



WHERE HAVE ALL THE NURSES GONE?

THE STATE OF NURSING IN MICHIGAN

GRACE JACEK, DNP, APRN, FNP-C

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LEARNING OBJECTIVES

- 1) Analyze the competing forces that impact the nursing workforce within the health care system with emphasis on the intersect between access, cost, legislation, practice environment, quality, and resource allocation.
- 2) Identify opportunities to address emerging nursing issues effectively to improve health care delivery in the spirit of collaboration between stakeholders and professional nursing.
- 3) Critically analyze nursing policy proposals from the perspective of nursing and other stakeholders in policy and public forums.

WHERE HAVE ALL THE NURSE GONE?

Costa & Friese, (2022)

‘Weaknesses in health care staffing are of particular concern when it comes to the workforce of registered nurses, which could well see a mass exodus as the Covid-19 pandemic eases in the United States and the economy recovers.’

In a 2021 national survey conducted by the American Association of CriticalCare Nurses, 66% of respondents reported having considered leaving the profession, a percentage that is much higher than previously reported rates

(pg 2454)

WHERE HAVE ALL THE NURSE GONE?

Costa & Friese, (2022)

‘Unsafe work environments — which predated the pandemic — are a key contributor to intentions to leave.’

‘Nurses reported pervasive unsafe working conditions before the pandemic, and during COVID-19, they have cited a range of stressors and traumatic experiences, including furloughs, a lack of adequate protective equipment, increased violence, excessive workloads, and reduced support services.’

(pg 2454)

WHERE HAVE ALL THE NURSE GONE?

Costa & Friese, (2022)

‘We contend that there isn’t a shortage of nurses, but a shortage of hospitals that provide nurses with safe work environments and adequate pay and benefits.’

(pg 2454)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Know your *Why* - Mortality related to inadequate nurse staffing

Driscoll, et al., (2018)

‘The pooled analysis showed that a higher level of nurse staffing decreased the risk of in-hospital mortality by 14%, [95% confidence interval (CI) 0.79–0.94].’

‘Another study reported on medication errors and found that as the number of nurses decreased, the OR for parenteral medication errors increased, some of which caused harm and death.’

(pg. 19)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Morbidity related to inadequate nurse staffing

Driscoll, et al., (2018)

‘A higher level of nurse staffing in CCUs was associated with a lower incidence of pressure ulcer development, use of physical restraints and incidence of nosocomial infection, including late onset ventilator assisted pneumonia.’

‘...as the number of permanent staff compared to temporary staff increased, the rates of sepsis decreased.’

(pg. 19)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Morbidity related to inadequate nurse staffing

Driscoll, et al., (2018)

‘Hart and Davis found that the use of agency staff was associated with a higher incidence of hospital acquired pressure ulcers.’

‘A statistically significant association was also reported between a higher level of nurse staffing on the ward and CCU settings and lower rates of failure to rescue (FTR).’

(pgs. 19 – 20)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Morbidity related to inadequate nurse staffing

Driscoll, et al., (2018)

‘This analysis found that a higher level of nurse staffing was associated with a decrease in the risk of in-hospital mortality (OR 0.86, 95% CI 0.79–0.94) and nurse-sensitive outcomes.’

(pg. 20)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Morbidity and mortality related to inadequate nurse staffing

Driscoll, et al., (2018)

‘Kane et al.¹⁰ who found a higher level of nurse staffing was associated with a lower mortality in ICUs (OR 0.91, 95% CI 0.86–0.96), surgical wards (OR 0.84, 95% CI 0.8–0.89) and medical wards (OR 0.94, 95% CI 0.94–0.95) per additional 1.0 FTE nurse per patient day.

Our meta-analysis found a decrease in risk of 14% in in-hospital mortality for every additional one decrease in patient load over 24 hours.’

(pg. 20)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Morbidity and mortality related to inadequate nurse staffing

Driscoll, et al., (2018)

‘Stone et al. also examined the effect of NPRs on nurse-sensitive outcomes.⁴¹ These outcomes included: central line bloodstream infections, ventilator-assisted pneumonia, catheter-associated urinary tract infection, 30-day mortality, and the presence of decubitus pressure ulcers.’

‘Their sample consisted of 15,846 patients from 51 ICUs in 31 hospitals.’

(pg. 20)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Morbidity and mortality related to inadequate nurse staffing

Driscoll, et al., (2018)

‘Stone et al. found that patients cared for with a higher number of NHPPD were 68% less likely to experience bloodstream infections (95% CI 0.15–0.17), 79% less likely to experience pneumonia (95% CI 0.08–0.53) and there was a 31% reduction in risk for a decubitus pressure ulcer (95% CI 0.49–0.98).’

‘Cardiac outcomes were also improved with a higher level of nurse staffing.’

(pg. 20)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Ethics and Compliance Initiative, (2022)

Top 10 Patient Safety Concerns 2022

Listed staffing shortages as their #1 concern (pg. 2)

'In 2020, hospital registered nurse (RN) turnover was 18.7%.'

