

Workforce Issues for Nurses

CREF 2010 CTS Symposium



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Disclosures

- **None**



Objectives

- **Describe the current nursing shortage and actions being taken to help address the issue**
- **Describe the roles of advanced practice nurses (APNs)**
- **Outline some challenges associated with licensing and credentialing of APNs**
- **Explore strategies that can be taken to enhance recruitment and retention of all skilled nurses in Cardiothoracic Surgery**

Background

- Staffing void of 116,000 RNs (based on 8.1% vacancy rate) - *American Hospital Assoc.*
- Vacancy rate 10% - *U.S. Dept. of Veteran Affairs (largest U.S. employer of RNs)*
- 3.4 million RNs – Represent the largest healthcare profession, 59% work in hospitals *Americans for Nursing Shortage Relief*
- 233,000 additional jobs for RNs will increase each year thru 2016 (top profession in terms of job growth) *U.S. Bureau of Labor Statistics*

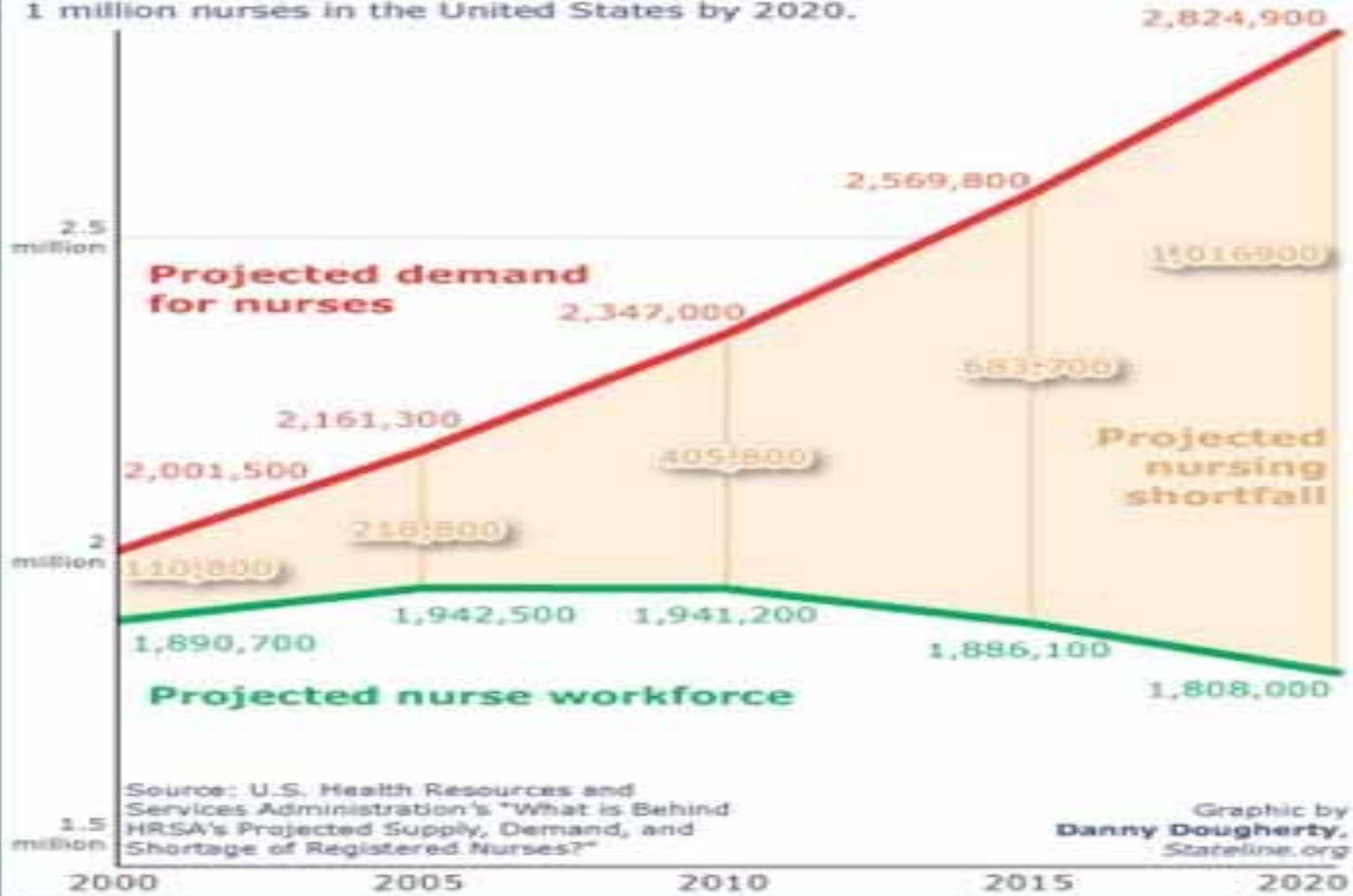
Issues

- **Education- Low capacity prevented 99,000 qualified applicants (almost 40%) from attending nursing school in 2006-7 academic year**
- **Multiple career options**
- **Competition**
- **Lifestyle and family conflicts with 24/7 coverage**
- **Retirement (55% of nurses surveyed in 2006 plan to retire by 2020)**

Stateline.org

Too few U.S. nurses to meet demand

The combination of fewer people going into nursing and the retirement of current nurses is projected to produce a shortfall of more than 1 million nurses in the United States by 2020.



