Michigan Department of Community Health

Task Force on Nursing Education

Final Report and Recommendations

July 2009

MDCH – Task Force on Nursing Education -- List of Members

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Jeanette Wrona Klemczak, MSN, RN	Chief Nurse Executive, State of Michigan

[1] Vice-Chair, Michigan Board of Nursing (MBON); Chair, MBON Education Committee
[2] President, Michigan Organization of Nurse Executives (MONE)
[3] Representing Michigan Chapter NADONA/LTC
[4] President, Michigan Association of Colleges of Nursing (MACN)
[5] President, Michigan Council of Nursing Education Administrators (MCNEA)
[6] Representing Registered Nurses Association in Michigan (RN-AIM)
[7] Representing Michigan Home Health Association

Foreword

Nursing Education and the Health and Safety of Michigan's People

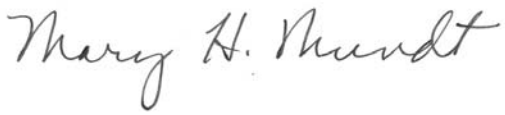
This document, the *Final Report and Recommendations of the MDCH Task Force on Nursing Education (TFNE),* considers: the ways in which nursing education can assist in maintaining and improving the health and safety of the people of Michigan, now and in the future; the ways in which healthcare institutions and facilities incorporate nursing education and the professional services of nurses into healthcare practice, now and in the future; and the implications of healthcare practice for the education and regulation of nurses.

The vision of the TFNE is that: *Nursing Education in Michigan is an integrated, collaborative, efficient nursing education system responsive to the health care needs of the people of the State.* Realization of this vision will require changes in nursing education, regulation of nursing education and nurses, and improvements in the financing of nursing education.

The education of nurses and the licensure of nurses both are complex systems in which change is difficult and often slow. However, the TFNE recommendations are made within the 2009 context of difficult changes being made in many parts of our national and societal fabric, including the financial system, healthcare system, and education. The TFNE recommendations are intended to promote constructive change and help secure a future in which the health and safety of the people of Michigan are the highest priority for all healthcare stakeholders.

Nurses are the largest licensed health professional group in the state -- Michigan has nearly 160,000 licensed nurses. Nurses are a critical element in virtually all health reform plans currently under national consideration; and nurses provide the majority of healthcare services to the people of Michigan and the nation. The education of nurses is the foundation upon which quality healthcare and patient safety are built.

This report from the MDCH-TFNE includes recommendations submitted to the Director of MDCH and to other parties for improvement of the education and licensure of nurses, and therefore of healthcare quality and patient safety in general. It is recommended that the Office of the Chief Nurse Executive take leadership in developing an action plan for implementation. The people of Michigan will benefit from implementation of these recommendations.



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Michigan Department of Community Health
Task Force on Nursing Education (TFNE) -- Final Report and Recommendations
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Michigan Department of Community Health
Task Force on Nursing Education (TFNE)

Purpose and Charge

Rationale

The health and safety of Michigan residents require that nursing standards, nursing education, and appropriate scope of nursing practice be strengthened. *The Nursing Agenda for Michigan* includes action steps to address the nursing shortage and strengthen the nursing profession through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. Michigan must maintain high quality health care, educating high quality nurses and increasing the nursing workforce. [See *The Nursing Agenda for Michigan*, 2006.] Two collaborative groups will be convened to address issues related to the education of licensed nurses: the MDCH Task Force on Nursing Education (MDCH-TFNE); and the MDCH-TFNE Stakeholder Council.

MDCH Task Force on Nursing Education

- **Convene** a Task Force on Nursing Education (TFNE) composed of representatives of nursing education programs at all levels, professional nursing practice organizations, plus representatives from the Michigan State Board of Nursing and others.

- **Charge** the TFNE to make recommendations to the Director of MDCH regarding needed changes in statutes, rules, and policies in order to enhance the education of licensed nurses and expand the capacity of the nursing education system in Michigan, thereby protecting the health and safety of Michigan residents.

- **Activities:** TFNE shall engage in appropriate information gathering; refer to national standards and best practices for nursing education and education capacity-building; take into account the input of the TFNE Stakeholder Council, conduct deliberations; and promulgate recommendations to address the issues.

    1. Review and recommend innovations and improvements to nursing education programs and education system capacity, with emphasis on high-quality patient-centered care, evidence-based care, preventive care and national models; include issues referred to the TFNE by the 2007 Michigan Task Force on Nursing Regulation. Identify additional nursing education issues as appropriate.

    2. Identify changes needed in nursing education, the Public Health Code and related rules and regulations, plus nursing standards and nursing credentials, to implement the recommendations made. Recommend these changes to appropriate entities in State Government; nursing education, and higher education; and – with the assistance of the MDCH-TFNE Stakeholder Council -- support the realization and implementation of the recommended changes.

    3. Recommend the implementation of mechanisms to ensure continuing five-year review of the recommendations made and the corresponding changes in nursing education, the Public Health Code and related rules and regulations; and – with the assistance of the MDCH-TFNE Stakeholder Council -- support the realization and implementation of such mechanisms.

    4. Recommend mechanisms for informing nurse employers, nurses, other health professionals and the public on changes in nursing education, credentials, regulations, and standards.

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Background: Licensed Nurses in Michigan

To protect the health and safety of the people of Michigan, licensure of physicians, nurses, and 21 other health professions is required by the Public Health Code, Public Act 368 of 1978 as amended. Licensure of health professions is performed by the Michigan Department of Community Health (MDCH), Bureau of Health Professions (BHP) upon the recommendation of the board of a specific health profession. [See Appendix C for the relationship between nursing education and licensure.]

The Michigan Board of Nursing (MBON), consistent with other health professions boards, is composed of volunteers appointed by the Governor and operates in accordance with the Public Health Code and MBON Administrative Rules.

In this report, the word "nurse" means a person licensed by the State of Michigan for the practice of nursing as a Registered Professional Nurse (RN) or Licensed Practical Nurse (LPN); Advanced Practice Registered Nurses (APRN) have RN licensure plus specialty certification based on a) advanced training and b) meeting the standards of national advanced practice nursing organizations.

The *Nursing Agenda for Michigan*, a strategic plan for the future of nursing, is available at: www.michigan.gov/mdch/ocne, www.michigancenterfornursing.org, and www.micomon.org.

Task Force on Nursing Education (TFNE)

History and Process

TFNE History

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan*, includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to the Director of MDCH regarding needed changes in statutes, rules, and policies, thereby protecting the health and safety of Michigan residents. The TFNE elected also to make recommendations to other stakeholders to improve the education of nurses and the practice of nursing in Michigan. The TFNE was composed of Nursing Education Administrators, nurse educators, nurse executives, and professional nurses, including representatives of the Michigan Board of Nursing and professional nursing organizations (see list on page 2). TFNE members representing government entities provided expertise and background information to the task force and participated in discussions. In addition, the TFNE convened a Stakeholder Council that included representatives of healthcare providers, professional groups, and business; the Stakeholder Council responded to the work of the TFNE and informed the deliberation process.

A TFNE Steering Committee met in July and August 2008 to plan the task force. The full TFNE met monthly from September 2008 through June 2009, gathered information through a survey and workgroups, consulted with state and national experts in nursing education and policy (see Appendix A), held a two-day retreat, and conducted special work sessions with content experts. The task force considered issues identified in the *Nursing Agenda for Michigan,* and by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. To guide deliberations, the TFNE developed a vision statement: *Nursing Education in Michigan is an integrated, collaborative, efficient system responsive to the health care needs of the people of the State. Michigan Nursing Education prepares high-performing, knowledgeable nurses who are nationally recognized for their excellence and leadership in practice.*

The TFNE viewed its work in the context of the current economic environment and healthcare reform at the national and state levels. Issues were considered in terms of three priorities: quality of patient care, safety of patient care, and the productive capacity of nursing education. Issues identified as being high priority were developed into seven Nursing Education Position Papers. The first four position papers deal with transformative changes in the Michigan nursing education system. The final three position papers deal with infrastructure changes (financial, organizational, and regulatory) needed to support implementation of position papers 1-4. Issues related to nursing practice surfaced repeatedly during TFNE deliberations, as they did during the 2007/2008 deliberations of the MDCH-Task Force on Nursing Regulation. The TFNE Co-Chairs recommend that the Director of MDCH convene a task force on nursing practice in the future.

TFNE Process and Outcomes

The TFNE held fourteen five-hour meetings from September 8, 2008 through June 12, 2009. Attendance at meetings averaged over 80%. The TFNE membership: a) adopted rules for interaction and decision-making (see Appendix A); and b) committed to meeting participation in person or by teleconference. Additional document review and approval processes were conducted by email and fax. The members of the task force were guided by Co-Chairs Margie Clark (Chair, Department of Nursing Careers, Lansing Community College) and Mary Mundt (Dean and Professor, College of Nursing, Michigan State University) in identifying and discussing issues. Using the 80/20 rule for adoption, the TFNE members prioritized issues, grouped them under seven major headings, and edited multiple drafts of each nursing education position paper as it was developed. An approval form and the final versions of all seven position papers were sent to each voting member of the TFNE; members representing government entities did not vote. TFNE members signed off on each position paper individually. All seven position papers were approved unanimously.

The TFNE Recommendations are presented on the next page, followed by the complete text of all approved position papers, and the TFNE Stakeholder Council History. The Appendices include TFNE History, TFNE Additional Products, Relationships between Nursing Education & Licensure, a Nursing Regulation Position Paper on Public Health Nursing Workforce & Education, and a Glossary.

Michigan Department of Community Health
Task Force on Nursing Education

Recommendations

1. It is recommended that the Michigan Department of Community Health (MDCH) require national accreditation for all nursing education programs preparing students for the required licensure examinations. A phase-in period is recommended for the national accreditation requirement.

2. It is recommended that quality and safety in patient care are given high priority in all nursing education programs. The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators (MCNEA), and Michigan Organization of Nurse Executives (MONE) must take leadership and action to ensure quality and safety in nursing education and practice.

3. It is recommended that a system of nurse residency (transition-to-practice) programs be required in Michigan for all newly licensed graduates of nursing education programs. The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators (MCNEA), and Michigan Organization of Nurse Executives (MONE) should identify, implement and evaluate required nurse residency model programs for newly licensed nurses in Michigan.

4. It is recommended that MDCH take action to: a) increase the number of Advanced Practice Registered Nurses (APRNs) educated in Michigan; and b) maximize the efficient utilization of education resources by improving the regulatory environment for APRNs so that they may practice in Michigan to the full extent of their education.

5. It is recommended that the Michigan Nursing Education Finance Commission be convened to develop funding models and financing systems for all levels of nursing education in Michigan. The Commission should include healthcare stakeholders, State elected officials, and nursing education and practice leaders.

6. It is recommended that the Director of MDCH assign to the Office of the Chief Nurse Executive the responsibility for creating and maintaining the Michigan Nursing Education Council (MNEC), an overarching leadership group with staff resources to support planning, implementation, and evaluation of nursing education initiatives in Michigan.

7. It is recommended that the Director of MDCH take action to revise the Michigan Board of Nursing Administrative Rules to reflect the recommendations of the Task Force on Nursing Education.

Date: June 12, 2009

Michigan Department of Community Health
Task Force on Nursing Education

Nursing Education Position Papers (NEPP)

NEPP 1
National Accreditation for All Nursing Education Programs in Michigan

NEPP 2
All Nursing Education Programs in Michigan Must Make Quality and Safety a Priority

NEPP 3
Nurse Residency Programs Required in Michigan for Newly Licensed Graduates of All Nursing Education Programs

NEPP 4
Increase the Capacity of Nursing Education to Graduate More Advanced Practice Registered Nurses

NEPP 5
Financing of Nursing Education in Michigan

NEPP 6
Improve Nursing Education through the Michigan Nursing Education Council

NEPP 7
Improve Michigan Nursing Education Regulation through the Michigan Board of Nursing Rules.

NEPP 1: National Accreditation for All Nursing Education Programs[1] in Michigan

Recommendation

It is recommended that the Michigan Department of Community Health (MDCH) require national accreditation for all nursing education programs preparing students for the required licensure examinations. A phase-in period is recommended for the national accreditation requirement.

Summary

Michigan and the nation are facing a nursing shortage expected to continue through 2030. If we are to graduate more high-quality new nurses, the quality and consistency of undergraduate nursing education programs and their graduates must be strengthened. National accreditation within the discipline is the norm in health professions education, and assures periodic on-site review. At present, employers report that education costs are shifted to them due to variations in the capability and readiness-for-practice of the graduates of Michigan nursing education programs. Nursing students find that the courses and number of required credits vary from one educational institution to another. Students seeking to progress from Licensed Practical Nurse (LPN) to Registered Nurse (RN) or from an Associate's Degree in Nursing (ADN) to a Bachelor of Science in Nursing (BSN) degree find variability in courses and credits accepted. This misalignment among education programs presents barriers to nurses seeking to advance.

BSN education programs are all nationally accredited, since their universities require such accreditation. In Michigan at present, 33% (12/36) of ADN and 6% (2/33) of PN nursing education programs are nationally accredited (National League for Nursing, 1/30/2009). The remaining 55 programs rely upon Michigan Board of Nursing (MBON) initial and annual review for approval. Among Michigan's 23 Health Professions Boards, only the MBON performs direct education program review and approval. All other Michigan Health Professions' Boards license only graduates of nationally accredited education programs. Currently a volunteer MBON committee evaluates and approves all curricula and faculty exceptions requested by Michigan nursing education programs. The members of the MBON Education Committee have an increasingly demanding and difficult task, since the nursing shortage and nursing faculty shortage have increased a) applications to start new nursing education programs, and b) pressure for "exceptions" to program requirements. During 2008, the MBON Education Committee approved nearly 150 requests for exceptions in which program faculty lacked required preparation and credentials.

Many of these challenges could be mitigated by requiring national accreditation for all pre-licensure nursing education programs in Michigan. It is recommended that nursing education be made more consistent, efficient, and high quality by requiring that all pre-licensure nursing education programs acquire and maintain accreditation from one of the two national nursing accreditation organizations (CCNE & NLNAC)[2]. National accreditation within the discipline is the norm in health professions education, and assures periodic on-site review. The MBON should make Administrative Rules changes to: a) license only graduates of nationally accredited nursing education programs, and b) accept national accreditation initial, annual, and periodic reports.

Approved by the MDCH – Task Force on Nursing Education, June 12, 2009
Submitted to the Director of the Michigan Department of Community Health, August 3, 2009

[1] "All Nursing Education Programs" refers to education programs that prepare nursing students to take the required licensure examinations. These programs may also be referred to as "pre-licensure" nursing education programs.
[2] The Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accreditation Commission (NLNAC) are the two national accreditation organizations for nursing education.

Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan*, includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to: a) the Director of MDCH regarding needed changes in statutes, rules, and policies, and b) other healthcare stakeholders in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TFNE was composed of Nursing Education Administrators, nurse educators, nurse executives, and professional nurses, including representatives of the Michigan Board of Nursing and professional nursing organizations. The TFNE met from September 2008 through June 2009, gathered information, consulted with state and national experts in nursing education and policy, and considered issues identified by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. The issue of national accreditation for all nursing education programs preparing students for the required licensure examinations was determined by the TFNE to be of the highest priority.

Nursing Education Observations

The members of the TFNE made many observations concerning nursing education for which national accreditation is an appropriate response. These observations include the following:

- Currently, Michigan has 36 MBON-approved ADN programs and 33 MBON-approved practical nursing (PN) programs. In 2007, the approved ADN programs varied from 60 to 105 college academic credits. The variability of academic requirements for obtaining an ADN degree is costly in time and money for students, delays entry into the workforce, and creates barriers for those seeking higher nursing degrees.
- The national Institute of Medicine (IOM) has identified Core Competencies necessary in the education of healthcare professionals. These core competencies have been articulated for nursing by the *Quality & Safety Education for Nurses* project (QSEN). They also are reflected in: a) *The Essentials of Baccalaureate Education for Professional Nursing Practice* from the American Association of Colleges of Nursing (AACN, 2008); b) *2008 Standards and Criteria for Associate Degree Nursing Education* from the National League for Nursing Accrediting Commission; and c) *2008 Standards and Criteria for Practical Nursing Education* from the National League for Nursing Accrediting Commission (www.nlnac.org/manuals). An emphasis on core competencies and essentials in nursing education is an integral part of national accreditation standards.
- As of January 1, 2008, Michigan had 125,402 Registered Nurses and 27,524 Licensed Practical Nurses, for a total of 152,926 licensed nurses. Michigan's "active"[3] RN workforce (105,588 in January 2008) includes 22% with an RN diploma, 46% with an ADN degree, and 39% with a BSN degree[4]. Higher percentages of BSN-RNs are supported by national policy recommendations, research[5], and the requirements of "Magnet"[6] hospital status. BSN degrees also are required by nursing education programs seeking nurses eligible to serve as clinical faculty, and nurses seeking

[3] Michigan Center for Nursing, *Survey of Nurses 2008*, p4. "The term 'active' is used to refer to nurses who are working in nursing or a related area on a full-time or part-time basis."
[4] Since nurses may hold more than one degree, the percentages add to more than 100 percent.
[5] L. Aiken, AONE, NN Advisory Council.
[6] The American Nurses Credentialing Center (www.NurseCredentialing.org) awards Magnet status to hospitals that satisfy criteria designed to measure the strength and quality of their nursing. The Magnet application and appraisal process includes self-assessment and organizational education. Magnet status aides in attracting and retaining professional nurses

graduate study and/or career mobility and longevity. Alignment between nursing education programs at different levels is essential to support advancement to the BSN degree.

- Employers, such as hospitals and community-based healthcare providers, report that education costs are shifted to them due to variability in nursing education programs, which may impact the readiness-for-practice and quality of new nurses that they hire.
- Nursing education in Michigan is challenged by the historically low priority of national accreditation for pre-licensure nursing education programs in this state. As a profession, nursing ranks the alignment of the MBON with the other 22 health professions' Boards as a major priority[7]. When the MBON licenses only graduates of nationally accredited nursing education programs, nursing as a profession will benefit. With this foundation in place, nursing educators, professional nurses, and the public will advocate for appropriate resources to support nursing education.

Recommended Solution and Rationale for the Solution

It is recommended that the Michigan Department of Community Health (MDCH) require national accreditation for all nursing education programs preparing students for the required licensure examinations. A phase-in period is recommended for the national accreditation requirement.

Benefits Related to National Accreditation

The national accreditation requirement will benefit:

- Employers of Michigan nursing graduates, who will no longer report educational cost shifting due to the variability of nursing graduates. Employers will hire graduates of nursing education programs with defined standards and expected learner and program outcomes.

- The people of Michigan, whose quality of health care and safety will be positively impacted as more of Michigan's nursing workforce graduate from nationally accredited education programs, and whose confidence in nursing services will be improved through public accountability and transparent reporting of the accreditation status of nursing education programs.

- Students and their families, who will gain clarity in their knowledge of nursing education program quality, increased predictability of courses and credits, and increased opportunities for graduate employment.

- Nursing faculty, who will have a more supportive teaching environment with national networks and resources for professional development.

- The Michigan nursing education system, its administrators, and nurse-employers, all of whom will be able to rely on national accreditation, decreased variability and enhanced quality of graduates, and higher national standing.

[7] The National Council of State Boards of Nursing (NCSBN) surveyed 54 state boards of nursing in 2003 and found that 18 boards of nursing require national accreditation [of these, eight boards accept national accreditation, and an additional 10 boards accept national accreditation plus other qualifications] (https://www.ncsbn.org/149.htm). This is an opportunity for Michigan to lead.

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NEPP 2: All Nursing Education Programs in Michigan Must Make Quality and Safety a Priority

Recommendation

It is recommended that quality and safety in patient care are given high priority in all nursing education programs. The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators, (MCNEA), and Michigan Organization of Nurse Executives (MONE) must take leadership and action to ensure quality and safety[1] in nursing education and practice.

