

# Recommendations of the Vermont Blue Ribbon Commission on Nursing

BASED ON THE FUTURE OF NURSING — LEADING CHANGE, ADVANCING HEALTH (IOM, 2010)

SEPTEMBER 30, 2012





September 30, 2012

The Honorable Peter Shumlin  
Governor of Vermont  
109 State Street, Pavillion  
Montpelier, Vermont 05609

Dear Governor Shumlin,

On behalf of the Governor's Blue Ribbon Commission on Nursing we are submitting our report and recommendations. We greatly appreciate the opportunity to meet and discuss these key issues over the past year, and the ability to contribute to further strengthening of Vermont nursing, meeting recommendations of the Institute of Medicine 2010 Report: *The Future of Nursing – Leading Change, Advancing Health*, and connecting our efforts to changes in health reform. We hope you will find our recommendations helpful for Vermont. We know that some of them will be challenging, but we believe they are all achievable with continued focus and collaboration.

We are available to you and your staff for further discussion and to answer any questions about the Commission's work. Thank you again for the opportunity to contribute to the Future of Nursing in Vermont.

Sincerely,

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## INTRODUCTION

On August 9, 2011, Governor Peter Shumlin signed Executive Order No. 10-11 creating the Blue Ribbon Commission on Nursing. The Governor charged the commission with making recommendations to ensure that nurses are full partners in Vermont's health care reform, using the Institute of Medicine's (IOM's) October 2010 report, *The Future of Nursing – Leading Change, Advancing Health*. It was further noted that a previous Blue Ribbon Commission on Nursing (*Figure 1*) issued recommendations that led to new programs and initiatives (*Figure 2*) and contributed to Vermont having one of the lowest nurse vacancy rates in the country.

The 2011-2012 Blue Ribbon Commission on Nursing met ten times. Commission meetings were held in various locations throughout Vermont, including the University of Vermont, Central Vermont Medical Center, Castleton State College, and Norwich University. Commission members reviewed the Governor's charge, discussed the IOM report, the previous work of Vermont's Blue Ribbon Nursing Commission in 2001, and specifically focused on Data, Leadership, Education, and Models of Practice and Access to Care.

FIGURE 1

**RECENT HISTORY**  
**Blue Ribbon Nursing Commission**  
**January 2001**

“Vermont is in the midst of a crisis. The number of nursing students has declined at the same time the number of working nurses who are retiring is increasing. The confluence of these two dynamics has created unacceptably high nursing vacancy rates in hospitals, nursing homes, and home health agencies.”  
—VERMONT ASSOCIATION OF HOSPITAL AND HEALTH SYSTEMS—

*Vacancy rates has high as 19% reported in 2003*

FIGURE 2

**RECOMMENDATIONS**  
**Blue Ribbon Nursing Commission**  
**January 2001**

- Create an Office on Nursing Workforce
- Increase salaries
- Establish a marketing partnership
- Develop a Scholarship Program
- Fund a Loan Forgiveness Program
- Increase capacity of nursing schools
- Expand continuing education programs

Contributions of Commission members, in addition to participation in meetings, included hosting meetings, writing a proposal for an “Action Coalition” for Vermont to tie our efforts to national initiatives, sponsoring a web site (Vermont Blue Ribbon Nursing: [www.vtblueribbonnursing.org](http://www.vtblueribbonnursing.org)) and collaborating in presentations, discussions, drafting, and finalizing recommendations. A consensus-driven process was used throughout and a public comment period

was reserved at each of the Commission's meetings. In addition, the Governor's charge, the Institute of Medicine report, and Commission progress was discussed at the April 2012 meeting of the Vermont Organization of Nurse Leaders. At this meeting, we had a panel discussion and used this well-attended meeting to gain input on areas of the Commission's work. This report outlines our recommendations in response to Governor Shumlin's charge to the Commission.

