



July/August 2004

Steering Committee Formed to Address Nursing Education Crisis in TN

Committee Working to Develop Nursing Education Master Plan

The Tennessee Center for Nursing (TCN) is facilitating a steering committee to address the fact that from 2002 to 2020 Tennessee (TN) is projected to have the most critical registered nurse shortage of all states comprising the Southern Regional Education Board.

The steering committee, funded by a grant from The Tennessee Hospital Association Center for Health Workforce Development, convened June 28 to address its charge to develop a Nursing Education Master Plan to double TN nursing school graduates by the year 2010. Despite successful state and national recruitment campaigns to increase applicants to schools of nursing in TN, the state enrolled 1,196 fewer nursing students in 2002 than were enrolled in 1996. In addition, in 2003 schools of nursing were forced to turn away hundreds of qualified applicants due to lack of faculty and other resources.

According to information from several schools of nursing, nearly 50 percent of TN's nursing education faculty is expected to retire within the next five years. The state is currently experiencing a vacancy of 2,348 budgeted positions for registered nurses in health facilities. According to supply and demand projections the demand will exceed supply by 1,471 to 19,050 by 2010. Due to the current vacancy number, the future shortage will likely be toward the higher number.

"The nursing crisis is affecting and will continue to significantly impact health-care in TN," said Ann P. Duncan, MPH, RN,

executive director, TCN. "And, this shortage will reach critical proportions at the time the single largest generation in our nation's history, the 'Baby Boomers', reaches its age of greatest health care needs. The goal of a Nursing Education Master Plan is to avert this crisis by resolving faculty and resource limitations at TN's nursing institutions and increasing enrollment in nursing schools," Duncan said.

According to its charge, steering committee duties will include: enlisting the participation of schools of nursing statewide, identifying and securing potential funding sources for school expansions, reviewing successful plans from other states, enlisting consultants if necessary and developing a public policy strategy. In developing the Nursing Education Master Plan, participating schools will be asked to: provide information on current enrollment and resources and prepare a plan for doubling school graduates. Additionally, they will be asked to explore strategies for expanding capacity, such as offering alternative education and course scheduling methods, and sharing faculty among nursing programs. Schools will also be asked to explore programs to reduce student attrition, including providing increased financial assistance, and providing faculty mentoring and tutoring.

Representatives of the following groups have been asked to serve on the steering committee: EdAmerica, TN Association of Deans and Directors of Schools of Nursing, TN Economic Council on Women,

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TN BOARD OF NURSING ELECTS STEGBAUER, CHAIRMAN RODDY, VICE-CHAIRMAN

Governor Bredesen appointed three new board members to fill expired terms and reappointed one member. This transition brought change in leadership. The board elected continuing member **Cheryl Stegbauer**, PhD, RN chairman and **Donna Roddy**, MSN, RN, vice-chairman, TCN Board Member. The board welcomes new members Barbara Brennan, MSN, RN; Lori Casper, LPN and Wanda Hooper, BSN, MS, RN. Many thanks for exceptional service goes to outgoing members Elizabeth Cole, RN, former chairman, Colleen Conway-Welch, PhD, RN, former vice-chairman, and Ava Morgan, LPN.

Leadership and membership changes brought committee restructuring. Dava Shoffner, PhD, RN, accepted appointment as chairman of the Conscious Sedation Task Force. This group's goal is to develop consensus among nurses on a policy regarding conscious sedation and the administration of

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ARE ADVANCED PRACTICE PSYCHIATRIC NURSES A SOLUTION TO RURAL MENTAL HEALTH WORKFORCE SHORTAGES?

*An Executive Summary by Maine
Rural Health Research Center*

Advanced practice nurses specializing in mental health are typically referred to as advanced practice psychiatric nurses (APPNs). Clinical outcomes for these professionals have been found to be of high quality, as indicated by skill in diagnosis and treatment of mental illness (Merwin & Mauck, 1995). With an established scope of practice, including prescribing privileges, and with increasing numbers of APPNs seeking independent practice settings, it would appear that these mental health professionals may be an ideal mental health generalist for rural areas. This paper presents data on the geographic distribution of APPNs, and investigates the content of their training curriculum to determine what role this profession might play in addressing chronic shortages of mental health professionals in rural areas.

We find that training programs do not explicitly identify rural practice as a target for their curricula, but that the curriculum content of these programs is appropriate preparation for rural practice. More specifically, many programs focus on outreach to those with poor access to mental health services, which we believe is a key to effective rural practice. Unlike other mental health professions who lack a background in advanced physical assessment skills, the APPN is equipped to provide a full range of services to clients, combining psychiatric assessment skills with primary care and medication management. This efficiency of personnel is most appealing in a rural setting where there is a chronic shortage of psychiatric clinicians of any sort and particularly those who can treat the patient in a holistic fashion. It is this holistic framework that is evident in the program and course description of many of the programs analyzed in this study.

