

Nursing Resource Center

Department of Health Review and Recommendations

July 2012



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Mary C. Selecky
Secretary of Health

Preface

The Department of Health was created in 1989 to preserve and improve public health, to monitor health care costs, and to maintain standards of quality in health care facilities and professions. We provide general oversight and planning for all the state's activities related to the health of Washington residents.

The Department of Health's mission is to protect and improve the health of people in Washington. We do this by identifying significant factors that enhance or threaten health, by developing policies and engaging in activities to address them, and by assuring that actions are taken and evaluated.

This report is the product of collaboration among many interested groups and individuals. In keeping with the department's purpose, this represents our initial work as part of a continuing process. I hope this report provides useful information and recommendations to our legislators about ensuring an adequate nursing workforce.

Mary C. Selecky
Secretary of Health

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Executive Summary

In 2005, the Washington State Legislature passed Engrossed Second Substitute Senate Bill 5599 (codified as RCW 18.79.202). This legislation authorized the Department of Health (department) to collect a surcharge of five dollars per year on initial licenses and license renewals for registered nurses and licensed practical nurses. The department was directed to use the revenue from the surcharge to provide grants to a not-for-profit central nursing resource center that is comprised of and led by nurses. The center's mission was to "contribute to the health and wellness of Washington state residents by ensuring that there is an adequate nursing workforce to meet the current and future health care needs of the citizens of the state of Washington."

The department implemented ESSB 5599 through a grant and contract with the Washington Center for Nursing (WCN). In late 2011, an independent auditor found the WCN substantially met the quantitative requirements set out by the legislature in 2005. The department gathered input from state and national nurses on the future of nursing and the nursing workforce. Based on these findings and conversations, the department recommends:

1. The legislature continue the five-dollar license surcharge for registered nurses and licensed practical nurses to support a central nursing resource center. This surcharge is set to expire June 30, 2013 (RCW 18.79.202 and 18.79.2021).
2. Continue issuing grants to a not-for-profit nursing center, funded by the surcharge to nurses, as an effective way to complete targeted activities identified by the legislature.
3. Revise the activities the legislature should expect from a not-for-profit nursing center to reflect and align with emerging trends in public health and the health care delivery system.

Background

In 2005, the Washington State Legislature passed Engrossed Second Substitute Senate Bill 5599 (codified as RCW 18.79.202). This legislation authorized the Department of Health to collect a surcharge of five dollars per year on initial licenses and renewal licenses for registered nurses and licensed practical nurses. The department was directed to use the revenue from the surcharge to provide grants to a not-for-profit central nursing resource center that is comprised of and led by nurses. The center's mission was to "contribute to the health and wellness of Washington state residents by ensuring that there is an adequate nursing workforce to meet the current and future health care needs of the citizens of the state of Washington."

The legislature provided a detailed list of the activities for which the grants could be used (RCW 18.79.202(2)). They included:

- Maintaining information on the current and projected supply and demand of nurses through the collection and analysis of the nursing workforce;
- Monitoring and validating trends in the applicant pool for nursing;
- Facilitating partnerships between the nursing community and other health care providers and partners;
- Evaluating the effectiveness of nursing education and articulation among programs to increase access to nursing education and enhance career mobility;
- Providing consultation, technical assistance, data, and information related to nursing resources;
- Promoting strategies to improve patient safety and quality patient care; and,
- Educating the public and students about opportunities and careers in nursing.

The department implemented ESSB 5599 through a grant with the Washington Center for Nursing (WCN). The WCN was organized as a 501(c)(3) non-profit corporation in 2003. Its mission is consistent with the legislature's directive under ESSB 5599. The grant was structured as a contract with deliverables consistent with the specific activities identified in RCW 18.79.202(2). The contract was executed in December 2005. Under the terms of the contract, the department distributed funds collected from the five-dollar surcharge to the WCN. The fund disbursement was in conjunction with regular contract monitoring to ensure progress toward completion of the activities identified by the legislature in ESSB 5599.

The WCN was required to submit a report to the legislature by November 30, 2011, describing progress on the activities listed in RCW 18.79.202(2) and detailing its collaboration with other organizations. In turn, the department was to conduct a review of the WCN and make recommendations on its effectiveness and whether the program should continue. The department carried out its review through a performance audit conducted by an independent contractor, Strategica, Inc. The department received the final audit results and report in January 2012. This report was used to inform the department's assessment of the WCN's effectiveness and development of recommendations for the future.

Performance Audit

In September 2011, the department entered into a contract for an independent performance audit of the WCN. The audit was performed by David Howe, president of Strategica, Inc. Audit objectives were broken-down into specific criteria to help objectively determine whether the WCN satisfactorily completed all required activities. In January 2012, the department received the final audit report from Strategica, Inc. (Appendix A). The auditor found that the WCN substantially met the quantitative requirements set out by the legislature in 2005. With these findings, the independent audit confirmed the department's assessment through routine monitoring of the contract with WCN since 2005.

Development of Recommendations

The WCN developed a number of significant products and updates under the 2005 legislative directive. In March 2008, the WCN published a "Master Plan for Nursing Education" in Washington. This was the first comprehensive nursing education plan published in the state. The department recognizes and appreciates these contributions to understanding the current and future nursing workforce challenges in Washington.

The department also acknowledges work outside the state that has helped shape and inform the path forward for nursing in Washington. Beginning in 2008, the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation established a major initiative on the future of nursing. In 2009 and 2010, three forums were convened focusing on acute care, education, and care in the community. Secretary Mary Selecky participated as a keynote speaker in the forum on December 3, 2009, focusing on "Care in the Community." In May 2010, the WCN published an implementation plan for the Master Plan for Nursing Education.¹ The WCN board established priorities in the implementation plan based on the IOM report that focused on nursing education.

The IOM and Robert Wood Johnson Foundation reports were helpful to the department in making recommendations about the future of nursing in Washington. It is clear that health care delivery is evolving at a rapid pace. The activities identified by the legislature in 2005 for a nursing resource center have been valuable. However, as health reforms move forward at the state and federal level, there may be new or additional priorities the legislature may wish to consider if it continues the surcharge to support a nursing resource center in Washington.

In order to make the best recommendations to the legislature about the future of nursing in Washington, the department consulted nurses from across the state and nation. The department hosted two forums in the spring of 2012.

The first forum was held in April 2012, bringing together nurses who are employed at the department who serve many roles in public health. They represent perspectives in such programs as immunization, environmental health, infection control, hospital licensing, and health profession investigations.

¹ <http://www.wacenterfornursing.org/uploads/file/nursing-education/master-plan-for-nursing-education-update-2010-01.pdf>

The second forum was held in May 2012. Participants included leaders in nursing practice and education from Washington and across the country. A list of participants is provided in Appendix C.

The purpose of the two forums was to learn more about the future of nursing from nurses actively engaged in the community and the work. They are the experts on what might be expected from nursing practice in the future. In both forums, we asked participants to comment on five questions:

- What strategies are needed to involve nurses in public policy discussions and decisions?
- What is your experience with nurse residencies and transition to practice?
- What workplace and regulatory barriers could be changed to allow nurses to practice to their full scope in Washington?
- Does increasing the percentage of nurses with baccalaureate, master's, and doctoral degrees create barriers to nursing care?
- What are the barriers to increasing diversity in the nursing workforce?

A summary of the discussion from the April, 2012 forum is provided in Appendix B. The May 2012 forum may be viewed online

(<https://student.gototraining.com/95h6g/recording/5870645865940905472>). Comments from both forums were instrumental in shaping the department's recommendations.

Recommendations

ESSB 5599 required the department to “conduct a review of the program to collect funds to support the activities of a nursing resource center and make recommendations on the effectiveness of the program and whether it should continue.”

