

ANA, CMA and OA activities reflected in the IOM recommendations

Updated 3/3/11

ANA was gratified to find that many of the elements and recommendations of the Institute of Medicine (IOM) Report on the Future of Nursing are reflected in our ongoing work to advance the nursing profession. We are in complete agreement with the four “key messages” of the report. ANA, the CMAs, and the OAs have engaged in a wide range of activities over time that support the evidence-based recommendations of the IOM. While not an exhaustive list by any means, some of these efforts are noted below, keyed to each recommendation. We urge our Constituent Members and our Organizational Affiliates to continue to add their own efforts to this preliminary list and share it with ANA, so that we may compile in one place a repository of the extensive work that nursing has done -- and is doing -- to advance our profession and patient-centered care in a reformed health care system.

KEY MESSAGES from IOM Report on the Future of Nursing

As a result of its deliberations, the IOM committee formulated four key messages that structure the discussion and recommendations presented in this report:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

RECOMMENDATIONS From IOM Report on the Future of Nursing ANA, CMA and OA ongoing work pertinent to the recommendations Updated 3-3-11

IOM Recommendation 1: Remove scope-of-practice barriers. *Advanced practice registered nurses should be able to practice to the full extent of their education and training.*

ANA has committed extensive resources to assure that *all* registered nurses, including APRNs, are able to practice to the full extent of their education, training and knowledge. ANA addresses the scope of practice for all registered nurses in *2010 Nursing: Scope and*

Standards of Practice, Second Edition and within the specialty nursing areas published through Nursesbooks.org. ANA's Organizational Affiliates, such as the Association of periOperative Registered Nurses (AORN), similarly commit their resources for the same purpose.

The Association of periOperative Registered Nurses (AORN) and Certification and Competency Institute (CCI) are currently conducting a job analysis to explore Certification for perioperative APRN's.

Addressing scope of practice barriers at the national level:

The IOM report contains multiple references to the *Consensus Model for APRN Regulation*. ANA had a key role in the development of the model, and continues to make significant contributions in its implementation. ANA Organizational Affiliates, such as the Association of periOperative Registered Nurses (AORN) and the Oncology Nurses Society (ONS), contribute to this process. For example, ONS has developed competencies and educational sessions for its members based on the Consensus Model. See, overall: <http://www.nursingworld.org/consensusmodeltoolkit>.

ANA was a founding member of the **Coalition for Patients Rights (CPR)** in 2006 and continues to be an active participant. CPR, consisting of more than 35 organizations representing a variety of licensed healthcare professionals. It was formed to address scope of practice barriers and ensure that patients have direct access to the full scope of services offered by the quality healthcare providers of their choice. <http://www.patientsrightscoalition.org/> Many of ANA's Organizational Affiliates are active members:

- American Association of Colleges of Nursing (AACN)
- American Association of Critical Care Nursing (AACN)
- American Association of Nurse Anesthetists (AANA)
- American College of Nurse-Midwives (ACNM)
- American Psychiatric Nurses Association (APNA)
- Association of Nurses in AIDS Care (ANAC)
- Association of periOperative Registered Nurses (AORN)
- Association of Rehabilitation Nurses (ARN)
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHON)
- Emergency Nurses Association (ENA)
- Hospice and Palliative Care Nurses Association (HPCNA)
- National Association of Clinical Nurse Specialists (NACNS)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- Oncology Nursing Society (ONS)

ANA has been working in collaboration with the associations representing each of the four APRN roles for the past year to identify specific barriers to practice in federal law and

regulation. Some of those barriers were successfully reduced or eliminated in the Affordable Care Act. The coalition continues to meet regularly together and with key stakeholders to seek appropriate changes in laws and regulations.

ANA and most of its Organizational Affiliates are members of the **Nursing Community**, a forum for national professional nursing associations to build consensus and advocate on a wide spectrum of health care and nursing issues, including practice, education and research. The Nursing Community is committed to improving the health and health care of our nation by collaborating to support the education and practice of RNs and APRNs. The forum continues to meet regularly to provide input and to influence federal public policy. In addition to ANA, Organizational Affiliate members of the nursing community are:

- Academy of Medical-Surgical Nurses (AMSN)
- American Association of Colleges of Nursing (AACN)
- American Association of Critical Care Nursing (AACN)
- American Association of Nurse Anesthetists (AANA)
- American College of Nurse-Midwives (ACNM)
- American Nephrology Nurses Association (ANNA)
- American Psychiatric Nurses Association (APNA)
- Association of Nurses in AIDS Care (ANAC)
- Association of periOperative Registered Nurses (AORN)
- Association of Rehabilitation Nurses (ARN)
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Hospice and Palliative Care Nurses Association (HPCNA)
- Infusion Nurses Society (INS)
- International Nurses Society on Addictions (IntNSA)
- National Association of Clinical Nurse Specialists (NACNS)
- National Association of Neonatal Nurses (NANN)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- National Association of School Nurses (NASN)
- Oncology Nursing Society (ONS)
- Preventive Cardiovascular Nurses Association (PCNA)
- Wound, Ostomy and Continence Nurses Society (WOCNS)

ANA and its Organizational Affiliate, the Association of periOperative Registered Nurses (AORN), have formal observer status at the AMA House of Delegates, where they regularly represent nursing's position on scope of practice barriers.

The Oncology Nurses Society (ONS) presented information on the role of the nurse practitioner and APN in cancer care to the American Society of Clinical Oncology's (ASCO) workforce committee, providing recommendations for collaboration, including joint educational programming.

CMAAs have invested considerable time with their congressional representatives and candidates from across the state to educate them about issues related to access to care and advancing nursing scope of practice.

During the 111th Congress:

- ANA has been actively working to enact the Home Health Planning and Improvement Act (H.R. 4993/S. 2814) which would allow nurse practitioners (NPs), clinical nurse specialists (CNSs) certified nurse midwives (CNMs) and physician assistants (PAs) to order home health services under Medicare in accordance with state law. Several of ANA's Organizational Affiliates were involved in this work, as well.
- ANA and several of its Organizational Affiliates have also been a strong supporter of the Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2009 (S. 63). This legislation would remove barriers to practice and improve access to services of APRNs and PAs to Medicaid beneficiaries.