We find that significant numbers of APPNs are choosing rural practice. While nationally only thirteen percent of credentialed APPNs are located in rural areas, twenty states have at least 20 percent of their APPNs in rural practice. Many of these are states with a small total number of APPNs. However a few, such as Iowa, Kentucky, Maine, New Hampshire, Oregon and Vermont, have significant numbers as well as percentages practicing in rural communities.

Unfortunately, psychiatric nursing accounts for a very small portion of the total mental health workforce. Nationally there are 3.11 APPNs per 100,000. However, in rural Maine, rural New Hampshire, and rural Vermont, we estimate ratios of APPNs per 100,000 to be 9.6, 8.7 and 10.4 respectively. While these numbers fall short of the national ratio for psychiatrists, the preference of that profession for urban practice results in an estimated 3.9 psychiatrists per 100,000 in rural America (Hartley et al., 1999). Thus, in a few states at least, APPNs have become more prevalent than psychiatrists in rural areas. Moreover, psychiatric nursing continues to grow as a profession, and if APPNs continue to choose rural practice at the current rate, these provider to population ratios will grow in rural areas. Since 1995, the profession has grown at a rate of approximately 300 nurses per year. If that rate continues, the national ratio of providers per 100,000 in rural areas will be roughly the same for APPNs and psychiatrists by 2010.

To read this article in it's entirety please visit:
<http://muskie.usm.maine.edu/Publications/rural/wp31.pdf>

MOBILE COMPUTING IN NURSING REPORT RELEASED

Spyglass Consulting has released its report entitled "Mobile Computing in Nursing", which discusses the current state of mobile computing within the nursing profession.

According to the high-tech market research firm more than 90% of nurses are reluctant to use the TabletPC for bedside nursing. Nurses reported the TabletPC is an inappropriate form factor because the TabletPC is too fragile to large and heavy and has inadequate battery life.

The Spyglass Consulting Group also found that:

- a) Nurses are also reluctant to use Computers on Wheels (COWs) because they are heavy and awkward to push, "never around when you need one", violate JCAHO and fire regulations, and are not well suited for older hospitals where hallways, doorways and rooms are often smaller.
- b) 87% of the nurses interviewed own and use a PDA, with 75% using a Palm Powered device.
- c) Mobile computing can increase nursing productivity and efficiency.
- d) Mobile computing can enhance patient safety and reduce the risks of medial errors.

FOR MORE INFO:

http://www.pdacortex.com/Mobile_Computing_Nursing_Study.htm

anesthetic agents for conscious sedation purposes. Membership in addition to Dava includes: Cheryl Stegbauer, Colleen Conway-Welch, Elizabeth Cole, Patty Cornwell, Richard Russell, Don Bell, Debbie Malina and Robbie Bell. The group will meet this summer, receive reports from medical and dental consultants and expect to bring a recommendation to the board in September.

No recent action of the board has brought more interest and expressions of strong opinion than the position on LPN and Intravenous Therapy. A review of that action and follow-up report may bring clarity, but may not change any opinions! In July 2001 the Department of Mental Health and Developmental Disabilities requested answers to questions about the scope of practice of LPNs. The chairman of the board and executive director wrote a memo defining LPN scope of practice in the form of questions and answers that became the basis of the policy statement that preceded the most recent position/policy statement. This document reflected long held unwritten philosophy of the board.

The next year the board revised and adopted its position statement manual and placed the manual on the Internet. In the fall and winter of 2002, the board held open forums and invited employers of nurses to attend a meeting of the board to hear presentations on the law, rules and scope of practice. During these meetings it became apparent that there were those in the community who interpreted the rules differently. Thus began the impetus for the LPN Task Force and over two years of study.

Major stakeholders participating included the Tennessee Hospital Association (via Tennessee Organization of Nurse Executives-TONE), Tennessee Nurses Association (TNA) and the Tennessee Deans and Directors of Professional Nursing Programs. Both the Tennessee Health Care Association and the Home Health Association declined participation and reported no problem with the board's position. Donna Roddy, MSN, RN, board member, chaired the task force. The task force worked exhaustively to reach consensus. To move the process forward the group formed a subcommittee which studied existing standardized exams and hospital-based exams available for LPNs to "test out" on IV push therapy. None reviewed addressed IV push medication adequately. The task force also reviewed a college course in IV therapy developed by ETSU nursing faculty. Subsequently, the Deans and Directors decided not to support the use of this course in schools of nursing. The Tennessee Nurses Association also opposed offering the course.

