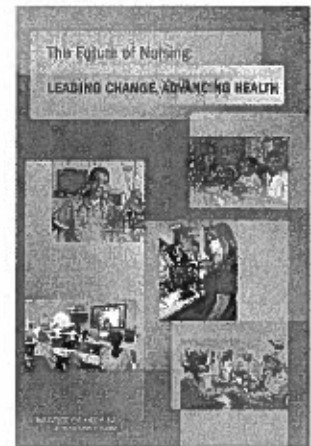


The Future of Nursing

Focus on Education



The 2010 Affordable Care Act represents the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs. Transforming the health care system to provide safe, quality, patient-centered, accessible, and affordable care will require a comprehensive rethinking of the roles of many health care professionals, nurses chief among them. To realize this vision, nursing education must be fundamentally improved both before and after nurses receive their licenses.

In 2008, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing.

As part of its report, *The Future of Nursing: Leading Change, Advancing Health*, the committee considered many challenges that face the nursing education system and some of the solutions that will be required to advance the system. It determined that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

The Need for Highly-Educated Nurses

In the 21st century, the health challenges facing the nation have shifted dramatically. The American population is older—Americans 65 and older will be nearly 20 percent of the population by 2030—as well as more diverse with

respect not only to race and ethnicity but also other cultural and socioeconomic factors. In addition to shifts in the nation's demographics, there also have been shifts in that nation's health care needs. Most health care today relates to chronic conditions, such as diabetes, hypertension, arthritis, cardiovascular disease, and mental health conditions, due in part to the nation's aging population and compounded by increasing obesity levels. While chronic conditions account for most of the care needed today, the U.S. health care system was primarily built around treating acute illnesses and injuries, the predominant health challenges of the early 20th century.

The ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century. As patient needs and care environments have become more complex, nurses need to attain requisite competencies to deliver high-quality care. These competencies include leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas such as community and public health and geriatrics. Nurses also are being called upon to fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals. To respond to these increasing demands, the IOM committee calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better prepare them to meet the needs of the population.

An Improved Education System

Much of nursing education revolves around acute care rather than community settings that include aspects of primary care, public health, and long-term care. Nursing education frequently does not incorporate the intricacies of care coordination and transitions. Nor does it promote the skills

needed to negotiate with the health care team, navigate the regulatory and access stipulations that determine patients' eligibility for enrollment in health and social service programs, or understand how these programs and health policies affect patients and health outcomes. Nursing curricula need to be reexamined, updated, and adaptive enough to change with patients' changing needs and improvements in science and technology, the IOM committee says.

Many nursing schools have dealt with the rapid growth of health research and knowledge by compressing available information into the curriculum and adding layers of content that require more instruction. New approaches and educational models must be developed to respond to burgeoning information in the field. For example, fundamental concepts that can be applied across all settings and in different situations need to be taught, rather than requiring rote memorization. Competencies also must move from task-based proficiencies to higher-level competencies that provide a foundation for care management knowledge and decision-making skills under a variety of clinical situations and care settings. Additionally, emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse's professional formation.

Entering the Profession

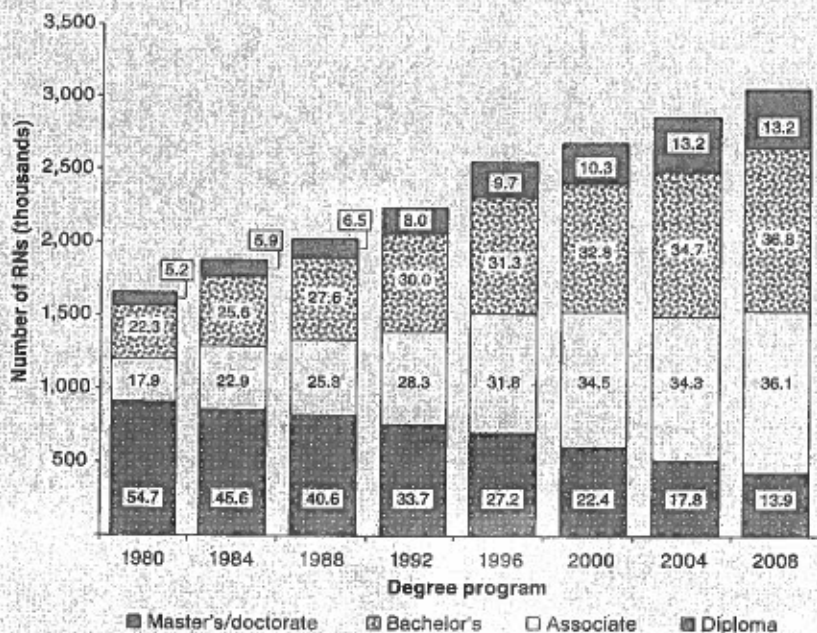
Nursing is unique among the health care professions in the United States in that it has multiple educational pathways leading to an entry-level license to practice. Nursing students are able to pursue three different educational pathways to become registered nurses (RNs): the bachelor's degree in nursing (BSN), the associate's degree in nursing (ADN), and the diploma in nursing. More recently, an accelerated, second-degree bachelor's program for students who possess a baccalaureate degree in another field also has become a popular option. These various pathways provide numer-