Addressing scope of practice barriers at the state level:

Many state nursing associations continue to aggressively pursue state legislation to remove scope of practice barriers, such as physician signature or collaboration requirements, and prescribing prohibitions or limitations, as well as to protect existing scope of practice from efforts by others to wrongfully circumscribe nursing practice.

- A Missouri Council on Advances Practice (MOCAP), for example, is working collaboratively to seek independent practice.
- The West Virginia Nurses Association (WVNA) will have reintroduced in the 2011 state legislative session, a bill that would remove the collaborative agreement requirement and prescribing restrictions. WVNA has also had introduced legislation to allow APNs to sign death certificates. This work followed successful efforts to defeat legislation promoted by the medical community which would have restricted nursing scope of practice.
- In Wisconsin, the Wisconsin Nurses Association promoted successful legislation to remove a number of barriers for advanced practice nurses (APNs) to provide independent practice. APNs in Wisconsin include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists and Nurse Practitioners. WNA is collaborating with the other APN associations in Wisconsin to develop statutory changes for the January 2011-2012 Legislative biennium to further clarify the legal role and scope of practice for advanced practice nurses (APN).

State nursing associations also routinely lobby for provider-neutral language in all legislation and regulation in which nursing has a role or which impacts scope of practice barriers for nurses. States share evidence and data on nursing quality and patient outcomes in an effort to bolster each others' efforts.

In 2009, the West Virginia Nurses Association (WVNA) was successful in including nurses as leaders of medical home pilots.

In October, 2010 the North Carolina Nurses Association (NCNA) adopted the reference proposal, *Educating Nurses and the Public about the Role of an Advanced Practice Registered Nurse (APRN) in North Carolina*. Implementation activities outlined by the proposal, which will be carried out by NCNA's Commission on Advanced Practice Nursing, include the following: development of informational material for the NCNA website regarding the role of an APRN and the future of the APRN Consensus Model, development of a poster and/or oral presentation on the role and functions of an APRN for NCNA events, and development of informational material that can be distributed to educate nurses and the public about the role and function of an APRN.

The Hospice and Palliative Nurses Association (HPNA) was invited to testify to the IOM Future of Nursing committee regarding end of life nursing and noted this issue as being affected by barriers to practice. Advance practice nurses practicing in palliative care are generally both CNSs and NPs. Not all states recognize CNSs in regulations, thereby continuing to present a barrier to access to care.

IOM Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. *Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.*

ANA's *Nursing: Scope and Standards of Practice, 2nd edition*, (2010), speaks to the essential role of the nurse in care coordination, promoting wellness, providing individualized care in nurse-managed health centers, and participation in medical homes. It identifies these and other nursing services as vital to the effort "to alleviate the financial and social costs of treating preventable and chronic diseases." (p. 26.)

ANA's National Database of Nursing Quality Indicators (NDNQI) is the nation's largest nursing registry. More than 25 percent of hospitals participate in the database, which documents more than 21 measures of hospital performance linked to the availability and quality of nursing services in acute care settings. Participating facilities are able to obtain unit-level comparative data, including patient and staffing outcomes, to use for quality improvement purposes. Comparison data provide an incentive to improve the quality of care on a continuous basis. This database is also available to researchers interested in improving health care quality.

ANA is an active participant with the National Quality Forum (NQF), as a founding member of the National Priorities Partnership, as well as co-chairing the Committee on Care Coordination. ANA's Organizational Affiliate, the Association for PeriOperative Registered Nurses (AORN), also participates on the NQF committees/task forces on Surgical Consensus

Standard Endorsement Maintenance, HITAC, Outcomes Steering Committee and National Priorities Partnership Safe Practices for Surgical Patient.

ANA has advocated aggressively, in coordination with other nursing groups, for increased funding for nursing education initiatives. Nursing successfully lobbied for a new grant program in the Affordable Care Act that will permit HHS to make awards to nursing schools or health facilities that can demonstrate enhanced collaboration and communication among nurses and other health care professionals. (Section 5308, ACA)

ANA also lobbied successfully, in collaboration with other nursing groups, for a new program in the Affordable Care Act that supports nurse-managed health centers. These are multi-disciplinary centers operated by APRNs that provide comprehensive primary care and wellness services to underserved or vulnerable populations.

Also see information on the Coalition for Patients Rights (CPR), under Recommendation #1 above, describing collaborative activity among the licensed health care professional community.

The Idaho Nurses Association (INA) participates as part of a group of nursing leaders representing rural and urban hospitals, as well as academic institutions in southern Idaho, called Rural Connection. Established in 1990 as part of a Robert Wood Johnson Grant to transform nursing care, Rural Connection focuses on providing a collegial environment among rural, urban and academic partners for collaborative problem solving to provide seamless care between rural and urban hospitals. Rural Connection's strategic initiative is to strengthen the nursing profession by supporting clinical development and leadership development. Source: <http://www.ruralconnection.org/Milestones.html>

A New York State Nurses Association (NYSNA) staff person co-chairs the New York State Cancer Coalitions Healthcare Workforce Shortages Committee. It consists of RNs, physicians, social workers, pharmacists, radiation therapists, hospice practitioners, and organizational representatives from the Medical Society of the State of New York (MSSNY), Department of Health Cancer Prevention Program, Healthcare Association of New York State (HANY), Center for Health Workforce Studies, and private and public colleges. The purpose is to collaborate on efforts to improve research and the collection and analysis of data on health care workforce requirements related to oncology care.

