Health System

- Wellness
- Primary care
- Home care
- Long-term care
- Acute care
Flip Pyramid to Transform Health

- Acute care
- Long-term care
- Home care
- Management of chronic illness and care coordination
- Health promotion; wellness; primary care
Opportunity of Our Lifetime!

The Future of Nursing: Leading Change, Advancing Health

Health reform

Add value while slowing costs

access

quality

Chance to transform system to improve care
Background on the Future of Nursing

**The Initiative on the Future of Nursing**: a joint effort by the Institute of Medicine and the Robert Wood Johnson Foundation

Health professionals and thought leaders from diverse backgrounds

**Ultimate Goal**: To improve how health care is delivered so that better patient outcomes can be achieved while holding down costs
High-quality, patient-centered health care for all will require remodeling many aspects of health care system, especially nursing.
IOM Report

Recommendations

Seek significant improvement in public and institutional policies at national, state and local levels
Implementation of the Recommendations

Partnership with AARP and the Robert Wood Johnson Foundation

The implementation phase will need everyone
Campaign for Action

Campaign Vision

All Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success
Why Nurses?

A high-quality health system will provide:

- Chronic care management
- Care coordination
- Prevention and wellness
- Care across the lifespan

Nurses can work with other health professionals to help address these needs

- Largest segment of health care workforce
- Spend most time with patients
Campaign for Action

Access to Care

Education

Leadership

Workforce Data

High-quality patient centered care

Interprofessional Collaboration
Four Key Messages

Recommendations:
- Remove scope-of-practice barriers
- Implement nurse residency programs

#1) Nurses should be able to practice to full extent of their education and training
Physician and Non-Physician Changes 1960 - 2050

- All Physicians
- Not a Primary Care Physician
- Primary Care Physician
- Family Medicine
- Non-Primary Care NP and PA
- Primary Care NP and PA

AAMC, 2010
Four Key Messages

#2) Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

Recommendations:
- Increase proportion of nurses with BSN degree to 80% by 2020
- Double the number of nurses with a doctorate by 2020
- Ensure that nurses engage in lifelong learning
Nursing Workforce Education: Educational Preparation Trends (1980 – 2008)

*Bachelor’s and higher degrees include both nursing and non-nursing degrees.
### Highest Education Attained, 2008

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Bachelor Degree</td>
<td>36,948</td>
<td>31.1%</td>
</tr>
<tr>
<td>RN Hospital Based Diploma / Certificate</td>
<td>31,120</td>
<td>26.2%</td>
</tr>
<tr>
<td>RN Associate Degree</td>
<td>29,585</td>
<td>24.9%</td>
</tr>
<tr>
<td>RN Masters Degree</td>
<td>7,965</td>
<td>6.7%</td>
</tr>
<tr>
<td>Other Bachelor Degree</td>
<td>7,106</td>
<td>6.0%</td>
</tr>
<tr>
<td>Other Masters Degree</td>
<td>5,063</td>
<td>4.3%</td>
</tr>
<tr>
<td>Other Doctorate Degree</td>
<td>695</td>
<td>0.6%</td>
</tr>
<tr>
<td>RN Doctorate Degree</td>
<td>316</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>118,798</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Annual Percentage Change in Entry Level Baccalaureate Nursing Enrollment, 1990 – 2008

1) Exposes students to leadership and community and public health

2) More prepared to care for increasingly complex patients

3) More likely to get advanced degrees, enabling them to be faculty and PCPs

4) Offers foundation for more complex roles
Improving Education

The Evidence

Studies show significant association between educational level and patient outcomes *

6% of nurses who graduate with AD get advanced degree, enabling them to teach and serve as PCPs, compared to 20% of BSN graduates who get advanced degrees (Aiken, 2009)

*Aiken et al., 2003; Estabrooks et al., 2005; Friese et al., 2008; Tourangeau et al., 2007; Van den Heede et al., 2009
Improving Education

- Community colleges play crucial role
  - Gateway for students who wouldn’t enter BSN programs because of space, distance or cost
  - Must get graduates to continue their education

- BSN programs must partner with community colleges
  - Examples of models across states
Obstacles to Achieving These Goals

Costs of Nursing Education

Place of Practice
Obstacles to Achieving These Goals (cont.)

- Less funding for new hires, infrastructure, development of new programs

Dwindling Public Funding
Qualified Applicants Not Accepted in Associate (AD) and Baccalaureate (BS) RN Programs

1. **BS AACN**: Number of qualified applicants not accepted in baccalaureate generic RN programs estimated from the *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. American Association of Colleges of Nursing. (2006-07, Table 37; 2007-08, Table 39; 2008-09, Table 38; 2009-2010, Table 39).