ous opportunities for women and men of modest means and diverse backgrounds to access careers in an economically stable field.

The qualifications and level of education required for entry into the nursing profession have been widely debated by nurses, nursing organizations, academics, and a host of other stakeholders for more than 40 years. Although a BSN education is not a panacea for all that is expected of nurses in the future, it does, relative to other educational pathways, introduce students to a wider range of competencies in such arenas as health policy and health care financing, community and public health, leadership, quality improvement, and systems thinking. Care within the hospital continues to grow more complex, with nurses having to make critical decisions associated with care for sicker, frailer patients and having to use more sophisticated, life-saving technology coupled with infor-

mation management systems that require skills in analysis and synthesis. Care outside the hospital is becoming more complex as well. Nurses are being called on to coordinate care among a variety of clinicians and community agencies; to help patients manage chronic illnesses, thereby preventing acute care episodes and disease progression; and to use a variety of technological tools to improve the quality and effectiveness of care. A more educated nursing workforce would be better equipped to meet the demands of an evolving health care system, and this need could be met by increasing the percentage of nurses with a BSN. An increase in the proportion of nurses with a BSN also would create a workforce poised to achieve higher levels of education at the master's and doctoral levels, required for nurses to serve as primary care providers, nurse researchers, and nurse faculty—positions currently in great demand across the

Distribution of the registered nurse population by highest nursing or nursing-related educational preparation, 1980-2008.



SOURCE: Health Resources and Services Administration

profession and within the health care system. The committee recommends that the proportion of nurses with baccalaureate degrees be increased to 80 percent by 2020. While it anticipates that it will take a few years to build the educational capacity needed to achieve this goal, the committee maintains that it is bold, achievable, and necessary to move the nursing workforce to an expanded set of competencies, especially in the domains of community and public health, leadership, systems improvement and change, research, and health policy.

Improving the education system and achieving a more educated workforce—specifically increasing the number of nurses with baccalaureate degrees—can be accomplished through a number of different programs and educational models, including: traditional RN-to-BSN programs; traditional 4-year BSN programs at both universities and some community colleges; educational collaboratives that allow for automatic and seamless transitions from an ADN to a BSN; new providers of nursing education such as proprietary/for-profit schools; simulation and distance learning through online courses; and academic-service partnerships.

In addition to increased numbers of BSN-educated nurses, schools of nursing must build their capacities to prepare more students at the graduate level who can assume roles in advanced practice, leadership, teaching, and research. While 13 percent of nurses hold a graduate degree, fewer than one percent have a doctoral degree. Nurses with doctorates are needed to teach future generations of nurses and to conduct research that becomes the basis for improvements in nursing science and practice. The committee recommends doubling the number of nurses with a doctorate by 2020.

Lifelong Learning

Profound changes in the education of nurses, both before and after they receive their licenses,

are required to develop a more highly-educated workforce. Nursing education should serve as a platform for continued lifelong learning and should include opportunities for seamless transition to higher degree programs. The committee recommends that nurses and nursing students and faculty continue their education and engage in lifelong learning.

Bridge programs and educational pathways between undergraduate and graduate programs—specifically programs such as LPN-to-BSN, ADN-to-BSN, and ADN-to-MSN—are designed to facilitate academic progression to higher levels of education. The ADN-to-MSN program, in particular, is establishing a significant pathway to advanced practice and some faculty positions. Financial support to help build capacity for these programs will be important, including funding for grants and scholarships for nurses wishing to pursue these pathways. For example, diploma programs could be phased out, leaving federal resources that could be reallocated to expand baccalaureate and higher education programs.