The performance audit of the WCN resulted in findings that the WCN substantially met the quantitative requirements set out by the legislature in 2005. Based on these findings, it appears that grants to a central nursing resource center are an effective way to complete specific activities identified by the legislature. Since 2005, a five-dollar surcharge has been collected through nursing licensure and renewal to fund the grants to the WCN. This appears to be an effective way to fund a central nursing resource center.

The department recommends the five-dollar licensure surcharge continue for registered nurses and licensed practical nurses (RCW 18.79.2021 would repeal the surcharge authorized in RCW 18.79.202 on June 30, 2013). The department also recommends that the funds continue to be dispersed to a not-for-profit central nursing resource center with a mission that aligns with the legislature's priorities. The not-for-profit center should be selected using standard processes for contracts through the state Office of Financial Management.

The department has actively engaged in discussions about the future of nursing in Washington, and with partners across the country. If the legislature decides to extend the five-dollar nursing license surcharge to continue funding activities of a not-for-profit central nursing resource center, the department recommends revising the center's priorities to include the following:

- Focus efforts on education and employment opportunities in ways that involve nursing students and nurses in public policy discussions and decisions.

- Increase opportunities in all care settings, especially in ambulatory care, long-term care, and public health, to develop nurse residencies. The focus should be on both transition to practice for new graduates and career transitions to different clinical practice settings.
- Identify and implement strategies for nurses to understand and engage in population and community health regardless of practice setting.
- Monitor and report to the legislature on regulatory barriers that prevent nurses from practicing to their full scope. Engage with employers to identify and eliminate barriers due to employment restrictions. Engage with partners from other professions to provide information about the scope, training, and skills of advanced practice nurses.
- Continue to evaluate effectiveness of nursing education and articulation among programs. Provide tools for nurses to evaluate on-line education programs for articulation to baccalaureate, masters, and doctoral programs.
- Identify barriers and solutions to increasing diversity in the nursing population work force.

Appendix A

Performance Audit of the Washington Center for Nursing

report title

Performance Audit of the Washington Center for Nursing

submitted to

**Washington State Department of Health and the
Washington State Nursing Care Quality
Assurance Commission**

date sent

January 25, 2012



Process improvement
Strategic planning
Performance measurement
Performance Audits
Management Assessment
Organizational design



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***Performance Audit of the
Washington Center for Nursing***

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January 25, 2012

Paula Meyer
Executive Director
Washington State Nursing Care
Quality Assurance Commission
PO Box 47864
Olympia, WA 98504

Dear Paula:

Pursuant to our Work Order # N18848, we have completed our Performance Audit of the Washington Center for Nursing. This report contains our findings and recommendations as specified in the Work Order.

Thank you for giving Strategica, Inc. the opportunity to conduct this project. I greatly enjoyed working with you and the WCN staff. In particular I'd like to recognize Terry West of the Department of Health and Linda Tieman of WCN for their assistance during this project.

Please call on Strategica, Inc. again should you need the services of a consultant. If you have any questions or comments, please contact me at (425) 427-5269.

Yours truly,

David Howe

David Howe
President

Executive Summary

Background and Objectives

The Washington Center for Nursing (WCN) was organized as a 501(c)(3) non-profit corporation in 2003. The mission of WCN is to contribute to the health and wellness of Washington State by ensuring that there is an adequate nursing workforce to meet the current and the future healthcare needs of our population.

In 2005, WCN was awarded a grant to study nursing workforce issues in Washington State. This grant was authorized by RCW 18.79.202. RCW 18.79.202 also authorized the collection of a \$5.00 surcharge on all new and renewing practical and registered nursing licenses in the State. This surcharge is collected by the State and disbursed to WCN on a quarterly basis to fund the activities of WCN as defined in the grant.

This audit was commissioned by the Washington State Department of Health (DOH) and is mandated by the 2005 statute RCW 18.79.202. The language of the statute requires:

“The department shall conduct a review of the program to collect funds to support the activities of a nursing resource center and make recommendations on the effectiveness of the program and whether it should continue. The review shall be paid for with funds from the nursing resource center account. The review must be completed by June 30, 2012.”

The audit objectives were further broken down into specific criteria that can be measured in such a way that conclusions are defensible through data collection or direct observation. Strategica framed these criteria in the form of three questions:

1. Did WCN meet qualitative and quantitative measures of what was requested in the statute?
2. Did the grant result in a positive return on investment (ROI) for the State? Did the grant make a positive impact on the nursing workforce in WA?
3. Did WCN operate in an efficient manner in completing grant deliverables?

1. Did WCN meet qualitative and quantitative measures of what was requested in the statute?

The authorizing statute lists seven deliverables to be completed by WCN. A grant agreement with WCN, authorized by the statute, was executed on December 5, 2005. The grant also listed deliverables which roughly approximated those listed in the statute. In most cases, the deliverables were subsequently broken out into sub-deliverables. At this time, the total number of deliverables and sub-deliverables defined in the grant is 38. Thirty of these 38 deliverables have been due prior to the current date. WCN has completed these 30 deliverables with 29 of the 30 completed on or prior to the due date stipulated in the grant agreement. The project administrators at the DOH and the Washington State Nursing Care Quality Assurance Commission (Commission) have reviewed and accepted all 30 of the deliverables submitted to date. Therefore, WCN substantially met the qualitative and quantitative measures of the statutory requirements.

2. Did the grant result in a positive return on investment (ROI) for the State? Did the grant make a positive impact on the nursing workforce in WA?

The State has invested \$2.7 million on the WCN grant since 2005. From this investment, the State and industry has a much better picture of the state of nursing demand and supply and what the future holds for the nursing workforce. Quantifiable targets for increasing the supply of licensed nurses have been established with reasonable assurance that the supply/demand imbalance will be resolved if those targets are reached.

Strategies have been identified that have a reasonable chance of achieving the workforce growth targets. Some strategies are ready to implement now or have already been implemented as part of WCN's work. What seems clear by the research is that implementation of these strategies will require a heavy State investment in education and by industry in changes in workplace practices to improve the retention of new nursing graduates.

From a purely financial perspective, it is difficult if not impossible to determine if the State's \$2.7million investment will pay off. However, the investment has started the State and industry in a positive direction for resolving nursing workforce issues and ensuring that Washingtonians will continue to receive quality health care in a future that includes many demographic and regulatory challenges.

3. Did WCN operate in an efficient manner in completing grant deliverables?

WCN is a well-managed non-profit and grant activities are effectively managed. From a quantitative perspective it is impossible to measure the economic efficiency of the grant but qualitatively it appears that the grant has been well managed and is economically efficient. The statute and the grant agreement includes a restriction on billing the State for non-grant-related admin costs or for lobbying activities but systems are not set up for identifying these costs. However, the majority of WCN resources are dedicated to grant activities so it is not a material concern.

Recommendations

Recommendation 1 - WCN should develop and publish consistent recommendations for quantitative benchmarks and data protocols for measuring nursing supply and demand that can be used for measuring progress across years.

Recommendation 2 – If the grant is re-authorized, WCN should consider amending its annual timekeeping exercise to include breaking out program and admin time between grant-related and non-grant-related. In the future, WCN should bill by deliverable with progress payments.

Objectives and Scope

This audit was commissioned by the Washington State Department of Health (DOH) and is mandated by RCW 18.79.202. The language of the statute requires:

“The department shall conduct a review of the program to collect funds to support the activities of a nursing resource center and make recommendations on the effectiveness of the program and whether it should continue. The review shall be paid for with funds from the nursing resource center account. The review must be completed by June 30, 2012.”

The scope of the audit includes WCN and its performance under DOH contract N14191 during the period of December 5, 2005, when the contract was executed, through November 15, 2011, the date of the draft performance audit report.