## RECOMMENDATIONS OF THE VERMONT BLUE RIBBON COMMISSION ON NURSING:

### Data: Recommendations 1-3

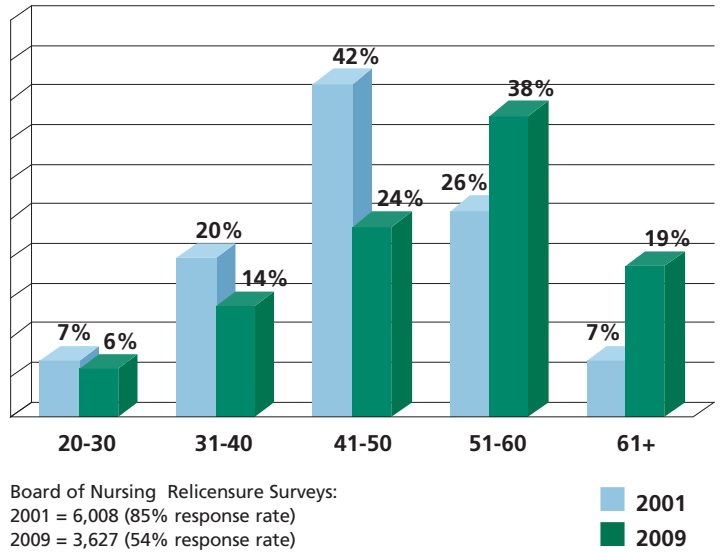
Build an infrastructure for the collection and analysis of inter-professional health care workforce data. The Institute of Medicine report emphasizes that “effective workforce planning and policy making require better data collection and an improved information infrastructure.” Commissioners agreed that data is the foundation for our future progress. Both supply and demand data are needed and the Commission agreed that an annual data dashboard to look at progress in all key areas would enhance progress and identify needs in a timely way. Building this dashboard would combine data from a variety of sources into a snapshot to measure progress on a regular basis.

1. **Conduct relicensure surveys** (supply analysis), which are mandated to be completed electronically by all who wish to relicense in the nursing profession in Vermont.
2. **Develop and conduct demand surveys.** Provide funding for demand surveys to be completed biannually across settings. The Vermont Department of Labor will pursue methods of capturing demand data (with vacancy postings and occupational projections) that are timely and publicly accessible.
3. **Produce an annual Nurse Workforce Data Dashboard** encompassing Education, Practice, Leadership, and Supply and Demand data to be available in 2013. Fund the University of Vermont Office of Nursing Workforce (in the AHEC program at UVM) to produce and distribute this dashboard. The dashboard will contain top level indicators, such as:
  - a. **Education:** numbers of RN to BSN students; gender and

diversity of students; enrollments in doctoral education; vacancy rates for nursing faculty; numbers and types of faculty development initiatives; national examination pass rates (NCLEX) for RNs and LPNs; other indicators as needed.

- b. Practice:** numbers of American Nurses Credentials Center (ANCC) designated Magnet hospitals; number of grant-funded or other Nurse Run Clinics; number of organizations across healthcare settings, using nursing-centered quality indicators (such as National Database of Nursing Quality Indicators (NDNQI), a national repository for nursing-sensitive indicators).
- c. Leadership:** numbers of nurses on Boards of Directors across all health care settings; numbers of nurses appointed to governmental health care committees; numbers of nurse legislators, and numbers of nurses in positions to influence policy change in VT; and leadership initiatives of the Vermont Organization of Nurse Leaders and Vermont nursing organizations.
- d. Supply and Demand Data:** Survey results and trends.

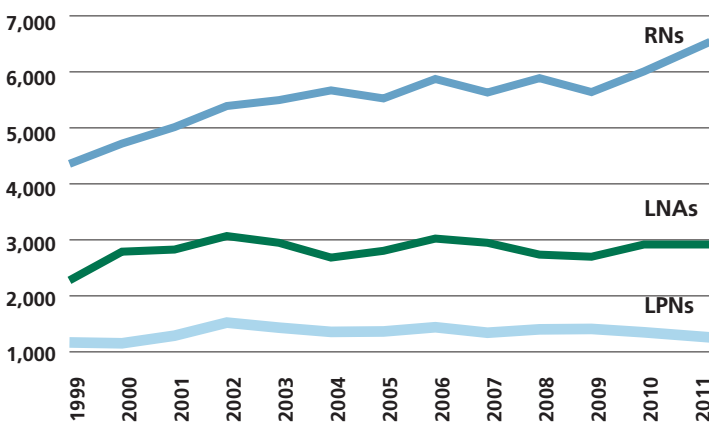
**FIGURE 4**  
**AGE OF RN'S WORKING IN VERMONT**