Summary

Michigan and the nation are facing a nursing shortage expected to continue through 2030. If we are to graduate more high-quality new nurses, the quality and safety of undergraduate nursing education programs and their graduates must be strengthened. The quality and safety of patient care are core elements of nursing education. National accreditation in nursing for all Michigan nursing education programs will implement requirements that include core competencies, essentials, and standards (see NEPP 1). Michigan nursing regulators, Nursing Education Administrators, and nurse employers (MBON, MACN, MCNEA, & MONE) must take leadership and action to ensure quality and safety in nursing education and practice during this shift to national accreditation, support nursing schools and colleges in meeting this requirement, share best practices, and collaborate to improve nursing education. The collaborative sharing of best practices and tools will improve nursing classroom education, clinical laboratory education, and clinical learning experiences.

Approved by the MDCH – Task Force on Nursing Education, June 12, 2009
Submitted to the Director of the Michigan Department of Community Health, August 3, 2009

Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan*, includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to: a) the Director of MDCH regarding needed changes in statutes, rules, and policies, and b) other healthcare stakeholders in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TFNE was composed of Nursing Education Administrators, nurse educators, nurse

[1] The *Quality & Safety Education for Nurses* project (QSEN) has worked with the Institute of Medicine Core Competencies and articulated a specifically nursing emphasis on quality and safety. The Robert Wood Johnson Foundation and HRSA recently made major grants to AACN and UNC-SON for the third phase of the QSEN initiative. Other important quality and safety resources include *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); and *Standards and Criteria for Practical Nursing Education* (NLNAC, 2008).

executives, and professional nurses, including representatives of the Michigan Board of Nursing and representatives of professional nursing organizations. The TFNE met from September 2008 through June 2009, gathered information, consulted with state and national experts in nursing education and policy, and considered issues identified by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. The issue of quality and safety in Michigan nursing education was determined by the TFNE to be high priority.

Nursing Education Observations

The members of the TFNE made many observations concerning nursing education for which a collaborative effort to prioritize quality and safety in nursing education is an appropriate response. These observations include the following:

- Student-to-clinical faculty ratios for direct patient care need to take into consideration the quality and safety of patient care, the patient population, faculty and student experience, and facility requirements. The current student-to-clinical-faculty ratio for nursing student clinical experiences is stated in the Michigan Board of Nursing Administrative Rules as "no greater than 10-1". Currently, many healthcare agencies and nursing education programs have deemed this student-to-faculty ratio to be too high for ensuring the quality and safety of patient care and student learning. Nursing educators and nursing practice partners must: a) develop collaborative plans for determining student-to-faculty ratios in specific patient settings; b) acknowledge that a limit is needed to ensure quality and safety; and c) support an MBON maximum student-to-clinical-faculty ratio of 8-1.
- Relationships between nursing education programs and clinical facilities vary widely, and need a defined set of expectations and responsibilities for each partner. The interface between nursing education programs and clinical facilities should be structured to promote communication and as much standardization as is feasible[2]. Legal contracts[3] are necessary, but not sufficient. Communication patterns between programs and facilities should include on-going collaboration to: a) support improved communication between faculty, practicing nurses, and students, and b) promote learning and patient safety.
- The quality and consistency of nursing clinical education and the safety of patients require consistent standards for the preparation of clinical faculty and the oversight of clinical faculty. Michigan nursing education should consider national models[4] to a) define the clinical faculty role; and b) develop and implement consistent standards for the education, qualifications, and supervision of clinical faculty. This may require the development of a clinical preparation curriculum, with qualifications and supervision standards.
- Nursing education is enhanced by faculty practice. Nursing faculty roles (didactic and clinical) should include nursing practice. Faculty/practitioner models are valid, used in other healthcare

[2] MACN, MONE, & MCNEA [3-M Task Force] have identified priority initiatives for Michigan nursing education, including development of a new clinical model for nursing education and partnering with nursing services.

[3] The 3-M Task Forces and the Michigan Center for Nursing are testing a model contract in Southeast Michigan.

[4] The Boards of Nursing in some states require instruction for clinical faculty (per NCSBN). The NLNAC requires mentoring and evaluation of adjunct (clinical) faculty.

professions, and assist in providing quality education of students. The encouragement of faculty nursing practice may also serve to update faculty on changing practice environments, improve the credibility of faculty with staff nurses and students, and improve the financial sustainability of faculty roles. Joint appointments (university/college and practice venue) are a strategy to achieve this goal, and should be encouraged and facilitated.

Recommended Solution and Rationale for the Solution

It is recommended that quality and safety in patient care are given high priority in all nursing education programs. The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators, (MCNEA), and Michigan Organization of Nurse Executives (MONE) must take leadership and action to ensure quality and safety[5] in nursing education and practice.

The high priority of patient care quality and safety in nursing education will benefit:

- The people of Michigan, whose quality of health care and safety will be positively impacted as more of Michigan's nursing workforce graduate from nationally accredited education programs in which nursing care quality and safety are high priority.

- Nursing students, who will receive classroom education and improved clinical education experiences that place a high priority on patient care quality and safety.

- Employers of Michigan nursing graduates, who will hire graduates of nursing education programs that place a high priority on patient care quality and safety.

- Nursing faculty, both classroom and clinical, who will have support in prioritizing patient care quality and safety in all types of learning environments.

- The Michigan nursing education system, its administrators, and nurse-employers, all of whom will be able to rely on national accreditation and increased systemic support for the high priority of patient care quality and safety in all aspects of nursing education.

[5] The *Quality & Safety Education for Nurses* project (QSEN) has worked with the Institute of Medicine Core Competencies and articulated a specifically nursing emphasis on quality and safety. The Robert Wood Johnson Foundation and HRSA recently made major grants to AACN and UNC-SON for the third phase of the QSEN initiative. Other important quality and safety resources include *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); and *Standards and Criteria for Practical Nursing Education* (NLNAC, 2008).

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NEPP 3: Nurse Residency Programs Required in Michigan for Newly Licensed Graduates of All Nursing Education Programs[1]

Recommendation

It is recommended that a system of nurse residency[2] (transition-to-practice) programs be required in Michigan for all newly licensed graduates of nursing education programs. The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators (MCNEA), and Michigan Organization of Nurse Executives (MONE) should identify, implement and evaluate required nurse residency model programs[3] for newly licensed nurses in Michigan.

Summary

Michigan and the nation are facing a nursing shortage expected to continue through 2030. If we expect to receive high-quality nursing care from newly licensed nurses, the quality, consistency, and readiness-for-practice of newly licensed nurses must be strengthened. Employers currently report variability in the readiness-for-practice, quality, and capability of new nurses in Michigan. Further education and extended orientation of newly licensed nurses to the complex practice environment currently demand increasing investment of time and resources from healthcare systems[4]. New funding models are needed to support nursing residencies. (See NEPP 5.)

Michigan nursing regulators, Nursing Education Administrators, and nurse employers (MBON, MACN, MCNEA, and MONE) should require, implement, and evaluate a system of nurse residency programs (transition-to-practice) as a bridge to professional practice for newly licensed nurses. Such programs bridge the gap between education and practice, increase retention of new nurses in the workforce, reduce turnover costs, and improve patient care and safety. Many other healthcare professions (such as psychology, nutrition, medicine, pastoral care, and hospital administration) include transition-to-practice residencies; nurse residency programs would align nursing with other healthcare professions. Successful nursing residencies for RNs have been implemented in Michigan by partnerships of nursing education programs and healthcare systems.[5]

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[1] "All Nursing Education Programs" refers to education programs that prepare nursing students to take the required licensure examinations. These programs may also be referred to as "pre-licensure" nursing education programs.

[2] The definition of Nurse Residency used in this document is: A supported transition period in a clinical care facility, during which a newly licensed nurse is closely supervised and supported by experienced clinical nursing staff. The nurse-resident is expected to engage in the entire range of professional nursing activities with direction and guidance. A Residency provides a bridge between school and professional roles, and may be from six months to a year in length.

[3] The Commission on Collegiate Nursing Education (CCNE) has developed an accredited nurse residency program.

[4] For purposes of this document, the term "healthcare systems" includes hospitals, home health agencies, long-term care, and other community-based healthcare providers.

[5] The residency system should be based on national models for ADN and BSN residency programs. Models for nursing residencies and mentoring have been developed by the CCNE (see above), University of Rochester School of Nursing, Washington State University (www.nursing.wsu.edu) and by the Centers for Nursing established in many states. Also see: Nelson D, Godfrey L, Purdy J. Using a mentorship program to recruit and retain student nurses. *Journal of Nursing Administration* 34(12):551-3, 2004 Dec.

Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan,* includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to: a) the Director of MDCH regarding needed changes in statutes, rules, and policies, and b) other healthcare stakeholders in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TFNE was composed of Nursing Education Administrators, nurse educators, nurse executives, and professional nurses, including representatives of the Michigan Board of Nursing and professional nursing organizations. The TFNE met from September 2008 through June 2009, gathered information, consulted with state and national experts in nursing education and policy, and considered issues identified by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. The issue of residency programs for newly licensed graduates of all pre-licensure nursing education programs in Michigan was determined by the TFNE to be high priority.

Nursing Education Observations

The members of the TFNE made many observations concerning nursing education for which a required residency program for newly licensed nurses is an appropriate response. These observations include the following:

- Nurse employers, such as hospitals and community-based healthcare providers, report variability in the readiness-for-practice, quality and capability of new nurses that they hire. Orientation of newly licensed nurses to the increasingly difficult and complex practice environment demands expanding amounts of time and resources from healthcare systems. In addition to requiring national accreditation for all pre-licensure nursing education programs, Michigan should implement a required system of nurse residency prior to practice for newly licensed nurses; such residencies bridge the gap between education and practice, increase retention of new nurses in the workforce, and improve patient care and safety.[6]
- New funding models are needed to support nursing residencies for all newly licensed nurses. Effective approaches to nurse residency funding will be essential for home health agencies, Long Term Care, and rural hospitals, in particular those designated critical access hospitals. Rural hospitals are likely to have great difficulty in conducting a "model" residency program based on in-patient services (due to multiple factors) and are not funded to support the costs of nursing residencies. Without new funding models, required nursing residencies would inhibit home health agencies, Long Term Care, and rural hospitals' hiring of newly licensed nurses.

[6] The resulting decrease in variability, increase in readiness-to-practice and retention of newly licensed nurses would offset the cost to healthcare systems of participation in the residency program (residency programs are estimated to cost about $5,000 per newly licensed nurse, compared to an average of $50,000 to replace and orient a replacement nurse). This trade-off is already understood by those Michigan healthcare systems partnering with BSN nursing education in residency programs.

- Twelve years ago, the Michigan Board of Nursing eliminated the license category "Graduate Nurse" (GN). This license permitted the newly graduated nurse to be hired and perform some nursing functions before they had passed the twice-yearly national licensure examination (NCLEX) and became eligible for licensure. Graduates may now take the NCLEX year-round, and are encouraged to take it as soon as possible after graduation, so that they may be licensed quickly. However, an employment practice continues in which newly graduated -- but not licensed – nurses are assigned to perform tasks for which only licensed nurses are eligible. This practice must be eliminated by employers, since it places at risk the licenses of both employees and employers. A pro-active campaign to inform nurse-employers, nurses, and nursing students about this issue should be implemented by professional and industry associations, nursing education programs, and the State.
- There is a continuum of learning, even after a nurse residency is completed. There are continuous changes in healthcare technology, healthcare information systems, and expectations for nursing care. Partnerships of educational institutions and nurse-employers should develop and implement continuing education programs.

Recommended Solution and Rationale for the Solution

It is recommended that a system of nurse residency (transition-to-practice) programs be required in Michigan for all newly licensed graduates of nursing education programs. The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators (MCNEA), and Michigan Organization of Nurse Executives (MONE) should identify, implement and evaluate required nurse residency model programs[7] for newly licensed nurses in Michigan. Nurse residency programs have been found to increase retention of new nurses in the workforce,[8] reduce turnover costs, improve patient care and safety, and align nursing with other health professions' preparation.

The improvement in readiness-to-practice through nurse residency programs will benefit:

- The people of Michigan, whose quality of health care and safety will be positively impacted as more of Michigan's newly licensed nursing workforce participate in required nurse residency programs and become professional nurses with high readiness-to-practice.
- Newly licensed nursing graduates, who will participate in a required nurse residency program providing supervision and mentoring, broad professional experience, and support for professional nursing practice.
- Healthcare systems, which will employ newly licensed nurses and collaborate with nursing education programs in the provision of nurse residency programs. These healthcare systems will benefit from improved retention of nurses in their first year of practice[9]; lower turnover costs, and improved readiness-to-practice on the part of nurses completing their residency.

[7] The Commission on Collegiate Nursing Education (CCNE) has developed an accredited nurse residency program.

[8] Recent surveys indicate that "one in five (20%) new nurses quits within one year. The high turnover rate … has resulted in part because new nurses face a demanding environment and do not undergo residency programs to provide them with 'on-the-job' training. …52 hospitals participate in the (nurse residency program of the AACN and the University Health System Consortium), and in 2007 they had an average turnover rate of 6% among new nurses." (Kaiser Daily Health Policy Report, February 18, 2009.) The NCSBN has developed a transition-to-practice model for newly licensed nurses, and indicates that "35 to 60 percent of new nurses leave a position in their first year of practice, with a replacement cost of $46,000 to $64,000 or higher per nurse." (NCSBN Forum, February 2007; NCSBN Transition to Practice Model, 2009.)

[9] The NCSBN notes that transition programs reduce first-year turnover from 35-60% to 6-13%. Institutions providing transition programs report positive ROI from 67 to 88 percent. (See www.ncsbn.org/363 for complete citations.)

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NEPP 4: Increase the Capacity of Nursing Education to Graduate More Advanced Practice Registered Nurses

Recommendation

It is recommended that MDCH take action to: a) increase the number of Advanced Practice Registered Nurses (APRNs) educated in Michigan; and b) maximize the efficient utilization of education resources by improving the regulatory environment for APRNs so that they may practice in Michigan to the full extent of their education.

Summary

Advanced Practice Registered Nurses (APRNs) in Michigan have RN licensure and specialty certification based on a) advanced training and b) meeting the standards of national advanced practice nursing organizations. Current demand for APRNs is strong and demand is expected to increase sharply in the future. APRNs provide primary care, community-based care, and some types of specialty care. Primary care services will be in great demand if national health care reform adds over one million currently uninsured Michigan residents to the patient population. Almost all plans for future health care systems envision a major role for APRNs, in practice with primary care physicians, as primary care practitioners in their own right[10], and as hospital practitioners. The effectiveness of APRNs as health care providers has been demonstrated in multiple studies[11].[12]

The education of more APRNs will require additional doctorally prepared faculty, nationally accredited education programs, and access to clinical placements[13] and simulation laboratories. The nursing education system needs to work smoothly and efficiently to educate more APRNs, fund and assure their required clinical experiences, and send them out into a regulatory environment that permits them to make full use of their education. This is not the current situation in Michigan.

- As the first step toward an improved regulatory environment, an oversight in the MBON Rules must be remedied. All four certified APRN categories -- Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Certified Nurse Practitioners -- must have their titles, definitions, and certifications included in the MBON Rules. At present, titles, but not definitions, are included in the Rules for only three of the four APRN categories (Clinical Nurse Specialist is missing). This deficiency in titles and definitions creates difficulties for regulators, APRN practitioners, and APRN education programs.
- As the second step toward an improved regulatory environment, APRNs educated in Michigan must be encouraged to stay and practice to the full extent of their education. At present, this state is losing

[10] Lavizzo-Mourey, R, MD, MBA, President & CEO, Robert Wood Johnson Foundation. *Making Health Care Work for American Families: Improving Access to Care.* Testimony before the Subcommittee on Health of the Committee on Energy and Commerce, U.S. House of Representatives, Washington, DC, March 24, 2009.
[11] Mundinger, MO, et al. "Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: A Randomized Trial," *Journal of the American Medical Association*, 283(1), pp.59-68, Jan. 2000.
[12] Office of Technology Assessment, *The Cost and Effectiveness of Nurse Practitioners*. Washington, DC: U.S. Government Printing Office, 1981.
[13] *AARP Health Care Reform Priorities:* "Modernize Medicare Funding to Prepare Highly Skilled Nurses….payments would be made to hospitals for the training costs of preparing advanced practice nurses with the skills necessary to provide ...nursing services appropriate for the Medicare population." June 2009.

newly certified APRNs, who often leave Michigan[14] and move to states where regulations permit them to practice to the full extent of their education and clinical experience. Michigan is behind the 23 states in which APRNs: are licensed as a separate category of healthcare practitioners; diagnose health conditions; perform treatments; prescribe medications; and make referrals[15].[16] This results in the inefficient use of education resources and funding; it also diminishes access to care for the people of Michigan.

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Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan,* includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to: a) the Director of MDCH regarding needed changes in statutes, rules, and policies, and b) other healthcare stakeholders in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TFNE was composed of Nursing Education Administrators, nurse educators, nurse executives, and professional nurses, including representatives of the Michigan Board of Nursing and professional nursing organizations. The TFNE met from September 2008 through June 2009, gathered information, consulted with state and national experts in nursing education and policy, and considered issues identified by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. The issues of a) increasing the capacity of nursing education to graduate additional APRNs practicing in Michigan, and b) maximizing the efficient use of education resources by improving the regulatory environment for APRNs were determined by the TFNE to be high priority.

Supporting Observations for Major Issue 4

- Additional APRNs are critical to meeting the healthcare needs of the population over the next 25 years, particularly in community-based care settings. The State should develop a funding model to support the clinical education of APRNs in Michigan. The establishment of a federal[17] and/or state funding source to support APRN clinical education is recommended. The clinical education of additional APRNs must be funded, so that healthcare systems[18] can afford to make equitable assignment of clinical placements, and so that APRNs and graduate physicians may both have appropriate clinical learning experiences. Interdisciplinary Team education should be promoted by balancing the allocation of clinical placements. Clinical placements in primary care should reflect the balance of professional team members required to provide quality care.[19]

[14] Multiple APRN nursing faculty and practicing APRNs provided consistent anecdotal evidence to TFNE on this point.
[15] Lavizzo-Mourey, R. *Ibid.*
[16] Pearson, LJ, *The Pearson Report*, American Journal for Nurse Practitioners, 13(2), 2009.
[17] AARP, *op cit.*
[18] For purposes of this document, the term "healthcare systems" includes hospitals, clinics, home health care and long-term care facilities and agencies.
[19] *Health Professions Education, A Bridge to Quality,* Institute of Medicine of the National Academies, The National Academies Press, Washington, DC, 2003.

- Regulation of APRN roles in Michigan should include titles, definitions, and certification (all based on national professional standards) of Clinical Nurse Specialist (CNS)[20], Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Midwife (CNMW); modify the MBON Rules as needed. At present, there is no mention of the CNS category and no definition or title protection for any of the APRN roles. This creates problems for MDCH Bureau of Health Professions regulators, APRN education programs, and for APRNs in practice. The lack of definitions and title protection is confusing for the public and may impact patient safety.
- At present, the APRN regulatory environment in Michigan does not support an efficient use of education resources, since APRNs educated here are leaving Michigan for states with a more favorable regulatory climate. Currently, APRNs are not permitted to practice to the full extent of their education in Michigan. Thus, the expenditure of resources in the education of APRNs does not necessarily lead to increased numbers of APRNs practicing in Michigan. The State should review model states that receive an "A" grade for APRN regulatory climate (compared to Michigan's current grade of "F")[21], and update the MBON Rules (and the Public Health Code, if necessary). This revision of Michigan's regulatory environment is expected to increase the number of APRNs practicing and providing health care services in Michigan.
- Statewide curriculum design for APRN programs should emphasize course equivalency and transferability from one program to another. This would permit APRN students to take credit courses continuously, facilitating program completion and entry into practice. Health/nursing policy should be added to the Education Model in the Consensus Model for APRN Regulation.[22]
- Universities should design, implement, and seek funding for Nursing Faculty Practice Plans and Faculty Development Plans. Both of these will require additional funding to decrease teaching loads, supplement existing faculty, and set up nurse-managed practices.
- Nursing Education Simulation Centers should be made available to APRN students, faculty, and practitioners for new knowledge/skills acquisition and knowledge/skills renewal, benefiting students, faculty, and practice. Increase Simulation Learning in APRN Education. Simulation technology should be used to augment instruction across the curriculum. Simulation may offer learning opportunities that maximize learning with a clinical preceptor. Shared simulation experiences between institutions and healthcare professions should be encouraged.
- Increase the flexibility of both funding and career path progression for those APRNs willing to become nursing faculty. Support both clinical and academic tracks of potential faculty members with a variety of skill sets, providing equal rewards. Spread funding for preparation of nurse educators to students in any nursing graduate program that includes a series of courses related to nursing education. Support funding for faculty practice.