Standard Used

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Description of the Washington Center for Nursing

The Washington Center for Nursing (WCN) was organized as a 501(c)(3) non-profit corporation in 2003. The mission of WCN is to contribute to the health and wellness of Washington State by ensuring that there is an adequate nursing workforce to meet the current and the future healthcare needs of our population. The organization operates with revenue of \$551,000 (CY 2010) and a staff of four. The WCN is based in Tukwila, Washington.

In 2005, WCN was awarded a grant to study nursing workforce issues in Washington State. This grant was authorized by RCW 18.79.202, passed by the State Legislature in 2005. RCW 18.79.202 also authorized the collection of a \$5.00 surcharge on all new and renewing practical and registered nursing licenses in the State. This surcharge is collected by the State and disbursed to WCN on a quarterly basis to fund the activities of WCN as defined in the grant.

Surcharge disbursements compose 82% of the budget of WCN based on the last three years. While the majority of WCN's activities are related to the grant, WCN undertakes additional activities, that while not technically part of the DOH grant, are supportive of the same objectives as the grant such as focusing on promoting nursing as a career, enhancing the leadership skills of nursing managers and ensuring that the State will have an adequate supply of nurses in the future.

Audit Criteria

The audit objectives stated earlier were further broken down into specific criteria that can be measured in such a way that conclusions are defensible through data collection or direct observation. We framed these criteria in the form of three questions:

1. Did WCN meet qualitative and quantitative measures of what was requested in the statute?
2. Did the grant result in a positive return on investment (ROI) for the State? Did the grant make a positive impact on the nursing workforce in WA?
3. Did WCN operate in an efficient manner in completing grant deliverables?

For the first criteria, we relied on material provided by the DOH to determine if WCN met the terms of the grant regarding submitting required deliverables on time and whether those deliverables were accepted by DOH and the Washington State Nursing Care Quality Assurance Commission (Commission).

For the second criteria we looked to the intent of the legislature when it passed RCW 18.79.202 authorizing the surcharge and the grant that was awarded to WCN. This intent requested that WCN:

[Address] the nursing shortage and [ensure] that the public continue to receive safe, quality care.

For the third criteria we looked at the management and fiscal practices of WCN and any indicators that would demonstrate that the State received good value for the surcharge revenue that was disbursed to WCN.

Findings and Recommendations

Did WCN meet qualitative and quantitative measures of what was requested in the statute?

The authorizing statute lists seven deliverables to be completed by WCN. These deliverables are:

- (a) Maintain information on the current and projected supply and demand of nurses through the collection and analysis of data regarding the nursing workforce, including but not limited to education level, race and ethnicity, employment settings, nursing positions, reasons for leaving the nursing profession, and those leaving Washington State to practice elsewhere. This data collection and analysis must complement other state activities to produce data on the nursing workforce and the central nursing resource center shall work collaboratively with other entities in the data collection to ensure coordination and avoid duplication of efforts;
- (b) Monitor and validate trends in the applicant pool for programs in nursing. The central nursing resource center must work with nursing leaders to identify approaches to address issues arising related to the trends identified, and collect information on other states' approaches to addressing these issues;
- (c) Facilitate partnerships between the nursing community and other health care providers, licensing authority, business and industry, consumers, legislators, and educators to achieve policy consensus, promote diversity within the profession, and enhance nursing career mobility and nursing leadership development;
- (d) Evaluate the effectiveness of nursing education and articulation among programs to increase access to nursing education and enhance career mobility, especially for populations that are underrepresented in the nursing profession;
- (e) Provide consultation, technical assistance, data, and information related to Washington state and national nursing resources;

(f) Promote strategies to enhance patient safety and quality patient care including encouraging a safe and healthy workplace environment for nurses; and

(g) Educate the public including students in K-12 about opportunities and careers in nursing.

A grant agreement with WCN, authorized by the statute, was executed on December 5, 2005. The grant also listed deliverables which roughly approximated those listed in the statute. During the period of June 2006 to March 2010 the grant agreement was amended five times. These amendments all dealt with the definition of deliverables and due dates. In most cases, the deliverables were broken out into sub-deliverables and the due dates were pushed out into the future. These amendments reflected that the grant could provide more value to the State if the deliverables were more finely tailored to the specific conditions found during the project. Due dates were pushed out to accommodate these additional sub-deliverables. Appendix B includes a table of grant deliverables with due and completion dates.

At this time, 19 months prior to the end of the grant, the total number of deliverables and sub-deliverables defined in the grant is 38. Thirty of these 38 deliverables have been due prior to the current date. WCN has completed these 30 deliverables with 29 of the 30 completed on or prior to the due date stipulated in the grant agreement (as amended). The one deliverable that was completed after the due date was the first one:

Maintain information on the current and projected supply and demand of nurses through the collection and analysis of data.

This deliverable was completed 87 calendar days after the contracted due date.

The project administrators at the DOH and the Commission have reviewed and accepted all 30 of the deliverables submitted to date.

**Did the grant result in a positive return on investment (ROI) for the State?
Did the grant make a positive impact on the nursing workforce in WA?**

Health care professionals have believed that the future demand for nurses in Washington State would exceed the supply and that this demand/supply imbalance is a significant threat to the health status of Washingtonians particularly in under-nursed¹ areas of the State such as rural, low-income and ethnically diverse areas. However, the scope of this imbalance between demand and supply was not clearly defined or adequately researched. In 2002, the Washington Nursing Leadership Council, a nursing industry group, held meetings to formulate a plan for addressing these workforce issues. Out of this effort, a Washington State Strategic Plan for Nursing was published in June 2002. This strategic plan established five goals with numerous subsidiary strategies for ensuring an adequate supply of nurses for the State. Goal #5 of this plan called for the establishment of a Washington Center for Nursing (WCN) to conduct research, provide consultation, facilitate partnerships, oversee task forces and collect data in support of implementing the Strategic Plan for Nursing. Many of the strategies in this Plan were incorporated into RCW 18.79.202 and the resulting grant.

As of September 3, 2011, the total distributions from the license surcharge total \$2,717,330. The criteria for this section of the performance audit focuses on whether the State received a positive return for this investment of \$2.7million. This is crucial as many of the potential solutions in the 2002 Strategic Plan plus many of the recommendations that have been published by WCN are potentially costly to both industry and State government. A major objective of the grant was to better define the scope of the workforce issues in the nursing industry and identify root causes of demand/supply imbalances so that future investments by industry and/or the State could be targeted to yield the maximum benefit for taxpayers, health care consumers and health care industry shareholders.

WCN has produced a workforce assessment encompassed within several grant deliverables. While this workforce assessment is well-researched, it is difficult to create a clear, concise

¹ As compared to the HRSA benchmark of 825 nurses per 100,000 residents.

picture of the nursing workforce issues, root causes and potential solutions. This difficulty stems from the lack of a document that summarizes the various grant deliverables and the writing style of the grant deliverables which, while precise and accurate, is academic in style and not as accessible to the less-informed reader. The following paragraphs summarize the key issues, root causes and recommendations of the workforce assessment. Following this is an overall assessment of whether this work provided a positive return on investment for the State.

The demand for nurses in Washington State is measured using two methods in the WCN-sponsored research:

1. The Federal Health Resources and Services Administration (HRSA) has established a target benchmark of 825 practicing nurses per 100,000 population for any jurisdiction in the country.² Washington State had 713 practicing registered nurses per 100,000 people in 2007 resulting in a deficit of 112 nurses per 100,000 people or an overall deficit of 7,263 practicing nurses.³ Using the HRSA benchmark, total demand for practicing nurses would be approximately 54,000 using 2007 data. However, most western states have fewer nurses per 100,000 people which is a result of a greater use of managed care delivery systems in these states. Managed care generally results in less health care utilization and therefore less demand for health care professionals.
2. The other method used in the research is to start with the existing supply of practicing registered nurses and then add nurse job vacancies as measured by the State Department of Employment Security. Using this method, the demand for practicing nurses is approximately 48,000.⁴

Nursing demand is driven by demographics, changes in care delivery, and regulatory trends. The aging of the general population is projected to increase health care utilization significantly in the future. In addition, as Federal health care reform is implemented in the next few years, more people who are currently uninsured will become insured resulting in increased utilization.