**BACKGROUND: DATA AND TRENDS**

The Department of Labor is able to track employment trends in Nursing and compare Registered Nurses to Licensed Nursing Assistants and Licensed Practical Nurses (*Figure 3*); however, the Advanced Practice Nurse category, including the Nurse Practitioner, has only recently been added to the categories of employment that are being captured. Demand research, including nurse vacancies and turnover across health care settings in Vermont, was collected from 2002 to 2009 with the funding to the Office of Nursing Workforce, but this research is no longer funded. The supply of nurses has also been more continuously tracked including helpful demographics such as age of the workforce (*Figure 4*). This type of supply and demand research on the nursing workforce is vital for planning for our healthcare workforce needs of the future.

**FIGURE 3**  
**VERMONT EMPLOYMENT TRENDS: NURSING**



Above average growth rates in all three major nursing occupations  
RN = 3.0%; LNAs = 1.7%; LPNs = 0.7%;  
versus 0.2% all covered employment between 1999 and 2011

**LEADERSHIP (ENCOMPASSES CLINICAL, ORGANIZATIONAL AND POLICY):**

Nurses, because of their unique skill set and perspective, have historically been at the forefront of health care delivery and reform. In order for the nurses to serve as full partners in health care redesign, it will be necessary for nurses to receive the necessary leadership education and mentoring to assume highly complex roles in areas where their presence makes a positive impact on health outcomes for Vermonters. The Institute of Medicine report Recommendation 7 is to “prepare and enable nurses to lead change to advance health.” The report further directs that “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.” In addition, the IOM recommends:

- Nurses should take responsibility for their personal and professional growth by continuing their education and seeking opportunities to develop and exercise their leadership skills.
- Nursing associations should provide leadership development, mentoring programs, and opportunities to lead for all their members.
- Nursing education programs should integrate leadership theory and business practices across the curriculum, including clinical practice.
- Public, private, and governmental health care decision makers at every level should include representation from nursing on boards, on executive management teams, and in other key leadership positions.

## Leadership: Recommendations 4-6

The Vermont Blue Ribbon Commission on Nursing recommends that we:

- 4. Ensure nursing representation** on any committee on health care and health reform.
- 5. Promote and make available leadership education and mentoring.** Academic settings, health care organizations, and professional organizations should facilitate leadership skill development and opportunities for education and mentoring.
- 6. Assess the extent of leadership theory** included in Vermont nursing curricula. Throughout the Commission discussion, the level of collaboration among Vermont nursing programs was evident; the Commission is confident of the ability of these programs to share and coordinate curricula in this area.

## EDUCATION:

At the root of all the recommendations is the realization that nurses have to be highly intelligent and well educated. Higher levels of nursing education are needed for entry level registered nurses, as research has demonstrated this leads to more positive patient outcomes. In community and public health nursing, the BSN has historically been the preferred degree. More hospitals are requiring the BSN for their entry level nurses. Research has also shown that those nurses who graduate with a BSN are more likely to pursue graduate education in nursing. The complexity of nursing care, as well as the expectation that it will be delivered comprehensively to a diverse population across all health care settings, makes it imperative that nurses have a foundation of knowledge that will serve Vermonters well and prepare them for advance degrees in nursing. Of equal concern is the need for nurses in all settings to demonstrate continued competence. Bold steps must be taken by our academic institutions and regulatory agencies to enact these changes and promote nursing education that is cutting-edge, pertinent, efficient, and beneficial to the student on many levels. Special attention must be paid to the recruitment and retention of qualified students and faculty.

The Institute of Medicine Recommendation 4 is to increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020. The report further directs that “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 education of our current nursing workforce is summarized in *Figure 5* and the changes in our nurse education offerings in Vermont in the last decade are outlined in *Figure 6*.