(pg. 6)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

Han, et al., (2021)

'Our study did not find evidence to support the 2 policy alternatives to mandated staffing ratios. Staffing committee laws had no effect, and public reporting laws only showed a small effect.' (pg. S469)

Lasater, et al., (2021)

'Nurse staffing on medical and surgical units in Illinois hospitals averaged 5.4 patients per nurse and ranged from as few as 4.2 patients per nurse to as many as to 7.6. These estimates suggest that few Illinois hospitals are currently meeting the minimum staffing levels which would be required by the Safe Patient Limits Act currently under consideration. We found that each additional patient in a nurses' workload was associated with 16% higher odds of death and longer lengths of stay. If Illinois hospitals staffed medical and surgical units at the ratio proposed in the legislation, we project thousands of deaths could be avoided each year and patients would experience shorter lengths of stay resulting in hundreds of millions of dollars in cost-savings for hospitals.'(pg. 6)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE?

McHugh, et al., (2021)

‘We compared Queensland hospitals subject to the ratio policy (27 intervention hospitals) and those that discharged similar patients but were not subject to ratios (28 comparison hospitals) at two timepoints: before implementation of ratios (baseline) and 2 years after implementation (post-implementation).’

‘The majority of change was at intervention hospitals, and staffing improvements by one patient per nurse produced reductions in mortality (OR 0.93, 95% CI 0.86–0.99, $p=0.045$), readmissions (0.93, 0.89–0.97, $p<0.0001$), and LOS (IRR 0.97, 0.94–0.99, $p=0.035$). In addition to producing better outcomes, the costs avoided due to fewer readmissions and shorter LOS were more than twice the cost of the additional nurse staffing.’

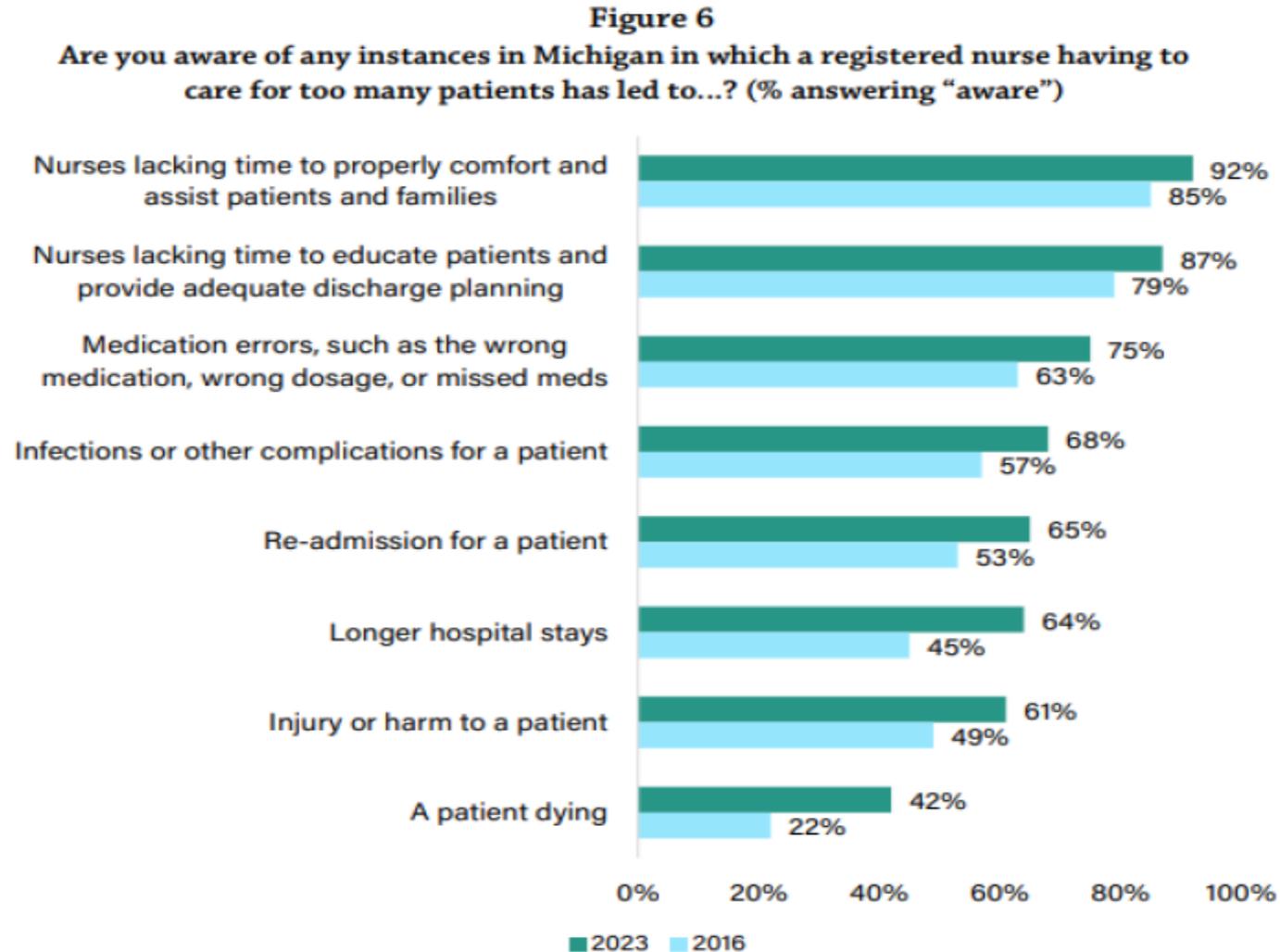
WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE? (MI PUBLIC HEALTH INST., 2022)