The North Carolina Nurses Association (NCNA) Hallmarks of Healthy Workplaces recognition program recognizes workplaces that have created positive work environments for nurses in North Carolina. It continues to be active in helping health care providers and administrators design workplaces in which nurses own their own practices and contribute actively to facility governance to achieve the ultimate in high quality service. The purposes of the program include: providing recognition to single health-related agencies or sub-units of those agencies which have developed healthy workplaces for nurses to work; promotion of open communication, respect and solution-focused actions to enhance the nurse's delivery of professional care; and strengthening of the recruitment and retention of nurses. The

Hallmarks program recently received funding from the Duke Endowment, allowing the program to provide scholarships for applicants located in rural counties. The scholarship funding covers 70% of the Hallmarks application fees for workplace applicants located in rural North Carolina counties.

In October 2010, the North Carolina Nurses Association (NCNA) adopted as policy, *Nurses Transforming Nursing*. Goals include: development of a statewide collaborative plan to shape resilient practice environments to enhance nursing retention and quality patient care; use of appreciative inquiry (AI) as a tool for creating a process to communicate successful health care strategies and programs that can be replicated; enhancement of nurse involvement in organizational and clinical decision making; transformation of the way individuals and organizations interrelate to foster exceptional environments and health care delivery systems; and promotion of a vibrant relationship with consumer partners for health care redesign.

West Virginians for Affordable Health Care (WVAHC) has partnered with West Virginia Nurses Association (WVNA) to hold regional public education round tables to inform the public about the Affordable Care Act and the expectations of implementation. WVNA travels regionally to speak with nursing students, APNs and specialty nursing groups to promote education and dispel false ideas surrounding health care reform.

The Wisconsin Nurses Association (WNA) engages in work to analyze, replicate and promote the elements leading to successful outcomes in of Wisconsin's nurse managed centers, community health centers and other models of professional practice patient-centered care that demonstrate highly effective teamwork, communication and utilization of evidence-based practice. WNA is also partnering with the Coalition of Wisconsin Aging Groups to implement an Atlantic Philanthropic Grant that funds a Blue Ribbon Commission on "Wisconsin Campaign for Better Care". The goal is to develop the best approaches to Coordinated and Continuity of Care through Patient-Centered Care via Health Care Quality Measures and Quality Outcomes and Prevention & Wellness Chronic Care Prevention. Members of WNA will be co-chairing six of the Commission's Working Committees.

WNA is also sponsoring a Nursing Summit in February 2011 that will identify strategies for promoting and advancing the use, integration and reporting of nurse-sensitive quality indicators. This activity is part of WNA's larger effort to take the lead in Wisconsin to advocate for the promotion of the use and integration of nurse-sensitive quality indicators in EMRs by working with other interested nursing and consumer groups on the importance of validating nursing's contribution to healthcare through collecting and reporting on NSIs.

The Association of periOperative Registered Nurses (AORN) is a founding member of the Ambulatory Surgery Center Quality Collaborative (ASCQC). The ASCQC stakeholders include ASC corporations, the ASC industry association, professional societies, accrediting bodies and government entities. The group strongly advocates quality reporting and has successfully received NQF endorsement for 6 outpatient (ASC) measures. They share reliable quality information with the public to give consumers the opportunity to make informed health care choices.

The first phase of AORN's SYNTEGRITY Standardized Perioperative Framework is a relational database that overlays existing perioperative nursing documentation utilizing perioperative standardized nursing language (PNDS) and standardized data elements that guides patient centric care. SYNTEGRITY also cross walks with AORN Standards and Recommended Practices as well as accreditation, regulatory and mandatory reporting requirements. The next phase of SYNTEGRITY is building a repository (data warehouse) and portal to collect and report clinical and operational data to perform effective benchmarking for operational and clinical outcomes.

The Association of periOperative Registered Nurses (AORN) participates in: the American College of Surgeons Committee on Perioperative Care; the American Society of Anesthesiologists Surgical Care Committee; the CMS Surgical Care Improvement Project (SCIP); the Board of Directors of the Nursing Alliance for Quality Care (a pilot project funded by RWJF to unify nursing's policy voice to achieve a sustainable impact on the quality of care the American public receives); and the Industry Partners for Patient Safety (IPPS), an industry coalition – consisting of industry representatives, regulatory agencies and healthcare providers -- dedicated to partnering with healthcare professional organizations to promote and support patient safety. In addition AORN was invited by the World Health Organization to participate in the conference held in Geneva Switzerland to develop the Surgical Safety Checklist. AORN collaborated with IHI in the spread of the WHO Surgical Checklist.

The Association of periOperative Registered Nurses (AORN) was a founding member of the Council on Surgical & Perioperative Safety (CSPS). The council has multidisciplinary representatives from many healthcare professional associations. Also, AORN's Recommended Practices are developed in collaboration with liaisons from the American Association of Nurse Anesthetists, the American College of Surgeons, The American Society of Anesthesiologists, and The Association for Professional in Infection Control and Epidemiology, The Centers for Disease Control and Prevention, and the International Association of Healthcare Central Service Material Management. AORN has a task force charged with implementing an evidence ranking system for the Recommended Practices by 2012. This will allow the Recommended Practices to be submitted to the National Clearing House for Standards.

The Association of periOperative Registered Nurses (AORN) participates on the following National Quality Forum committees/task forces: Surgical Consensus Standard Endorsement Maintenance, HITAC, Outcomes Steering Committee and National Priorities Partnership Safe Practices for Surgical Patient.

The Hospice and Palliative Nurses Association (HPNA) endorses and teaches the view that palliative care is delivered as an interdisciplinary team and, as such, nurses are full partners with physicians and all other health care professionals in education and planning and practice.

The Hospice and Palliative Nurses Association (HPNA) has a strong voice on the National Quality Forum and sits on the NQF National Priorities Partnership Palliative Care advisory committee.

The Hospice and Palliative Nurses Association (HPNA) is a cosponsor, with its physician counterparts, of the AAHPM/HPNA Annual Assembly, where each profession has equal representation on the educational planning and scientific committees.

The Hospice and Palliative Nurses Association (HPNA) is the administrative home of the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care, addressing, among other topics, workforce standards and expectations in palliative care.

