

Building and Keeping Talented Health Care Professionals: A Patient Safety Imperative

The Nursing Perspective



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What's the Problem?

- We have had nursing shortages before
 - Why is this different?
 - Didn't anyone see it coming?
 - How is it impacting patient outcomes and safety?

Why is this different?

- This is first generation of nurses where the majority remained in workforce
- Baby boomers are getting too old to recruit into nursing
- Increased career options for women especially women of color
- Nursing is a gender segregated profession

Why didn't we see it coming?

- The managed care bubble
- Nursing lay-offs in a few markets were highly publicized in the mid 90's
- Robbing Peter to pay Paul approaches
- Until late 90's nursing programs were at capacity with waiting lists in some cases

Why we need more nurses

Population Issues

- Aging of the baby boomers
 - Increased chronic illness
 - Increased episodes of major illness
 - Expectations for high level of customer service
- Fastest growing segment of the population is 80+
 - Multiple chronic illnesses
 - Increased need for support with ADL
 - Sandwich generation issues

Michigan Nursing Survey

- Approximately 85 percent of licensed RNs and 81 percent of licensed LPNs report that they are active in nursing—working in nursing or a related area full- or part-time.
- An estimated 87,933 to 90,415 licensed registered nurses are working in nursing or a related area *in Michigan*—74,830 to 78,028 of these RNs provide direct patient care services in their main nursing position.
- An estimated 20,237 to 21,383 licensed practical nurses are working in nursing or a related area *in Michigan*—18,436 to 19,992 of these LPNs provide direct patient care services.

Michigan Center for Nursing, 2006

Michigan Nursing Survey

- Only about 2 percent of licensed nurses are unemployed and seeking employment in nursing and this is stable over 3 years.
- A greater proportion of active RNs—about 73 percent—are employed 35 or more hours per week, compared to 68 percent in 1998–99.
- A greater proportion of active LPNs—about 71 percent—are employed 35 or more hours per week, compared to 65 percent in 1998–99.