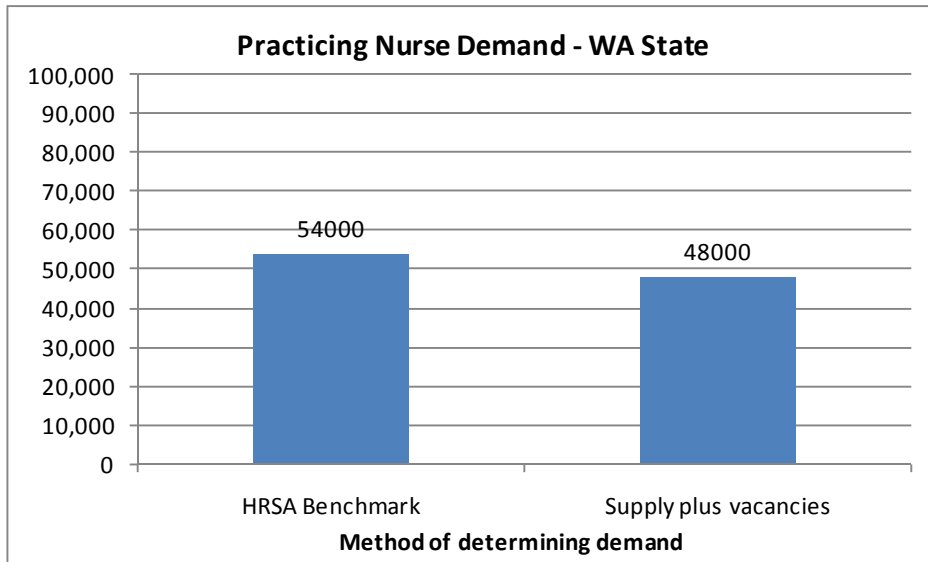
² National Sample Survey of Registered Nurses (NSSRN), 2004, HRSA

³ Demographic, Education, and Practice Characteristics of Registered Nurses in Washington State: Results of a 2007 Survey, June 2008, WCN. Data does not include ARNPs).

⁴ Washington State Registered Nurse Supply and Demand Projections: 2006-2025, June 2007, WCN; WA State ESD Job Vacancy Survey Report, Spring 2011

The following chart shows the current demand for registered nurses using both of these methods.

Figure 1 – Practicing Nurse Demand⁵



Source: HRSA, WA State Employment Security Department

The supply of nurses is measured by making adjustments to the existing base of licensed nurses. This base figure is offset by non-practicing licensees (many of whom are retired). The WCN research also subtracts those Washington State licensees that actually work out-of-state (many in Idaho and Oregon). Using this method, the supply of registered nurses that are actually working in the State is approximately 46,000.⁶ The supply of registered nurses is affected by several factors:

1. The average age of licensed nurses has been increasing over the years. As of 2008 the average age was 48.8. This reflects the general aging of the nation’s workforce as baby boomers age out of the workforce. In coming years, the number of nurses leaving the workforce each year is projected to grow at a rapid rate.

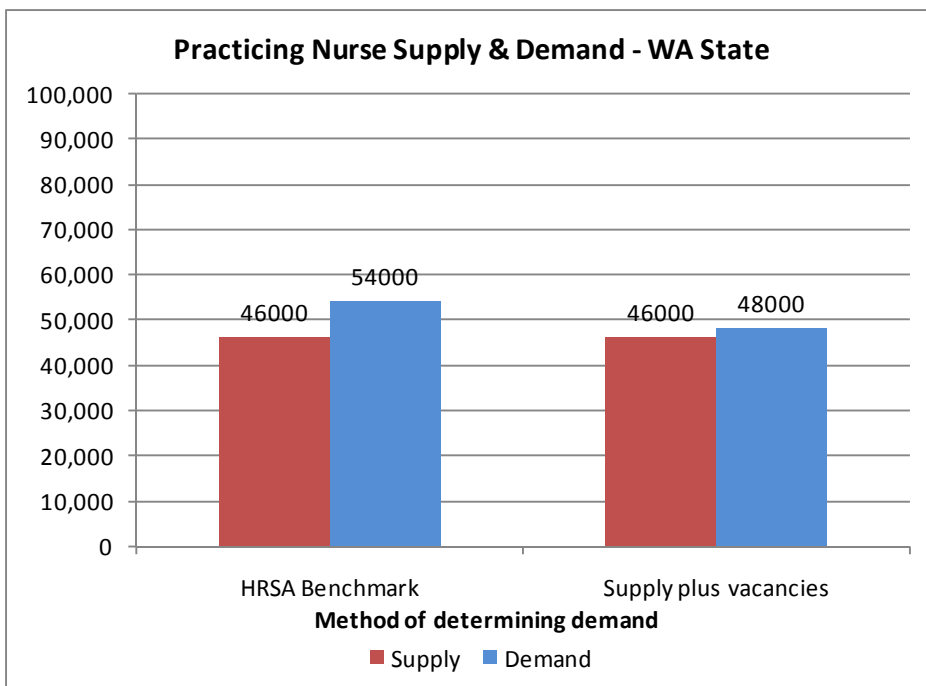
⁵ Does not include ARNPs.

⁶ Demographic, Education, and Practice Characteristics of Registered Nurses in Washington State: Results of a 2007 Survey, June 2008, WCN

2. Constraints on educating new nurses limit the number of new workforce participants. These constraints are mostly related to the limited number of slots in college- and university-based nursing programs in the Washington.
3. The licensing and educational requirements for nurses that were educated in foreign countries places a limit on new workforce participants.
4. Stressful work environments result in some workforce losses particularly for newly licensed nurses.

The next chart compares the current supply and demand for nurses using both the HRSA benchmark and the licensee/vacancy methods for measuring demand. As seen in the chart, the State has a significant deficit using either method.

Figure 2 – Supply/Demand Imbalance⁷



Source: HRSA, WA State Employment Security Department, WCN 2007 Demographic Survey

⁷ Does not include ARNPs.

According to the WCN research, the State will have to increase the nursing workforce supply by increments of 400 newly licensed nurses each year in order to bring supply in line with demand by the year 2025. In other words, 400 new licensees the first year, 800 the next year, 1200 the following year and so on. Since 2005 the net number of licensed (practicing and non-practicing) nurses has increased by approximately 12,000 but this is considered an aberration as many current licensees are postponing retirement due to economic conditions.

The root causes of the supply/demand imbalance are many and can be categorized according to the ability of industry or State actors to mitigate these root causes:

Root causes the State can control

1. There are a limited number of internationally-educated nurses that lack the educational requirements to become licensed in the State. A shortage of educational programs that can provide the additional nursing education for these individuals limits the ability to take advantage of this group.
2. State colleges and universities with nursing education programs have limited capacity for educating new nurses. In 2008, 38% of nursing school applicants were denied admission to Washington State nursing programs. The key constraint at colleges and universities is a lack of qualified faculty to teach the courses. Many of the existing faculty are nearing or at retirement age. Faculty salaries are the primary factor that dissuades qualified nurses from applying for faculty positions.

Root causes that industry can control

1. Retention of currently licensed nurses is a supply factor that industry can sometimes control. Some newly licensed nurses leave practice because they realize that the work isn't really to their liking but others leave if they don't feel supported in what can be a very stressful work environment.
2. Retention of experienced nurses by attending to the needs of an aging workforce for more flexibility in scheduling, accommodations for physical limitations, and opportunities to expand into specialties.