Bridge programs and seamless educational pathways also offer opportunities for increasing the overall diversity of the student body and nurse faculty with respect to race and ethnicity, geography, background, and personal experience. Although the composition of the nursing student body is more racially and ethnically diverse than that of the current workforce, diversity continues to be a challenge within the profession. Greater racial and ethnic diversity among all health care providers leads to stronger relationships with patients in non-white communities, which are likely to grow as the U.S. population becomes increasingly diverse. Nursing schools and other relevant groups need to create programs to recruit and retain more individuals from racial and ethnic minorities, as well as men—who make up just seven percent of all RNs—into the nursing profession.

Enough Nurses with the Right Skills

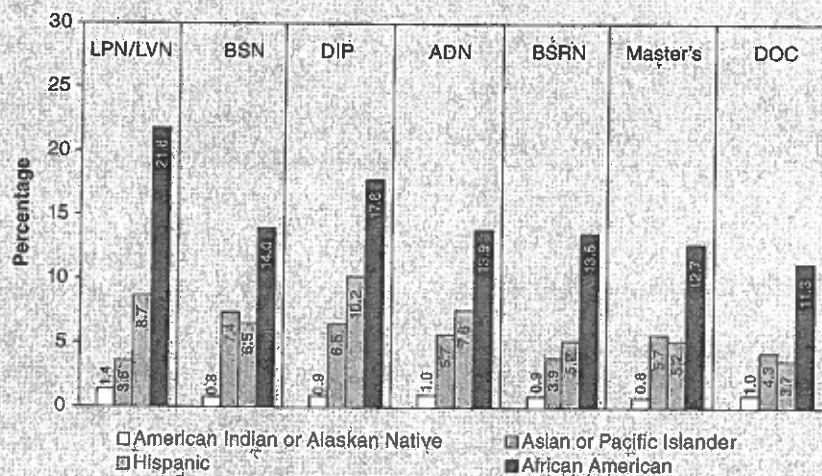
Significant barriers must be overcome if the shortage of nurses is going to be offset and more advanced and expanded nursing roles are going to be filled. Having enough nurses with the right kinds of skills will contribute to the overall safety and quality of a transformed health care system. One such barrier is high turnover rates, which continue to destabilize the nurse workforce in the United States. The costs associated with these turnover rates are significant, particularly in hospitals and nursing homes. The high rates among newly graduated nurses, in particular, highlight the need for a greater focus on managing the transition from school to practice.

Nurse residency programs, recommended by the Joint Commission in 2002, can provide important hands-on experience for newly graduated nurses or those transitioning into a new area of practice. These planned, comprehensive peri-

ods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined standards of practice, can help new nurses develop skills in such important areas as organizing work; establishing priorities; and communicating with physicians and other professionals, patients, and families. In addition, transition-to-practice residency programs can help develop leadership and technical skills in order to provide quality care. Residency programs are supported predominantly in hospitals and larger health systems, with a focus on acute care; they also need to be developed and evaluated outside of acute care settings to accommodate the coming shift of care from hospital to community-based settings and the need for nursing expertise in chronic illness management, care of older adults in home settings, and transitional services.

While the evidence is limited because resi-

Percentage of minority students enrolled in nursing programs by race/ethnicity and program type, 2008-2009



NOTE: ADN = associate's degree programs; BSN = bachelor's of science programs; BSRN = RN-to-BSN programs; DIP = diploma nursing programs; DOC = nursing school programs offering doctoral degrees; LPN = licensed practical nursing programs; LVN = licensed vocational nursing programs.

SOURCE: Reprinted with Permission from the National League for Nursing.

dency programs are not widespread, they have been shown to help reduce turnover rates for new graduate RNs, reduce costs, increase stability in staffing levels, and help first-year nurses develop critical competencies in clinical decision making and autonomy in providing patient care. The committee recommends that actions be taken to support nurses' completion of transition-to-practice nurse residency programs after they have completed a prelicensure or advanced degree program or when they are transitioning into new clinical practice areas.