Recommended Solution and Rationale for the Solution

It is recommended that MDCH take action to: a) increase the number of Advanced Practice Registered Nurses (APRNs) educated in Michigan; and b) maximize the efficient utilization of education resources by improving the regulatory environment for APRNs so that they may practice in Michigan to the full extent of their education.

[20] *Statement on Clinical Nurse Specialist Practice and Education,* National Association of Clinical Nurse Specialists, 2004. This resource should be consulted in educational and regulatory matters concerning clinical nurse specialists.
[21] Pearson, LJ, *The Pearson Report*, American Journal for Nurse Practitioners, 13(2), 2009.
[22] *Consensus Model for APRN Regulation,* APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, July 7, 2008: pp. 12-15.

The implementation of the recommendation above will increase the number of APRNs practicing in Michigan, which will benefit:

- The people of Michigan, whose access to high-quality health care will be positively impacted as the number of APRNs practicing in Michigan increases. The people of Michigan will also benefit from increased transparency and clarity in the regulation of APRNs; this factor will also contribute to safe, quality healthcare.

- APRN education programs, which will gain increased enrollment, simulation laboratories, stronger clinical education programs, and a greater voice in the allocation of primary care clinical education opportunities.

- APRN students, who will: a) receive funded, team-based clinical education programs, more efficient transferability of courses, access to simulation laboratories, and b) graduate into a regulatory environment that permits them to practice to the full extent of their education.

- Michigan healthcare systems, which will hire APRNs prepared in this improved educational and regulatory environment.

NEPP 5: Financing of Nursing Education in Michigan

Recommendation

It is recommended that the Michigan Nursing Education Finance Commission be convened to develop funding models and financing systems for all levels of nursing education in Michigan. The Commission must include healthcare stakeholders, State elected officials, and nursing education and practice leaders.

Summary

Michigan and the nation are facing a nursing shortage expected to continue through 2030. If we are to efficiently and effectively graduate more high-quality new nurses, the financing of nursing education must be addressed and strategies found to substantially increase support. It is difficult to maintain current capacity in nursing education, much less increase capacity. Adequate, sustainable funding[1] is needed to address three major factors currently impacting capacity: a) the shortage of qualified nursing faculty (with an average age of 55 and widespread eligibility for retirement[2]), b) the disparity between nursing faculty salaries and substantially higher clinical nursing salaries[3], and c) the need for clinical experience sites and clinical simulation laboratories. The Governor's Michigan Nursing Corps initiative has begun efforts to prepare nursing faculty, but it should be fully funded ($15 million per year) and institutionalized to ensure adequate numbers of nursing faculty to prepare new nurses.

At present, nursing education is funded neither at adequate levels nor in a stable, sustainable manner. The current cost burden is born by nursing education programs, healthcare systems, students, and state and federal governments in a variable patchwork of arrangements. In addition to Michigan nursing education capacity improvement, the implementation of recommended initiatives -- national accreditation, quality and safety education, nurse residency programs, and Advanced Practice Registered Nursing programs -- will require the creation of an institutionalized, sustainable financial system for funding nursing education. Equity at both the federal and state levels should be established in financing the education of the largest health care professional group – nurses. State financing systems should complement proposed new federal funding for nursing education.[4]

The recommended Commission should include healthcare purchasers (business, government, and consumers), healthcare payers (public and private health insurance organizations), healthcare providers (hospitals, clinics, physicians, nurses, long term care, home health services, hospice, and other

[1] *AARP Health Care Reform Priorities, June 2009:* To address the problem of "no stable source of funding for nursing education", AARP proposes to "create a dedicated source of funding to increase the number of nurses nationwide"; $200 million per year should be made available nationally to support nursing faculty salaries and educate more students.
[2] Michigan Center for Nursing, Survey of Schools & Colleges of Nursing, 2006.
[3] AACN, NLN, Bureau of Labor Statistics, and TFNE experts.
[4] AARP has been funded by the Robert Wood Johnson Foundation to develop the AARP Center for Championing Nursing Priorities. AARP Health Care Reform Priorities (June 2009) at the federal level include: "create a dedicated source of funding to increase the number of nurses nationwide" (see below) and "Modernize Medicare funding to prepare highly skilled nurses. ...payments would be made to hospitals for the training costs of preparing advanced practice nurses with the skills necessary to provide…nursing services appropriate for the Medicare population."

community-based healthcare services), and healthcare consumers (individuals and consumer advocacy organizations), in addition to State elected officials and nursing education and practice leaders.

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Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan,* includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to: a) the Director of MDCH regarding needed changes in statutes, rules, and policies, and b) other healthcare stakeholders in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TFNE was composed of Nursing Education Administrators, nursing educators, nurse executives, and professional nurses, including representatives of the Michigan Board of Nursing and professional nursing organizations. The TFNE met from September 2008 through June 2009, gathered information, consulted with state and national experts in nursing education and policy, and considered issues identified by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. The issue of financing for Michigan nursing education was determined by the TFNE to be high priority.

Supporting Observations for Major Issue 5

Observations Related to Expanding Nursing Education Capacity:

- State funding for higher education in Michigan has diminished over the past ten years. Nursing Education Administrators find that increased capacity is required, but budgets are either flat or declining.[5] "Doing more with less" has been accomplished by most Michigan nursing education programs, but the stresses of that accomplishment have negatively affected faculty, students, administrators, and practice partners (hospitals, home care agencies, etc.).
- Michigan Nursing Education is now at the point of diminishing returns. An improving economy will destabilize the current tenuous balance between resources and demands. Faculty retirements (delayed by the economic recession) will increase as the economy improves (more than 50% of current faculty are eligible to retire[6]), with insufficient replacements in the faculty pipeline.
- Systematic funding to improve the current situation should include nursing education programs in both public and private colleges and universities, since both types of nursing education programs are essential to maintenance and improvement of educational capacity.
- Nursing education in Michigan is challenged by inadequate support for the preparation of qualified nursing faculty. The Governor's Michigan Nursing Corps (MNC) initiative has made a good

[5] TFNE members (see list at beginning of Final Report) support this statement on the basis of direct experience.
[6] Michigan Center for Nursing, Survey of Schools and Colleges of Nursing, 2005-2006.

beginning in the education of additional nursing faculty at the MSN and PhD levels. However, as the current economy improves, a wave of faculty retirements is expected. The MNC should be fully funded ($15M per year) and institutionalized to increase the numbers of new nursing faculty ready to teach in Michigan as current nursing faculty retire.

- The disparity between faculty salaries and substantially higher clinical nursing salaries is a major barrier to the recruitment and retention of qualified nursing faculty. Improved faculty salaries require improved financing systems for nursing education. The starting salary for a newly graduated nurse in a hospital staff-nursing position often is equal to or more than the salary of an Assistant Professor of Nursing.
- The nursing faculty shortage and inadequate funding for faculty salaries result in the use of increasing numbers of part-time faculty. Nursing Education Administrators report an imbalance between a) the numbers of full-time and part-time faculty needed to deliver the nursing program and b) the support for those positions (both in terms of dollars and institutional commitment). Available funding and controls in some institutions tend to increase the ratio between part-time faculty and full-time faculty. This decreases faculty continuity, knowledge of the curriculum, and the long-term commitment to teaching. The part-time/full-time faculty ratio also may impact the ability of the nursing education program to meet accreditation requirements. Increased funding for nursing faculty positions must be earmarked in the budget to assure that the funding is targeted specifically for nursing faculty in the college or university. Nursing Education Administrators now spend large amounts of time and energy on recruitment, supervision, and evaluation of part-time faculty (in community colleges, part-time nursing faculty significantly outnumber full-time nursing faculty).
- In 2008, the MBON Education Committee approved nearly 150 Michigan nursing program "exceptions" for approval of nursing faculty (part-time and full-time) who did not meet the minimum educational qualification and credentials as specified in the MBON Rules. This is one indicator of the extent of the faculty shortage.
- There is a continuing need for Nursing Education Administrators and nursing faculty to upgrade their qualifications and capabilities. Funding for this could be considered a specific variant of the Michigan Nursing Corps initiative.

Observations Related to TFNE Recommended Initiatives:

The implementation of the TFNE recommended initiatives will require additional funding of nursing education programs, either during a transitional period, or on an institutionalized, permanent basis. The Observations below are grouped under the heading of the Nursing Education Position Paper (NEPP) that they support.

NEPP 1: National accreditation for all pre-licensure nursing education programs in Michigan.

a. Implementation of national accreditation for all pre-licensure nursing educations in Michigan will require funding during the "phase-in" period; after the phase-in period is complete, funding will be required to maintain accreditation. The costs of preparing for national accreditation (self-study, planning, and other preparatory activities), will be partially

balanced by the fact that Nursing Education Administrators and faculty will have a more efficient method for meeting both national and state requirements.

b. National accreditation will require resources adequate to meet accreditation criteria. National accreditation will provide another level of consistency and quality assurance to employers of graduates of these nursing education programs. It will also facilitate institutional preparation for delivery of higher-degree programs.

NEPP 2: All nursing education programs in Michigan must make quality and safety a priority.

a. Implementation of quality and safety education for nurses in Michigan nursing education programs will require faculty and administrator time for integration of nationally tested teaching modules and modalities into curriculum, both didactic and clinical. Dedicated time for both faculty and administrators to accomplish these tasks will be required, and funding for additional faculty and support staff will be needed to cover the tasks that are displaced. This changeover will require several years, after which point the need for supplemental faculty and support staff should be re-evaluated.

NEPP 3: Nurse Residency programs required in Michigan for newly licensed graduates of all nursing education programs.

a. Implementation of nurse residency programs in Michigan for all newly licensed graduates of nursing education programs will require a new model for financing this additional stage of transition-to-practice for newly licensed nurses. The large healthcare systems currently engaged in nursing residency programs or extended orientation plus additional education programs for new nurses may be able to support a model residency program for a time. However, even these systems will not be able to support a required residency program on a continuing basis without systematic funding. Home health agencies, Long Term Care, and small, rural hospitals will not be able to support residencies at all, unless they are funded to do so.

b. It is imperative to align nursing education with physician education and the transition-to-practice residency programs that are funded systematically for medicine, hospital management, nutrition, psychology, pastoral care, and other health professions. The federal government and its various healthcare programs must fund residency programs for the professional group providing the great majority of healthcare – nurses.

NEPP 4: Increase the capacity of nursing education to graduate more advanced practice registered nurses.

a. The current focus on health care reform will require a substantial and immediate increase in primary care providers. Implementation of education programs for additional Advanced Practice Registered Nurses (APRNs) or for APRNs functioning in new roles will require funding for additional nursing faculty at the doctoral level, as well as identification and management of additional clinical APRN education sites for one-on-one experience.[7]

b. If primary care and other community-based healthcare systems are to have the APRNs they so badly need, changes will also need to be made in the regulation of APRNs. There is no

[7] *AARP Health Care Reform Priorities* (June 2009) at the federal level include: "Modernize Medicare funding to prepare highly skilled nurses. ...payments would be made to hospitals for the training costs of preparing advanced practice nurses with the skills necessary to provide…nursing services appropriate for the Medicare population." If included in healthcare reform laws, this new source of funding will be significant for APRN clinical education.

point in educating more APRNs if the practice environment in Michigan drives new APRNs out of the state[8]. Since primary care will need additional APRNs for at least the next 25 years as the baby-boom generation ages and primary care physicians become even more scarce, we need to fix the funding situation, the clinical placement situation, and the regulatory (practice environment) situation very soon.

Recommended Solution and Rationale for the Solution

It is recommended that the Michigan Nursing Education Finance Commission be convened to develop funding models and financing systems for all levels of nursing education in Michigan. The Commission must include healthcare stakeholders[9], State elected officials, and nursing education and practice leaders.

The creation and implementation of sustainable, systematic financing strategies to fully support nursing education in Michigan will benefit:

- The people of Michigan, whose quality of health care and safety will be positively impacted as more of Michigan's nursing workforce graduate from fully financed nursing education programs.

- Nursing education programs and their home institutions, which will have sustainable, systematic funding for the education programs of the state's largest healthcare provider profession.

- Nursing education faculty, who will have salaries commensurate with those of nurses in clinical practice, and open access to simulation laboratories for teaching and updating of skills.

- Nursing students, who will have: appropriately credentialed and equitably paid faculty; open access to up-to-date simulation laboratories; timely clinical placements with equitable funding for clinical sites; and funded residency programs that bridge the gap between education and practice.

- Michigan healthcare agencies providing clinical education experiences and residency programs for new graduates of nursing programs, which will have financial support to make such clinical experiences and nursing residencies an institutional benefit, rather than an unfunded expectation that is more and more difficult to provide.

[8] Pearson, LJ, *The Pearson Report*, American Journal for Nurse Practitioners, 13(2), 2009.

[9] Healthcare stakeholders include: healthcare purchasers (business, government, & consumers); healthcare payers (public and private health insurance organizations); healthcare providers (hospitals, clinics, physicians, nurses, long term care, home health services, hospice, and other community-based healthcare services); and healthcare consumers (individuals and consumer advocacy organizations).

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NEPP 6: Improve Nursing Education through the Michigan Nursing Education Council

Recommendation

It is recommended that the Director of MDCH assign to the Office of the Chief Nurse Executive the responsibility for creating and maintaining the Michigan Nursing Education Council (MNEC), an overarching leadership group with staff resources to support planning, implementation, and evaluation of nursing education initiatives in Michigan.

Summary

As the TFNE Vision for Nursing Education in Michigan states, "an integrated, collaborative, efficient system" of nursing education is needed if we are to efficiently and effectively graduate more high-quality new nurses to care for the people of Michigan. The next few years are expected to be defined nationally and in Michigan by economic challenges, declining tax revenues, and high unemployment rates. The institutions providing nursing education in Michigan could realize the TFNE Vision of *an integrated, collaborative, efficient nursing education system responsive to the health care needs of the people of the State,* but they need assistance, encouragement, and support to make the necessary changes. Implementation of TFNE recommendations such as national accreditation, quality and safety education, residency programs, APRN education expansion, and nursing education capacity improvement will require a systems approach, with a higher level of coordination, communication, and collaboration than exists at present.

The Michigan Nursing Education Council will build on the recommendations and momentum generated during the deliberations of the TFNE and the 3-M Task Forces to create a 21st century nursing education collaborative with its eyes on the requirements of the future. The MNEC would include and work with nursing education administrators, nurse executives, nursing organizations, policy-makers, and healthcare stakeholders to a) improve nursing education through initiatives and collaborative approaches, b) disseminate best practices, c) encourage efficient and effective allocation of resources, and d) oversee evaluation of these efforts. The MNEC would serve as a successor council for the TFNE and the 3-M Task Forces[1], and would work to achieve the TFNE vision[2] for Michigan Nursing Education as "an integrated, collaborative, efficient system responsive to the health care needs of the people of the State."

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Submitted to the Director of the Michigan Department of Community Health, August 3, 2009

Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan,* includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to: a) the Director of MDCH regarding needed changes in

[1] The 3-M Task Forces were convened as a volunteer effort by the Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators (MCNEA), and the Michigan Organization of Nurse Executives (MONE) to address nursing education issues identified in the *Nursing Agenda for Michigan.* Progress has been slow, since volunteer policy-development initiatives with no staff have difficulty in mobilizing the time of their very busy participants; the 3-M Task Forces also experienced a high degree of turnover, since no one could afford to remain engaged with the group for more than a few months at a time.

[2] The TFNE Vision for Michigan Nursing Education in the future is: *Nursing Education in Michigan is an integrated, collaborative, efficient system responsive to the health care needs of the people of the State. Michigan Nursing Education prepares high-performing, knowledgeable nurses who are nationally recognized for their excellence and leadership in practice.*

statutes, rules, and policies, and b) other healthcare stakeholders in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TFNE was composed of Nursing Education Administrators, nurse educators, nurse executives, and professional nurses, including representatives of the Michigan Board of Nursing and professional nursing organizations. The TFNE met from September 2008 through June 2009, gathered information, consulted with state and national experts in nursing education and policy, and considered issues identified by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. The issue of continued support for the integration, collaboration, and efficiency of Michigan nursing education as a system was determined by the TFNE to be high priority.

Supporting Observations for Major Issue 6

- The sustained effort and considered recommendations of the Task Force on Nursing Education require[3] a successor group to ensure implementation of TFNE recommendations as well as progress toward the TFNE Vision for Nursing Education in Michigan.
    - ***Transformative recommendations for nursing education in Michigan.***
        - **NEPP 1: National Accreditation for All Nursing Education Programs Preparing Students for the Required Licensure Examinations.**
        - **NEPP 2: All Nursing Education Programs in Michigan Must Make Quality and Safety a Priority**
        - **NEPP 3: Residency Programs Required in Michigan for Newly Licensed Graduates of All Pre-Licensure Nursing Education Programs**
        - **NEPP 4: Increase the Capacity of Nursing Education to Graduate More Advanced Practice Registered Nurses**

Recommended Solution and Rationale for the Solution

It is recommended that the Director of MDCH assign to the Office of the Chief Nurse Executive the responsibility for creating and maintaining the Michigan Nursing Education Council (MNEC), an overarching leadership group with staff resources to support planning, implementation, and evaluation of nursing education initiatives in Michigan.

The creation and implementation of the Michigan Nursing Education Council to work toward nursing education as "an integrated, collaborative, efficient system responsive to the health care needs of the people of the State" will benefit:

- The people of Michigan, whose quality of health care and safety will be positively impacted as more of Michigan's nursing workforce graduate from nursing education programs which function as a system, improving quality, efficiency, and responsiveness to the health care needs of the people of the State.
- Nursing education programs, which will gain representation, voice, and support in improving their programs through: a) innovative, efficient approaches and best practices; and b) systemic approaches to the education of new nurses, the healthcare receiving public, and other healthcare stakeholders.
- Nursing students, who will receive educational programs improved by innovative, efficient approaches and best practices, as well as better access to coordinated regional resources such as up-to-date simulation laboratories and timely clinical placements.
- Michigan healthcare agencies that hire nurses newly graduated from Michigan nursing education programs, which will find higher quality and greater consistency in the preparation of new graduates. In addition, healthcare agencies will have greater input to the continuing improvement of the Michigan nursing education system through participation in the MNEC and its initiatives.

[3] The TFNE Vision for Michigan Nursing Education in the future is: *Nursing Education in Michigan is an integrated, collaborative, efficient system responsive to the health care needs of the people of the State. Michigan Nursing Education prepares high-performing, knowledgeable nurses who are nationally recognized for their excellence and leadership in practice.*

NEPP 7: Improve Michigan Nursing Education Regulation through the Michigan Board of Nursing Administrative Rules

Recommendation

It is recommended that the Director of MDCH take action to revise the Michigan Board of Nursing (MBON) Administrative Rules to reflect the recommendations of the Task Force on Nursing Education.

Summary

Achieving the TFNE vision for nursing education in Michigan -- *an integrated, collaborative, efficient nursing education system responsive to the health care needs of the people of the State* – will require regulatory changes to support this view of the future. TFNE Recommendations 1-4 are predicated on appropriate regulation of nursing as a profession and of nursing education as the foundation of that profession. Revisions to the MBON Administrative Rules are needed to: a) reflect the TFNE recommendations to improve nursing education; b) improve the clarity and consistency of the MBON Administrative Rules; and c) prepare for future healthcare needs in Michigan. In a general sense, all of the TFNE Recommendations require consistent and up-to-date terms and definitions in the MBON Administrative Rules. In a specific sense, most of the Recommendations identify changes that should be made to the Administrative Rules during the period [2009/2010] when the Rules are open for revision. It is anticipated that some of the recommended changes may require modification of the Public Health Code as well.