2. **BS NLN**: Number of qualified applicants not accepted in baccalaureate generic RN and RN to BSN programs estimated from the *Nursing Data Review*. National League for Nursing. (2004-05, Tables 3&6; 2005-06, Tables 2 & 5; 2007-08, Tables 2 & 5).

3. **AD NLN**: Number of qualified applicants not accepted in associate degree RN programs estimated from the *Nursing Data Review*. National League for Nursing. (2004-05, Tables 3 & 6; 2005-06, Tables 2 & 5; 2007-08; Tables 2 & 5).
Salaries

### School of Nursing

<table>
<thead>
<tr>
<th>Position</th>
<th>Median</th>
<th>75th %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor (Doctoral)</td>
<td>$77,605</td>
<td>$84,839</td>
</tr>
<tr>
<td>Associate Professor (Master's)</td>
<td>$62,778</td>
<td>$70,424</td>
</tr>
<tr>
<td>Assistant Professor (Doctoral)</td>
<td>$68,444</td>
<td>$73,333</td>
</tr>
<tr>
<td>Assistant Professor (Master's)</td>
<td>$58,567</td>
<td>$64,590</td>
</tr>
</tbody>
</table>

### Clinical/Administrative Positions

<table>
<thead>
<tr>
<th>Position</th>
<th>Median</th>
<th>75th %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Nursing (Exec. &amp; Management)</td>
<td>$157,754</td>
<td>$182,871</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>$121,698</td>
<td>$131,076</td>
</tr>
<tr>
<td>Nursing Director</td>
<td>$104,191</td>
<td>$117,059</td>
</tr>
<tr>
<td>NP (Specialty Care)</td>
<td>$74,015</td>
<td>$81,487</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>$78,565</td>
<td>$83,728</td>
</tr>
<tr>
<td>Head Nurse (Critical Care)</td>
<td>$73,640</td>
<td>$81,098</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>$71,544</td>
<td>$76,811</td>
</tr>
</tbody>
</table>

FIGURE 4-5 Age distribution of nurses who work as faculty. SOURCE: HRSA, 2010b.
Racial/Ethnic Composition of the RN and National Workforce, 1983-2006

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Other</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1983</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNs</td>
<td>86.8%</td>
<td>6.4%</td>
<td>1.9%</td>
<td>4.9%</td>
<td>4.8%</td>
</tr>
<tr>
<td>NAT</td>
<td>82.6%</td>
<td>9.5%</td>
<td>5.3%</td>
<td>2.6%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>2006</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNS</td>
<td>76%</td>
<td>10.7%</td>
<td>4.3%</td>
<td>9.1%</td>
<td>8.9%</td>
</tr>
<tr>
<td>NAT</td>
<td>69.1%</td>
<td>10.7%</td>
<td>13.9%</td>
<td>6.3%</td>
<td>51.0%</td>
</tr>
</tbody>
</table>

## Race/Ethnicity of Graduates

**Table 18**  
Race/Ethnicity of Graduates for Current Academic Year, 2009

<table>
<thead>
<tr>
<th></th>
<th>RN-BS Percent of Program</th>
<th>RN-DIP Percent of Program</th>
<th>RN-AD Percent of Program</th>
<th>PN Percent of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/ Alaskan Native</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.6%</td>
<td>1.3%</td>
<td>1.6%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Native Hawaiian-Pacific Islander</td>
<td>0.1%</td>
<td>0.4%</td>
<td>0.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Black</td>
<td>6.7%</td>
<td>9.1%</td>
<td>7.0%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2.1%</td>
<td>2.5%</td>
<td>1.6%</td>
<td>1.4%</td>
</tr>
<tr>
<td>White</td>
<td>80.3%</td>
<td>86.3%</td>
<td>87.0%</td>
<td>79.9%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>7.0%</td>
<td>6.6%</td>
<td>2.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total**</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: 7 RN-BS, 6 RN-DIP, 4 RN-AD and 7 PN programs did not answer this question.

* Nursing programs were asked to indicate the racial/ethnic distribution of graduates by giving a percentage for race/ethnicity. The sum of the percentages of the racial/ethnic distribution was to equal 100% for each program.