Michigan Center for Nursing, 2006

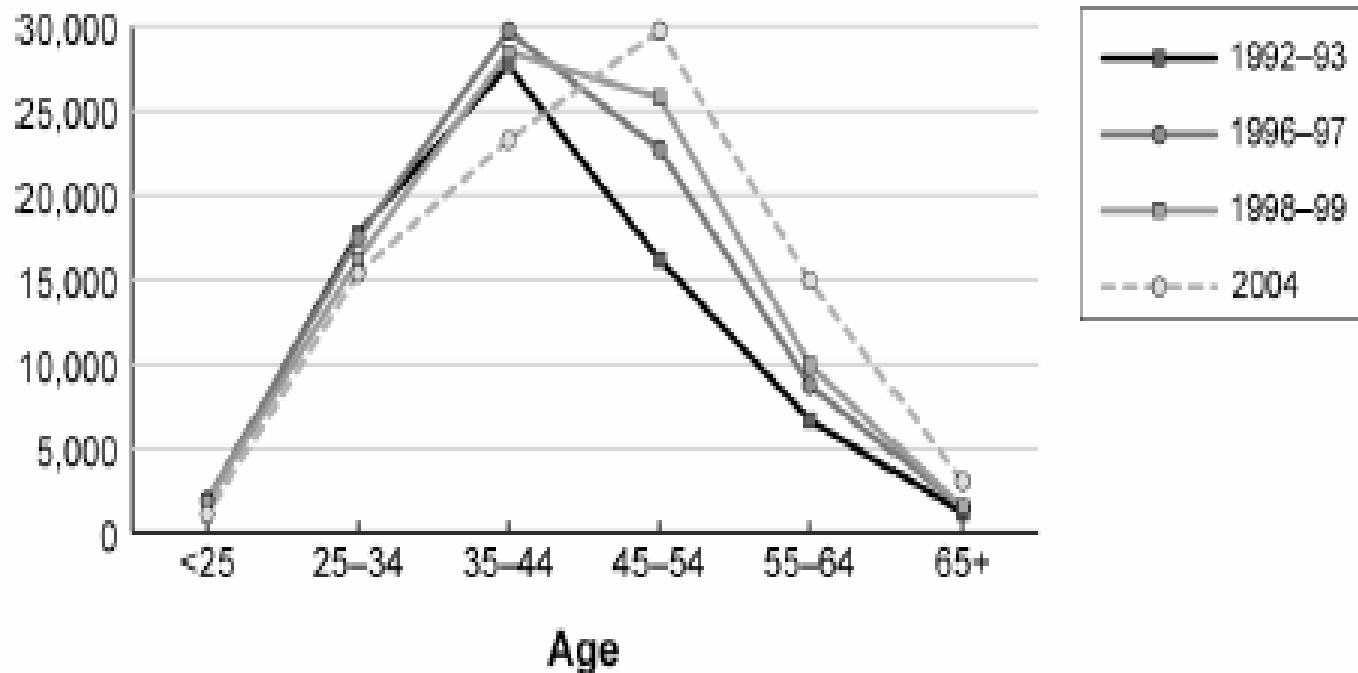
Michigan Nursing Survey

- The ratio of active *registered nurses* to population in Michigan is 893 RNs for every 100,000 people; the ratio of active *licensed practical nurses* to population is 202 LPNs per 100,000 people.
- Approximately 18 percent of *active* registered nurses are aged 55 or older, compared to 11 percent in 1992–93. About 25 percent of *active* licensed practical nurses are aged 55 or older, compared to 14 percent in 1992–93.
- About 33 percent of all RNs and almost 39 percent of all LPNs say they plan to practice nursing for only one to ten more years.

Michigan Center for Nursing, 2006

EXHIBIT 4

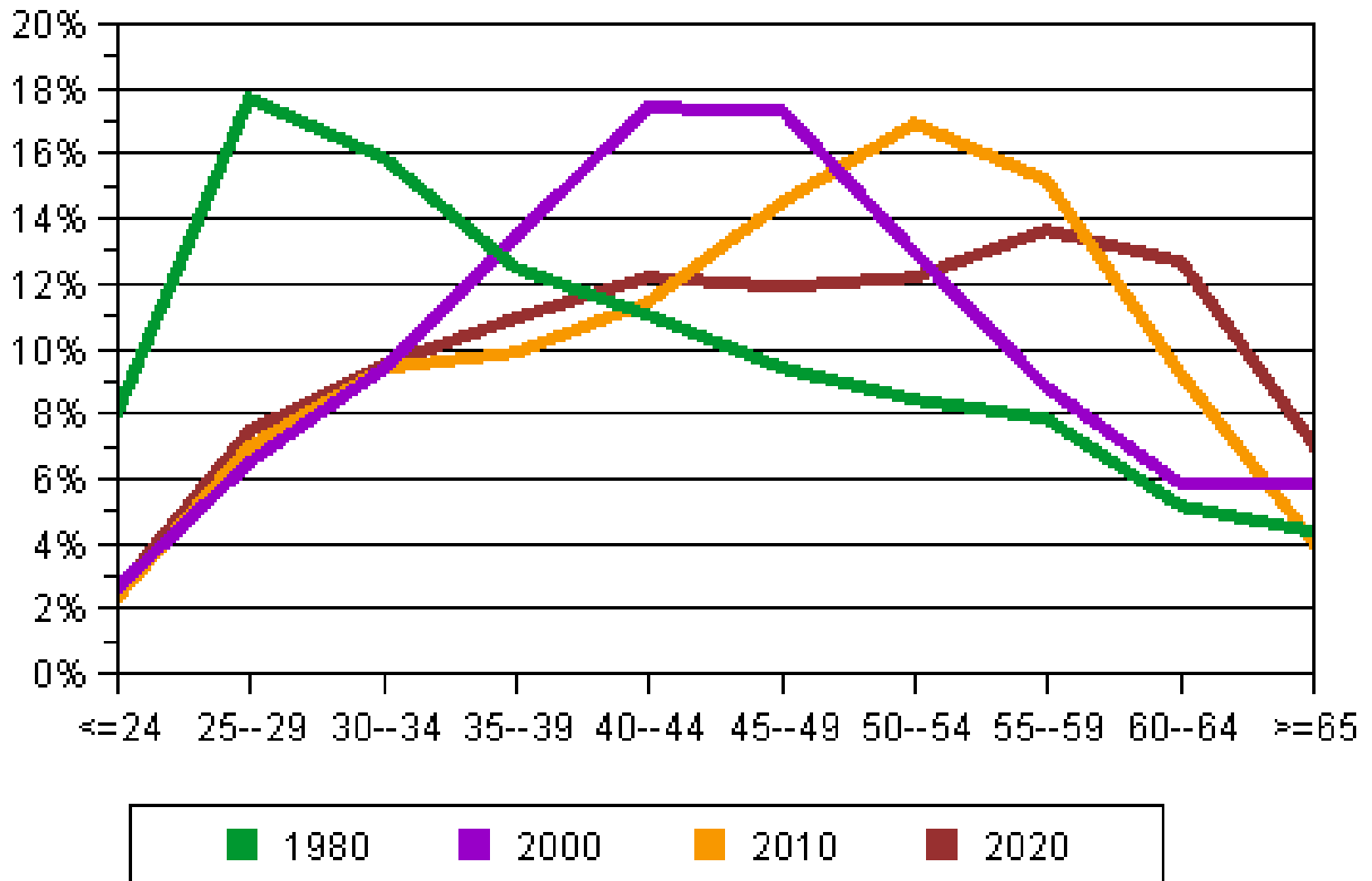
Distribution of Registered Nurse Population in Michigan, by Age