A list of consistent and up-to-date terms and definitions for use in the Rules is provided in Attachment A. Additional terms and definitions may be taken up by the Michigan Nursing Education Council (MNEC – see NEPP 6) when it is convened. Descriptions of the effective Rules changes needed for NEPPs 1-4 are shown in Attachment B; a list of detailed changes to the Rules and PHC is under development as Technical Addendum 1 to this Final Report. It is anticipated that the experts in the MDCH Bureau of Health Professions may find more efficient and effective ways to accomplish the Rules changes, and will be able to provide auxiliary changes to improve consistency and clarity throughout the Rules. The recommended changes to the Public Health Code will be brought to the Governor and the Legislature by the Michigan Nursing Community. The MNEC should track needed Rules and PHC changes for the future as an aspect of its charge to improve the education of nurses in Michigan and work toward realization of the TFNE vision.

Approved by the MDCH – Task Force on Nursing Education, June 12, 2009
Submitted to the Director of the Michigan Department of Community Health, August 3, 2009

Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan,* includes action steps to strengthen the nursing profession and workforce through changes in nursing

education and credentials, enhanced standards of practice, and appropriate regulation. The Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Education (TFNE) in September 2008 to make recommendations to: a) the Director of MDCH regarding needed changes in statutes, rules, and policies, and b) other healthcare stakeholders in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TFNE was composed of Nursing Education Administrators, nurse educators, nurse executives, and professional nurses, including representatives of the Michigan Board of Nursing and professional nursing organizations. The TFNE met from September 2008 through June 2009, gathered information, consulted with state and national experts in nursing education and policy, and considered issues identified by the nursing community, stakeholders, and the 2008 MDCH Task Force on Nursing Regulation. The issue of regulatory changes that support the TFNE Recommendations and improve the consistency and clarity of the MBON Rules was determined by the TFNE to be high priority.

Supporting Observations for Major Issue 7

- In nursing education and – to some extent – in the MBON Rules, terminology is unclear and used without consistent definitions. One term may have multiple meanings or multiple terms may have the same meaning; this leads to role confusion, confusion in education contracts, compromised standards, and difficulty in maintaining nursing education quality. The MBON Education Committee should work with the nursing education community to create and implement consistent definitions and terminology in nursing education, based upon national models where available; the agreed-upon definitions and terminology must be included in the MBON Rules and updated on a specified schedule; every five years is suggested.
- The quality of nursing education is weakened by exceptions to minimum standards for classroom faculty qualifications. During 2008, the MBON approved nearly 150 exceptions permitting nursing faculty to teach without the required educational preparation. Qualification standards for classroom nursing education faculty must be tightly defined in the MBON Rules and enforced. Achievement and maintenance of national accreditation by all pre-licensure nursing education programs in Michigan would accomplish much of this.
- The quality and consistency of nursing clinical education and the safety of patients are weakened by the lack of consistent standards for the preparation of clinical faculty; the clinical faculty role also is defined inconsistently. The clinical faculty role must be clearly defined in the MBON Rules. Standards for the education, qualifications, and supervision of clinical faculty should be developed, implemented, and enforced. National accreditation of all pre-licensure nursing education programs in Michigan would assist in achieving this goal.
- The nursing shortage has led to decreased availability of qualified clinical faculty. This decrease in nursing clinical education capacity tends to delay nursing students' completion of their education. To increase the availability of qualified clinical faculty and the timely graduation of nursing students: increase the number of BSN-prepared practicing nurses who are eligible for education as clinical instructors; consistently define the term "clinical instructor" in the MBON Rules; and work within the nursing education community to gain consistent usage of this term and definition.
- Nursing Education Position Papers 1-4 as presented in this report.

Recommended Solution and Rationale for the Solution

It is recommended that the Director of MDCH take action to revise the Michigan Board of Nursing (MBON) Administrative Rules to reflect the recommendations of the Task Force on Nursing Education.

The regulatory changes needed for implementation of the TFNE recommendations and for increased consistency and clarity in the MBON Rules will benefit:

- The people of Michigan, whose quality of health care and safety will be positively impacted as: a) the TFNE recommendations are implemented with regulatory support, and b) regulation of nursing education becomes better defined, more consistent, and forward-looking. Greater clarity and consistency in terms and definitions will assist in public understanding of nursing certifications, licenses, and healthcare roles, thus increasing patient safety.

- Nursing education programs, which will gain through implementation of the TFNE recommendations with regulatory support, and whose understanding and use of nursing terms and definitions will be more consistent and clear, thus improving relations with faculty, students, practice partners, and other stakeholders.

- Nursing students, who will receive educational programs improved by consistent and clear terminology and definitions, and through implementation of TFNE recommendations with regulatory support.

- Michigan healthcare agencies that hire nurses newly graduated from Michigan nursing education programs, since their expectations of these graduates will gain clarity and consistency through role definitions and terminology included in the regulatory apparatus.

NEPP 7: Attachment A
Nursing Terms and Definitions for Consistency and Clarity in the MBON Rules

1. **Clinical Instructor** – A licensed nurse with a minimum of a Bachelor of Science in Nursing (BSN) degree (Master of Science in Nursing degree preferred) who provides clinical supervision to nursing students in a clinical and/or laboratory setting. A Clinical Instructor: supervises, instructs, and evaluates nursing students; plans and conducts student conferences; and coordinates student clinical learning experiences with clinical agency staff. Clinical Instructors are employed by a nursing education program according to accreditation and institutional standards.

2. **Direct Patient Care** – The assessing, diagnosing, planning, and prescribing of treatments for health problems. The provision of: continuous and ongoing assessment of the patient's condition, based upon the independent professional judgment of the nurse; the planning, implementation, and evaluation of the nursing care provided to the patient, including the implementation of advocacy

interventions based on the independent professional judgment of the nurse. Direct patient care involves both physical and psychosocial elements. Key elements of direct patient care include: risk appraisal, interpretation of diagnostic tests, and providing care and treatments. Examples of direct care activities include:

Administering physical care and treatments
Administering medications
Assistance with Activities of Daily Living
Implementing standardized care plans
Developing and discussion care plans with patients and families
Discussions about patient/client care with members of staff from other disciplines
Providing psychological/emotional support to patients and families
Providing health education to patients and families.

3. **Externship** – An Externship is a paid work opportunity for a student nurse; the work opportunity may be part-time during the school year or full-time for a designated period such as during the summer. Externship activities are supervised and involve only activities appropriate to the student's level of education and/or licensure.

4. **Mentor** – Generally, a person who is knowledgeable and wise in a particular domain of knowledge/discipline, and who serves as counselor, advisor, and/or career guide to a novice in that discipline. Generally, the mentee selects the mentor, but the relationship must be mutually agreed upon. Thus, the relationship is not an assigned one, nor does it require that the mentor evaluate the mentee. These factors distinguish a relationship with a mentor from a relationship with a preceptor.

5. **Nurse Residency** – A supported transition period in a clinical care facility, during which a newly licensed nurse is closely supervised and supported by experienced clinical nursing staff. The nurse-resident is expected to engage in the entire range of professional nursing activities with direction and guidance. A Residency provides a bridge between school and professional roles, and may be from six months to a year in length.

6. **Preceptor** – Generally, a nurse-employee of a clinical agency who is responsible for teaching and assessing clinical performance on the part of a nursing student during the period when the student is receiving clinical experience in the agency. This is an assigned relationship and responsibility, and is in effect for a defined period of time. A Preceptor also may serve as a role model, who supports the growth and development of the novice to socialize them into a new role. The Preceptor role should not be confused with the Mentor role.

7. **Simulation** – The use of simulation technology to provide nursing students with simulated clinical experiences that mirror, anticipate, or amplify real situations in healthcare settings. Simulations replicate a task environment with sufficient realism to serve a desired teaching purpose; simulation

may also be used for assessment of learning and skills. Simulation laboratories may include: screen-based/PC-based simulation, virtual patients, partial task trainers, human patient simulator, standardized patients, or combinations of these teaching tools. Simulation hours may be used to maximize and assess nursing students' readiness for clinical experiences and may be integrated into clinical experiences. [Based on: Li, Suling, *The Role of Simulation in Nursing Education: A Regulatory Perspective.* National Council of State Boards of Nursing, 2008.]

NEPP 7: Attachment B
Regulatory Revisions Needed to Support TFNE Recommendations

TFNE Recommendations 1-4 require revisions to the Michigan Board of Nursing (MBON) Administrative Rules and (in some instances) to the Public Health Code. This section presents the effective revisions that are needed to support and implement the recommendations and their outcomes, but does not provide detailed, word by word revisions. Specific Rules language is under development.

NEPP 1: It is recommended that the Michigan Department of Community Health (MDCH) require national accreditation for all nursing education programs preparing students for the required licensure examinations. A phase-in period is recommended for the national accreditation requirement.

To maintain the quality and safety of patient care during the time required to revise the MBON rules and amend the Public Health Code, it is recommended that the MDCH-MBON establish a moratorium on applications for new nursing education programs until such time as the amended PHC and revised Rules are effective.

To support the recommendation for national accreditation, the MBON Rules and the Public Health Code require revisions to make it clear that: a) all Michigan nursing education programs preparing students for the required licensure examinations (NCLEX-RN and NCLEX-PN) are required to attain and maintain national accreditation from either the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accreditation Commission (NLNAC); and b) the MBON will license only those nurses who have graduated from a nationally accredited nursing education program (either in Michigan or elsewhere).

Since a new nursing education program must be near to the graduation of its first class before it may receive an accreditation site visit, the MBON will need to retain the task of accepting or rejecting applications for the establishment of new nursing education programs (see box above). National accreditation of a new program must be required at the earliest point of eligibility. The MBON also will need to retain the task of annual review for new nursing education programs until the program either attains accreditation or ceases operations due to a failure to attain national accreditation. After national accreditation is attained by a nursing education program, the MBON would accept the accreditation self-

study report *in lieu* of the MBON self study requirement. In addition, the MBON would accept the annual report to the accrediting body in lieu of the currently required annual report to the MBON.

NEPP 2: It is recommended that quality and safety in patient care are given high priority in all nursing education programs. The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators (MCNEA), and Michigan Organization of Nurse Executives (MONE) must take leadership and action to ensure quality and safety in nursing education and practice.

This recommendation is directed to nursing education and practice organizations, which bear responsibility for implementation. However, to support implementation of the recommendation, certain revisions to the MBON Rules are needed to facilitate changes in nursing clinical education and experience.

NEPP 3: It is recommended that a system of nurse residency (transition-to-practice) programs be required in Michigan for newly licensed graduates of all nursing education programs (RN and LPN). The Michigan Board of Nursing (MBON), Michigan Association of Colleges of Nursing (MACN), Michigan Council of Nursing Education Administrators (MCNEA), and Michigan Organization of Nurse Executives (MONE) should identify, implement and evaluate required nurse residency model programs for newly licensed nurses in Michigan.

This recommendation is directed to nursing education and practice organizations, which bear responsibility for implementation. However, to support the implementation of this recommendation, certain revisions to the MBON Rules are needed to facilitate collaboration between Nursing Education Administrators and healthcare agencies providing residency programs.

NEPP 4: It is recommended that MDCH take action to: a) increase the number of Advanced Practice Registered Nurses (APRNs) educated in Michigan; and b) maximize the efficient utilization of education resources by improving the regulatory environment for APRNs so that they may practice in Michigan to the full extent of their education.

Part a) of this recommendation is directed to the MDCH-BHP, the MBON, and the Office of the Chief Nurse Executive, since these entities are charged with allocation and awarding of: a) available nursing scholarship monies, and b) education funds available under the Michigan Nursing Corps. To implement this recommendation, nursing scholarship and stipend funds must be allocated in part to support: 1) nursing faculty to teach APRN students and 2) APRN students. For both categories of recipients, graduates must be required to teach and/or practice in Michigan for an appropriate number of years.

Part b) of this recommendation is a subset of part a), since increased education of APRNs must be supported by changes in the regulatory environment to encourage APRNs to continue to practice in

Michigan. To support implementation of the recommendation, revisions to the Public Health Code and MBON Rules are needed, clarifying terms and definitions for APRN specialties and stipulating that APRNs shall practice to the full extent of their education; this includes prescriptive authority and insurance reform for appropriate reimbursement.

In addition, the MDCH should ensure that education resources devoted to APRNs are used efficiently and effectively by tracking APRN graduates to document that adequate numbers of Michigan-educated APRN graduates continue to practice in Michigan.

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Michigan Department of Community Health -- Task Force on Nursing Education

Stakeholder Council

Purpose and Charge

Rationale

The health and safety of Michigan residents require that nursing standards, nursing education, and appropriate scope of nursing practice be strengthened. *The Nursing Agenda for Michigan* includes action steps to address the nursing shortage and strengthen the nursing profession through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. Michigan must maintain high quality health care, educating high quality nurses and increasing the nursing workforce. [See *The Nursing Agenda for Michigan*, 2006.] Two collaborative groups will be convened to address issues related to the education of licensed nurses: the MDCH Task Force on Nursing Education (MDCH-TFNE); and the MDCH-TFNE Stakeholder Council.

- **Convene** an MDCH-TFNE Stakeholder Council composed of representatives of nurse employers (healthcare providers), healthcare purchasers, healthcare payers, and healthcare consumers.
- **Charge** the MDCH-TFNE Stakeholder Council to provide input from the constituencies represented concerning nursing education issues taken up by the TFNE, and counsel concerning the implementation of TFNE recommendations.

TFNE Stakeholder Council Membership

Anne Rosewarne – Co-Chair
Executive Director, Michigan Health Council

Jane E. Renwick, RN, BSN, MSA – Co-Chair
Director of Care Implementation, Trinity Health

Valerie Glesnes-Anderson, BA, MHSA
Executive Director, Capitol Area Health Alliance

Vernice Davis Anthony
President & CEO, Greater Detroit Area Health Council

Clark Ballard
Michigan Health & Hospital Association

John Barnas, BS
Executive Director, Michigan Center for Rural Health

Marcia Black-Watson
Michigan Department of Energy, Labor, & Economic Growth

Renee Beniak, RN, BS, MA, LNHA, CPHQ
Executive Director, Michigan County Medical Care Facilities Council

Edward O. Blews
President, Association of Independent Colleges & Universities of Michigan

Bethany Caughlin, RN, BMOD
Vice President Health Services
McLaran Health Plan [Representing MAHP]

Dorothy Doremo, MSN, MHSA, RN, CHE
President & CEO, Hospice of Michigan

Rob Fowler
President & CEO, Small Business Association of Michigan

Mike Hansen
President, Michigan Community College Association

William Hart (represented by Lonnie Barnett)
MDCH-Bureau of Health Policy, Regulation, & Professions, Access to Care Division

Jeanette W. Klemczak, RN, MSN
Michigan Chief Nurse Executive (*Ex Officio*)

Julie L. Novak
Executive Director, Michigan State Medical Society

Dennis Paradis
Executive Director, Michigan Osteopathic Association

Joann Genovich-Richards, PhD, MBA, MSN, RN
Executive Council, AARP of Michigan

Pamela Yager
Policy Adviser, Office of the Governor

Kim Sibilsky, BA
Executive Director, Michigan Primary Care Association

Lody Zwarensteyn, MA
President/CEO, Alliance for Health

TFNE Stakeholder Council: Process and Responses

The TFNE Stakeholder Council held three meetings: March 16, April 27, and June 11, 2009. Stakeholder responses to the work of the TFNE were compiled and disseminated to TFNE members. Many responses were incorporated into existing or developing position papers, with the approval of the TFNE.

First Meeting

At the first meeting, the Stakeholder Council reviewed their Charge from the Director of MDCH, and received presentations to bring them up to date on the progress of the TFNE: Co-Chair Anne Rosewarne briefed the Council on the Purpose and Background of Task Force on Nursing Education; Jeanette Klemczak, Michigan Chief Nurse Executive, reviewed the context and process of the Task Force on Nursing Education; and Co-Chair Jane Renwick discussed the Role of the Stakeholder Council. Members of the Council identified a wide range of issues related to the briefings:

- Add certification "tracks" (in case management/care coordination or home health, for example) to degree programs or to residency programs. These graduates could begin careers in settings other than hospitals.
- Diversity of healthcare providers should be increased to meet the needs of a diverse population.
- Retention programs are important, both during education and during the first three years of practice.
- The nurse mapping project (described by J. Klemczak) will assist in matching nurses with jobs.
- Currently home health agencies require three years of hospital experience for home health care nurses. Perhaps that policy should be changed.
- Nurses are needed for call-in services that provide information to the public or a patient roster.
- Nursing education programs should emphasize retention of contact and relationships with their graduates after they leave school. Responsibility of each for the other (school – graduate) should be promoted. This could lead to provision of CEUs, precepting, mentoring, life-long learning; it could also create opportunities for new roles for graduates in education, graduate degrees, and certifications.
- Consider nurses as increasing quality and reducing costs; nurses are part of the solution.
- Community Colleges have more nursing applicants than they can support financially.
- Nurses are needed in community care venues.
- To improve student retention, get the right people in the beginning; then you won't lose them in clinicals.
- In Long Term Care, nurses should be doing quality assurance, not passing medications.
- Scope of practice is a hot-button issue, but we all need to maximize utilization of skills and time. The future will force us to deal with this.
- We need annual forecasting of key nursing positions. After the economy picks up, nurses will be scarce again. We need a statewide forecast of supply and demand. GDAHC is working on this in SE Michigan.
- Community Health Centers want more nurses, but cannot recruit RNs (salaries and environment issues).
- Supervisors need management training. Employers should add lifetime planning & training programs.
- Quality and safety indicators should include more nursing-sensitive indicators.

Second Meeting

At the April 27 meeting, the Stakeholder Council received briefings from the Co-Chairs of the Task Force on Nursing Education with respect to the nursing education position papers approved by the TFNE. These included NEPPs 1, 2, 3, and 5. Members of the Council responded as follows to the position papers:

NEPP 1: National Accreditation for All Nursing Education Programs in Michigan.

- It's about time! Nursing as a profession should have done this 15 years ago. Employers want to get the same product, no matter where the nurse was educated. There is a high degree of variability in nursing graduates; such variability is seen as cost-shifting to employers, who have to supplement the education of their newly hired nurses. There is a major problem here, and accreditation addresses it. The small additional cost to the educational institutions will be outweighed by the decrease in employer costs. Accreditation will increase quality & decrease variation.
- This will increase costs for institutions and therefore for students. Ultimately, this will increase the shortage of nurses. Associate degree programs in particular are targeted.
- Advocates for this recommendation should know the costs and the benefits of accreditation.
- Costs are about $5,000 for initial accreditation candidacy, with about $1,000 per year in renewal fees. Accreditation will increase quality, decrease variation in the number of credits required for a degree (current range is from 60 to 105 credits), and increase transferability of credits, thereby reducing the amount of time and money required for students to complete a program.
- Nursing is the only Michigan healthcare profession that relies on volunteer regulators. All other Michigan health professions license only graduates of nationally accredited education programs.
- Change the recommendation language so that it is the profession of nursing that seeks the necessary legislation to support national accreditation.
- In another healthcare field, quality and consistency were greatly improved after accreditation was implemented. It does work.
- Will this assist nursing education programs? – Yes, because having outside eyes viewing your program is good for your program. There is insufficient follow-up in the current approval process. It is a primitive system.
- The National League for Nursing – AC (an accrediting organization) has indicated that it is interested in working with Michigan nursing education programs to reduce the cost of accreditation services.
- National accreditation organizations also provide considerable support for faculty and administrators.
- Improved consistence in ADN programs would result in more ADN graduates going on to complete their BSN program. Accreditation would create a level playing field for the students.
- Clarify for the business community that "pre-licensure" does **not** mean nurses are about to be converted into a licensed profession – meaning that they will become fewer and more expensive ["pre-licensure" was taken out of the recommendation, and a foreword and appendix were added to clarify the relationship between nursing education and licensure].

NEPP 2: All Nursing Education Programs in Michigan Must Make Quality and Safety a Priority.