PLANS TO WORK 5 YEARS OR LESS BY REGION JUNE 2022

Region	RNs			LPNs		
	N	%	95% CI	N	%	95% CI
Upper Peninsula	504	25.90%	(22.3% - 29.9%)	87	41.10%	(31.4% - 51.6%)
Northwest LP	596	27.60%	(24.2% - 31.3%)	47	43.40%	(30.3% - 57.5%)
Northeast LP	232	26.80%	(21.5% - 32.8%)	34	28.90%	(16.4% - 45.6%)
West/West Central	2,054	21.10%	(19.4% - 22.9%)	246	29.40%	(24.1% - 35.4%)
East Central	789	25.40%	(22.5% - 28.6%)	108	22.00%	(15.2% - 30.7%)
East	889	22.70%	(20.1% - 25.6%)	115	25.20%	(18.2% - 33.8%)
South Central	592	25.90%	(22.5% - 29.6%)	43	24.20%	(13.9% - 38.8%)
Southwest	975	24.80%	(22.2% - 27.6%)	105	23.60%	(16.5% - 32.6%)
Southeast	1,702	27.50%	(25.4% - 29.7%)	145	28.10%	(21.4% - 35.9%)
Detroit Metro	4,263	26.30%	(25.0% - 27.6%)	435	19.60%	(16.1% - 23.6%)
Lives in Michigan	512	26.50%	(22.9% - 30.5%)	54	29.30%	(18.9% - 42.5%)
Lives Outside of Michigan	1,513	29.30%	(27.1% - 31.6%)	97	29.70%	(21.5% - 39.4%)

WHY DO WE NEED TO ADDRESS THE NURSE STAFFING ISSUE? (MI PUBLIC HEALTH INST., 2022)



WHAT DOES THE NATIONAL AND STATE NURSING DATA SHOW?

[HTTPS://WWW.NCSBN.ORG/RESEARCH/RECENT-
RESEARCH/WORKFORCE.PAGE](https://www.ncsbn.org/research/recent-research/workforce.page)

SMILEY, R.A., ALLGEYER, R.L., SHOBO, R., LYONS, K.C.,
LETOURNEAU, R., ZHONG, E., KAMINSKI-ÖZTURK, N.,
& ALEXANDER, M. (2023, APR). THE 2022
NATIONAL NURSING WORKFORCE SURVEY. *JOURNAL
OF NURSING REGULATION*.

THE 2022 NATIONAL NURSING WORKFORCE SURVEY

SLIDE 21

(Smiley, et al, 2023)

Every two years the National Council of State Boards of Nursing (NCSBM) and the National Forum of State Nursing Workforce Centers conduct a national-level survey that focuses on the U.S. nursing workforce.

The study includes RN and LPN data

The 2022 study captures data about the impact of COVID-19 pandemic on the nursing workforce

WHAT ARE SOME OF THE KEY FINDINGS OF THIS 2022 SURVEY?

SLIDE 22

(Smiley, et al, 2023)

The pandemic caused shifts in the nursing workforce

Many older nurses left between 2020 – 2022

National estimated losses: RN 200K & LPN 60K

The mean age of RNs and LPNs has decreased

The nursing workforce is younger and more diverse

“The toll of COVID-19 on nurses requires urgent attention.”

NURSING WORKFORCE GENDER DISTRIBUTION

SLIDE 23

(Smiley, et al, 2023)

RN

Mean age: 46 years of age (-6 yrs/2020)

Men 11%

Women 88%

Non-binary 0.3%

LPN

Mean age: 47 (-6 yrs/2020)

Men 10%

Women 89%

Non-binary 0.2%

RACIAL DIVERSITY IN THE WORKFORCE

SLIDE 24

(Smiley, et al, 2023)

Trends show

Racial diversity has increased within the workforce

RN – Black 6.3%, Hispanic 7%, White 80%

LPN – Black 17.6%, Hispanic 12%, White 66%

Younger RNs tend to be more racially diverse

Male RNs and LPNs tend to be more racially diverse than their female colleagues

BASIC WORKFORCE EDUCATION AND EARNINGS

SLIDE 25

(Smiley, et al, 2023)

