

Center for Nursing

Joint Informational Briefing

Senate Committee on Commerce and Consumer Protection

Senate Committee on Health

Relating to the status report of the Continuing Education Joint Advisory Committee

January 27, 2011, 9:30 a.m.

Briefing Agenda

- Introductions and Overview
 - Gail Tiwanak, Director, Hawai'i State Center for Nursing
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- Nursing and Quality Health Care
 - Art Gladstone, Chief Operating Officer, Straub Clinic & Hospital, Hawai'i Pacific Health
- The Future of Nursing
 - Mary Boland, Dean, School of Nursing and Dental Hygiene, University of Hawai'i at Mānoa
- Report of the CE Committee
 - Art Gladstone, Chief Operating Officer, Straub Clinic & Hospital, Hawai'i Pacific Health
- Questions and Answers
 - Gail Tiwanak, Director, Hawai'i State Center for Nursing

Legislative Mandate

The Hawai'i State Center for Nursing was established by the Hawai'i State Legislature in 2003 to "address nursing workforce issues"

ACT 198, HB 422

Mission

To assure that the State of Hawai'i has the nursing resources necessary to meet the health care needs of its people.

Collect and analyze data and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce

- Annual Educational Capacity Survey
- Biennial RN Survey
- Biennial LPN Survey
- Centralized Clinical Placement System

Conduct research on best practice and quality outcomes

- Evidenced Based Practice Workshop and Internship
- Clinical education redesign
- Mobilization of statewide distance learning resources for rural nurses
- Continuing Education Study (SCR 167)

Develop a plan for implementing strategies to recruit and retain nurses

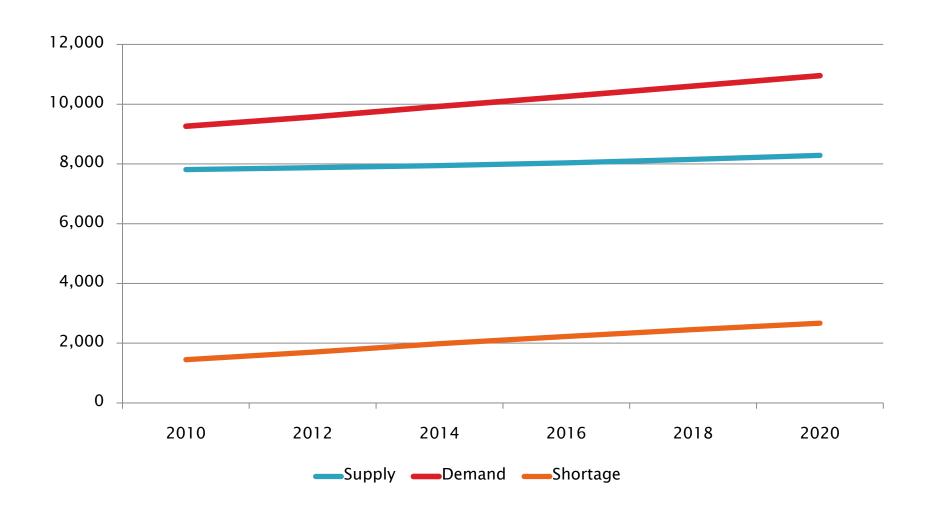
- Diversity, retention & success of AD Nursing Students on Kauai, Maui, Hawaii
- Hawaii nurse internship program(HNIP) (preceptorship)
- Nurse residency
- Partners in Nursing expansion (HPIN)
- Leadership workshops for staff nurse & nurse managers

- Research, analyze, and report data related to the retention of the nursing workforce.
 - Monitoring the environment
 - Informing policy making
 - Expert resource to the community
 - Annual Pacific Institute of Nursing Conference to disseminate date and best practices

Role of the HSCFN

- HSCFN is an effective catalyst for change
- HSCFN can bring diverse organizations, agencies and stakeholders together to collaborate and to coordinate workforce initiatives
- Accurate and reliable data will ensure that efforts and resources are appropriately focused to make a difference
- Innovative pilot projects in collaboration with the community can develop best practices for Hawai'i