- Quality and Safety should be in the curriculum and a part of program review. This is needed because of increased patient acuity, both in hospitals and in home health care.
- Aspects of quality and safety include a need for more full-time faculty. Student/faculty ratios should be no more that 8/1 in hospitals and 1/1 or 2/1 in home health clinical experiences.
- This is tied to accreditation and should be part of the first recommendation.

NEPP 3: Nurse Residency Programs Required in Michigan for Newly Licensed Graduates.

- Residencies are needed to make the transition to practice. Other healthcare professions do not assume that your education makes you a fully competent practitioner; most healthcare professions have residencies. Nurse Executives say that nurse residencies are needed and greatly improve the retention rate for newly licensed nurses – up to 94% retention.
- Make the business case for nurse residencies: increase the quality of care while lowering the costs of turnover.
- Residency standards exist. Nursing Education and practice partners collaborate to aide nurse residents.
- Nurse residency would be part of an employment contract. That contract would need to make the responsibility of both parties clear, or both employers and students would be circumventing the rule.
- Electronic placement systems already exist in Michigan (ACE in Place); getting systematized makes a big difference for both employers and graduates. There also are ways of connecting nursing faculty and practice preceptors at a distance (SKYPE interactions).

NEPP 5: Financing of Nursing Education in Michigan.

- The financial commission is a good idea, and would broaden the stakeholders for nursing education.
- Nursing needs bi-partisan champions in the Legislature and the Congress.

Third Meeting (Kim Sibilsky served as Co-Chair *pro tempore* in place of Jane Renwick)

On June 11, 2009, the third and final meeting of the Stakeholder Council focused on the remaining nursing education position papers, NEPPs 4, 5, 6, and 7. The TFNE Co-Chairs presented the NEPPs, and the Council Co-Chairs facilitated the discussion. Comments on NEPP 4 dominated the discussion. These comments were useful in the final meeting of the TFNE, and many were incorporated into the final versions of the position papers. The Stakeholder Council also discussed the dissemination of TFNE reports and recommendations.

NEPP 4: Increase the Capacity of Nursing Education to Graduate More Advanced Practice Registered Nurses.

- Put the list of APRN categories into the recommendation or the first paragraph of the Summary. Take out the alphabet soup; people won't know what you're talking about.
- Remove words that trigger a negative response (such as GNE), so that the reader doesn't stop reading.
- Nurses don't harness their resources, such as their numbers (160,000 in Michigan), and their credibility with the public.
- Changes in the healthcare system can be supported by business. Changes can be stimulated by community support. Nurses should be speaking to both of these audiences. Talking to business is especially important.
- Inter-professional teams are a critical development in delivering quality care. Teams must include Advanced Practice Nurses.
- Nurses need to be at the table for regional Health Information Technology. Regional HIT councils are deciding what healthcare roles get access to patient records and the "permissions" (level of access) that each healthcare role will have. If nurses are not included, they will not have a role in the HIT system statewide.
- Historical models for nursing clinical education have had to change to accommodate greater patient acuity in hospitals. Fewer students per faculty member equals higher education costs. Simulations can be substituted

for some clinical experiences and can prepare students for clinical experience. Get grants to pay for more Simulation Laboratories.

- Everyone needs to understand that if you increase the number of students, you must increase the number of faculty, which increases the cost per student. This is true for nursing and for medicine.
- Healthcare schools are losers for colleges and universities, but the prestige value of medical schools is greater than that of nursing schools.

NEPP 5: Financing of Nursing Education in Michigan.

[There was a short discussion of NEPP 5, since it had been reviewed at the previous meeting.]

- A Commission on the financing of nursing education is a good idea.
- Put the business community on the Commission, and put the Commission outside of government.
- Commissions are generally appointed by the Governor. Perhaps this group should be outside of government.

NEPP 6: Improve Nursing Education through the Michigan Nursing Education Council.

- Nursing is fragmented in Michigan. The MNEC would provide a collaborative environment for nursing issues, and would function as a coordination council. It would also serve as a successor group for the TFNE, and would support implementation of the TFNE recommendations.
- Existing efforts to coordinate nursing education policies and procedures (such as the MACN, MCNEA, MONE "3-M Task Forces") have been hampered by lack of continuity and of resources. The MNEC would be defined as having staff resources, and the nursing community would advocate for those resources.

NEPP 7: Improve Michigan Nursing Education Regulation through the Michigan Board of Nursing Rules.

- Link the TFNE recommendations to the current opening of the MBON Administrative Rules for revision.
- This makes sense.

The Stakeholder Council reviewed the draft dissemination plan for the TFNE Final Report and related documents. There were many useful ideas about how to present the recommendations in ways that would assist in their implementation. Several members suggested the following approaches:

- Develop talking points for a variety of audiences.
- Tell your audience what should be considered as you look at the recommendations. Provide context.
- For potential funders, develop specific "Asks". What do we need? What can we do? What do we do first? Develop a series of "Asks".
- What do funders need to know? What is the context for the recommendations? Develop an Active Agenda and a Passive Agenda; shift from one to the other depending upon the audience.
- Develop a business Agenda. Give people a direction, don't just flood them with information.

One Stakeholder offered public relations assistance from her agency.

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Appendices

Appendix A TFNE History

1. Steering Committee (Membership, Charge, Activities)
2. TFNE Appointment Letter
3. TFNE Rules for Interaction & Decision-Making
4. TFNE Member Bio-sketches
5. Consultants to the TFNE

Appendix B Additional TFNE Products

1. Revision of *Nursing Agenda* Section 4, Nursing Education
2. Report on Survey of Michigan Organization of Nurse Executives

Appendix C Relationships between Nursing Education and Licensure

Review of Structural & Functional Relationships in Nursing Education & Licensure

Appendix D Public Health Nursing Workforce and Education

A position paper referred to the TFNE from the MDCH-Task Force on Nursing Regulation

Appendix E Glossary and Useful Websites

Appendix A TFNE History

1. TFNE Steering Committee

The MDCH Office of the Chief Nurse Executive convened the TFNE Steering Committee in July 2008 to assist in planning the composition, structure, and operations of the task force. The Steering Committee included representatives from nursing education, nursing practice, and nursing regulation:

- Nancy Buscher[1], BSN, MS, NEA-BC, Vice President of Patient Care, Three Rivers Health
- Margie Clark[2], MSN, RN, GNP, Chair, Nursing Careers Department, Lansing Community College
- Margaret Jones[3], MDCH Bureau of Health Professions (Ex Officio)
- Jeanette W. Klemczak, MSN, RN, Michigan Chief Nurse Executive (Ex-Officio)
- Gay Landstrom, MSN, RN, Senior Vice President & Chief Nursing Officer, Trinity Health
- Kari Luoma[4], MSN, BSN, ADN, Director, Allied Health Programs, Gogebic Community College
- Mary Mundt[5], PhD, RN, Dean and Professor, College of Nursing, Michigan State University
- Mary-Anne Ponti, RN, MSN, MBA, CNAA-BC, Vice President,/Chief Nursing Officer, Northern Michigan Hospital
- Carole Stacy, MSN, RN, Director, Michigan Center for Nursing

Staff from the MDCH Office of the Chief Nurse Executive and the MPHI[6] Center for Nursing Workforce & Policy also participated.

History & Context: Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan*, includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. In September 2007, the Michigan Department of Community Health (MDCH) convened the Task Force on Nursing Regulation (TFNR) to make recommendations to the Director of MDCH regarding needed changes in statutes, rules, and policies in order to improve the work environment and practice of nursing, thereby protecting the health and safety of Michigan residents. The TFNR met from September 24 through December 7, 2007 and recommended actions with respect to certain issues identified as high priority and amenable to solution (see TFNR Final Report, February 2008). Several nursing education and nursing practice issues are included in the TFNR Final Report, but were referred to future task forces dealing with education and practice. The MDCH-Office of the Chief Nurse Executive (OCNE) expected to convene the MDCH Task Force on Nursing Education in September 2008. A small TFNE Steering Committee, assisted by the OCNE and staff, planned the major features of

[1] President, Michigan Organization of Nurse Executives (MONE)
[2] Vice-Chair, Michigan Board of Nursing (MBON); Chair, MBON Education Committee
[3] Representing Melanie Brim, Director, Bureau of Health Professions, MDCH
[4] President, Michigan Council of Nursing Education Administrators (MCNEA)
[5] Representing the Michigan Association of Colleges of Nursing (MACN)
[6] Michigan Public Health Institute

the task force and identified the initial set of issues put before the TFNE. Members of the Steering Committee were expected to participate in the task force as well.

MDCH Task Force on Nursing Education -- Steering Committee – Charge:

- Review the *Final Report of the MDCH Task Force on Nursing Regulation*, focusing on the membership of the TFNR, and the regulators, stakeholders, and experts who participated in that effort.
- Develop a list of recommended participants for the Task Force on Nursing Education, including representative educators and faculty for all major categories of nursing education programs in Michigan, professional nursing organizations, plus the entities that employ the graduates of nursing education programs, regulators, and other stakeholders.
- Review the *Final Report of the MDCH Task Force on Nursing Regulation*, focusing on position papers 6.1 to 6.4 (pp. 23-34). Identify additional nursing education issues that are high priority and amenable to solution. Structure all of these issues as the initial set to be put before the TFNE.
- Review the operating mechanisms and schedules of the Task Force on Nursing Regulation and consider the ways in which these may be modified to improve and align with the operations and outcomes of the TFNE. Make recommendations as to appropriate operating mechanisms and schedules for the TFNE, within the framework established by the MDCH-OCNE.
- Consider other topics relevant to the successful convening and operation of the TFNE and make recommendations to the MDCH-OCNE.

The TFNE Steering Committee met four times during July and August 2008. A list of potential members was developed for the TFNE and the TFNE Stakeholders Council, plus the draft Charge for each group, a set of initial nursing education issues for consideration by the TFNE, a structure for the task force, including *ad hoc* committees and study groups, a list of recommended consultants, and information gathering activities.

2. Task Force on Nursing Education – Appointment Letter

The following MDCH-TFNE Appointment Letter was sent to 32 Nursing Education Administrators, nursing faculty members, and nursing practice leaders. Twenty-five accepted the appointment and served on the task force; three MDCH staff members also participated on an *Ex Officio* non-voting basis. Several of those invited but unable to participate in the task force served on *ad hoc* committees and study groups or as invited experts. See the list on page 2 for the membership of the TFNE. Please note that the original six-month meeting schedule was expanded to ten months to accommodate the extensive deliberations of the MDCH-Task Force on Nursing Education.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

August 28, 2008

Dear

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan*, includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. To assist in implementing the action steps with respect to regulation, the Michigan Department of Community Health (MDCH) convened the 2007 MDCH Task Force on Nursing Regulation (TFNR), which made recommendations to the Director of MDCH. Several nursing education issues were included in the TFNR Final Report and were referred to a future MDCH Task Force on Nursing Education.

The MDCH Office of the Chief Nurse Executive (OCNE) is now preparing to convene the MDCH Task Force on Nursing Education (TFNE), delineating the major features of the task force and the initial set of issues put before the TFNE. You are invited to serve on the Task Force to be convened in September 2008. The Task Force on Nursing Education will gather information, consider identified issues and their context, and ultimately make recommendations in a final report to be presented to the Director of MDCH with respect to solutions and next steps. The TFNE is expected to meet in person or by teleconference from September 8, 2008 through February 16, 2009.

The Charge to the TFNE is to make recommendations to the Director of MDCH regarding needed changes in statutes, rules, and policies in order to enhance the education of licensed nurses and expand the capacity of the nursing education system in Michigan, thereby protecting the health and safety of Michigan residents.

Please join us in this important endeavor. Your education, experience, and expertise will enhance the knowledge base of the TFNE, add value to its deliberations, and uniform the recommendations that the Task Force is charged to produce. We hope that you will serve on the MDCH-TFNE.

Please return the enclosed Member Information Form to the Office of the Chief Nurse Executive indicating willingness to serve as a member of the TFNE, or to serve as a topic expert if you are not able to commit to the full Task Force schedule. Also enclosed are an Overview of the TFNE, the segment of the TFNR Report dealing with nursing education issues, and an Issue Summary Form.

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August 28, 2008
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If you have questions, please contact the Chief Nurse Executive, Jeanette Klemczak, at KlemzakJ@michigan.gov. In the interest of efficiency and cost savings, all future communications will be sent to you electronically.

I look forward to working with you on this challenging and important project.

Sincerely,

Janet Olszewski
Director

Enclosures: Member Information Form
Overview of Task Force on Nursing Education
TFNR Segment of Nursing Education Issues
Issue Summary Form

JO:mb

3. TFNE Rules for Interaction & Decision-Making

The TFNE reviewed and adopted the documents below, which detail the framework for productive interaction among the group and a structure for decision-making.

Ground Rules for Effective and Respectful Communication
Members of TFNE agree to the following ground rules to facilitate effective and respectful communication:

- Make every effort to attend (in person or by phone) all meetings.
- Make every effort to be on time for meetings.
- All members are expected to participate and to contribute their perspective.
- Keep the focus on agenda items.
- Keep the discussion focused.
- Raise your hand to speak; a facilitator will keep a list of the order in which hands were raised.
- Wait to be recognized before you speak.
- Only one person may speak at a time.
- Do not interrupt others or monopolize the communication.
- During the meeting, turn off all cell phones and beepers.
- When speaking, be brief and to the point; try to give examples.
- When speaking, explain the reasons behind your statements and ask for feedback from the group.
    - Ask questions to understand the rationale and data behind the positions of others.
- Speak to be understood, not to win.
- Be sensitive to differences in perspectives.
- Discuss issues, rather than debating them; do not assign blame.
    - Avoid personal attacks, cheap shots or loaded questions.
    - Don't assume the motives behind the statements of others. Assume positive intent.
    - Test your assumptions and inferences by asking questions.
    - Define important words and agree on what they mean.
- Resist defending positions; rather, look for common ground and areas of agreement.

Ground Rules for Decision Making
Members of TFNE agree to the following ground rules to facilitate decision making:
The Task Force on Nursing Education will use the *Consensus with Qualification* procedure to make decisions. *Consensus with Qualification* does not mean 100 percent agreement on everything by all members. The following three conditions must be met to reach *Consensus with Qualification:*

1. All members agree that the information in the proposed document is factually correct.
2. Each member is at least 80% comfortable with the proposed document and the member's organization will not oppose it.
3. With regard to the final product (not individual proposals or components, but rather the final recommendations), 80% of members are satisfied.

The process to reach *Consensus with Qualification* will assure that all concerns have been heard, understood, and addressed to the fullest degree possible and to the satisfaction of the group.
For decision items, the following steps will occur:

a. Proposals are presented and clarified to the group. Whenever possible, proposals will be distributed in advance of the meeting.
b. Members grade the proposal as:
    1) Totally agree
    2) Can live with it (see #2 above)

3) Have legitimate concerns (for example, consequences of the proposal that are contrary to the goals of the group)

c. Concerns are listed and addressed by the group. Changes can be made to the proposal if the group agrees.

If the group fails to reach *Consensus with Qualification,* members will clarify their objections and the TFNE Co-Chairs will make a decision with the input from the group.

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4. TFNE Member Bio-sketches

Each member of the Task Force on Nursing Education was requested to provide information for a short bio-sketch. The paragraphs below have been developed from the information provided. Voting members are listed first, followed by *Ex Officio* members.

Margie Clark, MSN, RN, GNP [Co-Chair of the TFNE] is currently Chair, Nursing Careers Department and Full Time Nursing Program Director at Lansing Community College in Lansing, Michigan. In her second term on the Michigan Board of Nursing, she is Vice Chair of the MBON and Chair of the MBON Education Committee. Over the past nine years, she has expanded the Career Ladder Nursing Programs at LCC from one program to four programs with 224 students annually. Her professional interests are geriatric healthcare and health professions education. She serves on local, state, and national boards related to nursing and health policy, and received the 2004 Nightingale Award for Excellence in Nursing Education/Research.

Mary H. Mundt, PhD, RN [Co-Chair of the TFNE] is currently Dean and Professor, College of Nursing at Michigan State University in East Lansing, Michigan. She previously was Dean of the School of Nursing at the University of Louisville in Kentucky, and was on the faculty and held administrative roles at the University of Wisconsin-Milwaukee. Her areas of expertise are public health/community health nursing, curriculum development, and cancer prevention; at U of L, she directed the federally funded *Center for Cancer Nursing Education and Research.* She has served on the boards of national nursing organizations, participated in state and local health policy initiatives, and received the 2009 Distinguished Alumna Award from the College of Education at Marquette University.

Marc Augsburger, MBA, BSN, BC is Vice President of Operations, Caro Community Hospital in Caro, Michigan. His professional interests are critical care, emergency care, and healthcare administration. His positions have included: manager of a 61-bed emergency department; director of an 18-bed emergency department and ambulance service; flight/mobile ICU nurse (eight years); nurse educator; and emergency/ICU nurse. He is a member of Sigma Theta Tau Honor Society and Phi Kappa Phi Honor Society.

Dennis A. Bertch, ADN, BSN, MSN is Associate Vice President Academic Services and Director of Nursing at Kalamazoo Valley Community College in Kalamazoo, Michigan. He previously was Chief Nurse Executive at Borgess Medical Center in Kalamazoo, and has held a variety of staff, management and administrative positions in acute care nursing and education. At KVCC, he has served as Director of Nursing, Dean of Arts and Sciences, and Associate Vice President Academic Services.

Thomas J. Bissonnette, MSN, BSN, RN, CNS is Executive Director Nursing Practice & Operations at the Michigan Nurses Association in Okemos, Michigan. Previously, he served as program director for Michigan's and Indiana's impaired healthcare professionals programs, and in a variety of psychiatric and gero-psychiatric nursing and management positions at the University of Michigan Hospitals and St. Joseph Hospital in Ann Arbor, Michigan. His professional interests are gero-psychiatric nursing, dementia, and quality management.

Pamela K. Brown, MSN, CNE, APRN-BC is Nursing Program Director at Muskegon Community College in Muskegon, Michigan. She has served in a variety of roles in clinical practice and nursing education, and is an ANCC Certified Family Nurse Practitioner, ANCC Certified Psych-Mental Health Nurse, and an NLN Certified Nurse Educator. Ms. Brown was 2007-8 President of the Michigan Council of Nursing Education Administrators.

Nancy Buscher, BSN, MS, NEA-BC is Vice President of Patient Care at Three Rivers Health in Three Rivers, Michigan. Ms. Buscher has 25 years of service as a Critical Care Nurse at Battle Creek Health System, Mercy Hospital, and Three Rivers Health, and serves on Advisory Committees and Boards for western Michigan colleges and universities. She is currently enrolled in the Doctorate of Nursing Practice program at Rush University in Chicago, and is the 2009 President of the Michigan Organization of Nurse Executives. She is a member of honor societies Phi Kappa Phi and Sigma Theta Tau.

Shari Carson, RN, BSN, NHA, CRRN, CDON is Community Leader for NexCare Health Systems and is responsible for operations at eight skilled nursing facilities in Michigan. Previously, she held positions as Director of Nursing, Administrator, Consultant, and Remediation Specialist in Long Term Care. Ms. Carson is Treasurer and a Board member for the Michigan Chapter of the National Association of Directors of Nursing in Long Term Care Administration, and has participated in the development of several clinical practice guidelines for the MDCH-Bureau of Health Services.

Julie A. Coon, BSN, MSN, EdD is Director of the School of Nursing at Ferris State University in Big Rapids, Michigan, where she has been a faculty member and/or academic department head for the past 25 years. Her clinical practice experience is in obstetrics and women's health. Her academic and research interests include: critical thinking in nursing students/faculty; advancing the educational level of the nursing workforce; and the development and mentoring of nursing faculty and future administrators. Dr. Coon is active in statewide initiatives and organizations addressing nursing education issues, including the Michigan Association of Colleges of Nursing, Western Michigan Nursing Advisory Council, Coalition of Michigan Organizations of Nursing, and the 3-M Task Forces.