Conclusion

With more than 3 million members, the nursing profession is the largest segment of the nation's health care workforce. Working on the front lines of patient care, nurses have a direct effect on patient care. Their regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to effect wide-reaching changes in the health care system. Nurses must be prepared to meet diverse patients' needs; function as leaders; and advance science that benefits patients and the capacity of health professionals to deliver safe, quality patient-centered care. If new nurses are to succeed in this complex and evolving health care system, nursing education needs to be transformed.

Recommendations

Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

- The Commission on Collegiate Nursing Education, working in collaboration with the National League for Nursing Accrediting Commission, should require all nursing schools to offer defined academic pathways, beyond articulation agreements, that promote seamless access for nurses to higher levels of education.
- Health care organizations should encourage nurses with associate's and diploma degrees to enter baccalaureate nursing programs within 5 years of graduation by offering tuition reimbursement, creating a culture that fosters continuing education, and providing a salary differential and promotion.
- Private and public funders should collaborate, and when possible pool funds, to expand baccalaureate programs to enroll more students by offering scholarships and loan forgiveness, hiring more faculty, expanding clinical instruction through new clinical partnerships, and using technology to augment instruction. These efforts should take into consideration strategies to increase the diversity of the nursing workforce in terms of race/ethnicity, gender, and geographic distribution.
- The U.S. Secretary of Education, other federal agencies including the Health Resources and Services Administration, and state and private funders should expand loans and grants for second-degree nursing students.
- Schools of nursing, in collaboration with other health professional schools, should design and implement early and continuous interprofessional collaboration through joint classroom and clinical training opportunities.
- Academic nurse leaders should partner with health care organizations, leaders from primary and secondary school systems, and other community organizations to recruit and advance diverse nursing students.

Double the number of nurses with a doctorate by 2020.

Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

- 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.
- 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 and researchers.
- Academic administrators and university trustees should create salary and benefit packages that are market competitive to recruit and retain highly qualified academic and clinical nurse faculty.

Ensure that nurses engage in lifelong learning.

Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

- Faculty should partner with health care organizations to develop and prioritize competencies so curricula can be updated regularly to ensure that graduates at all levels are prepared to meet the current and future health needs of the population.
- The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should require that all nursing students demonstrate a comprehensive set of clinical performance competencies that encompass the knowledge and skills needed to provide care across settings and the lifespan.

- Academic administrators should require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, teaching, and research.
- All health care organizations and schools of nursing should foster a culture of lifelong learning and provide resources for interprofessional continuing competency programs.
- Health care organizations and other organizations that offer continuing competency programs should regularly evaluate their programs for adaptability, flexibility, accessibility, and impact on clinical outcomes and update the programs accordingly.

Implement nurse residency programs.

State boards of nursing, accrediting bodies, the federal government, and health care organizations should support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

The following actions should be taken to implement and support nurse residency programs:

- State boards of nursing, in collaboration with accrediting bodies such as the Joint Commission and the Community Health Accreditation Program, should support nurses' completion of a residency program after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.
- The Secretary of Health and Human Services should redirect all graduate medical education funding from diploma nursing programs to support the implementation of nurse residency programs in rural and critical access areas.
- Health care organizations, the Health Resources and Services Administration and Centers for Medicare and Medicaid Services, and philanthropic organizations should fund the development and implementation of nurse residency programs across all practice settings.
- Health care organizations that offer nurse residency programs and foundations should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes.



Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine

- | | |
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Nevada Nursing Regional Action Coalition Application

This application is submitted on behalf of the Nevada Alliance for Nursing Excellence (NANE) and the Nevada Health Care Sector Council (NHSC) as co-lead organizations.

Section 1: Contact Information and Background

Contact Information:

Nurse Organization Lead Representative: Jennifer Richards, PhD, RN, CNRN
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Project Director Nevada Health Care Sector Council
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Las Vegas, NV 89128
Office: 702-636-2344
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Background of the Co-Lead Partnership (Paragraph-12 sentences)

The Nevada Health Care Sector Council

The Nevada Health Care Sector Council (NHSC), composed of twenty-seven stakeholders representative of Nevada's health care, labor, education, business and governments sectors was established in response to Nevada Legislation (SB239) for the purpose of identifying job training and education programs to best meet regional economic development goals.