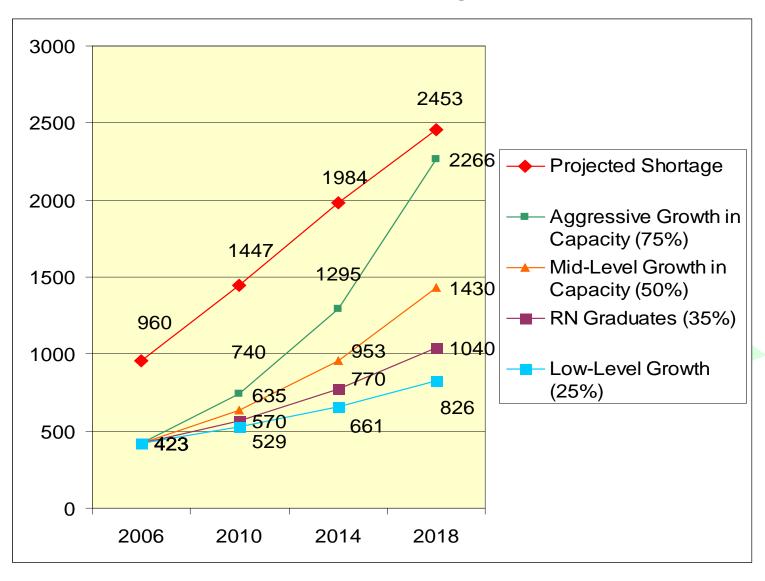
Projected HI FTE RN supply, demand, & shortage



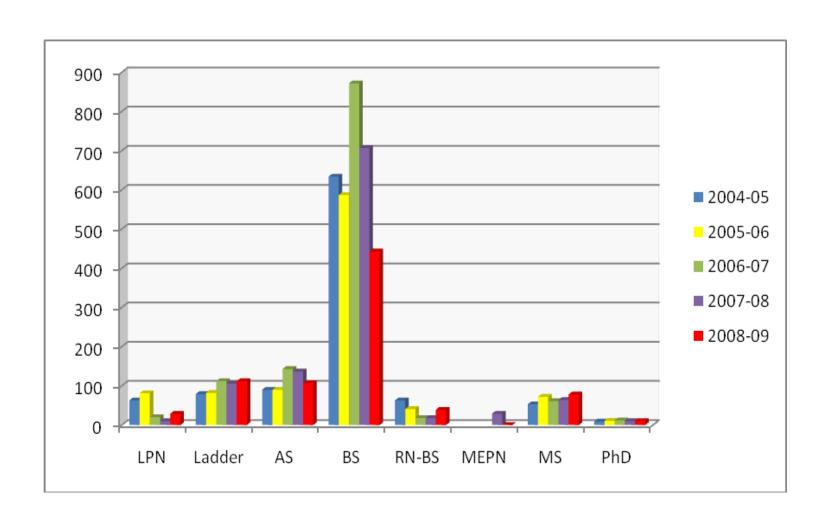
Hawaii Nursing Workforce Forecast

	<u>2010</u>	2012	2014	<u>2016</u>	2018	<u>2020</u>
Supply	7,813	7,877	7,943	8,038	8,154	8,286
Demand	9,260	9,574	9,927	10,260	10,607	10,955
Forecasted Shortage	1,447	1,697	1,984	2,222	2,453	2,669
Supply Demand	84%	83%	80%	78%	77%	76%
Demand Shortfall	16%	17%	20%	22%	23%	24%