The Oncology Nurses Society (ONS) is pursuing development and national testing of two sets of quality measures focused on the care of breast cancer survivors. The measures are intended to provide opportunities for ambulatory practices to evaluate their compliance with clinical practice guidelines and other high-level evidence. Next steps include development of a multi-site practice improvement initiative based on the clinical issues identified through receipt of quality measure feedback and widespread education programs on quality and quality improvement for ONS membership.

The Oncology Nurses Society (ONS) develops an ONS Research Priorities Agenda, based on a survey every four years, which guides research funding from the ONS Foundation and other research funding organizations. The Foundation has funded more than \$9 million in research since 1983; the vast majority of the research teams funded are interdisciplinary and focused on interventions to improve the quality of cancer care.

The Oncology Nurses Society (ONS) continues to promote legislative measures that ensure that people with cancer have access to the comprehensive symptom management care and information they need and deserve. Examples: the "Assuring and Improving Cancer Treatment Education and Cancer Symptom Management Act of 2009" (HR 1927); advocating for coverage through the Physician Fee Schedule of a one-hour cancer patient treatment education session from a registered nurse.

IOM Recommendation 3: Implement nurse residency programs. *State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.*

ANA recognizes that well designed mentoring programs support the growth and development of novice nurses in their transition to professional practice and provide opportunities for leadership development. ANA's 2010 House of Delegates adopted a

resolution on mentoring programs for novice nurses. The ANA will partner with CMAs, IMD and other nursing organizations to develop mentoring program demonstration projects and to disseminate their findings.

ANA worked collaboratively with its Organizational Affiliates and other nursing groups to include in the Affordable Care Act education grants programs specifically for nurse retention, authorizing HHS to award grants to accredited nursing schools or health care facilities (or partnerships among both) to promote career advancement among nurses. (Section 5309, ACA)

As part of its collaborative group, Rural Connection, the Idaho Nurses Association (INA) championed the Graduate Nurse Residency Program, which was designed to ease the transitional challenges of moving from nursing student to clinical nurse professional. This project was piloted with 148 participants from 5 hospitals. Source: <http://www.ruralconnection.org/Milestones.html>

In December 2010, the North Carolina Nurses Association (NCNA) launched the Novice RN “Ask the Expert” mentorship program. The program offers Novice RN members a list of mentors on the member’s only portion of the NCNA website. Mentors volunteered to be contacted by Novice RN members via email on topics such as going back to school, issues in the work place, and job searching. The program is designed to work on a question-by-question basis, and offers its participants access to a variety of RN experts who have volunteered their time to assist Novice RN’s as they transition into the profession of nursing.

The North Carolina Nurses Association (NCNA) membership participates on the Advisory Committee for the NC Foundation for Nursing Excellence Transition to Practice Project and continues to seek opportunities to collaborate with FFNE in its work to support nurses during their transition to the practice environment.

West Virginia University, with input from the West Virginia Nurses Association, is formulating a plan for intra-disciplinary clinical experiences within the healthcare educational curriculum. WV also has a rural health initiative that requires all nursing students to participate in a rural health rotation clinically and work within inter-disciplinary groups at these remote sites. WVNA promoted legislation in 2010 for safe staffing, mirroring ANA’s model, that included a mentoring program.

Wisconsin’s schools of nursing and hospitals have developed and implemented nurse residency programs that are being replicated throughout the U.S. The schools’ partnership with the Wisconsin Nurses Association (WNA) and other health care and educational organizations is identified as being key to the success of nurse competency and retention within the nursing workforce. Furthermore, the UW-Madison and Edgewood College Schools of Nursing is currently in the process of piloting a nurse-residency model for the nursing home setting and WNA is a member of the advisory council.

The Association of periOperative Registered Nurses (AORN) contributed to the AORN State Council of California feasibility study to develop a MSN program with a perioperative sub-specialty track. A Master's of Science in Nursing program opened in 2010 at West Coast University in Southern California and admitted the first class in 2010. The program offers areas of study for the APRN including preparation as a Family Nurse Practitioner (FNP) or a Clinical Nurse Specialist (CNS) with a sub-specialty track in perioperative nursing for these two roles.

“Periop 101: A Core Curriculum” is a program used by educators to train new perioperative nurses. Periop 101 consists of 25 learning modules, delivered through The Association of periOperative Registered Nurses’ (AORN) e-learning platform. Each learning module includes reading and clinical assignments and videos from AORN’s Perioperative Nursing Video Library. This 6 month course utilizes mentors to support the development of the novice nurse in their transition to the perioperative environment. AORN is currently in discussion with Versant to use Periop 101 in their residency program for perioperative nurses.

The Oncology Nurses Society (ONS) offers a formal mentoring program focused in seven different areas:

- Member-to-Member Mentoring: Members wishing to find a mentor or for those interested in making a difference in the development of current and future oncology nurses.
- Advocacy Mentoring: Members interested in affecting change at the local, state, and federal level with respect to the policies, regulations, and programs that impact oncology nursing.
- Future Leader Mentoring: Members interested in leadership opportunities at ONS on a local or national level, in their jobs, or in their communities, have a solid source to gain and provide peer support and guidance.
- Diversity Mentoring: Members can make a difference in the development of current and future oncology nurses from ethnically diverse backgrounds.
- Student Mentoring: Experienced oncology nurses offer career advice to students.
- Special Interest Group Mentoring: Members can become involved in the ONS SIG's Mentoring Program and enjoy the benefits of an expanded professional network.
- Abstract Mentoring: Experienced mentors are available to help guide new writers and presenters through the process of writing an abstract.

IOM Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. *Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.*

The 2008 ANA House of Delegates adopted a resolution supporting initiatives to require registered nurses (RNs) to obtain a baccalaureate degree in nursing within ten years after initial licensure. It exempts (or “grand-parents”) those individuals who are licensed or are enrolled as a student in a nursing program at the time state legislation is enacted. The 2008 House of Delegates further directed the ANA to promote legislative and educational activities that support enhanced nursing education. As this issue must be resolved at the state level, a number of constituent member associations have been working to advance this initiative. ANA has provided a tool kit to facilitate the work.