SOURCE: Michigan Center for Nursing Survey of Nurses 2004 and unpublished data from previous licensure surveys.
NOTE: For the purpose of comparison with data from earlier licensure surveys, the estimates of the number of nurses active in Michigan by age presented in this graph are calculated based on the number of nurses who have a Michigan mailing address. Other estimates in this report of the number of active nurses in Michigan are based on the number of nurses reporting a Michigan ZIP code for their employer.

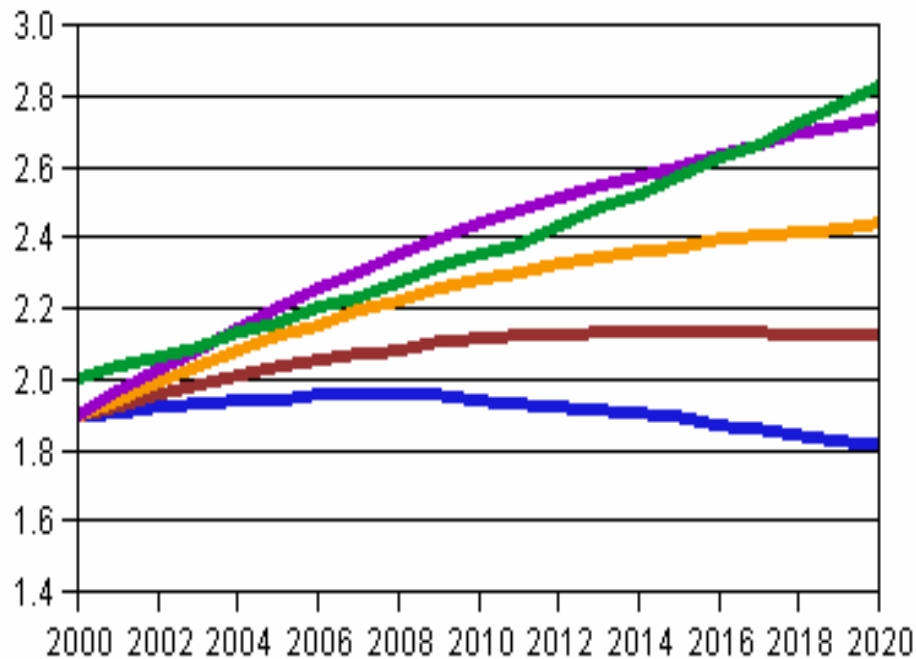
National Employment Trends

- The following slides are from HRSA
What is Behind HRSA's Projected
Supply, Demand, and Shortage of
Registered Nurses
- <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/index.htm>