The primary focus of the NHSC, over the previous year, has been the administration of a HRSA grant to plan activities leading to health care workforce development strategies at the state and local level to increase the primary care health workforce over a ten year period by 10-25%.

*See (Appendix A) for a list of NHSC members and their affiliations.

The Nevada Alliance for Nursing Excellence

The Nevada Alliance for Nursing Excellence (NANE) aims through its vision to develop “a premiere system for nursing education and practice that provides for expertise and optimal capacity of the nursing workforce to ensure a healthy Nevada”. NANE members include nursing leaders from academic and clinical practice settings throughout Nevada.

*See (Appendix B) for a list of NANE members and their affiliations.

Partnership

Three members of NANE including the Executive Director of the Nevada State Board of Nursing (NSBN), the President of the Nevada Nurses Association (NNA) and the immediate past chair of NANE sit on the NHSC, reporting NANE’s organizational activities and providing expertise to the Nevada Health Care Sector Council.

The partnership of the two organizations, while short lived (one year), has matured rapidly due to the Nevada legislative mandate, of establishing the Council and the need to complete the objectives of the HRSA planning grant by September 30, 2011. With the NHSC established in Nevada law, there is no question that the relationship between the two organizations as well as additional health care stakeholders will continue to grow, benefitting health care in Nevada.

Section II: Action Coalition Goals and Objectives: *(Limit a total of 100 words for this section)*

The major goal of the RAC will be to facilitate the collaboration of professional nursing and business organizations on a shared vision and strategic plan to advance the Campaign’s recommendations.

Short Term: 6-12 months

- Hire Executive Director
- Governance structure
- Geographically, interdisciplinary balanced stakeholders
- Educate stakeholders on IOM recommendations
- Strategic plan based on comprehensive assessment of current environment
- Develop funding infrastructure

Long Term: >12 months

- Implement plan to target identified goals
- Develop business plan, including budget, for strategic plan implementation
- Develop marketing/media plan
- Long-term sustainability plan

Section III: Leadership and Support (Limit each answer to a total of 100 words per question)

1) Describe the nurse and non-nurse leadership's commitment to and understanding of overall Future of Nursing: Campaign for Action goals and objectives. Discuss their respective skills, talents, ability to work with divergent interests and time devotion to the Campaign and Action Coalition activities.

NHSC member Debra Toney, PhD, RN, FAAN was instrumental in providing information to the Council on the Future of Nursing Campaign, encouraging commitment and offering expertise.

As past president, National Black Nurses Association (NBNA), Toney has been involved with the Campaign from the beginning, providing testimony during stakeholders meetings and participating in the Champion Nursing Council and group meetings with the RWJ Executive Nurses Fellow alumni. Toney implemented programs within the NBNA addressing the Campaign, and created a national survey on the topic.

NHSC and NANE represent diverse health care organizations and educational systems and are the major influential health care leaders within Nevada.

2) Describe the nurse/non-nurse leadership's ability to engage a broad range of diverse stakeholders. Give examples of their current activities, or those proposed in their Action Coalition. How deep are the partnerships? Please provide a listing of existing and/or potential stakeholders as an Appendix to this application. Please provide name, information about their credentials, position and affiliations relevant to this effort. Examples of stakeholders include: business leaders, educators, student, health care providers, funders, providers, policy leaders, consumer groups.

See (Appendix C) for a list of current stakeholders

See (Appendix D) for a list of potential stakeholders

The attached extensive list of stakeholders represents legislators, labor, education, business, and health care. Due to Nevada's relatively small population many of these stakeholders have collaborated together previously on healthcare projects, an advantage, toward developing a comprehensive RAC strategic plan. Current activities include extension of nurse residencies throughout the state, leadership training, a legislative effort to remove of scope of practice barriers, and a BSN in 10 initiatives. The goal is to bring all stakeholders under the umbrella of the RAC, uniting to achieve common strategic goals as outlined by the Future of Nursing: Campaign for Action.

3) Describe the Action Coalition leadership's experience working with the media and/or serving as a communication contact in any previous or current capacity (professionally or as a volunteer)

As a stakeholder, Workforce Connections will provide the Access Coalition with content creation support and access to the media. Workforce Connections distributes to and maintains personal contact with state, local, and industry specific media outlets and engages the community-at-large in industry and workforce discussion through original content creation and distribution including a semi-weekly blog, a weekly radio show, in-house video documentation capabilities, and active engagement with the community through social media outlets. These efforts are fully accessible to the Action Coalition and will be mobilized to support and increase participation and awareness of their efforts.