FIGURE 5

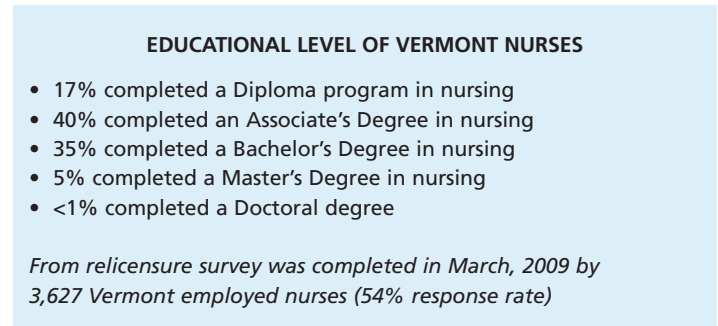
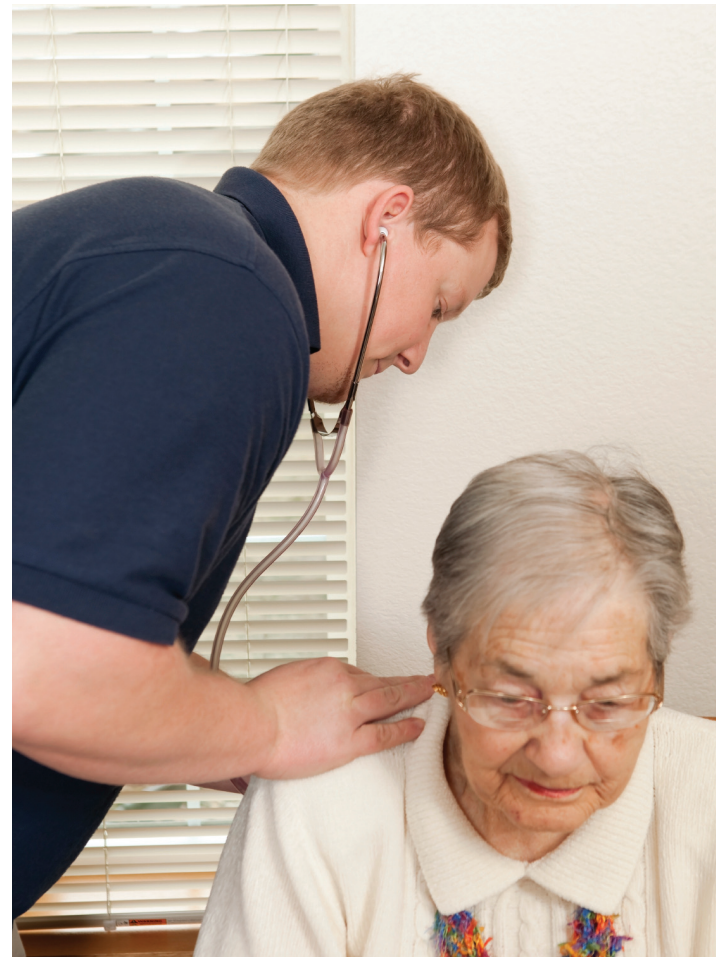
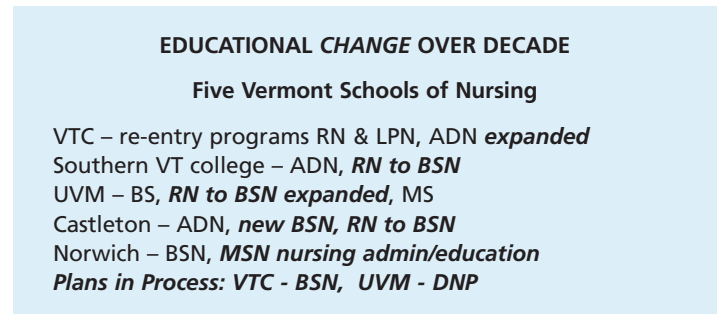
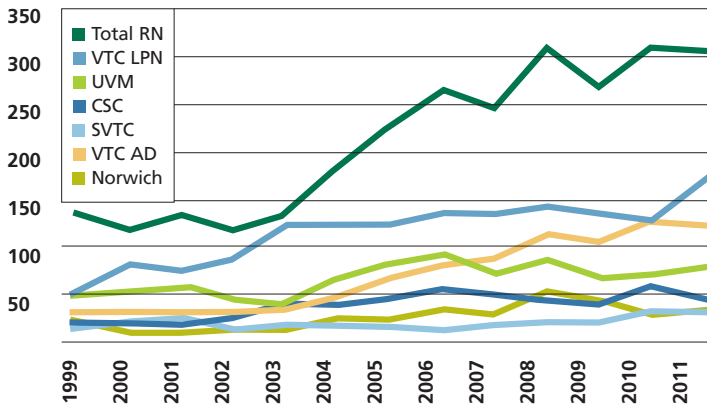