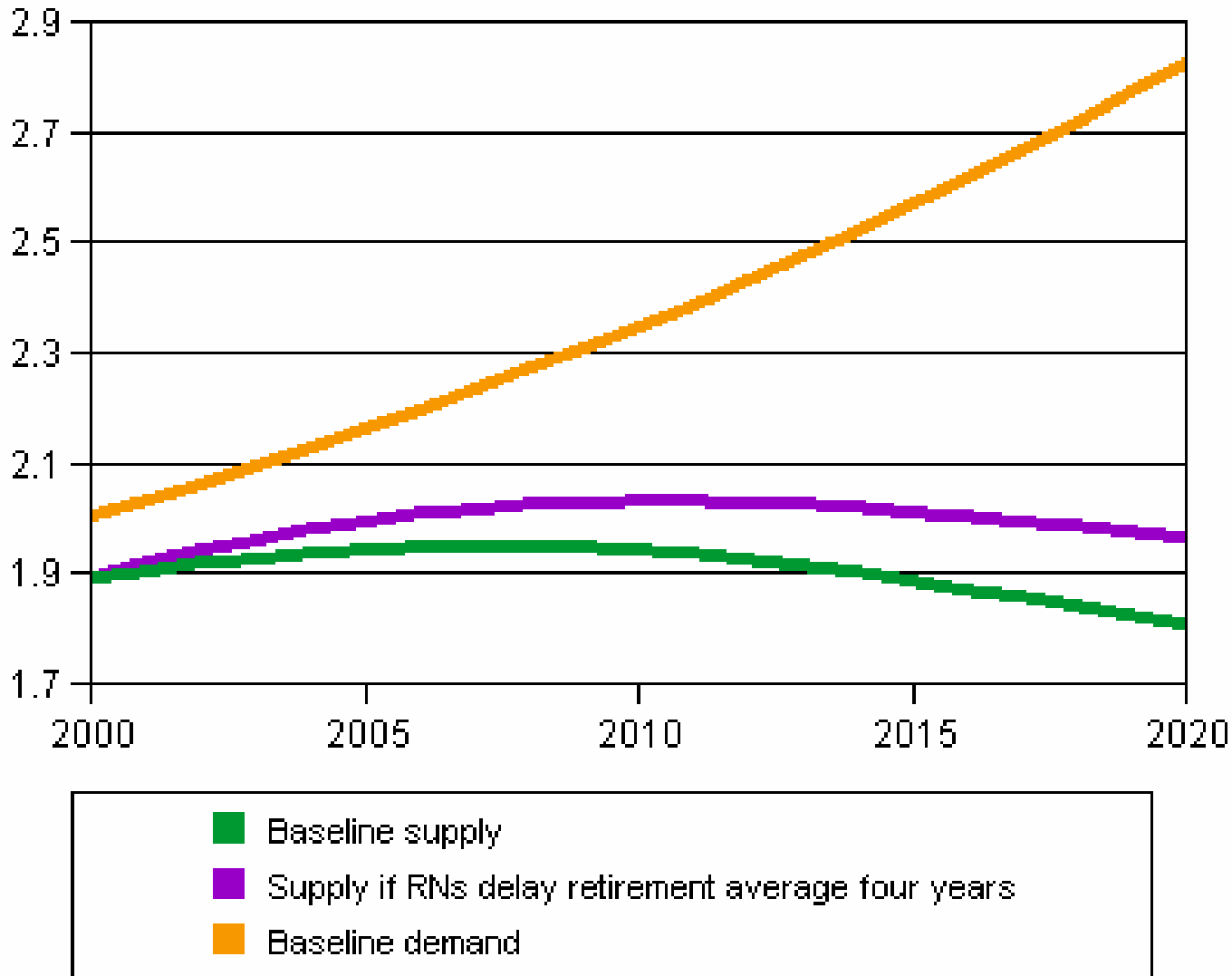
Age Distribution Trend of the RN

FTE Supply Implications of Changes in Projected Number of New Graduates from U.S. Nursing Programs