The board then asked the Tennessee Center for Nursing, the research arm of the board, to conduct a study of the issue. TCN presented a final report to the board March 2004. In this report, TCN noted that employers have had a long history with LPNs performing some advanced IV therapy without harm to patients.

The Tennessee Organization of Nurse Executives, at their annual meeting, voted to support a limited expanded role for LPNs in IV therapy. This group submitted a resolution and position statement to the board.

With this information in hand, the board reviewed the progress of the task force to date, heard a presentation by TCN and voted March 10, 2004, to adopt a position statement prepared in the open meeting. Meeting April 1, 2004 the Deans and Director's discussed the board's action and voted to seek to collaborate with TONE to develop curriculum and testing that is educationally sound.

In summary, the process for writing this position statement took place with input from major stakeholders over an extended period of time using the data available. The board used the resources of experts representing nursing practice, administration, education and regulation to reach a position with multiple safeguards for protecting the citizens of Tennessee. To view the position go to Tennessee.gov/health, click on licensing, health professional boards, nursing, policy statements.

Currently, a task force representing nursing practice and education is designing a curriculum and competency evaluation. It is expected that the IV therapy course will be offered state-wide.

*Article submitted by Libby Lund, RN
Executive Director, TN Board of Nursing
TCN Board Consultant*

TCN is Pleased to Endorse Health Care Forum

The Forum on Health Care Leadership 2004 is unlike any conference you've attended before. Think practical management case studies from top hospitals. Think idea-generating sessions. Think brain-training sessions that will yank you out of your idea rut. Think inspired session leaders with the latest information. The Forum On Health Care Leadership is proud to be the first nursing leadership conference to host a presentation by the Joint Commission on the Accreditation of Healthcare Organization (JCAHO) detailing the introduction of a new certification program for Health Care Staffing Services. We invite you to take advantage of this opportunity to learn about this initiative to certify health care staffing companies in a special pre-conference intensive presented in collaboration with JCAHO.

This conference is of particular interest because it also addresses the very real issue of patient safety, its relationship to nurse staffing, research conducted on staffing and patient outcomes, and what all this means to nurses in the practice setting. I invite you to join TCN in attending the Forum and networking with nursing and other experts as they share actual managerial turnarounds and suggest practical solutions to tough problems.

For a conference brochure and registration form, please visit www.healthcareforum.org or call 800-998-5023.

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**Healthcare Heartbeat Published & Distributed by
Tennessee Center for Nursing, Inc.**

545 Mainstream Drive, Suite 406
Nashville, TN 37228-1201
615-242-8205 ~ FAX: 242-8207

www.centerfornursing.org

Valda R. Hall & Ann P. Duncan, Editors

MEMBERS ELECT DR. JOAN CREASIA TO AACN BOARD!

In a special election held earlier this year in April, The American Association of Colleges of Nursing (AACN) members elected Dr. Joan Creasia, dean of the College of Nursing at the University of Tennessee-Knoxville and TCN Board Member, to the AACN Board.

She will serve for one year in the unexpired term of Dr. Kathleen Potempa from Oregon Health and Science University who assumed the role of AACN Board Secretary in March.

TCN salutes Dr. Creasia for her commitment to AACN and to advancing professional nursing education.

TCN Calendar

July

29 Nursing Education Master Plan
Steering Committee
Belmont University

August

11 Strategic Planning Committee
TCN Conference Room

12 TCN Executive Committee
Conference Call

Nursing Education Master Plan Steering Committee, continued from page 1

TN Hospital Association Center for Health Workforce Development, TN Board of Nursing, TN Board of Regents, TCN, TN Department of Education, TN Department of Labor and Workforce Development, TN Health Care Association, TN Higher Education Commission, TN Independent Colleges and Universities Association, TN Legislature, TN Nurses Association, TN Organization of Nurse Executives, University of TN System, and TN Department of Health.

"We believe that by developing and implementing a Nursing Education Master Plan, we can increasingly recruit qualified candidates into an attractive and respected nursing profession and avert a crisis in healthcare in our state," Duncan said.

TCN is a nonprofit corporation established to guide the ongoing development of an appropriate nursing work force, to conduct nursing work force analyses, to propose recommendations for nursing education and practice reform, to disseminate the findings and recommendations, and to develop an ongoing system to address the nursing work force as related to the future health care needs of the residents of TN.