ANSR Alliance

- **Americans for Nursing Shortage Relief Alliance**
- **A coalition of 52 professional organizations united in efforts to address the national nursing shortage**
- **Written testimony to a US Senate committee urging appropriation of \$263.4 million in Advanced Nursing Education Program**
- **ANSR testimony online**
www.aacn.org/positionstatements

Legislative Update

- **Title VIII: Funding for Nursing Workforce Development Programs (2011 proposal)**
 - **RNs have 53 professional organizations**
 - **Requesting 267.3 million (244 last year)**
 - **Education and research focus**

Advanced Practice Registered Nurses (APRN)

- **There are four categories of Advanced Practice Registered Nurses (APRNs):**
 - **Certified Nurse Practitioners (CNP),**
 - **Clinical Nurse Specialists (CNS),**
 - **Certified Registered Nurse Anesthetists (CRNA),**
 - **Certified Nurse Midwives (CNM)**
- **A Masters in Nursing is required (current entry level)**
- **In CTS the first 3 are likely a part of the practice in many centers**

General Role Expectations for CTS

- **CNP-** (most often same as PA)
 - Direct patient care & coordination, outpatient and preoperative assessment, OR first assist (some centers), ICU-PCU hospital care, discharge and follow-up
- **CNS-** Integrate care across continuum of patient population assigned within hospital/clinic in most centers (PI, Patient Outcomes, Nsg care)
- **CRNAs-** Anesthesia focus

One Persons View on NP vs PA

- **My experience - both are essential to meet demand**
- **Diversity = Opportunity**
- **Since 2006 growth increase from 32 FTE to 76 in one department**
- **Projections show continued growth due to resident education changes, physician & intensivist shortages and healthcare reform.**
- **In Acute Care, research indicates the demand for intensivist physicians will create a short fall of availability of intensivists by 35% of demand by 2020 (Society of Critical Care Medicine).**

Licensing & Credentialing Challenges

- **Four titles CNP, CRNA, CNS, CNM**
- **Adult, Family, Pediatric, Geriatric, Neonatal, Women's Health, Psychiatric/ Mental Health**
- **Acute Care vs Primary Care**
- **Licensure and scope of practice are based on graduate education in one of the 4 roles and in a defined population**
- **State specific scope of practice and prescriptive authority variations**

Strategies for Recruitment and Retention of CTS Nurses

- **Establish defined roles and responsibilities**
- **Team focused (more than just talk)**
- **Safe environment to “speak up”**
- **Consistent conflict management practices**
- **Shared risk and responsibilities (pay for performance, profit sharing)**
- **Education support (orientation and beyond)**
- **Flexible scheduling**
- **Opportunity for career advancement**
- **Recognition and reward**

Incremental Staff Tool

- Describe your plans for orientation of this incremental staff including:
 - activity/experience rotations,
 - staff members that will precept / mentor,
 - timeline, and
 - competency assessment.
- If there is potential for conflict among existing staff and future additions, what is the plan to mitigate workforce disruption / conflict resolution?
- Define your expectations for NP/PA:
 - Routine work hours
 - Call responsibility
 - Supervising physician
 - Work space requirements
 - Equipment, exam room and supply needs
 - Minimum experience and education
- If residents are active on the service, outline:
 - the differences in scheduling,
 - responsibilities,
 - expectations,
 - reporting and handoff structure
- Clearly define the expectations of roles, duties and responsibilities in the hospital and clinic setting of all allied health direct patient care physician support staff (use matrix tool).
- How will you measure the value added and success associated with the addition of this incremental staff?

Incremental Staff Tool Cont.

Department of Surgery				
Physician Support Expectations				
Hospital Inpatient / Operating Room / Clinic				
Hospital Inpatient				
Task / Responsibility	NP/PA	RN	Resident	Surgeon
Daily Progress notes				
Admissions/Consultations				
Discharge Planning and Summary				
Operating Room				
Task / Responsibility	NP/PA	RN	Resident	Surgeon
Site marking and <u>Preop</u> issue management				
Position and Prep assistance				
1 st Assist				
Brief Operative Note and Orders				
Outpatient Clinic				
Task / Responsibility	NP/PA	RN	Resident	Surgeon
Post operative follow-up visits				
Sick Calls				
Direct consults				
Surgery scheduling and orders				

Effective Team Attributes

- **Effective Communication**
- **Anyone can speak up anytime**
- **Respect/Trust**
- **Shared goals**
- **Expertise**
- **Role clarity**
- **Leadership**

Attributes of Excellent Departments

Leaders	Teams	Units
<u>Respect</u> Consistent and mutual	<u>Game Plan</u> Brief and re-brief	<u>Continuous Testing</u> Six Sigma, Lean, Rapid Cycle improvements
<u>Psychological Safety</u> Everyone makes mistakes All concerns are important	<u>Continuous Learning</u> Debriefings (what went well and what needs to improve next time)	<u>Knowledge</u> Clinical Evidence Based Continuous Improvements
<u>Expect Excellence</u>	<u>Clear Communication and Conflict Resolution</u>	<u>Education</u> Orientation, Continuing Share knowledge/experience

Summary

- **The U.S. is in the midst of dramatic changes in healthcare with staffing shortages in nursing as well as other professions**
- **We need to enhance our efforts to recruit, educate and retain valuable team members**

Resources for More Information

- **Critical Care Workforce Partnership Position Statement -**
http://www.aacn.org/WD/Practice/Docs/PublicPolicy/Critical_Care_Workforce_Position_Statement.pdf
- **Americans for Nursing Sortage Relief -**
www.aacn.org/positionstatements
- **APRN Regulatory Model –**
<http://www.aacn.nche.edu/Education/pdf/APRNReport.pdf>
- **American Association of Colleges of Nursing**
<http://www.aacn.nche.edu/media/factsheets/nursingshortage.htm>
- **American College of Nurse Practitioners**
<http://www.acnpweb.org/>

Questions?