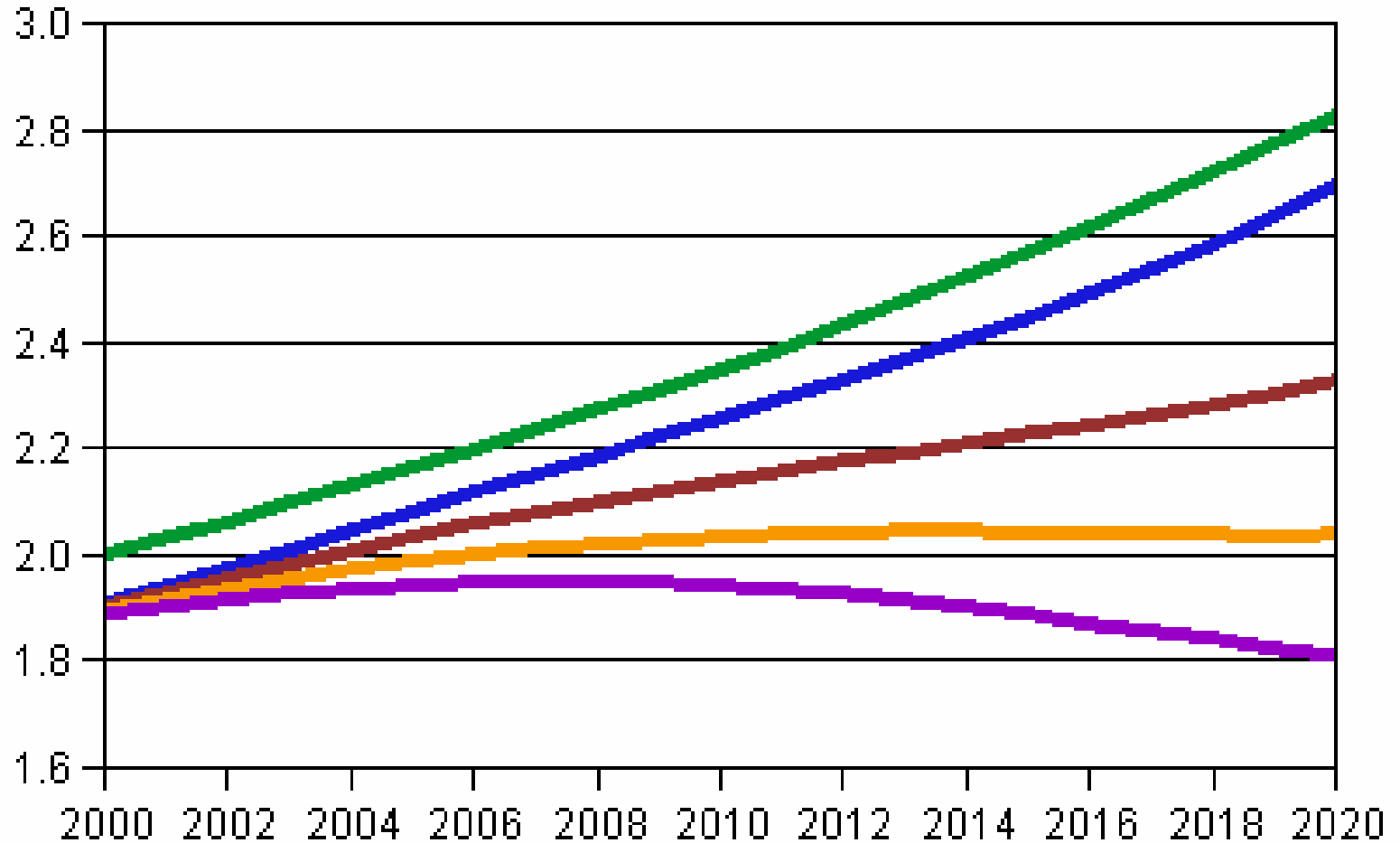


- Baseline demand
- Supply if 90% more grads
- Supply if 60% more grads
- Supply if 30% more grads
- Baseline supply

Impact of Changing Retirement Patterns on FTE RN Supply



Projected FTE RN Supply Under Alternative Wage Growth Scenarios



Comparison of Diversity in RN and General Populations

Group	US Population	US RN Population	MI RN Population
African-American	12.1%	4%	5.5% (*8%)
Hispanic	12.5%	2%	1%
Men	49%	5.4%	7.8% (*8%) *updated for 2006