Root causes that neither the State nor industry can control

1. Demographic changes in the general population are beyond the control of either the State or industry. As the baby boom generation ages into the years when utilization of health care typically spikes, the demand for health care professionals including nurses will increase commensurately.
2. Many currently licensed nurses are also baby boomers and are also nearing retirement age and will be leaving the workforce in increasing numbers.
3. As mentioned earlier, health care reform (while within control of the Federal government) is now a mandate for the State and industry. This statute will result in increasing numbers of insured patients (estimated to be 300,000 people in WA in 2014) and corresponding increases in health care utilization.
4. Changes in treatments modalities which increase demand for nurses and other professionals

In its research, WCN has identified several strategies for addressing some of these root causes:

- Expand educational capacity for both new nursing students and internationally-educated nurses. The State can control this by investing in nursing programs at State-funded colleges and universities including hiring new faculty and offering competitive salaries to lure practicing nurses into teaching positions.
- Raise the visibility of nursing workforce issues among policy makers in government and industry and the general public.
- Research ways that industry can improve the culture and substance of nursing work environments.
- Train leaders in the nursing and health care industry in order to better utilize nurses and improve workplaces.

As part of the various grant deliverables, WCN has prepared tools for executing some of these strategies:

1. WCN has produced an 82 page Master Plan for Nursing Education in Washington State which contains 95 recommendations for enhancing nursing education in the State. This plan includes elements for increasing the supply of nurses in poor and/or rural communities where supply/demand issues are more pronounced.
2. WCN has been, and can continue to, act as a forum for government and industry stakeholders in raising the visibility of nursing workforce issues and formulating policies for addressing these workforce issues. These forums have included those addressing racial and ethnic minority recruiting and transition to practice discussions.
3. WCN has been conducting leadership development seminars for industry and nursing education.
4. WCN has also been producing materials and attending events aimed at raising the visibility of nursing as a career and enhancing the image of the profession.

A major issue for the State is determining the next steps as they pertain to the licensing surcharge and the grant, both of which expire in 2013. This issue has not been fully addressed by WCN or the Legislature at this time.

Conclusions

The State has invested \$2.7million on the WCN grant since 2005. From this investment, the State and industry has a much better picture of the state of nursing demand and supply, the composition of the RN, LPN and ARNP populations themselves, and what the future holds for the nursing workforce. Quantifiable targets for increasing the supply of licensed nurses have been established with reasonable assurance that the supply/demand imbalance will be resolved if those targets are reached.

Strategies have been identified that have a reasonable chance of achieving the workforce growth targets. Some strategies are ready to implement now or have already been implemented as part of WCN's work. What seems clear by the research is that

implementation of these strategies will require a heavy State investment in education and changes by industry in workplace practices.

From a purely financial perspective, it is difficult if not impossible to determine if the State's \$2.7million investment will pay off. However, the investment has started the State and industry in a positive direction for resolving nursing workforce issues and ensuring that Washingtonians will continue to receive quality health care in a future that includes many demographic and regulatory challenges.

Recommendations

Recommendation 1 - WCN should develop and publish consistent recommendations for quantitative benchmarks and data protocols for measuring nursing supply and demand that can be used for measuring progress across years.

Did WCN operate in an efficient manner in completing grant deliverables?

This section addresses the question of whether WCN was a good steward of grant disbursements and met the terms of the grant in an efficient manner. We approached this question in both qualitative terms, looking at the management systems at WCN, and a quantitative manner, looking at financial records to determine financial efficiency.

WCN has a staff of four full-time employees plus several contractors and unpaid researchers. The organization is governed by a 14-person Board of Directors (Board) composed of Registered Nurses who are public health professionals, union officials, practicing nurses, and nurse executives from a variety of settings. The Board meets or teleconferences approximately once per month. The Board is directly involved in strategic and programmatic and decisions at WCN. Board agendas are typically well organized and documented and include substantive topics for discussion and decision making. Board meeting minutes are similarly well documented and organized. Board meeting attendance is excellent with all meetings holding quorums and attendance in excess of 80%.

The grant itself is managed on a day-to-day basis by the WCN Executive Director. WCN staff and any researchers report directly to the Executive Director. Progress and due dates on grant deliverables are managed using a spreadsheet that is derived from the organization's strategic plan. Due dates are also tracked and discussed by the Board at monthly meetings.

Most of the actual work on grant deliverables is performed by paid and unpaid contractors and Graduate students from a variety of universities. Other deliverables are prepared by WCN staff members (such as the Master Plan for Nursing Education in Washington State) or by a Board member.

Financial management of the grant and WCN is handled by the Executive Director and an Executive Assistant, with direction and oversight by the Finance/Audit Committee of the board. Day-to-day accounting functions are performed by a contracted, part-time bookkeeper. Quickbooks, a widely used, off-the-shelf accounting software package is used for managing accounts payable, accounts receivable and general ledger functions. The Executive Assistant and the Executive Director monitor the accounts and cash management. Financial statements are audited annually by an outside CPA firm.

More than 80% of WCN revenues are DOH grant disbursements. These disbursements are transferred from the State to WCN on a quarterly basis and reflect the amount of licensing surcharges collected during the prior quarter. Cash management has been an issue in the past as the amount of grant disbursements has varied from quarter to quarter. In 2008, the disbursement dropped from \$145,000 to \$98,000 in one quarter. WCN did not have the reserves or credit lines to make up the difference and had to lay off a staff member, reduce others' work hours and place a temporary suspension on grant projects. Since that time, WCN has begun to establish a reserve fund to mitigate any variation in grant disbursements and to provide funding to wind down WCN should the need arise. The switch to electronic funds transfer (EFT) on the part of the State has also resulted in quicker payments to WCN which has helped cash flow quite a bit.

Assessing the economic efficiency of WCN in producing grant deliverables can be determined by comparing the level of effort that went into the deliverables with the investment made by the State. Ideally, the level of effort is comparable (but not less) than the investment. Unfortunately, the grant agreement does not have either a monetary or time budget for any of the deliverables; each deliverable has a due date, however. In fact, the grant agreement does not have any budget or fee amount. WCN is paid according to the flow of licensing surcharge revenue. In addition, WCN does not perform any project-level accounting or timekeeping so there is no data with which to compare level of effort or State investment. In aggregate, the total disbursements of \$2.7 million (as of September 2011) seem reasonable given the large number, complexity and variety of deliverables.

The statute governing the grant and the grant agreement prohibits WCN from charging administrative costs to the State if they are not related to the grant. However, since the payments from the State are just a transfer of revenue rather than billing of time there is no practical way to ensure that this provision is complied with. WCN does perform an annual two-week timekeeping exercise where the Executive Director and the Executive Assistant log their hours between program and administrative time but the administrative time is not further broken out between administrative time relating to grant-related activities or non-grant-related activities. Alternatively, the program time is not broken out between grant-related or non-grant-related time which could be used to apportion the administrative time component. However, even if this was done, the billing arrangement in the grant agreement has no

provision for billing the State by time so even if administrative time is split into a grant-related component it wouldn't matter. It appears that the administrative prohibition in the statute and the grant agreement are not practical from a compliance standpoint. Eighty two percent of WCN revenue is related to the grant while administrative time only accounts for 14% of WCN time. Since most WCN activities are grant related it would stand to reason that the (relatively small) amount of administrative time is related to grant activities. Therefore, it's unlikely that the State's investment in surcharge fees is funding much unrelated administrative time.

Conclusions

WCN is a well-managed non-profit and grant activities are effectively managed. From a quantitative perspective it is impossible to measure the economic efficiency of the grant but qualitatively it appears that the grant has been well managed and is economically efficient. The statute and the grant agreement includes a restriction on billing the State for non-grant-related admin costs or for lobbying activities but systems are not set up for identifying what those would be. However, the majority of WCN resources are dedicated to grant activities so it is not a material concern.