In Idaho, the RN-BS Online/Distance Distance Completion Option at Boise State University is designed for the working nurse and offers coursework required for completing a Bachelor’s Degree in Nursing. Source: <http://nursing.boisestate.edu/online/index.html>

The Mississippi Nurses Association is working with Deans and Directors of Schools of Nursing to promote associate degree prepared nurses (60% of Mississippi nurses) to enter baccalaureate programs and higher.

As a state leader, the Missouri Nurses Association organized a Nursing Education Summit with 30 stakeholders from multiple stakeholder groups and organizations on October 27, 2010. The purpose of the meeting was to begin conversations with stakeholders on advancing the ADN graduates to the BSN level within 10 years of licensure. Future meetings are planned to develop next steps and work toward consensus to move forward, with a goal of offering legislation by the 2012 MO legislative session.

The New York State Nurses Association’s (NYSNA) efforts made NY the first state to introduce legislation requiring all RNs achieve a baccalaureate degree within ten (10) years of initial licensure. NYSNA spearheads the Coalition for Advancement of Nursing Education (CANE), comprised of nursing and educational leaders, to promote passage of such legislation. While not yet adopted by the NY legislature, support has grown substantially and the outlook for future passage appears bright.

The North Carolina Nurses Association (NCNA) promotes the increased educational preparation of nurses in North Carolina and has formal policy which supports a culture of life-long learning in nursing. Specifically, NCNA encourages every nurse to strive to move beyond the basic ADN nursing education. Additionally, NCNA has scholarship opportunities available for nurses who pursue continuing education beyond the ADN level. In 2009 the NCNA adopted policy continuing this focus, looking for ways to eliminate barriers to registered nurses who seek education at the BSN level.

In the 2010 session of their state’s legislature, the West Virginia Nurses Association pursued tax credit legislation for nursing faculty to allow for growth in baccalaureate programs. Although unsuccessful, the bill’s many sponsors suggest a promising reception in the 2011 session. WVNA is also exploring programs to encourage nurses to pursue their degrees with support from their employer and other sources.

The Wisconsin Nurses Association (WNA) provided testimony in 2010 to the WI Legislative Council Study on Health Care Access as to WNA's position on the educational advancement for registered nurses. WNA's position:

- Affirms that increased numbers of nurses with a baccalaureate degree in nursing are needed to address the ongoing challenges of an increasingly complex health care delivery system and a critical nursing faculty shortage;
- Promotes initiatives and incentives that encourage registered nurses in Wisconsin to obtain a baccalaureate degree in nursing within 10 years of initial licensure that include:
 - Improved articulation agreements between Associate Degree in Nursing and Baccalaureate of Science Degree in Nursing programs,
 - Scholarships and loan forgiveness programs; and
 - Incentives for employers to support nurses' educational advancement.

WNA will also be meeting with representatives from the School of Nursing Associate Degree to discuss their position.

Pursuant to their policy supporting the baccalaureate degree as the minimal preparation for future entry into the practice of nursing, the Association of periOperative Registered Nurses (AORN) Foundation awarded \$129,500 in scholarships to students and nurses in 2010.

The Oncology Nurses Society (ONS) Foundation offers scholarships for individuals who are interested in and committed to oncology nursing and pursuing a bachelor of science degree in nursing. ONS also supports a scholarship offered by the National Student Nurses Association annually, and donates to their capitol campaign.

The Oncology Nurses Society (ONS) recruitment and outreach efforts promote diversity within membership and for the future workforce in an effort to represent the demographics of all its members, and the patients served. Through collaboration with schools of nursing, participation in job fairs and university events, and a partnership with the National Student Nursing Association (including participation in their conferences and a discount on ONS membership), ONS seeks to recruit students and educate them on the value of oncology nursing.

IOM Recommendation 5: Double the number of nurses with a doctorate by 2020. *Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.*

In 2009, the ANA adopted a policy to support the Doctor of Nursing Practice as a terminal practice-focused degree in nursing offered to educate RNs in advanced levels of clinical judgment, systems thinking, and leadership to the profession of nursing. The Doctor of Nursing Practice graduate provides leadership, mentorship, and support to colleagues to improve patient outcomes and achieve excellence in nursing practice. (ANA's position statement can be viewed at <http://www.nursingworld.org/drpractice.aspx>)

A provision in the Affordable Care Act (ACA), supported by the ANA, expands the Nurse Repayment Loan and Scholarship Programs to provide loan repayment for students who serve at least two years as a faculty member at an accredited school of nursing.

Another ACA provision ANA successfully lobbied in support of increases Nurse Faculty Loan Program amounts, with funding priority to doctoral nursing students. (Section 5311, ACA)

Many of the CMAs actively lobby for additional state resources to create the capacity necessary to educate doctorate prepared nursing faculty, as well as baccalaureate prepared nurses, in their state.

At the Boise State University School of Nursing, the Idaho Nurses Association has helped to create an expectation that newly hired masters prepared faculty achieve a doctorate. Community partners and private funder help support doctoral education for BSU faculty.

In Mississippi, the state nurses association has worked to see faculty salaries increased by \$12,000 over the last several years. They are also actively pursuing scholarship funding to allow nurses to continue their education without break.

The New York State Nurses Association (NYSNA) successfully pursued legislation providing scholarships and loan forgiveness to RNs pursuing advanced degrees to teach as nursing faculty. NYSNA also wrote and helped to pass legislation that provides grants to schools of nursing to increase the number of doctoral prepared faculty that they have on staff. These efforts have resulted in schools of nursing being able to have appropriate numbers of faculty with the appropriate educational credentials to open doctoral programs in additional areas of the state preparing nurses with doctoral degrees in administration, practice, research and education.

The North Carolina Nurses Association (NCNA) has scholarship opportunities for nurses who pursue continuing education at the master's and doctorate level. NCNA has successfully pursued and actively lobbied for the creation of scholarships for registered nurses returning to school to pursue an advanced degree. Every session NCNA lobbies the NC General Assembly for continued appropriations for the Faculty Fellows Scholarship Program and the Masters Nurse Scholars Funds.