Trends show

Higher percentage of RN have baccalaureate degrees or higher (70%)

We are trending favorably -

Fact: our national goal as set forth by the National Academy of Medicine (formerly IOM) is 80% BSN prepared RNs (2011)

RN salaries have increased (2022 median: RN 80K/yr; LPN 50K/yr)

Workload has increased (60% respondents blame COVID pandemic)

NURSE EDUCATION AND SALARY DATA

SLIDE 26

(Smiley, et al, 2023)

Trends show

Higher percentage of RN have baccalaureate degrees or higher (70%)

BSN is the most common degree for RNs

Nurse salaries have increased (2022 median: RN 80K/yr; LPN 50K/yr)

Workload has increased (60% respondents blame COVID pandemic)

28% RNs made > 100K (2022)

14.9% RN made > 100K (2015)

Michigan RNs median annual earning 78K (2022)

Earning increased with age and higher education

ADVANCED PRACTICE EARNINGS

SLIDE 27

(Smiley, et al, 2023)

Trends show

Overall median earning decreased after age of 60 yrs of age

APRN median annual earnings

CRNA 197K

NP 108K

CNM 101K

CNS 89K

(2022)

NURSES EMPLOYED FT, PT, AND PER DIEM SLIDE 28

(Smiley, et al, 2023)

Trends show

RNs currently employed 89%

Full-time 70%

Part-time 11%

Per diem 8%

LPNs currently employed 88%

28% of respondents plan to retire in the next 5 years

WHY DO SOME REGISTERED NURSES STAY UNEMPLOYED? SLIDE 29

(Smiley, et al, 2023)

The reasons licensed nurses remain unemployed:

Taking care of home and family (RN/46%) (LPN/42%)

COVID-19 pandemic (RN/22%) (LPN/20%)

Inadequate salary 12%

Trouble finding nursing position 10%

Disabled (RN/7%) (LPN/13%)

Education/school 9%

DISTRIBUTION OF WORKFORCE

SLIDE 30

(Smiley, et al, 2023)

What is the distribution of workforce among the different nursing positions?

Staff RN 56%

Case manager 10%

APRN 9%

Other – health related 7.7%

Travel nurse 6%

Nurse faculty 3.3%

Nurse executive 1.9%

AFTER THE PANDEMIC, HOW DID THE AGE AND EXPERIENCE OF THE
WORKFORCE CHANGE?
SLIDE 31

(Smiley, et al, 2023)

Trends show

The nursing workforce is overall less experienced collectively as compared to years prior to the COVID-19 pandemic.

The proportion of RNs with 10 or fewer years of experience is 38% (2022), as compared to 31% (2020).

Mean years experience - 15 (2022) vs 20 (2020)

LPNs with 10 or fewer years of experience is currently 42% (2022), as compared to 37% (2020).

Most of the workforce obtained their initial licensure in the United States (RN 96%, LPN 99%)

HOW DID THE PANDEMIC IMPACT NURSES?

SLIDE 32

(Smiley, et al, 2023)

Nurses stated the following about how the pandemic impacted them:

60% report an increase in their workload

RNs 16% and LPNs 11% report changing their practice settings

More than 50% report feeling ‘emotionally drained from work’ at least a few times each week