Transition in Employment Settings

Nursing Employment Settings	RN 2004	RN 1998	LPN 2004	LPN 1998
Hospitals	50%	57%	19%	28%
Ambulatory	16%	5%	7%	3%
Nursing Home	6%	7%	35%	30%
Home Care	5%	8%	9.8%	10%
Public Health	4%	4%	2%	2%
Education	5%	3%	1.8%	1%

Note: Total number of RN equals 112,709 in 1998 and 116,917 in 2004 LPN equals 29,619 in 1998 and 26,687 in 2004 sources for 1998 is Public Sector Consultants, 2001 and 2004 Michigan Center for Nursing, 2004

Employment Sites

- Registered Nurses – 58.95% are employed by hospitals in 2006 compared to 50.2% reported in 2004 and 57% in 1998
- Licensed Practical Nurses – 46.9% are working in long term care in 2006 compared to 35% reported in 2004 and 34.36% in 1998

Source Michigan Center for Nursing Survey 2004 and 2006 data

Source Public sector Consulting July 2001 for 1998 data

Demand for Nurses

- 126,000 vacancies reported in 2001
- Vacancy and turnover data from employers may be understated
- Bureau of Labor Statistics predicts faster growth in nursing position compared to rest of job market
 - 21.7% for nursing versus 14.4 % for others

IOM Reports

- *To Err is Human, 1998 defines the scope of the problem*
 - *American health care is not safe*
 - *44,000 to 98,000 preventable deaths are occurring annually*
 - *Most errors are system errors not incompetent people*
 - *Lack of voluntary reporting systems*

IOM Reports

- *Crossing the Quality Chasm*, 2001 presents six aims for improving health care
 - Safety – avoid harm
 - Effectiveness – use the evidence
 - Patient centered – respect and respond
 - Timely – decrease waits
 - Efficiency – avoid waste
 - Equitable – without bias or favor

IOM Reports

- *Health Professions Education, 2003 provides a vision for health professions education*
 - *Provide patient centered care*
 - *Work in interdisciplinary teams*
 - *Employ evidence based practice*
 - *Apply quality improvement*
 - *Utilize informatics*

Nurse Sensitive Outcomes

- Seminal work from Needleman and Buerhaus
- Needleman on Registered Nurses
 - “... are the eyes and ears of the hospital”
- Needleman on poor outcomes
 - “... hundreds or perhaps thousands of deaths each year are due to low staffing”

New York Times May 30, 2002

Nurse Sensitive Outcomes

- Patients are less likely to :
 - Contract pneumonia
 - Contract a urinary track infection
 - Experience GI bleeds
 - Experience shock
 - “Failure to Rescue”

Nurse Sensitive Outcomes

- Failure to rescue is death from
 - Pneumonia
 - Shock
 - Cardiac arrest
 - GI bleeding
 - Sepsis
 - DVT
- Failure to rescue decreases with increased nursing care



Nurse Sensitive Outcomes

- Patients more likely to:
 - Go home sooner



Impact of Nursing

- Impact on patients
 - Study conducted in 168 Pennsylvania hospitals by Aiken et al (JAMA, 2002)
 - For each additional patient in the nurses' caseload risk for a poor patient outcome increases
 - For surgical patients, less likely to die with 30 days of surgery with higher level of nursing

Impact of Nursing

- Impact of the lower staffing environment
 - Increased job dissatisfaction
 - More reported nurse burnout
 - More intent to leave their position (Aiken et al, JAMA, 2002)
 - 50% increase in likelihood of needle stick and near miss events (Clarke et. Al, Am. J. Infection Control, 2003)

Impact of Nursing

- Impact of education
 - Most controversial of reports from this body of work (Aiken et al, JAMA, 2003)
 - In hospitals with higher proportion of BSN nurses was decreased
 - Death within 30 days
 - Failure to rescue
 - Implications

Growing the Nursing Workforce

- If you agree that we need more nurses, what do we need to provide
 - Capacity to Educate
 - Quality of Work Life
 - Economics