Sheri Lynn Giordana, DNP, MSN, BSN is an Assistant Professor of Nursing in the School of Nursing at Northern Michigan University, Marquette, Michigan. Her clinical nursing experience is in gerontology and advanced practice nursing; she holds ANCC certification as a Family Nurse Practitioner and as a Clinical Nurse Specialist in Gerontology. Dr. Giordana's professional interests include mentoring and the use of use technology in nursing education. She is a member of Sigma Theta Tau Honor Society.

Helen Jackson, LPN has served in a variety of roles at hospitals and Long Term Care facilities in Southeast Michigan. She participated in the TFNE as the representative of the Michigan Licensed Practical Nurses Association.

Catherine L. King, RNC-E, MSN, NNP is the Dean of Nursing & Health Technologies at Mid-Michigan Community College in Harrison, Michigan.

Gay L. Landstrom, MSN, RN is corporate Senior Vice President and Chief Nursing Officer for Trinity Health in Novi, Michigan. Previously, she served in Nurse Manager and Director of Nursing roles in the Chicago area, Chief Nursing Officer for two Trinity Health hospitals in Michigan, and corporate Director of Nursing Practice for Trinity Health. Ms. Landstrom currently is enrolled at the University of Michigan, completing a PhD in Nursing degree. Her research interests include: cognitive representations, brain function, and therapeutic use of imagination to create change. She received the 2006/2007 Rackham Fellowship for Doctoral Studies at the University of Michigan.

Kari Leigh Luoma, ADN, BSN, MSN is Director of Allied Health Programs at Gogebic Community College in Ironwood, Michigan. At GCC, she has increased enrollment in the ADN program from 20 to 60 seats, and enrollment in the PN program from 30 to 120 seats over the past eight years. Her clinical practice experience is in medical-surgical nursing, obstetrics, quality improvement, Long Term Care, and hospice. Ms. Luoma's professional interests are nursing education, medical-surgical care, hospice, and palliative care. She is the current President of the Michigan Council of Nursing Education Administrators, and will begin her PhD in Nursing Education program in 2009/2010.

Rose Luster-Turner, BSN, MSN is a Lecturer in the Department of Nursing, School of Health Professions and Studies, University of Michigan-Flint, in Flint, Michigan. Previously, she has held positions in nursing management and hospital administration, with experience in developing inpatient and outpatient hospital services and project management; she is a Certified Health Care Executive. Ms. Luster-Turner's professional interests include: retention of nursing students from underrepresented populations; mentoring of students; curriculum development; and the use of technology in nursing education. She begins her PhD studies in fall 2009, and is a member of Sigma Theta Tau Honor Society.

Cynthia McCurren, PhD, MSN, BSN is Dean and Professor of the Kirkhof College of Nursing at Grand Valley State University in Grand Rapids, Michigan. Previously, she was Interim Dean, Associate Dean, and faculty for the School of Nursing, University of Louisville in Louisville, Kentucky, where she was the Director of Nursing Research for five years and received many research grants and awards. Dr. McCurren's areas of expertise include gerontological nursing, advocacy of quality care for older adults, nursing education, and healthcare policy, delivery and practice. She participated in the IHI-Health Professions Education Collaborative, is a member of state and national nursing organizations and was a Fellow of the AACN Leadership for Academic Nursing Program in 2003.

Susan Meeker, BSN, MSN, RN is the former Associate Dean for Health & Human Services at St. Clair County Community College in Port Huron, Michigan. Retired after 31 years of service, she previously was faculty and Director of the nursing program at St. Clair County Community College. Her professional interests are the teaching of nursing and the nursing care of children. Ms. Meeker served as a member of the Michigan Board of Nursing from 1996-2004, and was Chair of the Program Review Committee and Vice-Chair of the MBON for portions of that time. For the TFNE, she was the designated representative of the organization Registered Nurses Association In Michigan (RN-AIM).

Suzanne Mellon, PhD, RN was Dean of the College of Health Professions & McAuley School of Nursing at the University of Detroit Mercy. She resigned from the TFNE in December 2008, since she had taken a position in New England. The TFNE values her participation.

Patrick Miller, BS, BSN, MBA, MHSA is Senior Vice President and Chief Operating Officer of the Hospice of Michigan in Southfield, Michigan.

Bernadette Pieczynski, MSN, BSN, RN, BC is Associate Dean of Health & Human Services at Macomb Community College in Warren, Michigan. Previously, she has directed and managed patient care services as the Chief Nursing Officer in medical-surgical and psychiatric hospitals, and has served as a Joint Commission site surveyor. Ms. Pieczynski has professional interests in quality improvement, development of nursing staff and care programs, and provision of quality patient care using cost-effective methods. She is a member of Sigma Theta Tau Honor Society and received the Michgan Nurses Association Outstanding Psychiatric Nurse of the Year award in 1994.

Mary-Anne D. Ponti, RN, MSN, MBA, CNAA-BC is Vice President of Nursing and Chief Nurse Executive at Northern Michigan Regional Hospital in Petoskey, Michigan. Ms. Ponti currently serves on the Board of the American Organization of Nurse Executives and the American Hospital Association. Previously, she spent 10 years in nursing executive positions in Maine. Her areas of expertise include: organizational strategic planning, leadership development, performance improvement, compliance, and technology advancement. Ms. Ponti served on the Maine Organization of Nurse Executives, Maine's Hospital Association Board, and Maine's Hospital Licensing Review Board.

Richard W. Redman, PhD, RN is Professor and Assistant Dean for Graduate Programs at the University of Michigan School of Nursing in Ann Arbor, Michigan. Previously, he served in faculty and academic leadership positions at the University of North Carolina at Chapel Hill, the University of Colorado Health Sciences Center, and the University of Iowa; he has had faculty appointments in nursing, medicine, and health care administration. Dr. Redman's professional interests include graduate nursing education and health services research; he is President of the International Network of Doctoral Programs in Nursing, and on the Board of the international organization Community-Campus Partnerships for Health.

Carole Stacy, MSN, RN is the Director of the Michigan Center for Nursing (MCN) in Okemos, Michigan. Ms. Stacy taught for 23 years in the LPN/RN program at Kalamazoo Valley Community College and other community colleges. She was Director of Curriculum for Career and Technical Education for the State of Michigan for 15 years. In addition to her role at MCN, she is also the Executive Director of the National Consortium on Health Science and Technology Education.

Teresa L. Cervantez Thompson, PhD, RN, CRRN is Dean of the College of Nursing and Health at Madonna University in Livonia, Michigan. The College has BSN, MSN, and DNP programs in nursing, as well as undergraduate and graduate programs in hospice. Previously, Dr. Thompson held faculty and teaching appointments at Oakland University, adjunct appointments at Wayne State University and Medical College of Ohio, and was a certified nurse practitioner in rehabilitation, She also has served as a hospital administrator in rehabilitation nursing. Dr. Thompson recently has been appointed to the Michigan Board of Nursing.

Lynn R. Zuellig, BSN, RN is Chief Operating Officer Home Based Services for Lutheran Homes of Michigan, Inc (LHM). For the TFNE, she served as the representative of the Michigan Home Health Association. Ms. Zuellig's community-based nursing career has been focused on long term care and hospice. She was the first LHM Director of Service Integration and led the research and development team -- seeking innovative customer service models, strategies for integration of internal and external senior networks, and emerging consumer technologies that provide care solutions for seniors and caregivers. She is President of her local Board of Education, active in Rotary Club, and was appointed by the Governor to the Council of Labor and Economic Growth.

***Ex Officio* Members**

Cynthia Archer-Gift, PhD, MSN, BSN is Chief Psychiatric Nurse Consultant for the MDCH Office of Psychiatric & Medical Services, where she has served since 1986. She has been reviewer for several treatment programs provided through Community Mental Health services boards, and conducted licensure inspections of psychiatric hospitals and hospital psychiatric units. Dr. Archer-Gift has served as the MDCH Liaison to the Joint Commission on Accreditation of Healthcare Organizations for publicly operated hospitals and centers, and also is a Surveyor for the federal Center for Medicaid and Medicare Services. The Government of Trinidad & Tobago awarded Dr. Archer-Gift its national Nursing Award.

Melanie B. Brim, MHA is Director of the MDCH Bureau of Health Professions. She is responsible for licensing and regulation of approximately 400,000 health professionals (representing 35 health professions) and 25 health profession boards, including the Michigan Board of Nursing. Previously, Ms. Brim was Licensing Division Director. She has worked in a variety of organizational settings during her 34 years in the healthcare field, including acute care, long term care, mental health, correctional health care, and physician practice management. She is a graduate of Indiana University, where she received both her BS in Medical Record Administration and her Master of Health Administration.

Jeanette Wrona Klemczak, MSN, RN is the Michigan Chief Nurse Executive, appointed by Gov. Granholm in 2004. Her 30 years of nursing experience were spent in staff and leadership roles with the City of Detroit, Wayne County Health Department, and the Michigan Department of Public Health (now MDCH). She holds a faculty appointment at the MSU College of Nursing; from 1994 to 2004, she developed and implemented the MSU College of Nursing Faculty Group Practice program and nurse managed primary care center. Ms. Klemczak also directed the Michigan Health Policy Forum from 1996-2004, and was health policy consultant to state and national healthcare organizations. She is a member of Sigma Theta Tau, has had leadership roles in state and national nursing organizations, and received the 1996 Public Health Leadership Award from the Michigan Public Health Association.

5. Experts/Consultants to the TFNE

The TFNE included experts on nursing education and regulation in Michigan, many of whom have extensive experience in other states and in the national nursing leadership. The TFNE Steering Committee identified national nurse-consultants with specific areas of expertise, and the Co-Chairs and members of the TFNE identified additional experts. Invitations were issued to and accepted by the following individuals with knowledge and experience important in framing and informing the deliberations of the TFNE:

- **Melanie B. Brim, MHA, Director, MDCH Bureau of Health Professions (MDCH-BHP).** On September 8, 2008, Ms. Brim reviewed for the TFNE the process and timeline for opening the Michigan Board of Nursing (MBON) Administrative Rules, the operational expression of the Public Health Code with respect to nursing, for revision. The current discussion on revising the Rules began in spring 2008. The BHP has two staff experts who work with the health professions' boards in writing draft rule revisions, the language of which is critically important to their successful progression through the review process managed by the State Office of Administrative Hearings & Rules (housed in the MDELEG). Draft rule revisions are reviewed by SOAHR and the Legislative Services Bureau, a public hearing is held, final changes are made, and the draft rule revisions are certified by SOAHR and LSB. The Legislature Joint Committee on Administrative Rules then goes through its review process and may permit the rules revision. Following departmental adoption, the rules revisions must be filed with the Michigan Secretary of State's Office of the Great Seal (see

www.michigan.gov/documents/ORR_Flowchart_8488_7.PDF). The TFNE – through its recommendations -- has an opportunity to contribute to the revision of the MBON Administrative Rules.

- **Linda Cronenwett, PhD, RN, FAAN, Professor and Dean, School of Nursing, University of North Carolina at Chapel Hill.** On September 29, 2008, the TFNE held an all-day Special Session at the MSU University Club; this was a collaborative event with the MSU College of Nursing, arranged by Dean Mary Mundt (TFNE Co-Chair). In addition to the on-going deliberations of the TFNE, members received a presentation on nursing education core competencies (see Cronenwett L, Sherwood G, Barnsteiner J, Disch J, *et al* (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3) 122-131) from Dr. Linda Cronenwett, Director of the Quality and Safety Education for Nurses project (www.qsen.org),. The QSEN project, funded by the Robert Wood Johnson Foundation, has translated for nursing education the core competencies developed by the Institute of Medicine (www.iom.edu) in *Health Professions Education: A Bridge to Quality*, 2003, National Academies Press (www.nap.edu). TFNE members also participated in a lively and useful discussion with Dr. Cronenwett concerning the work of the task force.

- On November 2 & 3, the TFNE held a two-day retreat at the Kellogg Hotel & Conference Center in East Lansing; this was a collaborative event with the Lansing Community College Nursing Careers Department and the MSU College of Nursing. The retreat was focused on the national and state context for nursing education, including environmental factors impinging on hospitals and the issue of health care reform; two experts addressed these topics.

  Brian E. Peters, MHSA, Executive Vice President, Michigan Health and Hospital Association: Mr. Peters addressed the economic and other factors affecting hospitals. Michigan has 146 non-profit hospitals (69,000 beds), down from 200 (80,000 beds) in the 1980s. About 80% of hospitals procedures are performed on an out-patient basis, with only 20% being in-patient. Operating margins are low, especially for Critical Access Hospitals in rural areas. In 2007, Michigan hospitals provided about $800 million in charity/uncompensated care; in the past six months the uncompensated care load has exploded due to high unemployment and higher co-pays. The volume of elective procedures is dropping. Information technology offers many quality and safety improvements, but must be integrated across state and nation. Hospitals are partnering with the business community on issues of regulation, workforce, and liability. The MHA Keystone Center focuses on patient care safety and quality, encouraging the necessary culture shift for physicians, nurses, and all hospital staff.

  Vernon K. Smith, PhD, Health Management Associates: Dr. Smith reviewed national trends in health care, including rapidly increasing healthcare costs ($6,102 per capita in 2004); the disparity between US costs and the 50% lower healthcare costs of other industrialized countries; and cost growth rates that exceed economic growth rates. Fewer employers are sponsoring health insurance and more costs are being shifted to employees. The number of uninsured is rising (47 million) and enrollment in public healthcare programs is increasing. Nationally, the state share of Medicaid costs is predicted to average 20% of the General Fund budget in 2010, putting great pressure on state resources. The costly US healthcare system does not provide value for money spent, since US indicators of healthcare quality are lower than those of all other industrialized countries. Incentives in the US healthcare system should be changed to support quality care and healthy behaviors. Policy options include a) producing and using better information; b) aligning incentives with quality and efficiency; and c) promoting health and disease prevention.

- On April 9, 2009, the TFNE received a presentation by **Judith Woodruff, JD.** Ms. Woodruff is Program Director for Nursing at the Northwest Health Foundation in Oregon, and also is Program

Director for the national RWJF initiative *Partners Investing in Nursing's Future.* She noted that the major nursing education changes in Oregon required building trust and relationships over the long term. In 2001, Oregon formed the Nursing Leadership Council to produce a strategic plan addressing Oregon's nursing shortage. The Oregon Consortium for Nursing Education (OCNE) was formed as a partnership of community colleges and public and private university schools of nursing. The OCNE assists nursing programs to expand capacity and enrollment, and prepare graduates with the competencies to address the rapidly changing health care needs of Oregon's population. The OCNE developed a new nursing education curriculum that is based on core competencies and takes a lifespan approach; the curriculum includes learning through simulations and maximizes clinical practice. There are signs of success with this curriculum; the first group of graduates had a 97% pass rate on the NCLEX (national licensure examination). Ms. Woodruff said that the TFNE has been doing important work, and engaged task force members in a lively and productive discussion of the TFNE position papers. She encouraged the TFNE to: a) recommend bold initiatives that make significant changes, and b) do the hard things that have the greatest impact for nursing and the people's health.

- On March 13, 2009, the TFNE held an all-day Study Group session for faculty of education programs producing Advanced Practice Registered Nurses. Two representatives were invited from each of the ten Michigan Colleges and Universities offering Advanced Practice Nursing education programs. All participants held Master's and/or doctoral degrees, and most had APRN certification. The report of the Study Group is shown below.

MDCH – TFNE Advanced Practice Registered Nurse Study Group: March 13, 2009

Participants	Institutions
Betty Beard	Eastern Michigan University
Ruth Ann Brintnall	Grand Valley State University
Karen M. Brown-Fackler	Saginaw Valley State University
Stephen Cavanagh	Wayne State University
Margie Clark	Lansing Community College (Study Group Chair)
Ann M. Collins	Wayne State University
Constance J. Creech	UM-Flint
Cindy Darling-Fisher	University of Michigan
Kathy Dontje	Michigan State University
Barbara Harrison	Oakland University
Jeanette Klemczak	MDCH, Chief Nurse Executive
Cynthia McCurren	Grand Valley State University
Mary Mundt	Michigan State University
Nancy O'Connor	Madonna University
Melissa Romero	Northern Michigan University
Teresa Thompson	Madonna University
Michael Williams	Eastern Michigan University

As a framework for deliberations, the APRN Study Group used the *Consensus Model for APRN Regulation,* APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, July 7, 2008.

Study Group A: Operational Needs Related to Increasing the Number of APRNs Educated
Major Issue: Additional APRNs are critical to meeting the healthcare needs of the population, particularly in community-based care settings. The education of additional APRNs must be funded.

- Develop a funding model to support the clinical education of Advanced Practice Nurses in Michigan. Recommend the establishment of a Graduate Nurse Education fund to support clinical instruction.
- Promote Interdisciplinary Team education by balancing clinical placements. Clinical placements in primary care should reflect the balance of professional team members required to provide quality care.[1]

Study Group B: Academic Needs Related to Increasing the Range of APRN Roles: Prioritized Order

Issue 1: Regulation of APRN roles in Michigan should include titles, definitions, and certification of: Clinical Nurse Specialist (CNS), Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Midwife (CNMW). Modify the Public Health Code and MBON Rules as needed.
Issue 2: Statewide curriculum design for APRN programs should emphasize course equivalency and transferability from one program to another. This would permit APRN students to take credit courses continuously, speeding graduation and entry into practice. Health/nursing policy should be added to the Education Model in the Consensus Model for APRN Regulation.[2]

Issue 3: Universities should design, implement, and seek funding for Nursing Faculty Practice Plans and Faculty Development Plans. Both of these will require additional funding to decrease teaching loads, supplement existing faculty, and set up nurse-managed practices. Simulation Centers should be made available for new knowledge/skills acquisition and knowledge/skills renewal, benefiting students, faculty, and practice.

Issue 4: Increase Simulation Learning in APRN Education. Simulation technology should be used to augment instruction across the curriculum. Simulation may offer learning opportunities that maximize learning with a clinical preceptor. Shared simulation experiences between institutions should be encouraged.

Issue 5: Increase the flexibility of both funding and career path progression for those willing to become nursing faculty. Support both clinical and academic tracks of potential faculty members with a variety of skill sets, providing equal rewards. Spread funding for preparation of nurse educators to students in any nursing graduate program that includes a series of courses related to nursing education. Support funding for faculty practice.

Issue 6: At present, the APRN regulatory environment in Michigan does not support an efficient use of education resources, since APRNs educated here are leaving Michigan for states with a more favorable regulatory climate. Currently, APRNs are not permitted to practice at their educational level in Michigan. Thus, the expenditure of resources in the education of APRNs does not lead to increased numbers of APRNs practicing in Michigan. The State should review model states that receive an "A" grade for APRN regulatory climate, and update the Public Health Code and MBON Rules. This revision of Michigan's regulatory environment will improve the number of APRNs practicing in Michigan and providing primary care services.

[1] *Health Professions Education, A Bridge to Quality,* Institute of Medicine of the National Academies, The National Academies Press, Washington, DC, 2003.
[2] *Consensus Model for APRN Regulation,* APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, July 7, 2008: pp. 12-15.