“I felt used up” (every day) 30%

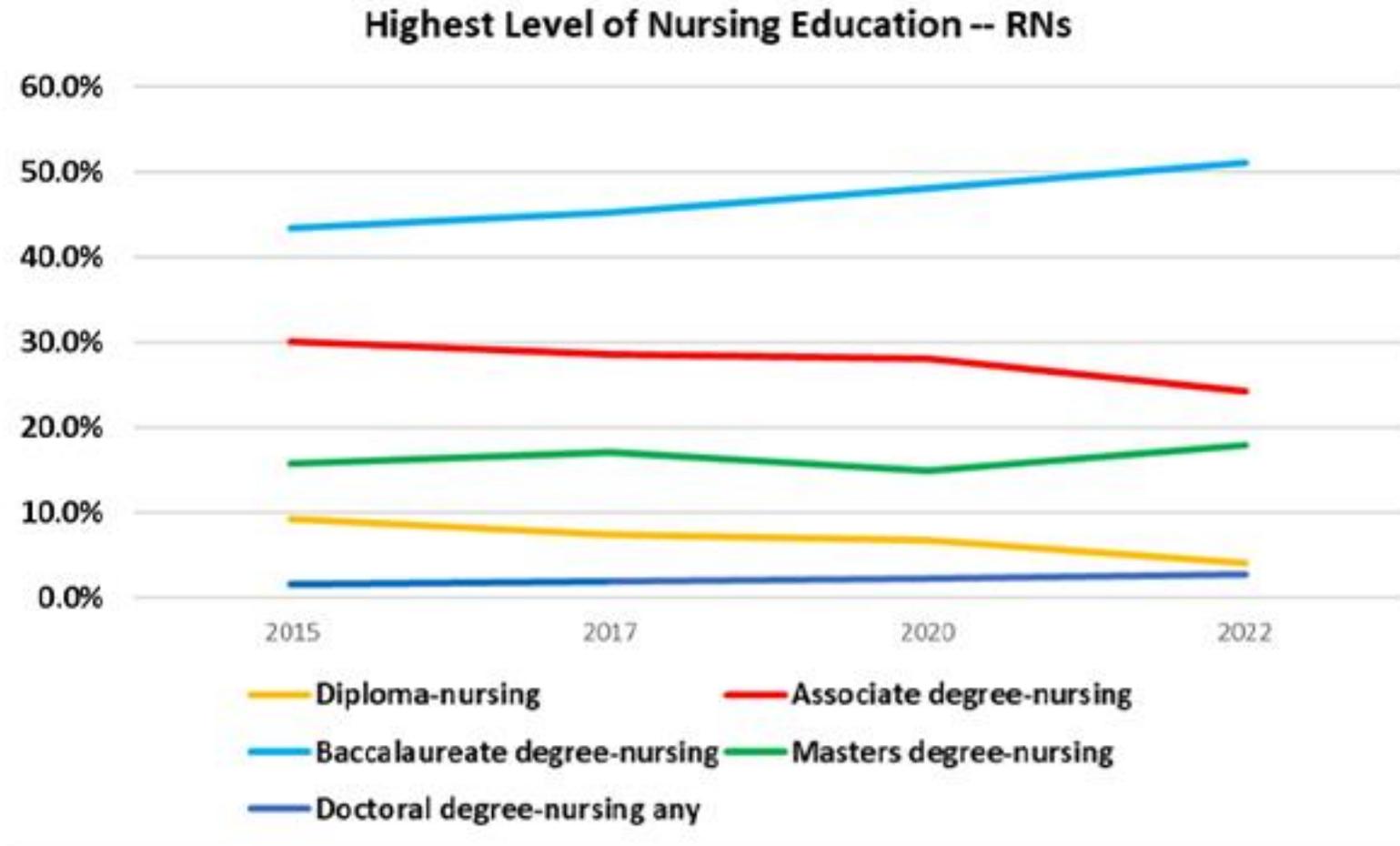
25% report feeling ‘like they were at the end of their rope’ a few times each week