Recommendations

Recommendation 2 – If the grant is re-authorized, WCN should consider amending its annual timekeeping exercise to include breaking out program and admin time between grant-related and non-grant-related. In the future, WCN should bill by deliverable with progress payments.

Appendix A – Procedures Performed

1. Entrance conference with DOH and WCN
2. Interviewed five managers from DOH and WCN
3. Interviewed the WCN Board of Directors
4. Reviewed 36 documents including:
 - Enabling statutes
 - Grant contract
 - Grant deliverables
 - DOH deliverable status report
 - Background reports pertaining to nursing workforce and education issues
 - Annual WCN reports to DOH
 - WCN financial policies & procedures
 - WCN bylaws
 - Audited WCN financial statements
 - DOH audit of the WCN grant
 - WCN cash flow reports
 - WCN Board meeting minutes
 - WCN Board agenda packets
5. Prepared this report

Appendix B – List and Status of WCN Deliverables

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
1. Maintain information on the current and projected supply and demand of nurses through the collection and analysis of data [RCW 18.79.020(2)(a)]	A. Complete survey and analysis – report	8/30/06 Amended Task Order to 4/1/07	Anticipated completion date of 6/8/07	Yes-accepted by the Commission. Completed 6/27/07 – 87 days after the contracted due date of 4/1/07. Information maintained on web.
	B. Complete survey and disseminate data on “Successful Nurse Retention Efforts”	11/30/06 Submitted Amended to 11/30/07 Amended to 6/30/08	6/30/08	Yes. Survey completed and disseminated to nursing organizations and available on web.
2. Identify mechanisms to determine the size of the Washington applicant pool for nursing programs.[RCW 18.79.020(2)(b)]	A. Complete initial research and analysis – report	11/30/06	11/30/06	Yes. Report included listing of research and analysis of data to date.
	B. Replicate applicant pool data research and analysis annually and report to Department of Health by November 30, 2008, November 30, 2009 and November 30, 2010	11/30/08 1/15/09 11/30/09 1/15/10 11/30/10 1/15/11 (Contract amendment #4 sent 11/26/07 for this new item)	1/15/09 <u>1/18/10</u> <u>1/14/11</u>	Yes. Yes - Reports included research with schools of nursing and enrolled students. Dissemination included schools. Yes – Reports included research and dissemination.
3. Facilitate partnerships between nursing community and other health care	A. Conduct research and sponsor forum on “Best Practices in	6/30/07 Amended to 6/30/08	1/22/08	Yes . Conducted research including 71 hospitals. Forum

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
providers...[RCW 18.79.020(2)(c)]	Minority Recruiting and Retention”			held.
	B. Identify current leadership development education at various levels of nursing and needs for enhanced education	3/30/07	3/30/07	Yes. Received report which indicated meetings with CNEWS, NWONE, Public health nursing directors’ group, rural healthcare leaders and other key individuals.
	C. Develop plan with identified stakeholders to deliver identified needed leadership education for staff nurses, emerging leaders, and nurse educators by September 30, 2008	9/30/08 (Proposed amendment to Contracts 11/26/07)	9/18/08	Yes. Received Report which detailed workshops, target audience and collaboration planned with HECB and SBCTC, CNEWS and Directors from community college nursing programs.
	D. Lead and sponsor meetings of relevant stakeholders to address critical nursing and nursing faculty shortage/workforce issues. Submit recom. to DOH by December 31, 2008.	12/31/08 (Proposed amendment to Contracts 11/26/07 NEW)	12/15/08	Yes. Received report which indicated meetings were held.
	E. Proceed with the development and implementation of leadership education offerings according to the plan submitted 9/30/08, incorporated herein by reference.			

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
	<p>a. First offering for direct care nurses to be completed by 12/31/10</p> <p>b. First offering for nurse educators to be completed by 6/30/11.</p>	<p>12/31/10</p> <p>6/30/11</p>	<p>12/6/10</p> <p>5/9/11 Report submitted 6/21/11</p>	<p>Yes. 55 nurses attended. Second offering to be held in 2011. Reviewed comments by attendees. Favorable.</p> <p>Yes. 56 nurses attended, 20 attended both days. Follow-up session planned for Sept. & Oct.</p>
	<p>F. Conduct regional meetings of stakeholders to achieve agreement on knowledge, skills, and attributes of nurses at entry to practice.</p> <p>(a) Design and submit process by 6/30/10.</p> <p>(b) Conduct initial meetings including but not limited to educators, practice leaders, and other stakeholders by 12/31/10.</p> <p>(c) Submit first summary report on meetings'</p>	<p>6/30/10</p>	<p>6/25/10</p>	<p>Yes. Process outlined.</p>

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
	outcomes by 12/31/10.			
	(d) Conduct second set of meetings with key stakeholders identified above during 2011.	12/31/10	12/28/10	Yes. Report summarized fourteen meetings held (Appendix A)
	(e) Submit second progress report, identifying implications and recommendations for education and practice by 12/31/11.	12/31/10	12/28/10	Yes. Report summarized the meetings, discussions and recommendations.
	(f) Continue regional meetings with stakeholders through 2012.			
	(g) Submit third progress report by 12/31/12.	12/31/11		
	(h) Submit updated report and recommendations to DOH and NCQAC by 6/30/13.			
		12/31/11		
		12/31/12		

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
		12/31/12 6/30/13		
4. Evaluate effectiveness of nursing education and articulation among nursing programs [RCW 18.79.020(2)(d)]	A. Support development of a Master Plan for Nursing Education	12/30/07 3/31/08 (Proposed amend to contracts 12/10/07)	3/31/08	Yes. Detailed plan received.
	B. Competency validation analysis and recommendations to be completed	3/30/07 Amended to 12/31/07 Amended to 12/31/08	12/15/08	Yes. Received Report indicating analysis completed and recommendations detailed.
	C. Oversee implementation of a master plan for nursing education in Wash. as accepted by DOH in 12/07. Lead strategic planning, implement, planning, execution and evaluation. Deliver initial timeline and resource require. to DOH by June 30, 2008. Develop implem. plan by 12/31/09. Develop	Timeline - 6/30/08 Impl Plan 12/31/09 Eval plan 12/31/10 (Proposed amendment to contracts 11/26/07)	Timeline 6/30/08 <u>12/18/09</u> <u>12/28/10</u>	Timeline-Yes Yes. Detailed implementation plan received. Yes. Detailed evaluation plan received.

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
	evaluation plan by 12/31/10	NEW)		
	D. Update Washington Center for Nursing Web site to: (a) Provide access for deans and directors to have tools to evaluate and modify faculty workload by 12/31/10. (b) Provide access to mentoring and support networks for minority workforce by 9/30/10	12/31/10 9/30/10	7/31/10 9/29/10	Yes. Web page completed. Many links and resources. Yes – done. Contacted nursing and non nursing organization. Found someone at Whatcom C.C. to mentor. Posting organizations.
5. Provide consultation, technical assistance, data, and information related to WA state and national nursing resources. [RCW 18.79.020(2)(e)]	A. Create clearinghouse of all known nursing info and resources	6/30/06 Amended Task Order to 4/1/07	4/1/07	Yes – done and posted on web.
	B. Provide database on the known nursing	6/30/06 Amended	4/1/07	Yes – done and posted on web.