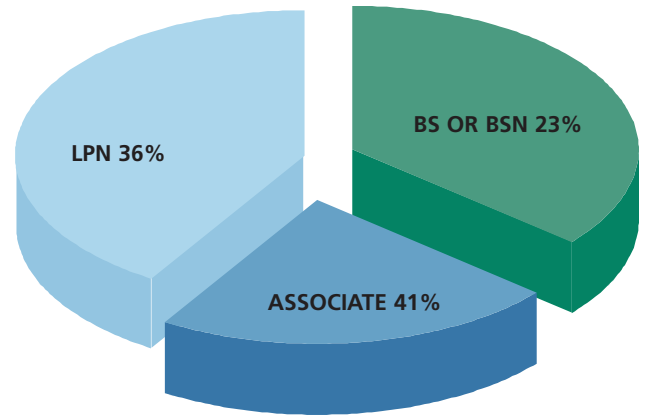
FIGURE 6



**FIGURE 7**  
VERMONT NURSE GRADUATES 1999-2011

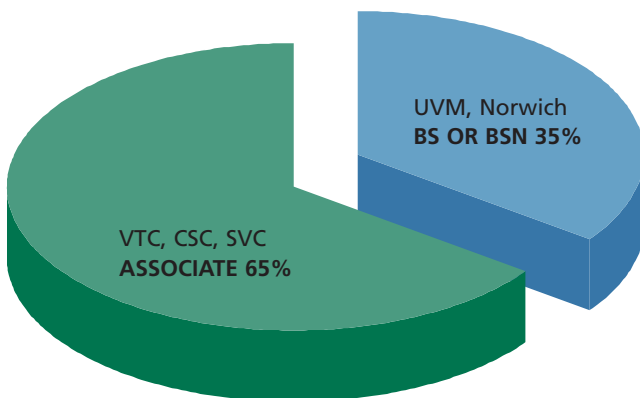


**FIGURE 8**  
VERMONT NURSE GRADUATE BY TYPE/DEGREE 2011

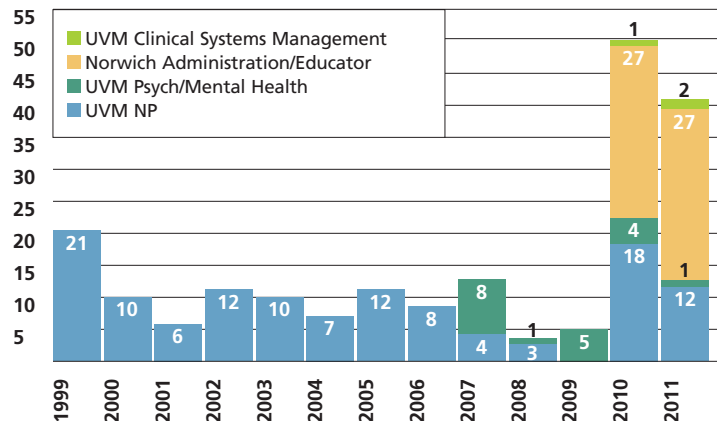


Does not count RN to BSN graduates in 2011.

**FIGURE 9**  
RN GRADUATES IN VERMONT 2011



**FIGURE 10**  
NURSING MASTERS' DEGREES IN VERMONT 1999 TO 2011



In the last decade the number of nursing graduates has increased 133% (Figure 7) and this has helped to ease the nursing shortage. The percent of Vermont nurse graduates with a bachelor's degree is still below the recommendations of the Institute of Medicine (80%) and the American Nurses Association (60%). Currently, 23% of all nurse graduates (Figure 8) and 35% of all registered nurse graduates (Figure 9) in Vermont have bachelor's degrees. Masters degree graduates in Vermont have increased (Figure 10) as well as applicants to the UVM Master's Degree offerings (Figure 11).

It is also important to note limitations of our currently available data. For examples, in Figures 7-10 reflects graduates, but not necessarily nurses practicing in Vermont. Likewise, data for Master's degree graduates includes those from Norwich University who may have taken the entire program online and never intended to (Figure 10) live or practice in Vermont. Our discussions of limitations of currently-available workforce data highlight the need for an annual Dashboard recommended previously.