Capacity to Educate

- To teach new nurses we need
 - Willing and capable students
 - Faculty
 - Clinical sites and strategies for education

Faculty Shortage

- Mean age of earning a doctorate in nursing is 50
- Median age of nursing faculty is 51
- 0.4% of nurses in Michigan hold an earned doctorate (Nationally 0.6%)
- 8% of nurses in Michigan are Masters prepared (Nationally 9%)

Faculty Shortage

- If they chose to do, so over 1/3 of the MSU College of Nursing Faculty is eligible to retire
- Situation is similar in most Michigan Community Colleges and Universities
- Doctor of Nursing Practice (DNP)

Faculty Shortage

- Faculty recruitment
 - Nursing eliminated much of its formal training to teach in the 1980's and 1990's
 - Incentives to advanced degrees and seek faculty roles
 - Formalizing and preparing preceptors to teach
 - Scholarships
 - Joint appointments
 - New salary models

Educational Infrastructure

Shortage of clinical sites

- Fewer opportunities for true hands-on
 - Decreasing length of stay
 - Increasing proportion of in-patient units are critical care
 - Access to specialty populations – kids, moms and babies and mental health
 - Liability and risk issues

Educational Infrastructure

- **Clinical experiences**
 - Realistic simulation – SIM Man
 - Competency Assessment Center
 - Mentors and role models
 - Opportunities for guided practice
- **Curriculum design**

Quality of Work Life

- Satisfied nurses are found in the same settings as satisfied patients
- Not all nurses look for the same perks
- Culture of work site is crucial
- Physical risks of nursing have changed
 - HIV/AIDs and other blood born diseases
 - Back injury
 - Violence

Quality of Work life

Satisfied nurses have

- Control of practice
 - Professional governance
 - Participation in selection of staff and support staff
 - Active members of quality teams
 - Continuing education
 - Time allocated for this work

Quality of Work Life

Satisfied nurses have

- Administrative support
 - Predictor of nurse satisfaction is the relationship with direct supervisor
 - Developing nurse managers
 - Making the manager role attractive
 - Limiting managers span not scope

Quality of Work Life

Satisfied nurses have

- Supplies and resources
 - “Nurse saving” devices
 - Computerized systems
 - Documentation
 - Medication delivery
 - Well prepared assistive staff
- Safe staffing levels

Quality of Work Life

Cultural Competency

- Diversity of patient population
- Diversity of staff
 - Other nurses
 - Physician and other health professionals
 - Support staff
- Foreign born and educated nurses
 - Canadian nurses
 - World wide shortage

Quality of Work Life

Generational considerations

- Baby boomers have dominated by strength of numbers
 - Employer loyalty
 - Work oriented
- Gen X and beyond has arrived
 - Expect frequent job moves
 - Demand balance



Quality of Work Life

- Not all organizations have implemented the safety systems and job aids to protect nurses
- 24x7 operations mean that someone works the undesirable hours
- On-site day care and elder care is the exception not the rule

Economics

- Entry level salaries improving
- Salary compression continuing
 - Staff salaries that max at 5 years experience
 - New hires earnings nearly equal their preceptors

Economics

- Recognizing expertise
 - Advanced education differential
 - Certification differential
 - Clinical ladders



Economics

- The invisible compensation package
 - Pension benefits
 - Healthcare benefits
 - Tuition assistance
 - Childcare/Eldercare
 - Concierge services
- Priorities change with age and life circumstances

Climate for Improvement

- **Government**
 - Governor's Investment in Nursing Proposal
 - Center for Nursing
 - Michigan's Chief Nurse Executive

Climate for Improvement

- Colleges and Universities
 - Increasing enrollment
 - Financial aid
 - Second degree programs
 - Retraining
 - Robert Wood Johnson Blue Cross of Michigan Foundation Career Transition: Nursing for a Lifetime
 - MSU Refresher Program developed with a grant from BCBSM Foundation

Climate for Improvement

Health systems

- Magnet status
 - National Accreditation
 - Recognizes Nursing Care
 - Michigan
- Control of practice
- Money is an issue



Thank You!!!

Questions?