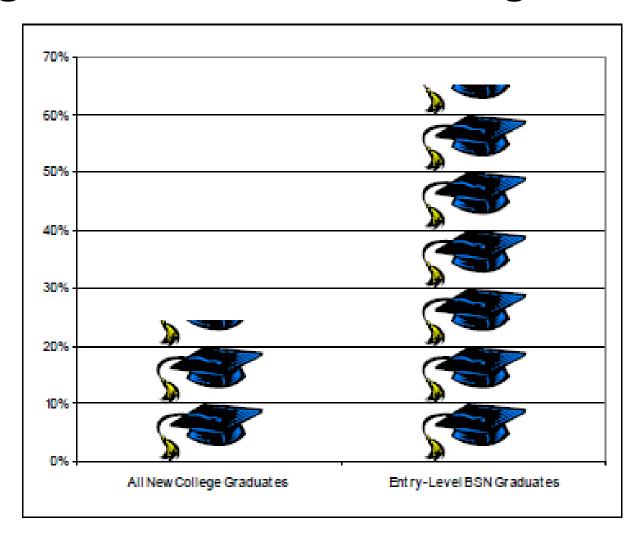
Workforce Supply & Demand



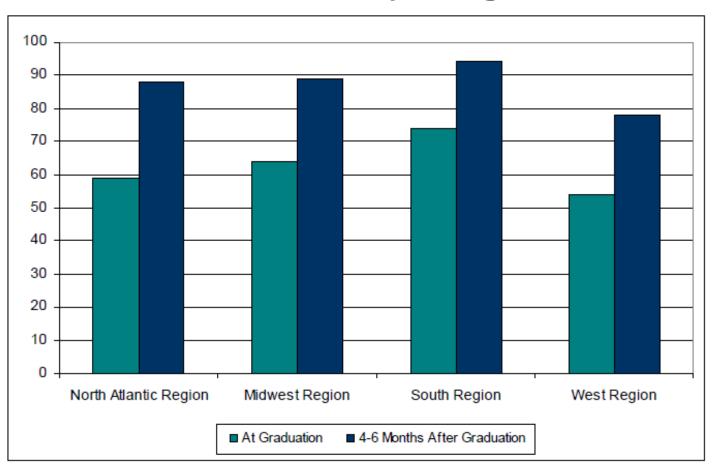
HI: Newly Enrolled Students



Average Job Placement Rate of All New College Graduates and Nursing Graduates



Average Job Placement of New Nursing Graduates by Region



SOURCE: American Association of Colleges of Nursing, Research and Data Center, 2010. AACN is not responsible for errors in reporting by respondent institutions.

Hawai'i Newly Licensed RNs

- 75% employed in 6 mo.
- 25% were not employed

Place of employment:

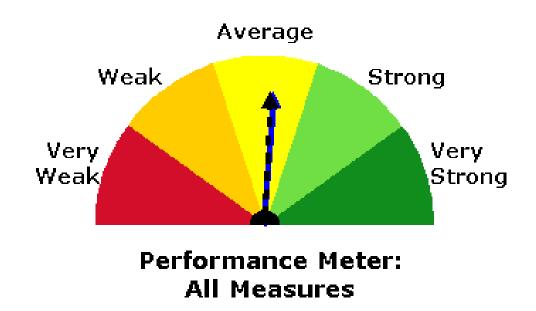
- 62% Acute care hospitals
- 19% Long term care
- 5% Community settings
- 14% Other

Nursing and Quality Health Care

Art Gladstone, Chief Operating Officer Straub Clinic & Hospital, Hawai'i Pacific Health

Nurses' Role in Quality

- The 2008 National Healthcare Quality Report shows that Hawai'i ranks average in our overall health care quality
 - High variability in quality across settings
 - Acute Care Measures, Hospital Measures, and others
 - Hawai'i ranks very weak to weak within specific disease categories.



Nurses' Role in Quality

- Mounting evidence that nursing is central to the design, delivery, monitoring, and improvement of health for both individuals and populations.
- Nursing Sensitive Indicators
 - Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care.
 - The structure of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff.
 - Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care. (*American Nurses Association*)
 - Research Based
 - Utilized by Accreditation Organizations
 - Monitor for impact of nurse staffing

Nursing Sensitive Indicators

Infection Rates

- MRSA
- Ventilator Associated Pneumonia
- Urinary Tract Infection
- Blood Stream Infections