The Association of PeriOperative Registered Nurses (AORN) Foundation and the Oncology Nurses Society (ONS) Foundation both provides scholarship money for nurses pursuing doctorate degrees.

The Oncology Nurses Society (ONS) and the ONS Foundation offer several programs that provide research doctorate mentorship opportunities, such as the ONS Foundation Small Research Grants (which are often used for dissertation work), the ONS Foundation Mentored Planning Grant, the ONS Foundation Research Institute, and other grant-writing mentorship

opportunities. ONS and its Foundation also offer several programs that enable the practice doctorate candidate with opportunities to facilitate evidence-based practice change, such as the ONS Putting Evidence into Practice program and the ONS Foundation Institute for Evidence-Based Practice Change.

The Oncology Nurses Society (ONS) endorses the American Association of Critical Care Nurses Cultural Competencies for Master's and Doctorally Prepared Nurses. The ONS Multicultural Diversity Statement articulates that “Cultural competency among oncology nurses and other healthcare providers enhances our ability to provide quality cancer care to all groups and assists ONS in accommodating diverse cancer care issues.”

IOM Recommendation 6: Ensure that nurses engage in lifelong learning. *Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.*

ANA’s *Nursing: Scope and Standards of Practice* describes nursing’s “continued commitment to the nursing profession [which] requires a nurse to remain involved in continuous learning and strengthening individual practice within varied practice settings.” (p.26) Furthermore, Standard 8 of professional nursing practice (“Education”) enumerates the competencies for nurses regarding their education. Among these is a “commitment to lifelong learning.”

ANA’s Continuing Education activities, as well as the vigorous work of the American Nurses Credentialing Center (ANCC), also speak to ANA’s efforts to encourage lifelong learning in all practice settings.

Many of ANA’s Constituent Member associations have worked collaboratively with the state boards of nursing to develop continuing competency requirements. These programs often include continuing education and practice requirements for registered nurses. Many state nursing associations also produce and disseminate member publications featuring CNE opportunities.

The Idaho Nurses Association collaborates with neighboring Washington State Nurses Association as a Continuing Education Approver, serving as a resource for Idaho CNE providers. It also participates in monthly brown bag research luncheons at the Boise State University School of Nursing, which also includes faculty, students and nursing honor society members. Faculty lifelong learning is pursued through: webinars held by AACN and NLN, attendance at the annual Idaho Nurse Educator’s conference, and attendance, often as a presenter, at local/regional/national/international conferences, as budgets permit.

The North Carolina Nurses Association (NCNA) is an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s (ANCC) Commission on

Education, and provider of continuing nursing education by the ANCC. The NCNA provides opportunities for its members to receive free CE's through structural unit activities, and opportunities for members and nonmembers to earn CE's through organized NCNA CE activities throughout the year. NCNA has also supported the North Carolina Board of Nursing in their effort to pass legislation to require continued competency as a condition of licensure renewal in North Carolina.

The West Virginia Nurses Association is pursuing programs to encourage employer support of nurses seeking to pursue continuing education opportunities in a manner that permits these nurses to fulfill their employment and family demands.

Although Wisconsin is not a mandatory CE state, the Wisconsin Nurses Association (WNA) is a provider and approver of Continuing Education. WNA is currently exploring methods and processes for offering on-line CE. WNA promotes activities that:

- ensure continued competence for registered nurses; and
- support multiple approaches to demonstrating continued competence that may include hours of practice per year, achievement of relevant college credit, certification in a nursing specialty, teaching in a nursing program, conducting nursing research, publication in a peer-reviewed journal, and continuing education.

The Association of PeriOperative Registered Nurses (AORN) offers continuing education activities through: face to face meetings, webinars, AORN Journal, certificate program for ambulatory surgery managers, tool kits, and annual Leadership Academy for chapter officers and other interested members. One of these, the Confidence Based Learning Modules for Perioperative Nurses, is a cutting edge education program designed to test the participants' level of knowledge and level of confidence in that knowledge, allowing the learner to repeat the education until they have achieved mastery of the knowledge.

The Association of PeriOperative Registered Nurses (AORN) has teamed with ConsultGeriRN.org offer information and resources for registered nurses interested in quality geriatric care. ConsultGeriRN.org is the clinical nursing website of the Hartford Institute for Geriatric Nursing, New York University College of Nursing and the NICHE program. INICHE is evidence based online resource for nurses in clinical and educational settings, funded through philanthropic grants.

The University of Colorado has teamed up with the Association of PeriOperative Registered Nurses (AORN) for a certificate program in informatics. AORN has also developed and published a Core Curriculum for the RN First Assistant.

The Hospice and Palliative Nurses Association (HPNA) has joined the Hospice and Palliative Care Coalition in support of federal legislation for educational fellowships.

The Hospice and Palliative Nurses Association (HPNA) collaborates with program directors of the palliative care academic programs across the country and provides the nationally renowned ELNEC (End of Life Nursing Education Consortium) courses annually.

The Oncology Nurses Certification Corporation (ONCC) offers several certification programs for oncology nurses at basic and advanced levels in adult and pediatric care as well as subspecialties such as breast care. Oncology certified nurses are required to maintain their credentials through an ongoing demonstration of continued competence by way of continuing education and other professional development activities or successfully retesting. ONCC is currently exploring avenues to more stringent recertification requirements. More than 30,000 oncology nurses currently hold certification.

Because cancer is becoming a chronic disease and more non-oncology nurses are caring for cancer survivors, the Oncology Nurses Society (ONS) met with other nursing specialty organizations to determine their members' needs regarding cancer care. ONS is launching a web-based educational portal in 2011 that will serve as a "go to" resource for oncology-related information for the oncology and non-oncology nurse.

A number of Oncology Nurses Society (ONS) educational programs deal with issues surrounding caring for diverse populations as well as the importance of reaching out to educate students and minority populations. Several ONS publications address diversity issues, and have included the voice and research of international colleagues. The Multicultural Competent Care Clinical Resource Area on the ONS website serves as a resource for individuals and groups looking for information on providing culturally competent health care. In addition, ONS provides members with an online Multicultural Toolkit, comprised of theoretical and cultural information that is applicable to, and operational in, any oncology nursing setting. This hands-on, problem-based learning kit has been designed to provide the user with fundamental knowledge for providing culturally competent care to individuals, families, and communities from various ethnic, religious, cultural, or social settings.