Appendix B

Additional Products of the TFNE

1. Revised Nursing Education Section of the Nursing Agenda for Michigan

The following table is a major product of the TFNE, requiring many weeks of review, deliberation, and thought. Most of the TFNE position papers are prefigured in this document, which is a thorough revision of the Section 4: Nursing Education Action Plan included in the *Nursing Agenda for Michigan.* This revised Nursing Education Action Plan has been forwarded to the Coalition of Michigan Organizations of Nursing, which will include the document in the on-going update of the *Nursing Agenda.*

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	Status	MBON Admin Rules	To Be Done
Issue 4.1 The shortage of appropriately prepared nursing faculty impedes nursing education capacity.				***Note: Additions are in Bold Italics.***
4.1.1 Number of prepared faculty in the nursing education pipeline is insufficient.	MiAHCTI, MNC, & MDCH-OCNE MNC is funded @ $1.5M (FY08) and $5M (FY09).	**Keep**		Increase MNC support for additional PhD and MSN or MNEd faculty.
a. Recruit faculty from clinical nursing and retirees. Provide education & support for persons recruited.	For clinical nurses, MNC & MiAHCTI (Recruitment of retirees is not a current strategy.)	**Keep**	P10-11, R10305. (2)(a)-(c)	Enhance supports to bring more MSN students into teaching commitments. Collect data on graduates and 5-year teaching commitment completion.
b. Make faculty salaries competitive with clinical acute care salaries. Explore models in other practice fields, such as medicine.	MiAHCTI & MNC, coop arrangements with health systems Several models implemented in MiAHCTI & MNC.	**Keep**		Health systems support faculty through joint appointments and other arrangements. Advocate for state & federal support for nursing education. Innovative financing strategies are needed for graduate nursing education.
c. Maximize utilization of available faculty hours. ***(Check MBON paper on MDCH-BHP website.)***	MiAHCTI Expanded scheduling & on-line teaching.	**Keep**	***Add to Rules.***	Encourage year-round classes, increase web-based instruction, increase use of simulation technology. Advocate for additional funding of simulation technology ***and faculty preparation for use of simulation technology.***
d. Increase support for education of masters-prepared and doctoral-prepared faculty.	MiAHCTI & MNC MiAHCTI produced MSN & DNP graduates. MNC is implemented. Increased state funding for students.	**Keep**	P23, Pt 7, R10701-10705	Fully implement the MNC at $15M per year to have adequate MSN faculty & increase # of PhD faculty. Increase state funding for student stipends & scholarships (through increase in NPF allocation). Identify federal and State resources.

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	SC	MBON Admin Rules	To Be Done
4.1.2 Number & variability of nursing education programs affects faculty availability & distribution.				***Note: Additions are in Bold Italics.***
a. Develop process to facilitate transition of 2-year nursing education programs to national accreditation. ***Such accreditation is an aspect of Quality.***	***Pressure from students and employers has increased interest in national accreditation About 40% of ADN programs are accredited or seeking accreditation.***	**Keep**	P8-10, R10303 (2)(c-d) & (3)	Develop business case for national accreditation at Community Colleges; project into future. ***Increase percentage of ADN programs in Michigan with national accreditation to 100%. Advocate for change in Admin Rules to stipulate that all Michigan nursing education programs must have national accreditation..***
b. Explore (at all MI nursing colleges) a common ADN curriculum. ***Such a curriculum would provide uniform compentencies for graduates.***	3-M task forces. TFNE explore TFNR recommendations.	**Keep, Revw**	P7, R10301.(f) P12-13, R10307	***Michigan should have a competency-based approach to all curricula.*** Review examples from other states. Build case for transferability of credits & faculty; increase quality of graduates. ***Note: National accreditation for all ADN programs would have similar effects.***
c. Encourage web-based programs/courses to provide nursing education to rural areas and statewide. [See 4.1.1 also.]	Increased web courses at many locations. ***Pressure on faculty & students to work well in this new medium.***	**Keep, Revw**		***Assess faculty & students for readiness & suitability for web-based instruction. Improve faculty availability, preparation & skill sets for web-based instruction.*** Make a coordinated effort to provide and standardize content and credits. ***Promote a common set of web-based, RN-to-BSN courses through a consortium of Colleges of Nursing.*** Link web-based courses to Nursing Technology Centers with universal access.
d. Determine "right" configuration of nursing education programs to utilize faculty most productively and preserve quality. ***Michigan may not need more programs and should improve utilization of the ones we have.***	Early stage consideration of data needs for model, ***including current programs, faculty, students, & graduates.***	**Keep**	P7, R10301.(d) P8-9, R10303.(1) (a)(ii)	***Avoid further dilution of faculty pool.*** ***Work to improve all nursing education programs; the MBON will develop evaluation criteria for Michigan nursing education programs. During the criteria development and approval process, review of new programs will be delayed.***

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	Status	MBON Admin Rules	To Be Done
Issue 4.2 There is an anticipated 30-year deficit of appropriately prepared nursing graduates.				***Note: Additions are in Bold Italics.***
4.2.1 There is a short-range need for a quick infusion of appropriately prepared nursing graduates.				
a. Recruit individuals with Bachelor degrees in related fields. Provide accelerated nursing education and support resources for recruits.	MiAHCTI tested new ways of educating nurses. ***Accelerated second-degree programs were evaluated as successful.***	**Keep, Revw**	P12-13, R10306 & R10307	Support expansion of successful new approaches to nursing education through MNC funding. Continue to evaluate programs and graduates. Track graduates and their careers. ***Gather data on accelerated program graduates entry into practice (second-degree and other accelerated programs). Check NCSBN Transition into Practice report for survey data. Consider survey of employers. Note that nationally, accelerated second-degree graduates have been welcomed by employers.*** ***Collect information on the transition to practice for all new nursing graduates over the past year. Findings directed back into nursing education programs.***
	Nursing colleges/ schools have increased 2nd degree programs ***& other accelerated programs.*** Over 1,500 additional graduates entered nursing workforce in 06/07 & 07/08. ***Most new nursing graduates have some challenges in adjusting to practice.***			
b. Increase the number of BSN graduates by implementing the recommendations of the 3-M task force on ADN to BSN.	MiAHCTI programs; MNC programs increase clinical instruction capacity.	**Keep**		***3-M Task Force recommends increasing to 60% the BSN cohort of Michigan's RN population (check trends on foreign BSNs contribution to percentage). BSN completion should become: part of the standard RN career trajectory; promoted & incentivized by practice settings. MI nursing education should: develop coordinated infrastructure to support uniform curricula & transferable credits that align the RN to BSN process; address barriers to BSN completion; & continue to utilize the NPF scholarships for BSN completion. Assess border state prerequisites and costs for ADN & BSN programs.*** Evaluate MNC-awards to hospital-college partnerships ***proposing to increase BSN completion rates.***
	Partially completed through MiAHCTI; continues through MNC. ***Hospitals seeking magnet status are partnering with nursing colleges to set-up RN to BSN programs for their staff nurses.***			

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	Status	MBON Admin Rules	To Be Done
c. Recruit minorities, males, persons with appropriate expertise/credentials, life experience, and skills	MNC & MDCH Diversity initiatives; economic forces. Partially completed. Males & minorities still below population percentages. Male job losses in manufacturing & pharmaceuticals have aided recruitment.	**Keep**		Accelerated second-degree programs have graduated higher % of males & minority students. No Worker Left Behind programs will do this at the ADN level. ***Assess applicant readiness for nursing education. Evaluate programs' retention and graduation rates. Fund effective retention and graduation strategies for minority students and male students.***
d. Expand Advanced Practice Nursing graduate programs to meet societal need for Family Practice services, Psych/MH services (re: parity legislation), and Gerontology services, as GME trends indicate physicians are abandoning these practice fields at a time when the aging "Baby Boom" generation will require large amounts of these services.	***MiAHCTI produced MSN and DNP graduates.*** MNC-funded programs for increasing MSN didactic and clinical faculty; ***will provide additional APNs after 5-year teaching commitment is completed.*** ***DNP program successful.*** Subsidized APN masters program in exchange for 5 yrs teaching may not be seen as a good bargain.	**Keep, Revw**	P16-18, Pt 4, R10404. P16-20, Pt 4, R10404-10406 ***Add CNS to Admin. Rules.***	Expand slots in APN programs. ***Consider CNLeader graduates as APNs***. Provide mentoring & resources for APN students. Track graduates and their careers.
4.2.2 There is a shortage of appropriately prepared students entering nursing programs at all levels. ***Unprepared students consume resources & lower retention rates; improved reading, writing, & math skills are needed. HS graduation with a high GPA is not sufficient.***	***Some Community Colleges developing the Health High School model (Ex: Macomb CC). New, stronger MI High School graduation requirements are in place. State program to prepare HS students for health careers: Health Occupations Students of America (HOSA) is in place & growing.***	**Keep, Revw**		Educate high school counselors on the preparation required for ***a high-technology nursing career. Raise awareness of nursing as a high-technology profession so that high school students choose appropriate preparatory courses. Consider admission requirements, pre-requisites and other criteria. Increase funding for retention resources and student supports, so that everyone in a nursing program seat goes forward to success; this would decrease wasted resources.***

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	Status	MBON Admin Rules	To Be Done
4.2.3 Nursing programs need the tools to improve rates of student retention, thereby using *nursing education* resources more effectively *and decreasing waste*. a. Improve rates of student retention in all nursing education programs.	MiAHCTI, MNC, & Diversity programs, Legislature, MCN, MCCA MCN–addressed by Summit meetings; Legislative committee from Higher Education w/recommendations.	**Keep, Revw**	P10-11, R10305. P12-14, R10307-10309	Track & evaluate students, programs, & retention strategies. Fund successful strategies & special programs. Engage faculty and students in these efforts. Mentoring, tutoring, and Education Case Managers have been shown to be effective.
4.2.4 There is a shortage of clinical placements & other necessary facilities to increase timely student completion of nursing programs and entry into practice. a. Work to increase availability of clinical placements needed to complete a degree or certification.	MiAHCTI, MCN, WMNAC, East-Central RSA, MNC programs, plus on-line registries for available clinical slots. ***Health system-nursing school/college partnership agreements for clinicals.*** MCN-ACE/PLACE on-line clinical placement registry for SE Michigan; ***clinical "passport" under development. A few Nursing Technology Centers are in use. Partnerships increasing.***	**Keep, Revw**	P12-14, R10306 (5), R10307, R10308, R10309.	***Monitor & evaluate utilization and effectiveness of regional clinical consortia, on-line registries and clinical passport; expand if effective. Add Public Health, community clinics, and other practice sites to clinical experiences. Maximize hours at all clinical sites and simulation facilities. Assess general systems effects of health system--nursing school/college partnerships, particularly if agreements are exclusive. Fund Regional Nursing Technology Centers (providing effective simulations) or Mobile Nursing Technology Labs to prepare students for clinical experience, substitute for some aspects of clinicals, and serve the nursing community 24/7.***
b. Support the work of the 3-M task forces on the development of a new clinical model for nursing education.	MNC programs test new clinical arrangements & simulations. See Above.	**Keep**	P12-13, R10307.(5)-(8) P13-14, R10308.(b)	***Implement clinical consortia statewide. Use CCNC and NLNC definitions. Align clinical student/faculty ratio with patient safety (Quality issue). Consider TFNR: eliminate LPN requirement for clinicals in Peds and OB. Base clinicals on competencies at each level of licensure (ex: Oregon, Texas). Clarify LPN vs. APN competencies. Align LPN-to-APN requirements. Consider reduction of required nursing education credits to no more than 72. Assess effectiveness of simulations for clinical learning; assess faculty needs for education on use of simulations; track student outcomes after simulation training; MBON & MCN jointly survey simulation centers to assess 24/7 utilization, degree of sharing with health professions & health care community.***

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	Status	MBON Admin Rules	To Be Done
4.2.5 There is a long-range need for alternative methods for educating nurses and faculty.	MiAHCTI, MNC testing some methods. 2008-2009 MNC grants.	**Keep**	P7-8, Pt 3, R10301	Expand use of: ▪ clinical simulations & Regional/mobile Technology Centers; ▪ mentors during education & career; ▪ on-line courses at all levels; ▪ evening, weekend, & summer programs for working students; ▪ nursing internships & residencies for intensive clinical experience; ▪ accelerated graduate programs w/student supports. Review efforts in other states and by national organizations. Advocate for federal support for new nursing education methods. States cannot be expected to support all of nursing education as it becomes more technologically driven and more critical to a healthcare system in crisis.

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	Status	MBON Admin Rules	To Be Done
Issue 4.3 Practicing nurses do not have sufficient educational/career development resources.				
4.3.1 Practicing nurses need educational resources & support for development in mid-career & role-changes in late career.	MiAHCTI programs test accelerated programs for LPN to ADN to BSN to MSN to DNP; MCN, Hospitals MCN-Institute for Nursing Excellence; programs for practicing nurses, nurse-managers, and specialty courses.. Hospital CE Programs.	**Keep, Revw**		Work with nursing schools/colleges and hospitals & health systems to support nurses in moving up the career ladder at all levels. Strong cooperative agreements between education and practice venues can provide efficient, supported ways for nurses to move up the degree & career ladder.
a. Increase availability of advanced degree and certification programs.	See above, MSU	**Keep**	P16-20, Pt 4, R10401-10406	Add preparation for LTC roles, care management roles, QA and CQIP roles, nurse-leader & nurse-mentor roles. Increase DNP programs. Career shifts that are less physically demanding may keep nurses in practice roles or educational roles, rather than retirement.
b. Increase scholarships, stipends, loan-forgiveness & financial incentives for professional nurses in career advancement programs.	MNC, NPF MSU PIN Project	**Keep, Revw**	P23-24, Pt 7, R10702.(1) P24, R10703.(3)	Work with stakeholders to develop financial support and rewards for these students and their programs. In some cooperative programs involving nursing colleges and health systems, in-house students are supported financially and with release-time & mentors all the way through their education and clinical experience, and are assured an appropriate job upon graduation. Such programs have been very successful. ***Develop cost estimates for career advancement education.*** Link with Michigan Nursing Scholarship Program (Treas.) for consistent strategic policy.

Issue, Sub-Issue, or Action Plan	Programs and Outcomes	Status	MBON Admin Rules	To Be Done
4.3.2 Nursing *faculty and managers need resources and support to keep up with practice trends and innovations and acquire needed leadership, management & financial education.*	MiAHCTI & MNC programs include DNP & MSN programs, MCN. MCN Institute for Excellence for nurse managers	**Keep, Revw**	***Add enabling language to Rules or to PHC if needed.***	***Work with colleges/universities, hospitals, and other stakeholders to include practice innovations, leadership, management & finance in these programs. Add INE for supplement of nurse managers. The acquired skills will increase in value as nursing education becomes more complex and nursing management become critical to institutional success.***
a. Provide support and incentives for: nursing faculty to gain up-to-date knowledge of practice trends/innovations; nurse managers to gain consistent leadership, management & financial education programs/certification.	***Michigan Nursing Education Programs,*** Hospitals, & professional associations. See above & programs in other states..	**Keep, Revw**		***See above, and work to engage nursing faculty, nurse-managers, and their employers in support for acquisition of the relevant knowledge bases. Faculty would be more effective teachers if they were aware off practice innovations and had direct knowledge of their function. Nurse managers would be more effective (improved nurse retention, practice efficiency & effectiveness, and funding for nursing services) and gain the respect of their peers if they had demonstrated competence in leadership, management, and finance.***
b. Provide workplace mentoring, e-mentoring, and other on-line resources ***to assist nursing faculty and managers in improving their capacities***.	***Michigan Nursing Education Programs,*** Hospitals, & professional associations. See above & programs in other states..	**Keep, Revw**		***See above, and work with employers and stakeholders to support worksite mentoring for nursing faculty and nurse managers. Develop consistent preparation courses for faculty mentors/preceptors and nurse-manager mentors/preceptors. Develop internship programs for both nursing faculty and nurse-managers. Retired nursing faculty and nurse-managers could be instrumental in these programs, as could hospital organizations, technology vendors, business colleges, and national nursing organizations***
c. Provide incentives to individuals who take this path, including financial & career rewards for: ***1) nursing faculty who acquire and utilize in teaching knowledge of practice innovations;*** 2) nurse managers who receive additional education & certification in leadership, management, & finance.	***Michigan Nursing Education Programs,*** Hospitals, & professional associations. See above & programs in other states..	**Keep, Revw**		***See above. Note that it is in the interest of institutions of higher education and nurse employers to support this broadening of the knowledge base for nursing faculty and nurse-managers. The costs are minimal compared to those incurred in replacement of valued experienced nurses.***

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2. TFNE Report on Survey of Nurse Executives

Summary of Data Analysis
MONE Survey of Nurse Executives with Respect to
Employment and Utilization of Licensed Practical Nurses, November 2008

Rationale: To assess the need for Licensed Practical Nurses with clinical experience in high-patient-acuity care units, such as Pediatrics, Obstetrics, and Emergency Department, the MDCH-TRNE requested assistance from the Michigan Organization of Nurse Executives (MONE). The President of MONE distributed to Nurse Executives of Michigan hospitals and hospital systems a short survey (see page 76), which did not seek or report identifying information. The TFNE thanks MONE and all those who participated in the survey in November 2008.

Methods: The survey was emailed to 146 addresses, 43 of which were institutional repeats (multiple recipients within a single system). Fifty-two surveys were completed and returned to TFNE staff, either by fax or by email. The return rate was 36% (52/146) or 50% (52/103) if institutional repeats are removed from the denominator; either response rate is acceptable for an unexpected survey. Responses were entered into an Excel spreadsheet, compiled, and analyzed. ***Limitations:*** This short survey was designed to quickly "take the temperature" of decision-makers on a specific issue – trends in LPN hiring and utilization in hospitals. The answers could be checked off and space for comments was provided. No identifying information was requested. Therefore, it is not possible to separate respondent hospitals/systems into categories by size, location, or type. This is a small dataset and it would be inappropriate to over-process it. About half of the respondents added written comments, which have been used in the analysis.

Results:

- Q1 -- Thirty-three (63%) respondents indicated that <5% of the total licensed nurse population of their hospital/system was composed of LPNs. Forty-four (85%) respondents had LPN percentages of less than 20%. Sixteen of those indicating <5% also commented that their hospital/system did not hire LPNs.

- Q2 – Twenty-three (44%) respondents said that their hiring of LPNs had decreased over the past two years. Fifteen (29%) indicated that hiring had stayed the same (eight of these also answered <5% to Q1). An additional six (12%) said that the question was not applicable, primarily (5/6) because they did not hire LPNs. Five (10%) indicated that hiring of LPNs had increased over the past two years.

- Q3 – Twenty-three (44%) respondents indicated that they did not assign existing LPN staff to work in Peds, OB, or the Emergency Department. Nineteen (37%) said that they assigned existing LPN staff to work in one or more of these departments; and ten (19%) respondents indicated that the question was not applicable (seven because they did not employ LPNs, and three because they did

not have these departments). Thus 63% of respondents do not have LPNs working in the listed departments for a variety of reasons. Of those who do make such assignments, nine assign LPNs to Peds, eight assign LPNs to OB, and eight assign LPNs to the Emergency Dept. Six of the 19 have LPNs working in two of the listed departments.

- Q4 – Twenty-four (46%) indicated that their hiring of LPNs is expected to decrease over the next two years. Twenty-three (44%) indicated that LPN hiring would stay the same (over half of these [13/23] also answered <5% to Question 1). Four (8%) indicated that LPN hiring would increase; and one indicated that the question was not applicable because they did not hire LPNs. All four of those expecting LPN hiring to increase also had increased LPN hiring over the past two years.

- Q5 – Only four (8%) respondents answered this question *(Will increased LPN hiring require a change in policy?).* Three said No, increased hiring would not require a policy change; one said that Yes, it would require a policy change. Three of those answering this question also indicated that their percentage of LPNs is 20% or higher.

- Q6 – Of the fifty respondents answering this question *(Do PN students have clinical learning experiences at your hospital/system?)*, thirty (60%) said No and twenty (40%) said Yes. Thirteen of those who said Yes have current LPN staff rates of less than 10%.

- Q7 – Of the 19 respondents who answered this question *(Do PN students have clinical learning experiences in Peds, OB, or ED?)*, 11 (58%) said that they did not have PN students in these departments. Of the eight (8) who do have PN students in the listed departments, seven (7) have PN students in OB, five (5) have PN students in Peds, and four (4) have PN students in the ED. Two respondents have PN students in all three departments; four have PN students in two of the departments.

Analysis and Conclusions: The results indicate that the percentage of LPNs in the licensed nursing population of most hospitals/systems in Michigan is low (85% report LPN staff rates of less than 20%). The LPN percentage is also decreasing (75% report that their hiring of LPNs has decreased or is already at zero). Several commented that existing LPNs are long-term employees who will not be replaced when they retire, or who will be replaced by RNs.

Comments also indicate that existing or newly hired LPNs have gained certification in other job categories – such as surgical assistant or medical assistant – and are not employed under their LPN licensure. Those who are employed under their LPN licensure tend to be employed in low-acuity settings.