Patient Satisfaction

- Pain
- Education
- Courtesy and respect from nurses

Core Measures

- Smoking Cessation
- Discharge Instructions

• Falls

- Number
- Patient outcome

Restraints

Number of events

Pressure Ulcers

- Number
- Degree/severity of ulcer

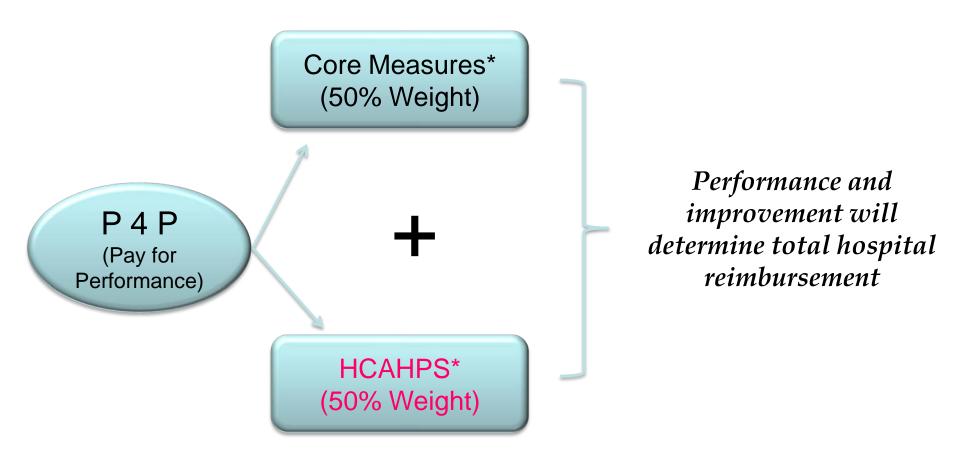
Hospital Consumer Assessment of Healthcare Providers and Systems

- "HCAHPS is a metric that represents the patient's perception of *quality* care." *Quint Studer*
- First national, standardized, publically reported survey of patients' perspectives of hospital care
- Developed by the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ)
- Publically reported in 2008 via www.hospitalcompare.hhs.gov
 - Reporting is tied to reimbursement
- Value-based purchasing is coming (FY 2013)

HCAHPS

- Survey Basics
 - Measures Frequency (always, usually, sometimes, never)
 - Six Composites (categories) of questions
 - Communication with doctors
 - Communication with nurses
 - Responsiveness of hospital staff
 - Pain Management
 - Communication about medications
 - Cleanliness of hospital
 - Quietness at night of hospital
 - Three additional questions regarding Discharge information (no to yes), Willingness to recommend the hospital (definitely no to definitely yes), and Overall hospital rating (0-10)

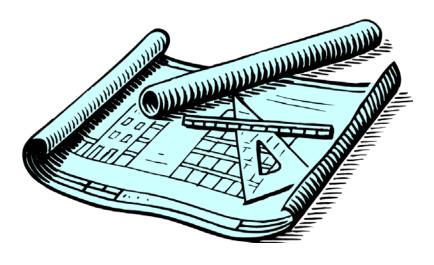
CMS Value Based Purchasing



Implementation FY 2013 (Oct 2012)

^{*}Impact percents are estimates based on the latest forecasts (11.2.10).

The Future of Nursing IOM and RWF Foundation



Mary Boland, Dean School of Nursing and Dental Hygiene, University of Hawai'i at Mānoa

Power point slides provided by the Robert Wood Johnson Foundation

Advancing Health Through Nursing

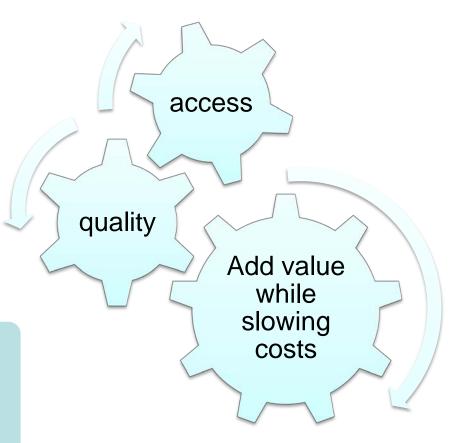
- The 2010 Future of Nursing IOM report created the first evidence based review of the place of nursing in improving health
- Commissioned papers provided a basis for a concise action oriented agenda
- Four key messages

Why Now?

Initiative on the Future of Nursing

Health reform

Chance to transform system to improve care



IFN Vision

The Future System:

- Quality care accessible to diverse populations
- Promotes wellness and disease prevention
- Reliably improves health outcomes
- Compassionate care across lifespan
- Diverse needs of the changing patient population

How?

- Primary care and prevention are central drivers
- Interprofessional collaboration and care coordination are norm
- Payment rewards value
- Quality care at affordable price
- Redesigning the care delivery system

Nurses: Potential to Effect Wide-Reaching Changes!