The Hospice and Palliative Care Nurses Foundation provides educational grants and provides numerous educational products and services including webinars, workshops, seminars, conferences – both national and regional – and other continuing education offerings through our Learning Management System.

IOM Recommendation 7: Prepare and enable nurses to lead change to advance health.

Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.

ANA empowers nurses to be competent professional leaders in health care. Leadership is intrinsic to the profession and has been a formal professional standard of nursing practice in both the professional practice setting and within the profession for nearly two decades. (*Nursing: Scope and Standards of Practice, 2nd Ed.*, Standard 12. Leadership, p.55).

ANA policy is member driven. ANA, CMAs and Organizational Affiliates provide leadership development and mentoring programs for all our members. Some examples are the member participation on ANA's Congress on Nursing Practice and Economics, ANA's Advocacy Institute, and our PAC committee. ANA is nothing without our members/volunteer leaders. This tenet is also articulated in ANA's *Nursing: Scope and Standards of Practice*, describing advocacy as a "fundamental aspect of nursing." (p. 20)

ANA launched the first American Nurses Advocacy Institute (ANAI) in 2009. ANAI is a program designed to increase the political competence of nurses, thus promoting stronger advocacy on nursing related issues at the state and federal levels. The three day event, culminating in visits with members of Congress, is the beginning of a year-long mentored journey.

ANA has long worked to identify nurse leaders to serve on a wide variety of public and private boards and advisory bodies. ANA supported the appointment of Mary Wakefield, PhD, RN, FAAN, as Administrator of HRSA, as well as the appointment of Marilyn Tavenner, Principal Deputy Administrator and Chief Operating Officer of HRSA. ANA also successfully advocated, with other nursing groups, for Mary Naylor, PhD, RN, FAAN to be appointed to MedPAC, and Judith J. Warren, PhD, RN, BC, FAAN, FACMI, to be seated on National Committee on Vital and Health Statistics (NCVHS) of HHS.

ANA spearheaded a successful effort to obtain a permanent seat on the CDC Advisory Committee for Immunization Practices, and has also sponsored a soon-to-be named member of the National Vaccine Advisory Committee.

ANA is advocating for several highly qualified nurses to serve as candidates for a variety of committees and advisory groups created by the Affordable Care Act (ACA). For example, ANA supported appointments for two individuals who were named to the new National Health Workforce Commission. Peter Buerhaus, PhD, RN, was appointed chair and Sheldon Retchin, MD, MSPH, was appointed vice-chair of the commission.

State nursing associations routinely include on their websites current events involving issues of leadership in healthcare, encouraging individual nurses to become involved.

Baccalaureate nursing education programs in Idaho include leadership and community health theory and experiences. The Boise State University School of Nursing undergraduate program requires a course in Power, Policy and Voice; the graduate program in Population Health has interwoven health policy, leadership and research content and experiences.

The Mississippi Nurses Association offers a Developing Nurse Leader Program, as well as many other leadership training opportunities for nurses. Its Executive director teaches courses on leadership and professional development.

The New York State Nurses Association (NYSNA) has recommended nurse leaders for positions on state funded groups that will reform healthcare in New York state and at the

national level. Several New York RNs have been appointed to these committees, task forces and councils. NYSNA is also actively involved with the New York Institute for Nursing; the Institute is the New York representative on the National Forum of State Workforce Centers. NYSNA is a key leader in the New York State Nursing Coalition which is supporting the work of the Institute and assisting for gathering data related to increasing nursing capacity in New York. NYSNA has developed a Leadership Academy for its members. The Leadership Academy includes members at all levels of leadership experience. The Leadership Academy has three distinct levels of participation and has been carefully designed to assist all members in their personal and professional growth. Source: <http://www.nysna.org/ce/academy.html>

The North Carolina Nurses Association (NCNA) provides opportunities for its members to provide nursing leadership through participation in association structural unit activities: Board of Directors, Commissions, Councils, Task Forces, and Regional/District structural unit activities of the association. NCNA also works closely with the Governor's office, legislative leaders, and others to seek the appointment of nurses to state commissions, boards, and other influential bodies in the state.

West Virginia Nurses Association (WVNA) leadership has brought member nurses together with many health care groups and has successfully promoted nurses to sit on statewide boards related to healthcare. WVNA has members on the governor's board formed to implement health care change in the state.

The Wisconsin Nurses Association (WNA) has attained representation on state-related organizations and entities analyzing and providing recommendations on electronic medical records, to advocate for the promotion and integration of nurse-sensitive quality indicators. Since the publication of the IOM Future of Nursing (FON) Report, the Wisconsin Nurses Association has also been active in promoting its contents through webcasts and participation in the annual UW-Madison School of Nursing "Littlefield Lecture," for which the keynote was IOM FON Committee chair Donna Shalala.

The Association of periOperative Registered Nurses (AORN) has a Mentor Match program -- an online program that matches AORN members who would like to serve as a mentor, to a colleague who is seeking a mentor. Participants can choose a mentoring relationship based on criteria such as type of mentoring relationship (i.e., volunteer leadership) or based on career interests (i.e., staff nurse seeking management role). Participants choose how they wish to communicate and how often.

The Association of periOperative Registered Nurses (AORN) offers an Ambulatory Surgery Center Administrator Certificate Program. This program provides the skills and tools required to manage every aspect of an ambulatory surgery facility, from daily operations to regulatory requirements. This course prepares the participants for the Certified Administrator Surgery Center examination.

The Association of periOperative Registered Nurses (AORN) holds a specialty assembly focused on Leadership. This assembly provides the opportunity for the 12,000 members that

self identify as being in a leadership role, to gain information, obtain education resources and network in the area of leadership, management, regulatory changes and health policy.