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
	information via website	Task Order to 4/1/07		
	C. Enhance clearinghouse indicating all known nursing information and resources and provide database on the known nursing information via website for use by all stakeholders	12/31/08 (Proposed amend. To contracts 11/26/07 NEW)	12/15/08	Yes Received detailed reports.
6. Promote strategies to enhance patient safety and quality patient care [RCW 18.79.020(2)(f)]	A. Conduct initial survey to identify characteristics of the work environment and models of care	5/30/07 Amended to 6/30/08	6/30/08	Yes. Survey conducted and shared with nursing organizations.
	B. Copy of survey and analysis to DOH [Survey was literature survey]	7/30/07 Amended to 12/31/08	12/20/08	Yes Same report used for 4-B and 6-B
7. Educate the public including students K-12 about opportunities and careers in nursing [RCW 18.79.020(2)(g)]	A. Coordinate statewide "Promise of Nursing"	3/29/06	Held 3/29/06 Report received by 4/26/06	Yes. Conducted meeting.
	B. Complete inventory of successful efforts to introduce nursing to students and summary	6/30/06	6/30/06	Yes. Compiled inventory and shared with nursing organizations.
	C. Place known forums and presentations on	11/30/05 Amended Task Order 11/30/06	11/30/06	Yes, web updated

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
	web			
	D. Complete statewide public relations plan – image of nursing as a rewarding career (Working with Desautel Hege Communications)	4/30/06	4/28/06 Received report	Yes. Detailed plan received.
	E. Monitor and implement by 12/31/07	12/31/07	12/31/07	Yes. Detailed plan with dates received.
	F. Complete background white paper on the Economic Value of Nursing to inform stakeholders of the necessity of continuing to maintain a viable nursing workforce by 9/30/10.	9/30/10	10/5/10	Yes. Summarized history, changing needs, recruiting and retaining, cost of turnover and strategies to recruit, retain and appropriately deploy.
8. Submit report of all progress, collaboration with other organizations and government entities, and activities conducted by the center to the relevant committees of the legislature by 11/30/2011 [RCW 18.79.202(4)]	A. First draft report due	6/30/11	6/30/11	Yes. Received 6 page draft report along with copy of deliverables completed and listing of board of directors.
	B. Final report due to DOH	10/30/11	10/31/11	Yes. Received 7 page report with four attachments. Report covers deliverables, accomplishments and future plans.

DELIVERABLE	DESCRIPTION OF DELIVERABLE	DUE DATE	DATE DONE	SATISFACTORY?
	C. Final report due to legislature	11/30/11		
	D. Washington Center for Nursing shall report to the Department of Health on meeting the grant objectives on an annual basis.	12/31/06 12/31/07 12/31/08 12/31/09 12/31/10 12/31/11		Yes Yes Yes Yes Yes
9. Additional deliverables may be negotiated between Department of Health and the Washington Center for Nursing at any time if mutually agreeable to both parties.				

Appendix B

Summary, April 6, 2012 Washington State Nursing Forum



What's Ahead for Nursing in Washington State?

COMMENTS FROM NURSING FORUM – April 6, 2012

1. What strategies are needed to involve nurses in public policy discussions and decisions?

- Mindy Schaffner – educational approach. Educate nurses as they are in nursing program. Expectation of faculty should be public policy and teaching at beginning and throughout whole curriculum. Start at education and institutions. Access to all nurses – educate on regular basis and encourage to participate.
- Chuck Cumiskey – Look at scope of practice and expand for nurses. Oregon allows RNs trained through protocol to hand out birth control and medications. The IOM recommends expansion of nurse abilities to use skills and abilities. The present system is focused on how to make money vs. the needs of patients and positive health outcomes. We need to better serve citizens.
- Lisa Sassi– How to become informed. I completed my nursing education a long time ago and did not get public policy. I subscribe to journals. Give people some guidance on where to go to get information. Happy to share national journal. How to keep current and encourage dialogue for those who don't have access.
- Marie Flake – I'm not involved in policy from nursing side. Interested in health policy. Maybe more nurses involved and not aware. Want nurses involved in health policy.
- Polly Taylor – In training don't think of policy work. Agree with need to engage nursing and schools. We at DOH are not doing as much as we could do to provide opportunities for students to be involved in policy work.

Provide some experience for them and engage in desire to be engaged in this work, regardless of typical employment.

- Linda Foss – DOH could utilize resources. I read bills and can tell you pitfalls. What are you really trying to accomplish. Can identify resources that could help. Build expertise. State legislature not working. Daily life of patient on the floor. Be able to testify for that. A lot of surveys, ambulatory, lack of nurses and safe, clinical, not system thinkers. They are doctors. If nurses can run systems, you have a safe ambulatory, if not, you have chaos. No infection control. Not safe patient care. Don't have to understand systems, in place.
- Chuck Cumiskey– A lot of nurses call me. Physicians don't want to hear. Where in the law? This puts nurses in risk for their license. They don't understand systems. How to keep patients safe.

2. What is your experience with nurse residencies and transition to practice?

- Shoreline – taught in nursing for 10 years. Excellent. Felt confident going through programs. Depended on whether hospitals needed nurses. When flush with nurses did not offer. Depends on mentors. Students loved residency programs.
- Mindy Schaffner - We have them in acute care, not long term care. Some public health clinics have residency programs, but not well established. Most large type facilities. Some public health agencies looking to do residency programs. IOM recommends increase baccalaureate degrees by 80% by 2020. Idea to go back to designation of graduate nurse. This allowed new graduates to work in an in-training residency type program. Residency programs back in its day encouraged in-facility training, facilities paid different rate and opportunities for new nurses.
- Karen Krueger – Grads working with open heart in six months. Hard to find funding for performance based preceptor. Look at systems support for helping communities. Multiple hospitals got together and shared helped advantage for training opportunities for small hospitals.

3. What workplace and regulatory barriers could be changed to allow nurses to practice to their full scope of practice in Washington?

- Barb Runyon – I echo Linda and Chuck, recognize care involving nurses increasingly present in out- patient, non acute settings. Would help to not have to reduce their scope, knowledge of systems, ability to implement protocols, regulatory barriers needing to be reduced, not have pharmacy, physicians dictating how nurse implements protocol. Look at kind of care occurring in community to ensure nurses let loose to collaborate, coordinate, care for populations for which they have expertise.
- Lisa Sassi – In hospitals seeing an age bias in structure. 12 hour shifts. Most nurses are in their 50-60s. Not workable situation. Would like to see complementary staffing for older nurses retain experience and enrich environment. Exhausting to do 12 hour shifts. Suffer health consequences. Seniority culture institutional silos. People stay at hospital. Limits growth and contribution. Concerned on-line documentation not at bed side. Barrier

to practice. No one addressing and looking at mobility. Need to care for patients and not be tied to computer. Promote idea of physician and nursing training done together. Team work and collaboration. Not great models w/physician faculty. Needs at training level.

- Shoreline – agree with Barb. R.
- Martha Worcester – Barriers finding institutions write for ARNPs more limited than law allows. Need to allow ARNPs or RNs full scope and not limit based on arbitrary rules.
- Chuck Cumiskey– The medical staff by-laws set the rules of who can practice in the hospital. The medical staff’s political own and dictate who admits to the hospital.
- Mary Selecky – Haven’t heard about coming into public health.
- Marie Flake – most conversations about hospitals and clinics. Great need to address in public health. Mentoring and residency not existent in public health. Funding. Scope of practice, institutional policy allowing nurses to do a lot. May not fit scope of practice.

4. By increasing the percentage of nurses with baccalaureate, master’s and doctoral degrees are we creating barriers to nursing care?

- Shoreline – Nurse Practitioner (NP) conference in fall, full of nurses where are all the nurses serving in other capacities. Nurse graduate goal to be NP, supporting nurses doing community public health?
- Linda Foss – Ask what is autonomy of NP - mobility. If that is what attracts we need to create for public health and hospitals so nurses will gravitate. Before, we had autonomy, used to go to houses for newborns. Can’t find that job today.
- Polly Taylor– public health settings. Doctoral to practice. Clinical doctorate will cripple health care system. Concerned.
- Mindy Schaffner – Not creating barriers to nursing care we are creating opportunity. One of few health care professions that does not require baccalaureate as entry level. RNs at associate vs. baccalaureate level. Future jobs are going to require knowledge of complete health care, not creating barriers, increasing quality of care by promoting education. Many educational programs are rising up. There are on-line quality programs at

universities and community colleges. All schools associate degree schools by end of this year will have articulation agreement so students can get into baccalaureate programs. Students can transfer prerequisites into baccalaureate programs.