Largest component of health care workforce

Spend most time with patients

Understand care process across continuum of care

Evidence links them to high-quality patient care



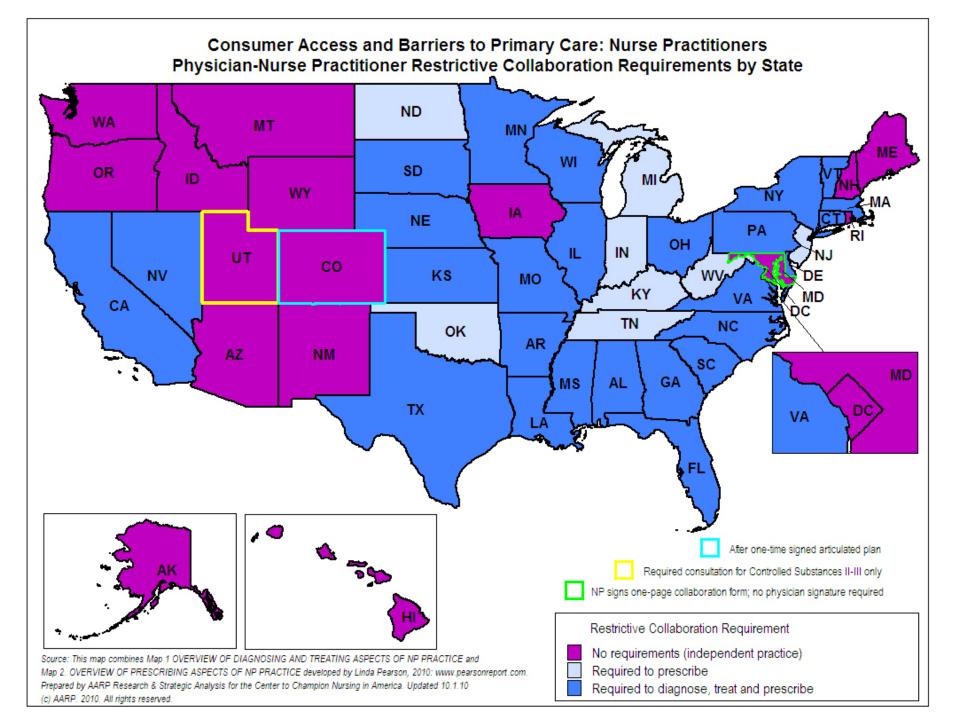
The Future of Nursing: Leading Change, Advancing Health

A blueprint to:

- Ensure that nurses can practice to full extent of their education and training
- Improve nursing education
- Provide opportunities for nurses to assume leadership positions and to serve as full partners in health care redesign and improvement efforts
- Improve data collection for workforce planning and policy-making

#1) Nurses should be able to practice to full extent of their education and training

- Need to remove scope-of-practice restrictions for APRNs
- Need nurse residency program to better manage transition from school to practice



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

- More BSN-trained nurses
- ADN-to-BSN and ADN-to-MSN programs
- Increase student diversity to create workforce prepared to meet demands of increasingly diverse patient population

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

- Foster leadership skills and competencies
- Nurses must see policy as something they shape

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

- Need balance of skills and perspectives among physicians, nurses and others
- Need more specific workforce data collection both within and across professions

It Will Take All of Us!

Government

Business

Health Care Institutions

Academia

Other Health Professionals

Insurance Industry



Opportunity Of Our Lifetime



Continuing Education Study (SCR 167)

- Committee Established: 27 members
- Co-Chairs, Dean Mary Boland UH Mānoa Nursing; Art Gladstone, Straub/Hawai'i Pacific Health; Glenda Tali, University of Phoenix
- Charged to examine whether CE should be a requirement for continuing licensure

SCR 167 SD2 Status Report

- Reviewed CE literature for health disciplines
- Reviewed CE requirements across the 50 states
- Invited NCSBN to present the state of the science
- Only APRNS are required to complete CD in Hawaii

Interim Findings

- Status quo is not sufficient to ensure delivery of competent quality care
- Traditional continuing education approaches are not effective in assuring competency
- Variable regulation across the states
- Any effort must address capacity of BON/DCCA to address compliance

NEXT STEPS



Next Steps

- The regulatory effort must focus on "Continuing Competency" for practice rather than the traditional CE model
- The Committee will develop a Hawai'i nursing continuing competency program including resources required to ensure a successful phased in effort embraced by practicing nurses and the workplace.
- The Committee will require resources to complete the requirements set forth in the resolution and may seek legislation to secure such resources.

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