The Association of periOperative Registered Nurses (AORN) partners annually with OR Manager to present a 3 day conference focused on the education and learning needs of managers, supervisors and directors of perioperative services.

The Oncology Nurses Society (ONS) offers an expansive, formal mentoring program focused in seven different areas (see Recommendation #3 for full details).

The Oncology Nurses Society (ONS) developed (through funding obtained by the ONS Foundation) a Leadership Development Institute (LDI), through which nurses developed new and creative ways to respond to the challenge of an ever-changing clinical and workforce environment. Participants were taught how to more effectively manage projects and take an active role as a leader, mentor, coach, and role model, both personally and professionally. LDI emphasized the importance of networking and building professional relations with peers, the public, politicians, and other influential decision makers. The program consisted of a three-day, work-intensive and highly introspective conference, followed by 14 months of project development under the accountability of a project team leader. ONS is currently evaluating future opportunities to build upon LDI.

The Oncology Nurses Society (ONS) sends oncology nursing leaders to the annual Nurse in Washington Internship meeting to learn how to advance the practice and education of nursing with decision-makers. ONS educates, informs, and encourages people interested in healthcare issues to become knowledgeable about the legislative process and become involved in health policy advocacy.

- Health Policy Toolkit
- Advocacy 101 Course
- Advocacy 201 Course
- Health Policy Leaders Program (in development)

The Oncology Nurses Society (ONS) sponsors IOM's National Cancer Policy Forum (NCPF), with ONS past-president Brenda Nevidjon, RN, MSN, FAAN, serving as the ONS representative on the group. The NCPF explores emerging policy issues in the nation's effort to combat cancer and enable all members to be full participants in identifying and debating critical issues and examining potential actions.

The Hospice and Palliative Nurses Foundation is developing a Palliative Care Leadership Institute that will be implemented in 2012.

IOM Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data. *The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health*

Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible.

Many CMAs participate in the Forum of State Nursing Workforce Centers, which is a group of nurse workforce entities who focus on addressing the nursing shortage within their state. Twenty nine states are known to have created health care or nursing workforce centers, which vary in their resources and subsequent approaches and outcomes. Many are non-profit and have as a primary goal nursing recruitment. ANA constituent member associations have been instrumental in this endeavor. They contribute to the global effort to assure an adequate supply of qualified nurses to meet the health needs of US residents. The FSNWC has developed National Nursing Workforce Minimum Datasets in the areas of nursing supply, nursing demand, and nursing education programs. See also www.nursingworkforcecenters.org.

With respect to better collection of health workforce data, ANA has advocated for the federal collection of nursing and other health professionals' data in lieu of a simple proposed expansion sample size of the physician oriented National Ambulatory Medical Care Survey. ANA has pointedly reminded NCHS and HHS that their statutory charge is to collect data on the ambulatory utilization of *health professionals*—not just physicians. Currently, there is no federal data collection on RN ambulatory utilization, despite the requirement in the Public Health Service Act (42 U.S.C. §242k).

The Idaho Nurses Association works with the Idaho Board of nursing and the Idaho Alliance of Leaders in Nursing (IALN), which maintains a database of workforce information and seeks to assure a quality nursing workforce.

The Mississippi Nurses Association helped establish the state Office of Nursing Workforce, which resulted from a recommendation of the Governor's Task Force on nursing Retention and Graduation.

The Missouri Nurses Association and its associated Foundation are seeking funding for the creation and maintenance of a Nursing Center of Excellence for Missouri, to include data analysis and trending for the nursing workforce.

The New York State Nurses Association (NYSNA) has several members who have done extensive research and data collection on the healthcare workforce in the state as well as nationally and have been significant contributors to analysis of health care workforce data. The New York State Nursing Coalition, of which NYSNA is a major supporter, is currently collecting data on nursing faculty demographics, state doctoral program capacity, and major shortage areas. This coalition has representatives from all sectors of healthcare delivery and training including, but not limited to, the SUNY and CUNY (public) education systems, the Healthcare Association of New York State (HANYS), the New York Organization of Nurse

Executives, major academic and community medical centers, private schools of nursing, the Center for Healthcare Workforce studies, and the Foundation of NYS, the group that convenes the New York Institute for Nursing. A great deal of the collaborative work on workforce data is being compiled through this coalition.

After the loss of funding for the North Carolina Center for Nursing in 2008, the North Carolina Nurses Association (NCNA) has continued to seek opportunities for the reestablishment of a state nursing workforce center. NCNA has successfully generated support in multiple executive branch departments but falling state revenues and drastic budget cuts have eliminated the opportunity to receive funds. NCNA continues to monitor potential opportunities.

The Wisconsin Nurses Association (WNA) actively lobbied for the mandatory collection of nursing workforce data at the time of RN relicensure, as well as funding for the Wisconsin Center for Nursing. WNA was part of the design team for the first mandatory survey. Questions included the minimum data sets proposed by the other state nursing centers. WNA is an active member of the Wisconsin Center for Nursing, which supports the collection and analysis of data on all members of the health care workforce to effectively, efficiently and with certainty address the demands for accessible and appropriately delivered health services required by Wisconsin's vulnerable and high-risk populations.

The Association of periOperative Nurses (AORN) has representation on IOM's Best Practices Innovation Collaborative. The collaborative is a multidisciplinary group that meets to discuss ongoing initiatives at the Health Resources and Services Administration and implications for the health professions workforce.

The Association of periOperative Nurses (AORN) conducts an annual compensation survey for perioperative nurses. The survey in 2010 also addressed the perioperative nursing shortage, focusing on perceived changes in staffing related aspects of the perioperative nursing workplace during the past several years. A multiple regression model is used to examine how a number of variables, including job title, education level, certification, experience and geographic region, affect nurse compensation. The effect of other forms of compensation such as on-call compensation, overtime, bonuses, and shift differentials, on base compensation rates is also examined.

The Oncology Nurses Society (ONS) met with HRSA to advocate for the inclusion of data on specialty practice. ONS has also been involved with C-Change on their workforce initiative.

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