4) Describe and discuss resource availability (potential or real) including : local, state and national funding sources, donation in kind for space, rent, equipment, personnel, etc. and ability to attract funders to this efforts.

The Department of Employment, Training and Rehabilitation (DETR) agreed to fund a salary and benefits package to hire an Action Coalition Executive Director for one year. Workforce Connections will donate office space, computer, communication equipment and supplies. Meeting space and videoconferencing are available.

Proceeds from professional nursing conferences sponsored by NANE and other nursing stakeholders will be used to support infrastructure. NSBN and NANE are researching the feasibility of adding a field to the nursing license renewal application process, allowing applicants to donate \$5.00 to advance the work of the Action Coalition.

Strategies are being developed to engage a wider cadre of stakeholders.

5) What structures are in place to carry out the work? Describe the extent of the infrastructures, if any in place, to carry out this work including: existing coalitions and networks, local and state activities, area nursing schools and other supportive institutions and their work focused on the recommendations, businesses and Chambers of Commerce involved in this work.

The main structure in place is the presence of Nevada Senate Bill 239 that places the Nevada Health Care Sector Council in statute guaranteeing continued work on the advancement of health care workforce in Nevada.

The Nevada Alliance for Nursing Excellence currently meets on a quarterly basis, alternating meetings between northern and southern Nevada. Going forward, NANE will commit the majority of their agenda to furthering the work of the Action Coalition.

The Nevada Health Care Council meets monthly and within its membership has significant access to legislative health care committees, nursing coalitions, Chambers of Commerce and regulatory boards.

Section IV: State Assessment—Readiness and Feasibility (Limit each answer to a total of 100 words per question)

1) Describe the readiness of your state to advance issues related to the Future of Nursing: Campaign for Action recommendations, including access to care/practicing at full scope, education progression and transformation, inter-professional collaboration, diversity and workforce data. What is the current state environment in these areas? What are the opportunities and challenges?

Achievement of access to care/practicing at full scope will be the most challenging recommendation. Legislation recently passed requiring national certification for Advanced Practice Nurses (APRNs). This is the first step to meeting the requirements of the National Council of State Boards of Nursing (NSCBN) Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education.

Education progression and transformation are opportunities in Nevada because of infrastructures already in place which include:

- RN-BSN programs throughout the state
- Collaborative DNP program between UNR and UNLV
- PhD program at UNLV
- Nurse residency model in the south
- HRSA funded nurse internship model in the north

2) What are the most significant deterrents to success of your Action Coalition?

Nevada is a largely rural state with two large urban areas (Reno and Las Vegas) located at opposite ends of the state. Long distances between the urban areas require air travel which is expensive and has frequently led to isolationism and the great “north/south/rural divides”. Significant economic disparity exists between the rural and urban communities further hampering communication and leading to geopolitics. In order for the RAC to be successful stakeholders in all areas of the state must be recruited, their opinions valued and funds must be raised to allow for participant travel.

3) Describe your Action Coalition’s ability to address gaps in readiness.

Significant infrastructure is currently in place to begin the work of a RAC. Sustainable funding is being addressed for long term success. Responses by current and potential stakeholders to partner has been overwhelming. Stakeholders recognize that Nevada has attempted to make progress through individual organizational efforts without significant improvement to Nevada’s overall national health care ranking of 47/51. Nevada is prepared and committed to begin the work of raising the level of health care in our state by developing a strategic plan to implement the IOM recommendations.

4) How would you describe the feasibility of attaining your goals and objectives in your state? Are some easier than others?

The short term goals and objectives are attainable. Nurse leaders in regulation, education, and clinical practice have embraced the IOM recommendations and have committed to working together to achieve the stated goals.

Attainment of the long term goals will be more challenging, requiring additional resources, compromise, and legislative support. However the lead organizations, with the incredible support of our stakeholders from northern, southern and rural Nevada, as evidenced by the 40 plus attached letters, of support are evidence that Nevada is ready and willing to address the challenges to nursing that health care reform will bring.

5) What activities has the Action coalition participated in related to the Campaign since the recommendation were released in October 2010, if any?