**Education: Recommendations 7-10**

**7. Increase the proportion of nurses with baccalaureate in nursing degrees (BSN) to 80% by 2022.** This proposal would include grandfathering current associate degree and diploma nurse graduates, requiring all nurses graduating after 2018 to have a BS in nursing to be licensed as a registered nurse in Vermont, or obtain such BS in Nursing within ten years of initial licensure in Vermont in order to maintain Vermont licensure.

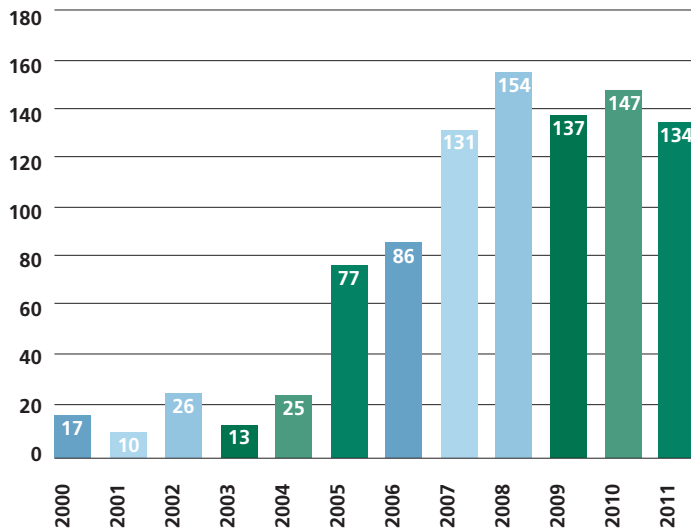
The goal of this recommendation is ensure Vermont nurses will continue to have the education and skills needed to practice in a changing health care system and provide care for increasingly complex and older patients. Commissioners discussed the importance and breadth of this recommendation and agreed that reaching this goal and establishing the BSN as the entry level for nursing will require resources, collaboration, flexibility, and leadership. Educational programs will need sufficient time and resources to implement any needed changes. Employers, who

must maintain an adequate workforce and quality patient care, will need additional financial incentives in order to provide tuition reimbursement and release time to employees expanding their education in nursing. Commission members from educational institutions in Vermont stressed the importance of educating Vermont nurses for the future and Commission discussions integrated this thinking with the immediate and practical needs that will be required to achieve this.

- a. **Promote seamless progression of education.** Within two years, each nursing program in Vermont should collaborate and develop a clear map across institutions showing a distinct academic pathway, from entry point to completion of highest degree and work cooperatively as colleagues in helping students/graduates progress from one nursing program to another beyond articulation agreements.
- b. **Promote diversity and interprofessional collaboration** in nursing education.
- c. **Continue to support AHEC** (Area Health Education Centers) current loan repayment programs for nurses and nurse faculty.

**8. Increase nurse transition to practice residency programs** in Vermont within the next five years that are specific to clinical sites across all health care settings, for all newly licensed nurses and, as appropriate, for those experienced nurses transitioning to unfamiliar practice settings, using such models as the Vermont Nurses in Partnership (VNIP; See *Figure 12*). The Institute of Medicine report Recommendation 3 reinforces the importance of implementing nurse residency programs. The IOM report further directs that “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.”

**FIGURE 11**  
**APPLICATIONS TO UVM MASTERS PROGRAM IN NURSING**  
**2000 TO 2011**




The Vermont Blue Ribbon Commission recommends that we initially:

- a. Document the numbers and types of nurse residency programs currently in Vermont
- b. Evaluate the potential impact of and barriers to expanding such programs throughout Vermont, across all settings.

**FIGURE 12**  
**IMPLEMENT NURSE RESIDENCY PROGRAMS**

Vermont Nurses In Partnership, Inc. (VNIP) provides an international forum for nurse leaders from academia, regulation and various practice settings that are working to improve transition to practice for direct care providers. The forum has grown from the initial 45 Vermont-based members, to a coalition of over 500 nurse leaders from across the nation and around the world. [www.vnip.org](http://www.vnip.org)



**9. Double the number of nurses with a doctorate by 2022.** The Institute of Medicine Recommendation 5 is to “double the number of nurses with a doctorate by 2020.” In addition, this recommendation directs “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, “and recommends that “Academic administrators and university trustees should create salary and benefit packages that are market competitive to recruit and retain highly qualified academic and clinical nurse faculty.”