** Percentages may not equal 100% due to rounding.
Race-Ethnicity of Minority Full-Time Nurse Educators by Rank, 2009

It is also critical that we grow the science of nursing and demonstrate its effectiveness in fostering health. Our nursing education programs have to:

• Focus on interpreting clinical data and managing improvement.
• Cultivate disciplinary knowledge across all levels of curricula based on an understanding of the science of the discipline and the scientific process.
• Develop the role of the nurse scientist.
• Develop scientifically aware nurse clinicians who will collaborate with nurse scientists to move research to the bedside.
Four Key Messages

#3) Nurses should be full partners with physicians and others in redesigning U.S. health care

Recommendations:
- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
- Prepare and enable nurses to lead change to advance health
Four Key Messages

#4) Effective workforce planning and policy-making require better data collection and an information infrastructure

Recommendations:

• Build an improved infrastructure to collect and analyze health care workforce data
National Supply and Demand Projections for FTE RNs, 2000 – 2020

Shortage of over 1,000,000 nurses in 2020

Strategy:

• Private and public funders, including the Health Resources and Services Administration and the Department of Labor, should expand funding for programs offering accelerated graduate degrees for nurses to increase the production of master’s and doctoral nurse graduates and to increase the diversity of nurse faculty, scientists, and researchers.
New models:

Partnerships between hospitals and academic centers: DEUs; onsite course offerings

Partnerships between universities and community colleges with common curricula or competencies

Western Governors University: Online courses based on competencies RN-BSN

http://www.wgu.edu/online_health_professions_degrees/
online_healthcare_degree

Fast track/second degree programs and dual degrees

BSN at Community Colleges

RN to MSN programs
Strategy:

The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should monitor the progress of each accredited nursing school to ensure that at least 10 percent of all baccalaureate graduates matriculate into a master’s or doctoral program within 5 years of graduation.
Features of Models with Promise

- Dual enrollment
- Regional or state shared curricula
- Strong partnership between university and community colleges
Features of Models with Promise

- Strong and participative non-nursing partner in Action Coalitions
- Employer incentives; BSN preference in hiring, tuition reimbursement, Hire ADN contingent on
- Health care employers adopt BSN mandate
- BSN completed in no more than four academic years
Achieving 80/20: Increasing Capacity

Academic-service partnerships
- Nurse-managed health centers
- Preceptor models
- Dedicated education units

Regional school network partnerships

Support from funders

Nurses can’t do it alone!
Transforming Health Care

- Access to Care
- Education
- Leadership
- Workforce Data

Interprofessional Collaboration

Access • quality • cost

Future of Nursing Campaign for Action
Campaign Components

- Communications
- Advisory Committee
- Stakeholder Outreach
- Policymaker Outreach
- Field Strategy
- Research Monitoring Evaluation
Campaign for Action

Collaborate with AARP to organize non-partisan coalition

- health professions
- payers
- consumers
- business
- policy-makers
- philanthropies
- educators
- hospitals and health systems
- public health agencies

Nursing must be considered societal issue!
<table>
<thead>
<tr>
<th>State</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL</td>
<td>Developed AD-to-BSN education models with CC granting the BSN.</td>
</tr>
<tr>
<td>NC</td>
<td>Dual enrollment and regional partnerships between CC and universities.</td>
</tr>
<tr>
<td>NM</td>
<td>Developing uniform state wide curriculum in partnership between CC and universities without an ADN step out.</td>
</tr>
<tr>
<td>CA</td>
<td>Developing regional shared curricula and dual enrollment for students to CC and university.</td>
</tr>
<tr>
<td>MA</td>
<td>Regional competency based shared curricula with CC and university partnerships</td>
</tr>
<tr>
<td>WA</td>
<td>Partnership between CC and university to develop BSN program with BSN degree awarded at CC.</td>
</tr>
</tbody>
</table>
Overview of AC Benefits

**Content**
- Expert Resource Panel
- Issue briefs
- State fact sheets
- Advocacy training

**Infrastructure**
- Grant writers
- Meeting facilitators
- Planning tools

**Communications**
- Online resources
- Conference calls
- Webinars
- Communications training and talking points
- Social Marketing consultation
Regional Nurse Experts

Support Process for Education Pillar
Regional Experts

West
Midwest
Southeast
Northeast
Not Action Coalitions
Campaign for Action

Please sign up! Your role:

- Recruit engaged and committed stakeholders
- Educate policy-makers on key issues
- Reach out to philanthropies/funders
- Gain visibility through media
- Move key recommendations forward

www.thefutureofnursing.org
Conclusions

We know that more, better educated nurses will help advance the other recommendations in the report.

<table>
<thead>
<tr>
<th>Scope of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovative practice sites</td>
</tr>
<tr>
<td>Advanced research in many areas, including how better to care for chronically ill patients</td>
</tr>
<tr>
<td>Best models in community-based care and the need to further the database around new models of care, and advance the leadership to develop these models</td>
</tr>
</tbody>
</table>
Conclusions

Key takeaways:

- Teach the report
- Don’t lose sight of the incredible opportunity before us.
- Now is the time to lead
- We need to be ready and prepared to improve patient care for all.
Campaign Resources

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www.thefutureofnursing.org

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www.twitter.com/futureofnursing

Join us on Facebook at:
http://facebook.com/futureofnursing