Recommendation #6-Lifelong learning

- NANE is piloting a Clinical Faculty Academy to assist new faculty in becoming effective clinical instructors
- NNA recently hosted the first annual initiative of the Future of Nursing Professional Progression Awards

Recommendation #4-BSN

- NANE voted to develop a position paper requiring graduates of Associate Degree Nursing Programs to attain their BSN within ten years of initial licensure

Recommendation #3---Nurse Residency

- Nurse residency program has been implemented in southern Nevada and plans for extension of the program to northern and rural Nevada are being pursued by NIN and the NHA.

Recommendation #8 –Data

- UNSOM is leading a collaborative effort to establish minimum data sets for occupations identified by NHSC

6) Has the Action Coalition developed action or implementation plans (not required at this stage)? If so, please briefly describe below and attach as an Appendix to this application.

NHSC and NANE are reaching out to stakeholders, introducing IOM recommendations at professional meetings statewide.

NHSC and NANE have identified the next steps of an action plan but a formalized timeline for implementation is pending participation in the conference discussed below. The Nevada Organization of

Nurse Leaders (NONL) annual conference, scheduled for October 2011, will feature Dr. Linda Burnes Bolton, DRPH, RN, FAAN as a keynote speaker. Dr. Bolton will present an update on the efforts to implement the IOM recommendations and will engage the participants in a discussion of opportunities to lead changes in Nevada to advance health care.

7) *Of your potential Action Coalition partners, which individuals or organization have done work that prepares them for leadership in issues related to the Future of Nursing: Campaign for Action recommendation, including access to care/practicing at full scope, education progression and transformation, inter-professional collaboration, diversity and workforce Data? What are the individuals' backgrounds that prepare them for leadership in their respective areas?*

See (Appendix G) for Curriculum Vitas of Nevada Health Care Leaders listed below:

Leadership

- Debra Toney, PhD, RN, FAAN
Robert Wood Johnson Executive Fellow

Workforce Data

- John Packham, MD
Director of Health Policy Research
University of Nevada School of Medicine (UNSOM)
- William Anderson
Chief Economist
DETR

Access to Care/Practicing at Full Scope

- Debra Scott, MSN
Executive Director
Nevada State Board of Nursing (NSBN)

Education Progression and Transformation

- Carolyn Yucha, PhD, RN
Dean
University of Nevada, Las Vegas, Department of Nursing and Allied Health Sciences
- Patsy Ruchala, DNSC, RN
Director
University of Nevada, Reno- Orvis School of Nursing

- Shirlee Synder, Ed.D., RN
Professor and Dean, School of Nursing
Nevada State College (NSC)

Inter-professional Collaboration

- Maurizio Trevisan, MD, MPH
Chair-Nevada Health Care Sector Council
Nevada System of Higher Education (NSHE)

Section V. Best Practices and Innovations (Limit each answer to a total of 100 words per question).

1) What would the Action Coalition contribute to the overall, national Campaign for Action in terms of best practices in the five key recommendations areas and other innovations?

Education

- Increased capacity in PhD and DNP programs facilitated by a 3-year HRSA grant.
- Health Care 20/20 New Graduate Transition into Practice
- Clinical Faculty Academy

Practice

- Legislative strategies on scope of practice
- Returning RN curriculum

Collaboration

- NHSC utilizes an apolitical model of collaboration providing guidance to the governor.

Data

- Workforce data, barriers to healthcare and education are data sets that may contribute to a national assessment of these variables.

Leadership

- NSBN members have been appointed by the Governor since 1923.
- Debra Scott reappointed as Area I Director/ Board of the National Council of State Boards of Nursing.

2) What is the capacity of the Action Coalition to collect and provide data specific to their progress in achieving their goals? Is there any capacity to analyze data?

Workforce Connections, UNSOM, NSHE and DETR have worked collaboratively in data collection/analysis for the HRSA planning grant and will continue in that role for the RAC.

These organizations have the expertise to undertake this work, and have agreed to collect, analyze and provide any other data necessary to monitor the progress of the RAC in achieving its goals.

Dr. John Packham, UNSOM, Department of Health Policy Research is establishing minimum data sets for specific occupations. Dr. Packham' goal to establish a nursing minimum data has been shared with NANE and NHSC and will facilitate achievement of the RAC's strategic plan.

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