“I retired” 12.4%

“I left nursing” 2.7%

2022 NATIONAL NURSING WORKFORCE SURVEY

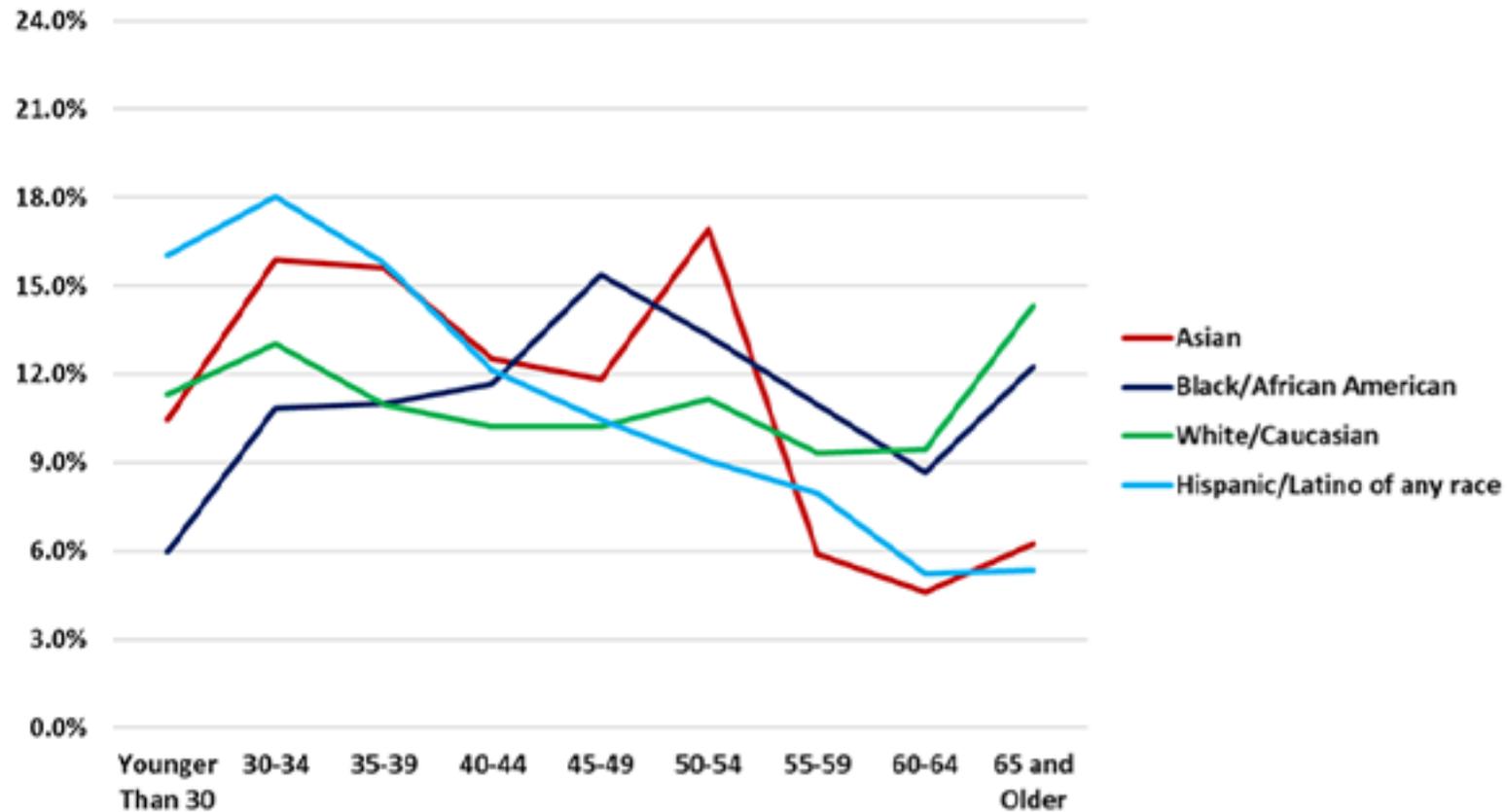
SLIDE 33



RN AGE AND ETHNICITY

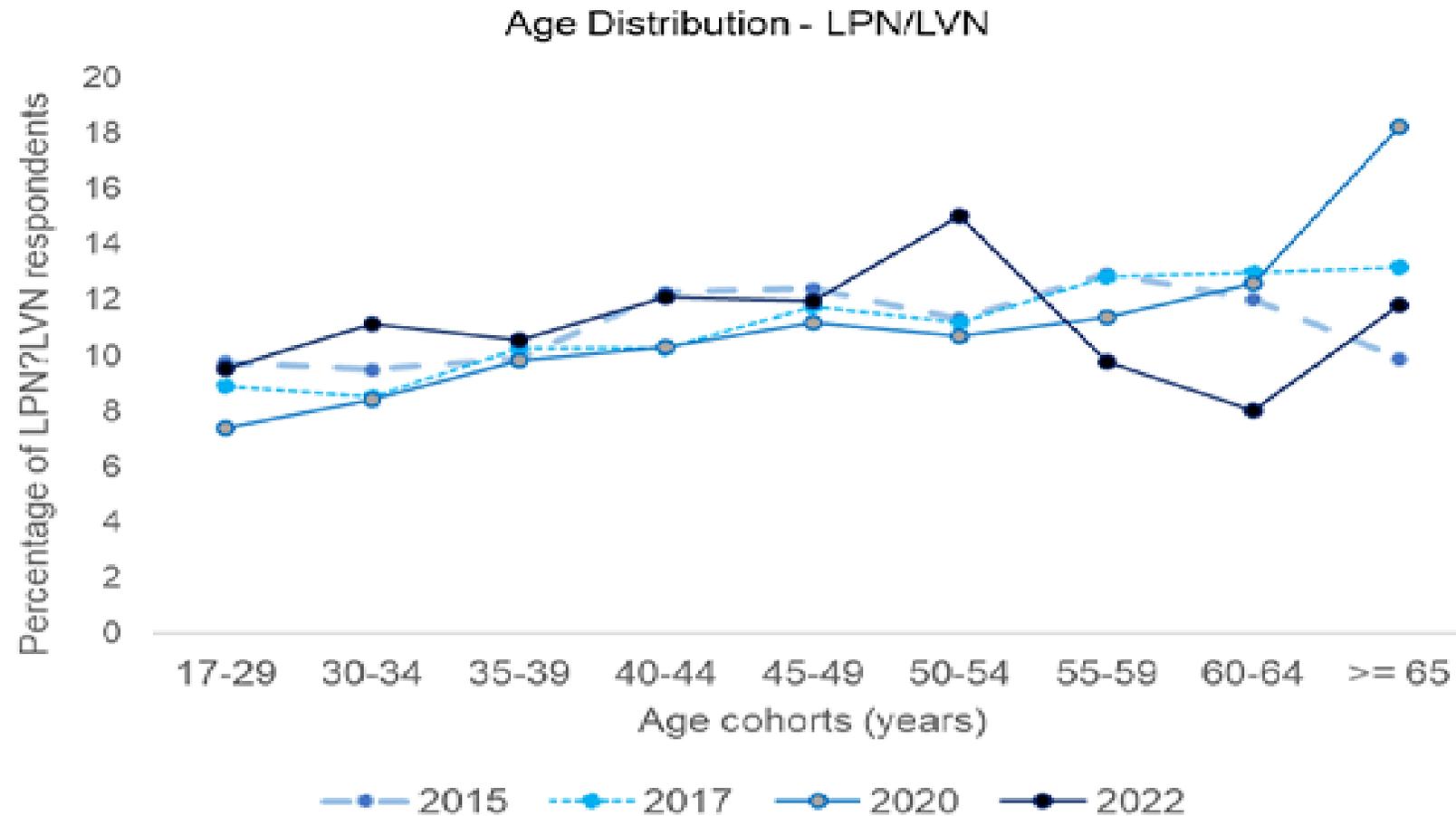
SLIDE 34

2022: Age Distribution by Race/Ethnicity for RNs



LPN AGE AND ETHNICITY

SLIDE 35



MICHIGAN NURSING POPULATION

(Smiley, et al, 2023)

State data

Michigan has 167,780 active RN licenses

and

22,421 active LPN licenses

(2022)



MORE REASONS TO
CARE ABOUT THE STATE
OF NURSING

HOW HAS THE CURRENT STATE OF NURSING IMPACTED ACCESS TO CARE?

SLIDE 38

American Hospital Association, (2021, Oct). Data Brief: Health care workforce challenges threaten hospitals' ability to care for patients.

<https://www.aha.org/fact-sheets/2021-11-01-data-brief-health-care-workforce-challenges-threaten-hospitals-ability-care>

The Kaiser Family Foundation poll found that about 3 in 10 health care workers considered leaving their profession.'

'Staffing shortages have driven an increase in wages forcing hospitals to invest significant resources to recruit and retain staff.'

'Acuity of patients has increased by nearly 6%.'

Job vacancies for nursing personnel increased by 30% between 2019 – 2020.

There are fewer staff available to treat sicker patients.

HOW HAS THE CURRENT STATE OF NURSING IMPACTED THE COST OF STAFFING AND HEALTH CARE DELIVERY?

SLIDE 39

(Bae et al., 2022)

Systematic review and meta-analyses

Conclusion:

Nurse turnover is very costly.

Health care leaders and professional nurses need to develop and implement prevention strategies to address nurse turnover.

Increase hospital competency to improve the quality of nursing services

Increase hospital competency to improve patient safety

HOW HAS THE CURRENT STATE OF NURSING IMPACTED THE COST OF STAFFING AND HEALTH CARE DELIVERY?

SLIDE 40

(Bae et al., 2022)

Temporary replacements and decreased initial productivity
added to the costs of nurse turnover.

HOW HAS THE STATE OF NURSING IMPACTED THE PRACTICE ENVIRONMENT?

SLIDE 41

(ANA, 2023)