- a. The Vermont Blue Ribbon Commission on Nursing supports this recommendation and recommends that we expand loan repayment programs to include those earning a doctoral degree in nursing and working in Vermont, regardless of the setting.

**10. Ensure lifelong learning and competence.** Recommendation 6 from the Institute of Medicine is to “Ensure that nurses engage in lifelong learning.” In addition the IOM report directs “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.”

The Vermont Blue Ribbon Commission recommends that nurses be required to participate in formal or informal continuing education and professional development to acquire and maintain the competencies needed to provide care and/or teach nursing to diverse populations across the lifespan in all health care settings. We recommend that institutions and

health care agencies, in collaboration with regulatory agencies, use creative methods to meet this goal. In addition, we recommend the Vermont State Board of Nursing consider requiring nursing-related continuing education or an equivalent as an additional requirement for relicensure of LPNs and RNs.

## **Models of practice and access to care: Recommendations 11-15**

Commission discussions included the importance of collaborating and linking the efforts of this Blue Ribbon Commission on Nursing to ongoing work in Vermont health care reform. Commission members noted barriers that related to financing, federal policy in some settings, and a need for more systematically connecting the work of nurses and other health professionals through education and practice, especially as we reform our health care system in Vermont and nationally. In addition, as there is tremendous change in health reform occurring nationally and national efforts to implement the Institute of Medicine recommendations, Commission members felt it is imperative for Vermont to connect and contribute to best practices and lessons learned at a national level.

- 11. Connect education and finances.** Ensure Vermont’s provider reimbursement policies reflect the state’s educational and practice requirements for the nursing profession, and support providers’ ability to recruit and retain a well prepared workforce by offering competitive salaries and appropriate differentials that acknowledge educational attainment.
- 12. Increase access to health care services from nurses and nurse practitioners during health reform changes,** by specifically considering this in developing Vermont’s future Medicaid and Medicare waivers. (Current rules create barriers to access and care from nurses and nurse practitioners across settings.) The Institute of Medicine’s first Recommendation is to remove scope-of-practice barriers. The IOM report “recommends the Medicare program authorize advanced practice registered nurses to perform admission assessments, as well as certification of patients for home health care services and for admission to hospice and skilled nursing facilities.”
- 13. Promote the creation and sharing of Vermont interprofessional competencies, assessments, and related data** including such areas as:
  - a. Educational initiatives and curriculum change summary;
  - b. Utilization of informatics by primary care practices;
  - c. Use of evidence-based research for teamwork processes and team-based care;
  - d. Application of quality improvement metrics related to patient centered care and team work.

- 14. Formally establish a Vermont Action Coalition** to provide oversight, accountability for progress and review of the annual dashboard. This coalition could be administratively housed in such entities as the Office of Nursing Workforce at the University of Vermont Area Health Education Centers (AHEC) program or in a Department of the Vermont Agency for Human Services. This Action Coalition must continue to include a variety of stakeholders, like the Vermont Blue Ribbon Commission on Nursing, and have the ability to apply for grant funding opportunities, made available through the national Future of Nursing: Campaign for Action, who coordinates action coalitions on a national basis.

According to the Future of Nursing, “Action Coalitions are the driving force of the Future of Nursing: *Campaign for Action*.” Action Coalitions, now formed in all states in the U.S. except for Oregon and Alaska, are designed to “effect long-term sustainable change at the local, state, and regional levels.” The coalitions are comprised of a variety of stakeholders and “will capture best practices, determine research needs, track lessons learned and identify replicable models. With technical assistance from the Center to Champion Nursing in America (CCNA) and RWJF, Action Coalitions are developing and implementing unique sets of regional goals and campaigns within the framework of the IOM recommendations. CCNA is an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation.” Members of the Vermont Blue Ribbon Commission on Nursing seized the opportunity to position our Commission as an Action Coalition, successfully writing a proposal to enable Vermont to be part of this national initiative, and one of our Commission members attended a regional Coalition meeting on our behalf. However, because the Governor’s Blue Ribbon Commission will end on September 30, 2012, Commission members felt it was critical to continue the functions of an Action Coalition in Vermont, to ensure national connections, contribute to best practices on a national level, and access “lessons learned” from other coalitions across the country at this critical time of national change.