- Linda Foss – Washington State does not educate enough nurses. We do not have education capacity. Have to recruit out of state. Need more schools.

5. What are the barriers to increasing diversity of the nursing workforce?

- Shoreline –
- Linda Foss - With changes, women have more opportunity to go into different fields. My niece is being recruited for health care and pharmacies. Culturally diverse candidates have an even better chance for those programs. Nursing needs to compete. Diversity amongst sexes. Bring in students of other representation.
- Sally Abbott – A barrier I see is age. Years ago young nurses would take time off to raise families and come back. If you don't practice for a number of years you can't renew. I don't know what that will do to young nurses who care, want to be involved and raise families. Squeezed with parental care and time off and come back to work force. Balance patient safety and knowledgeable work force.
- Money – pay
- Linda Strandemo – nursing degree is very expensive and time consuming and technically detailed. There is an expectation that you will put your life on hold while going through nursing school. This is not acceptable for all works of life. The cost to get a degree and support a family is almost impossible.
- Mindy Schaffner – money – a lot of money into working diligently with students not being brought up to our culture. In reviewing international student transcripts, one problem is they have education from country they come from and need more education. Challenge to get into some schools. Working with schools. Bridge programs for international students would help.
- Marie Flake – Second language thing, ESL program. Stymied by students with nursing background from another country. They are not able to use their health care skills. Can't figure out how to bridge language barrier.
- Mindy Schaffner– State can look at bridge program. Some states do. Requires money.
- Karen Krueger – policy side in regulatory work, employers too cheap to pay for RN. Not willing to foot the bill for nurses we need in those facilities.

- Diana McMaster – At seminars we asked, population coming out of military, very diverse population. Missing opportunity to transition. Fire department, extensive skills. GI bill. Missing opportunity to bring in tremendous amount of experience. Public health settings are hearing nurses are too expensive. Facilities are making sacrifices, people getting cut are nurses.
- Karen Jensen – The legislature is very interested in veterans, doing work around bridge programs, next couple of years and hopes to make inroads and have nursing be a part of it.
- Shoreline – Lot of expertise and diversity in DOH nurses. Good information. Thank you for including.
- Mindy Schaffner– good step to bring us together and discuss policy and educate nurses. I am frequently asked for a list of experts in DOH. We need to share our expertise and resources with educators.
- Sally Abbott — Working on medical surge planning, works with partners in HSQA, number of items come up and if good fit for a public health nurse strike team be a response entity. Get vaccine or medications to DOH staff in an emergency. Asks if there is interest in forming such a group, getting training and be available as response organization.
- Judy Bardin - I worked for 20 years in nursing. Nursing practice is very broad and move to other fields. Coordinate with chronic disease programs because of nursing background. Comfortable with environmental health. Keep in mind. I do a lot of legislative review and policy work and never exposed to that in school. When my research was used in policy work I realized how important it is. Nurses need to be involved and mentored. Something they don't think of.
- Mary Selecky – Delightful. Thank you. Appreciating feedback.

ADDITIONAL COMMENTS RECEIVED AFTER THE FORUM:

Q1 – Make the meeting times and dates available via e-mail. Get the information out so people can make informed, educated decisions.

Q2 – Several years in the military training new nurses.

Q3 – I am not aware of a problem with nurses working within their scope. I do believe that nurses make great investigators, however the positions are only open to non nurses.

Q4 – Definitely not, education enables critical thinking, which is required to provide nursing care.

Q5 – We are already diversified. I can't think on any barriers in this day and age to diversification of the nursing workforce.

.....
Currently the department does not collect data on the educational preparation of nurses and the relationship to licensure/discipline. Without this data, the department will not know if the state is reaching the IOM recommendations for education. In addition, we cannot make any correlations between educational preparation and practice. This information is needed if we are going to participate in the national discussion and in knowing how educational preparation impacts practice/disciplinary actions. Please consider adding this question to the on-line license renewal process for nurses.
.....

Q1 – I recommend that there be a process to gather input from nurses working in Critical Access Hospitals. They have unique challenges and a valuable perspective on the evolving health concerns in their communities. When their hospital census is down what prevention/wellness activities could they integrate into the community? Many of the comments that I made about hospital nursing at the meeting on Friday would be applicable to nurses working in Critical Access Hospitals.

Q2 – What could be done to promote setting up RN residencies in Critical Care Hospital settings for nurses nearing the end of their education as RNs and ARNPs?

Appendix C

Webinar Participation List, May 2, 2012

Washington State Nursing Forum

RCW 18.79.202 Report to the Legislature
Webinar Participant list
May 2, 2012 10:00 a.m. - Noon

Name	Organization
Susan B. Hassmiller	Robert Wood Johnson Foundation
Mary Wakefield, Ph.D., RN	Administrator, Health Resources and Services Administration U.S. Department of Health and Human Services
Geraldine 'Polly' Bednash PhD, RN	CEO, American Association of Colleges of Nursing
Beverly Malone PhD RN	CEO, National League for Nursing
Bobbie Berkowitz, PhD, RN, FAAN Dean and Mary O'Neil Munding Professor Columbia University School of Nursing Senior Vice President	Columbia University Medical Center New York NY
Marla Weston	CEO, American Nurses Association Silver Spring, MD
Mary Sue Gorski PhD RN	President Council of Nurse Educators of Washington State (CNEWS)
Dr. Pam Mitchell	University of Washington Interim Dean, School of Nursing
Kathy Apple, MS, RN, FAAN	CEO, National Council of State Boards of Nursing
Linda Tieman	Executive Director, Washington Center for Nursing
WCN Board of Directors	
Kim Williams	VP/CNO, Providence Regional Medical Center Everett
Judy Huntington	Executive Director, WSNA
Victoria Fletcher	Director of Accreditation Planned Parenthood Federation of America
Peggy Currie	CNO, Providence Urban Medical Centers, Spokane
Tim Davis	Staff Nurse, Providence Regional Medical Center, Everett
Hilary Gillette-Walch	Clinical Services Manager Cowlitz County Health Department, Longview
Anne Hirsch	Associate Dean, Seattle University
Zena Kinne	Director of Quality, Peninsula Community Health Services
Nancy Novak	Associate Dean, Tacoma Community College
Diane Sosne	President, SEIU Healthcare 1199 NW Nurse Alliance
Barbara Trehearne	VP Clinical Excellence, Quality and Nursing Practice Group Health Cooperative
Grace Yang	Staff Nurse, Harborview Medical Center
Susan Wong	Chair, Nursing Commission
Susan Woods	Vice chair, Nursing Commission
Gladys Campbell	CEO, North West Organization of Nurse Executives
Scott Bond	CEO, Washington Hospital Association
Vicky Brown	President, WA Rural Health Association
Eleni Papadakis	Exec. Director, WTECB
Patty Hayes	Seattle King County Health Department Dir. Community Health Svs.
Nancy Lawton, MN, ARNP, FNP	President, ARNPs United of Washington State

**RCW 18.79.202 Report to the Legislature
Webinar Participant list
May 2, 2012 10:00 a.m. - Noon**

Eileen Cody Tami Green Rosemary McAuliffe Cheryl Pflug Judy Clibborn Rosa Franklin Dawn Morrell Margarita Prentice	
Additional Names: Chris Barton Sonja Hallum, WTB Sally Watkins Tim Plante	SEIU Workforce Training Board WSNA