Nurses attribute their chronic stress and compassion fatigue to 'constant pressure', 'lack of support from leadership', 'long shifts'.

'Unsustainable working conditions' are causing nurses to quit.

These perceptions held by nurses have been exacerbated by the COVID-19 pandemic.

HOW HAS THE STATE OF NURSING IMPACTED THE PRACTICE ENVIRONMENT?

SLIDE 42

(Bae et al., 2022)

Describes nursing turnover and determinants of intent to leave.

Turnover is defined as the admission and departure of personnel working in an organization.

According to Thomas et al. (2022), cited in Bae's article, the national turnover rate of RNs was 17.8%.

HOW HAS THE STATE OF NURSING IMPACTED THE PRACTICE ENVIRONMENT?

SLIDE 43

(Bae et al., 2022)

Nurse dissatisfaction, nurse stress, managerial style, and supervisor support factors at the organizational level were significant factors.

Emergency nurses report aggression, violence, serious incidents, and work environment.

(pg 393)

HOW HAS THE STATE OF NURSING IMPACTED THE QUALITY OF NURSING CARE?

SLIDE 44

(Bae et al., 2022)

Nurse turnover compromises quality of care and outcomes.

Outcome measures also include average length of stay, loss of central venous catheter, loss of nasogastric or enteral tube, medical errors, medication errors, nonplanned extubation, patient falls, patient satisfaction, pressure ulcers, and skin injury.

There is an inverse relationship between nurse turnover and patient satisfaction.

The higher nurse turnover, the lower the patient satisfaction

Low nurse turnover is associated with lower patient fall rates.

Higher RN turnover is associated with increased unit-acquired pressure ulcers and medical errors.

(pg 401)

HOW HAS THE STATE OF NURSING IMPACTED THE QUALITY OF NURSING CARE?

SLIDE 45

(Bae et al., 2022)

Nurse turnover compromises quality of care and outcomes.

The authors state high turnover creates poor work conditions that may be detrimental to the patient quality of care and their safety.

Poor quality of care can lead to additional turnover among nurses.