Over 90 percent of respondents do not intend to increase their hiring of LPNs in the next two years. Of the four respondents who expect to increase their hiring of LPNs, half self-characterize as low-acuity

settings. The remaining two are in special circumstances which make the hiring of LPNs a priority. Comments indicate that those hospitals/systems that rely on LPN staff wish they could find more of them, and that RN completion programs are perceived to decrease the supply of LPNs.

PN students are provided clinical experiences in more hospitals/systems (20) than are hiring increased number of LPNs (4). Thirteen of the twenty have current LPN staff rates of less than 10%.

Conclusions are that:

- LPNs are decreasing as a percentage of licensed nursing staff in Michigan hospitals/systems, and are likely to decrease further.

- Hospitals/systems may continue to employ small numbers of longstanding LPN staff, who on retirement will be replaced by RNs or not at all.

- Systems that include long term care facilities preferentially site their LPN staff in those facilities.

- Nurse executives in Michigan generally see RNs as more appropriate to high-acuity settings and more flexible than LPNs in care venues with high-acuity patient populations.

- The need for PN students to receive clinical education experiences in high-acuity patient settings such as Peds, OB, and ED is declining.

- Nursing education should seek more practice-relevant clinical experiences for PN students in ambulatory care, coordination of care, gerontology, and pharmacology.

MDCH-TFNE Survey of Nurse Executives: Due November 30, 2008

The MDCH Task Force on Nursing Education is working to identify and propose solutions to issues related to the current and future nursing education system in Michigan. The TFNE is co-chaired by Dr. Mary Mundt, Dean of the College of Nursing at Michigan State University, and Ms. Margie Clark, Chair, Nursing Careers Department, Lansing Community College. The TFNE started deliberations in September 2008 and will complete its work in March/April 2009. This survey of Nurse Executives is designed to provide the MDCH-TFNE with current information on hospital hiring and utilization of LPNs. **Completed surveys are needed by November 30** to support decision-making on issues related to the education of LPNs and the demand for Practical Nursing education. Confidentiality will be maintained; the names of individuals or hospitals will NOT be reported. The data will be aggregated and reported on a statewide basis. If you have questions, please contact:

G. Elaine Beane, PhD at ebeane@mphi.org or Tarah Lantz at tlantz@mphi.org.

Please email your completed survey to Dr. Beane or fax it to her at 517-381-0260.

TFNE SURVEY OF NURSE EXECUTIVES: November 2008

1. What is the rough percentage of LPNs in the total licensed nurse population of your hospital/system?

   <5% □ 5% to 9% □ 10% to 19% □ 20% to 29% □ 30% to 39% □ ≥40% □

2. During the past two years, has your hiring of LPNs to work in your hospital/system:

   Increased? □ Decreased? □ Stayed the Same? □ N/A □

3. Do you assign your existing LPN staff to work in the following departments:

   Pediatrics? □ Obstetrics? □ Emergency Dept.? □ None of these? □ N/A □

4. Looking ahead to the next two years, do you expect hiring of LPNs to work in your hospital/system to:

   Increase? □ Decrease? □ Stay the Same? □

4a. If you answered “Increase”, will this require a policy change at your hospital/system?

   Yes □ No □ Don’t Know □

5. Do Practical Nursing students have clinical learning experiences at your hospital/system?

   Yes □ No □ Don’t Know □

5a. If you answered Yes, do Practical Nursing students have these clinical experiences in the following units?

   Pediatrics? □ Obstetrics? □ Emergency Dept.? □ None of these? □ N/A □

Please add any comments you wish to send to the TFNE:

Thank you very much for completing this survey. Your answers will be kept confidential, and will be reported only in aggregate form. Please return your completed survey to Dr. Beane (address above).

Appendix C

Relationships between Nursing Education and Licensure

To protect the health and safety of the people of Michigan, licensure of physicians, nurses, and 21 other health professions is required by the Public Health Code, Public Act 368 of 1978 as amended. Licensure of health professions is performed by the Michigan Department of Community Health (MDCH), Bureau of Health Professions (BHP) upon the recommendation of the board of a specific health profession. [See Background: Licensed Nurses in Michigan, page 3.] The Michigan Board of Nursing (MBON), consistent with other health professions boards, is composed of volunteers appointed by the Governor and operates in accordance with the Public Health Code and MBON Administrative Rules.

When a nursing student has completed an approved "registered nurse" (RN) or "practical nurse" (PN) education program at a Michigan institution of higher education, the student must submit to the MDCH-Michigan Board of Nursing an application and fee for licensure. To receive an "Authorization to Test" [permission to take the National Council Licensure Examination -- either the NCLEX-RN or NCLEX-PN], the student must ensure that three additional documents are sent to the MDCH-Bureau of Health Professions: 1) the MDCH-MBON Nursing School Certification form indicating that the student has met the requirements (RN or PN) for graduation; 2) verification from the National Council of State Boards of Nursing that the student's examination application and fee have been received; and 3) criminal background check[1].

Once all documents and reports are received, the applicant is eligible to take either the NCLEX-RN or NCLEX-PN. After the National Council informs the MDCH-BHP that the student has passed the examination, the graduate is considered to be an RN or PN, may use the licensure title of Registered Nurse or Practical Nurse, and may perform appropriate job duties.

In this document, the word "nurse" means a person licensed by the State of Michigan for the practice of nursing as a Registered Professional Nurse (RN) or Licensed Practical Nurse (LPN). "The practice of nursing as a Licensed Practical Nurse (LPN) is a health profession subfield of the practice of nursing" (PHC: Sec.17208). Advanced Practice Nurses (APN certification added to RN License) are nurses with additional education who have passed the certification examination of specific national APN professional organizations. Other healthcare roles which may be called "nurse" are not health professions categories, but are unlicensed assistive personnel; these include Nursing Assistants, Nurses' Aides, or Medical Assistants, plus many other assistive roles.

Table 1 (next page) provides a simplified listing of the procedural steps in the education of nurses and the ways in which education relates to licensure.

[1] Michigan Department of Community Health, Bureau of Health Professions: *Healthlink*, Spring 2009, Vol 10:1; p2. "On October 1, 2008, the Bureau of Health Professions began requiring all applicants applying for licensure or registration to submit fingerprints and undergo a criminal background check as mandated by Public Act 26 of 2006."

Table 1 – Relationships between Nursing Education and Licensure of Nurses in Michigan

Sequence of Steps in the Education and Licensure of Nurses in Michigan				
1. Education Institution Admission Requirements	**2. Enter Nursing Education Program (# years for full-time program completion)**	**3. Complete Program, Receive Degree or Certificate**	**4. Apply to MBON for License, Pay Fees, Complete Criminal Background Check, Take Required Exam**	**5. After Pass Required Examination, MBON May Grant License or Specialty Certification**
Usually a High School diploma or GED	Practical Nursing Program (1 year to 2 years)	Practical Nursing Certificate (PN)	NCLEX-PN	Licensed as a Practical Nurse (**LPN**)
Usually a High School diploma & GPA accepted by college	Nursing Program (2 years to 3 years)	Associate's Degree in Nursing (ADN)	NCLEX-RN	Licensed as a Registered Professional Nurse (**RN**) May use title: **Registered Nurse**
High School diploma & GPA accepted by university	Nursing Program (4 years to 5 years)	Bachelor of Science in Nursing (BSN) degree	NCLEX-RN	Licensed as a Registered Professional Nurse (**RN**) May use title: **Registered Nurse**
BSN degree	Graduate Nursing Program (2 years to 4 years)	Master of Science in Nursing (MSN) degree with Advanced Practice Specialization	Certification Examination from specific National Advanced Practice Nursing Organizations	Nursing Specialty Certification attached to RN license. May use title: **Nurse Practitioner**

Appendix D

Public Health Nursing Workforce and Education

The following Nursing Regulation Position Paper (NRPP) was referred to the Task Force on Nursing Education (TFNE) by the Task Force on Nursing Regulation (TFNR). The TFNE – while recognizing the importance of this issue -- was not able to address it within the time available.

NRPP 7.1: Public Health Nursing Shortage

Recommendation

It is recommended that the Director of MDCH charge the 2008 Task Force on Nursing Education and Task Force on Nursing Practice with a substantive review of the content and implementation of Michigan statutes, rules, and policies governing the employment, role, and education of public health nurses. The Michigan Department of Community Health should advocate for funding for public health nursing positions in local health departments. The goal of such funding is to enable local health departments (LHDs) to assure that qualified public health nurses and nurse administrator positions are maintained in LHDs to perform specific programmatic functions that protect the health and safety of populations. MDCH advocacy for such funding is part of its mission to protect the health of the people of Michigan. The Michigan Department of Community Health also should advocate for restoration of funding for training in the Public Health portion of the MDCH budget, enabling local health departments to support educational and clinical experience opportunities for nursing students.

The systemic factors that have led to a major nursing shortage expected to last through 2030 have led also to a critical shortage of Public Health Nurses. This nursing specialty uses knowledge from nursing, social science, and public health science to impact the health of populations. Many nursing education programs no longer include a public health nursing specialization, and fewer nursing students are enrolling in the public health nursing programs that are available. Local health departments are often unable to offer nursing salaries competitive with those offered in acute care settings. The role of Nurse Administrator in local health departments often has been filled by a public health nurse, who brought a population-based, community-based, public health approach to health promotion planning, disease-prevention planning, health system partnerships, and nursing leadership. Economic difficulties and declining or stagnant county/city budgets make it even more likely that public health nursing and Nurse Administrator positions will go unfilled, be filled inappropriately, or be deleted. In addition, the current public health nursing workforce is aging and insufficient new public health nurses are joining the workforce. Public health nursing education programs cannot produce new, high-quality public health nurses without additional public health clinical education sites and innovative approaches to provision of clinical experiences. Ultimately, the lack of qualified public health nurses at the local level means that the health of individuals, families, and local populations will decline.

The Michigan Department of Community Health (MDCH), as part of its mission to protect the health of the people of Michigan, should advocate for funding that will enable local public health departments to maintain Public Health Nurse and Nurse Administrator positions within their organizations. Public Health Nurses and Nurse Administrators promote population health and reduce morbidity and mortality rates. To increase the supply of new public health nurses, partnerships between local health departments and schools of nursing, public health training centers, and schools of public health should be established so that nursing students have access to public health clinical education sites. Multiple parties (see

recommendation above) should work towards restoring training funding so that local health departments can engage in such partnerships, include local public health clinics in web-based clinical placement systems for nursing students, and explore alternative models for appropriate public health nursing clinical experiences.

The presence of public health nurses and Nurse Administrators in local health departments is a cost-effective strategy for maintaining and improving the health of underserved populations. Funding for Public Health Nurse and Nurse Administrator positions in LHDs could be aligned with an amendment to the PHC mandating such positions, or could be aligned with LHD contract requirements.

Approved by the MDCH – Task Force on Nursing Regulation for referral to the MDCH Task Force on Nursing Education, February 1, 2008
Submitted to the Director of the Michigan Department of Community Health, February 13, 2008

Background

Michigan's strategic plan for dealing with the nursing shortage, *The Nursing Agenda for Michigan,* includes action steps to strengthen the nursing profession and workforce through changes in nursing education and credentials, enhanced standards of practice, and appropriate regulation. The MDCH convened the Task Force on Nursing Regulation (TFNR) in September 2007 to make recommendations to the Director of MDCH regarding needed changes in statutes, rules, and policies in order to improve the education of nurses and the practice of nursing in Michigan, thereby protecting the health and safety of Michigan residents. The TRNR is composed of professional nurses, including representatives of the Michigan State Board of Nursing, nursing education programs, professional nursing practice organizations, experts in nurse credentialing and regulation, plus other stakeholders. The TFNR met from September through December 2007, and identified the issue of the Public Health Nursing Shortage as a high priority and amenable to a collaborative solution.

Nursing Regulatory Issue

The systemic factors that have led to a major nursing shortage expected to last through 2030 have led also to a critical shortage of Public Health Nurses. This nursing specialty uses knowledge from nursing, social science, and public health science to impact the health of populations. Many nursing education programs no longer include a public health nursing specialization, and fewer nursing students are enrolling in the public health nursing programs that are available. Nursing students are aware that the highest nursing salaries are found in nursing clinical practice in an acute care setting (hospitals). Local health departments are often unable to offer nursing salaries competitive with those offered in acute care settings.

Nursing education programs that include public health nursing courses have difficulty finding appropriate public health clinical education sites for their students. The DHHS Health Resources and Services Administration (HRSA) national agenda for public health nursing proposes a partnership

between academia and public health clinical experience sites. The University of Michigan -- Michigan Public Health Training Center has designed a Community Health Nursing Education Curriculum as a model for partnership between the university and public health agencies at the graduate education level. This type of partnership also is needed statewide at the undergraduate level to educate and provide experience to additional public health nurses.

The role of Nurse Administrator in local health departments often has been filled by a public health nurse, who brought a population-based, community-based, public health approach to health promotion planning, disease-prevention planning, health system partnerships, and nursing leadership. Economic difficulties and declining or stagnant county/city budgets make it even more likely that public health nursing and Nurse Administrator positions will go unfilled, be filled inappropriately, or be deleted. Ultimately, the lack of qualified public health nurses at the local level means that the health of individuals, families, and local populations will decline. (See Quad Council of Public Health Nursing Organizations, *The Public Health Nursing Shortage: A Threat to the Public's Health (February, 2007.*)

Proposed Solution and Rationale for the Solution

There is currently no statutory mandate for local health departments to have a qualified public health nurse on staff. The Headlee Amendment to the State Constitution prevents "unfunded mandates" that affect local government. Thus, a change to PHC Section 333.2235 to mandate the maintenance of Public Health Nurse and Nurse Administrator positions in local health departments could be enacted only if funding for the mandated public health nursing positions was provided by the State. It is recommended that the MDCH Director should advocate for funding for LHD Public Nurse and Nurse Administrator positions through the MDCH budget. Funding for Public Health Nurse and Nurse Administrator positions in LHDs could be aligned with an amendment to the PHC mandating such positions, or could be aligned with MDCH-LHD contract requirements.

Public Health Nursing is in the midst of a critical shortage, one that threatens the health of the nation. While nursing shortages have existed before, the magnitude of the current shortage is far worse than any the U.S. has ever experienced. In this time of increasing demands on public health to respond to issues such as emergency preparedness, new emerging infections, and significant increases in chronic illnesses, the public health nursing shortage must be addressed.

Public health nurses focus on the health of populations, working with communities, and the individuals and families who live in them. With an emphasis on prevention, their practice is multifaceted, and has resulted in positive health outcomes including enhanced surveillance; higher rates of breastfeeding; reductions in pre-term births and low birth weight rates; and improved behavior, education, and employment.

The current public health nursing workforce is aging and insufficient new public health nurses are joining the workforce. Public health nursing education programs cannot produce new, high-quality

public health nurses without additional public health clinical education sites and innovative approaches to provision of clinical experiences. The Michigan Department of Community Health should advocate for restoration of funding for training in the Public Health portion of the MDCH budget, enabling local health departments to educational and clinical experience opportunities for nursing students. The Michigan Center for Nursing and others should include local public health clinics in the development of web-based clinical placement systems for nursing students. The Office of the Chief Nurse Executive and the Michigan Board of Nursing should explore alternative models for appropriate public health nursing education clinical experience (simulation laboratories, virtual-reality training, etc.)

Public health nurses and Nurse Administrators promote population health and reduce morbidity and mortality rates. The presence of public health nurses and Nurse Administrators in local health departments is a cost-effective strategy for maintaining and improving the health of underserved populations. The State of Michigan should invest in this cost-effective strategy.

Supporting References

1. Quad Council of Public Health Nursing Organizations, *The Public Health Nursing Shortage: A Threat to the Public's Health.* American Public Health Association, Feb. 2007. Online at: http://www.apha.org/membergroups/sections/aphasections/phn/Article:http://www.apha.org/NR/rdonlyres/BF0C85E1-85FD-4246-B321-81E93930D989/0/AThreattothePublicHealthFULLFeb2007.pdf
2. www.astdn.org
3. www.apha.org
4. http://archive.rockefeller.edu/publications/conferences/rosskerr.pdf
5. MPHTC Curriculum Committee (attached). This model could be revised for undergraduate nursing education use.
6. *The Public Health Workforce Shortage: Left unchecked, will we be protected?* American Public Health Association, 2006.
7. *Public Health Workforce Shortage: Public Health Nurses.* Association of State and Territorial Health Officials, 2004.
8. *Public Health Workforce Study*, Health Resources and Services Administration, Bureau of Health Professions, 2005.
9. Institute of Medicine, *Who Will Keep the Public's Health? Educating Public Health Professionals for the 21st Century*. Washington, DC: National Academy Press, 2003.

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Appendix E: Glossary and Useful Websites

AACN	American Association of Colleges of Nursing (BSN and higher degree programs)
ADN	Associate's Degree in Nursing
APRN	Advanced Practice Registered Nurse (requires RN licensure, additional education, and specialty certification)
BSN	Bachelor of Science in Nursing degree
CCNE	Commission on Collegiate Nursing Education (accrediting body of the AACN)
CNA	Certified Nursing Assistant
DNP	Doctor of Nursing Practice degree
LPN	Licensed Practical Nurse (person who has graduated from a practical nursing program, passed the NCLEX-PN, and received licensure)
MACN	Michigan Association of Colleges of Nursing (BSN and higher degree programs)
MBON	Michigan Board of Nursing
MCN	Michigan Center for Nursing
MCNEA	Michigan Council of Nursing Education Administrators (2-year ADN and 1-year LPN programs).
MDCH	Michigan Department of Community Health
MDELEG	Michigan Department of Energy, Labor & Economic Growth
MiAHCTI	Michigan Accelerated Health Care Training Initiative (project of MDCH and MDELEG)
MNC	Michigan Nursing Corps (Governor's Initiative to prepare nurses & nursing faculty through accelerated programs.)
MONE	Michigan Organization of Nurse Executives
MSN	Master of Science in Nursing degree (1-2 year program)
NCLEX-PN	National Council Licensure Examination – Practical Nurse
NCLEX-RN	National Council Licensure Examination – Registered Nurse
NLN	National League for Nursing
NLN-AC	National League for Nursing – Accrediting Commission
OCNE	Office of the Chief Nurse Executive
RN	Registered Nurse (person who has graduated from an ADN or BSN program, passed the NCLEX-RN, and received licensure)
3-M	Task Forces convened under the collaboration of MACN/MONE/MCNEA to consider changes in nursing education.
TFNR	Task Force on Nursing Regulation. Convened by MDCH in 2007/08 to recommend changes to nursing regulations, rules, & policies.
TFNE	Task Force on Nursing Education. Convened by MDCH in 2008/09 to recommend improvements in nursing education.

Useful Websites for Additional Information on Nursing, Nursing Education, and Health Policy

www.aacn.nche.edu (website of the American Association of Colleges of Nursing)

www.aacn.nche.edu/Accreditation (website of the Commission on Collegiate Nursing Education)

www.aha.org (website of the American Hospital Association)

www.aone.org (website of the American Organization of Nurse Executives)

www.discovernursing.com (website of Johnson & Johnson Health Care Systems, Inc.)

www.kff.org (website of the Henry J. Kaiser Family Foundation)

www.mcnea.org (website of the Michigan Council of Nursing Education Administrators)

www.mha.org (website of the Michigan Health & Hospital Association)

www.michigan.gov/healthlicense (website of the MDCH Bureau of Health Professions)

www.michigan.gov/mdch/ocne (website of the MDCH Office of the Michigan Chief Nurse Executive)

www.michigancenterfornursing.org (website of the Michigan Center for Nursing)

www.nln.org (website of the National League for Nursing)

www.nlnac.org (website of the NLN—Accrediting Commission)

www.nursingworld.org (website of the American Nurses Association)

www.rwjf.org (website of the Robert Wood Johnson Foundation)

www.afh.org/nc_overview.php (website of the Western Michigan Nursing Advisory Council)

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http://bhpr.hrsa.gov/healthworkforce/ (DHHS, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis.)

http://stats.bls.gov (nursing workforce information from the USDL Bureau of Labor Statistics)

http://www.dol.gov/wb/factsheets/Qf-nursing.htm (nursing statistics from the US Dept. of Labor)

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Staff in the offices of TFNE members or TFNE Stakeholder Council members.

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