- 15. Create a Blue Ribbon Nursing Commission** every 10 years, to ensure continued progress in achieving health care goals related to nursing. At the beginning of its work, the 2012 Commission noted that substantial progress was achieved as a result of the implementation of the 2002 Blue Ribbon Nursing Commission recommendations. Similarly, implementation of the 2012 recommendations will result in additional progress towards the goal that nurses are full partners in Vermont’s health reform efforts. The Commission recommends that this approach continue in the future.



## ESTIMATED ANNUAL COSTS TO IMPLEMENT RECOMMENDATIONS

Commission members agreed that recommendations cannot be accomplished without additional resources in specific areas. The Commission reviewed the recommendations and budget of the 2001 Vermont Blue Ribbon Commission on Nursing, whose total costs per year were estimated at \$1,750,000, and discussed strategies to utilize ongoing programs and administrative homes to implement the 2012 recommendations.

### 1. Creation of Dashboard (Recommendation 3) ..... \$100,000

This recommendation calls for the creation of an annual Nurse Workforce Data Dashboard. These funds would enable the University of Vermont Office of Nursing Workforce (in the Area Health Education Center program at UVM) to produce and distribute this dashboard on an annual basis.

### 2. Expanding loan repayment programs (Recommendations 7 and 9) ..... \$600,000

These funds would expand current loan repayment programs and also include those earning a doctoral degree in nursing. Commission members agreed that current loan repayment programs related to nursing should increase to a total of \$1 million. This is an increase of \$600,000 to provide incentives for individuals to reach the goal of increasing the proportion of nurses with BSN degrees.

### 3. Create an incentive program administered by Vermont ..... \$500,000

Department of Labor for Vermont employers to match investments in employees' education (Establish the BSN as the entry-level degree in nursing – Recommendation 7).

### 4. Fund the Vermont Department of Labor to provide grants ..... \$500,000

Educational institutions in Vermont to increase capacity and support additional education of nurses (Establish the BSN as the entry-level degree in nursing – Recommendation 7).

### 5. Ensure lifelong learning (Recommendation 10). Create funding ..... \$350,000

Grants to Vermont institutions for certificates and continuing education program development; these funds could be administered by an existing entity such as the Vermont Department of Labor or Vermont AHEC program.

### Total Estimated Annual Costs to Fully Implement Recommendations ..... \$2,050,000

## 2012 RECOMMENDATIONS: VERMONT BLUE RIBBON COMMISSION ON NURSING

### Data

1. Conduct relicensure surveys (supply analysis) mandated to be completed electronically by all who wish to relicense in the nursing profession in Vermont.
2. Develop and conduct demand surveys.
3. Produce an annual Nurse Workforce Data Dashboard.

### LEADERSHIP (Encompasses Clinical, Organizational and Policy):

4. Ensure nursing representation on any committee on health care and health reform.
5. Promote and make available leadership training and mentoring.
6. Assess the extent of leadership theory included in Vermont nursing curricula.

### Education

7. Increase the proportion of nurses with baccalaureate in nursing degrees (BSN) to 80% by 2022.
8. Increase nurse transition to practice residency programs in Vermont within the next five years.
9. Double the number of nurses with a doctorate by 2022.
10. Ensure lifelong learning and competence through a variety of strategies.

### Models of Practice and Access to Care

11. Connect education and finances. Change Vermont reimbursement policies for providers to reflect educational and practice requirements; promote salary differentials related to educational attainment.
12. Increase access to health care services from nurses and nurse practitioners during health reform changes, by specifically considering this in developing Vermont's future Medicaid/Medicare waivers.
13. Promote the creation and sharing of Vermont interprofessional competencies, assessments, and related data.
14. Formally establish a Vermont Action Coalition.
15. Create a Blue Ribbon Nursing Commission in Vermont every 10 years to ensure continued progress in achieving health care goals related to nursing.

## REFERENCES AND RELATED RESOURCES

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