(pg 402)

HOW HAS THE STATE OF NURSING IMPACTED THE QUALITY OF NURSING CARE? SLIDE 46

(Ball et al., 2018)

When nurse staffing levels are lower there is a higher incidence of missed nursing care.

An increase in a nurse's workload by one patient and a 10% increase in the percent of missed nursing care is associated with a 7% and 16% increase in odds of a patient dying within 30 days of admission (respectively)(pg 10).

'Missed nursing care, which is highly related to nurse staffing, is associated with increased odds of patients dying in hospital following common surgical procedures (pg 10).'

'Higher rate of missed care in turn relates to lower safety grades reported by nurses, patients being less likely to rate their hospital highly, and increased risk of falls and other adverse events (pg 11).'

HOW HAS THE STATE OF NURSING IMPACTED THE QUALITY OF NURSING CARE? SLIDE 47

(Ball, et al., 2018)

‘...Nurses who have too many patients to care for do not have time to complete all necessary care...this missed nursing care increases the odds of poor patient outcomes, in this case a higher risk for dying in the hospital (pg 13).’

‘The findings also confirm that bachelor’s level educational qualifications for hospital nurses are associated with lower post-surgical mortality...(pg 13).’

‘Errors in hospitals remain a major cause of death (pg 13).’

HOW HAS THE STATE OF NURSING IMPACTED THE QUALITY OF NURSING CARE? SLIDE 48

(Bartmess, et al., 2021)

“Unsafe nurse staffing conditions in hospitals have been shown to increase the risk of adverse patient events, including mortality.”

“There are a variety of factors to consider when staffing nurses for patient safety, such as the number of patients per nurse, nurse preparation, patient acuity, and nurse autonomy.”

HOW HAS THE STATE OF NURSING IMPACTED ECONOMICS AND RESOURCE ALLOCATION?

SLIDE 49

Plescia, M. (2012, Oct 14). The cost of nurse turnover by the number. Financial Management. *Beckers Hospital Review*.

<https://www.beckershospitalreview.com/workforce/the-cost-of-nurse-turnover-in-24-numbers-2023.html>

Reports the average cost of turnover for a bedside RN is \$40,038.00.

The range is \$28,400.00 – \$51,700.00.

A hospital may lose \$3.6 – 6.5 million per year

Each percent change in RN turnover cost or saves the average hospital \$270,800.00 per year



WHY DO WE CARE ABOUT
THE STATE OF NURSING?

LET'S ADDRESS EMERGING NURSING ISSUES

SLIDE 51

Who are the stakeholders impacted by the state of nursing?

Patients

Families

Nurses

Nursing leaders

Health care organizations

Insurers

Taxpayers

Residents of Michigan

LET'S ADDRESS EMERGING NURSING ISSUES

SLIDE 52

What are the current nursing issues that need to be addressed to improve health care delivery?

(Ball, et al., 2018, pg 13)

Patient safety initiatives aimed at reducing post-surgical mortality

Errors in hospital care remain a major cause of death

Reducing the risk of potentially fatal errors (omission & commission)

LET'S ADDRESS EMERGING NURSING ISSUES

SLIDE 53

What opportunities should be identified and brought forward to improve health care delivery by addressing the state of nursing?

(Ball et al, 2018)

“Missed nursing care may provide an ‘early warning’ indicator of higher risk for poor patient outcomes” (pg. 10).

“Appropriate workforce policies and practices are needed to minimize the risk of care being missed and of patients dying from factors that are within the health system’s control, such as safe nurse staffing” (pg 13).

“It is also within the health system’s control to educate nurses at the bachelor’s level. Our study confirms that after taking into account many other factors including the severity of illness of patients and the adequacy of nurse staffing, the proportion of nurses with bachelor’s education is directly associated with inpatient mortality” (pg 13).

LET'S ADDRESS EMERGING NURSING ISSUES

SLIDE 54

What opportunities should be identified and brought forward to improve health care delivery by addressing the state of nursing?

(Ball et al, 2018)

It is timely to call attention to this finding in view of continuing debate on the merits of bachelor's education for nurses and proposals to introduce apprenticeship education for RNs (pgs. 13-14)

LET'S ADDRESS EMERGING NURSING ISSUES

SLIDE 55

What opportunities should be identified and brought forward to improve health care delivery by addressing the state of nursing?

Griffiths, et al., (2021) – comments on their simulation staffing experiments

“Although staff costs were reduced when compared to a standard plan, economic efficiency was achieved in large part because many shifts were left understaffed, leading to adverse consequences for patient care. Patient deaths were increased. Because length of stay was also increased the net cost savings from reduced staff were much less than indicated by the saving on direct staff costs.” (pg. 4)

“We found that although a staffing plan with higher base staffing incurred additional staff costs, much of the increased cost was offset by savings from reduced hospital stays and such plans are potentially cost-effective.” (pg. 8)

“A staffing plan using flexible deployments with a low number of staff on the baseline roster is not resilient, because it is unable to properly meet varying demand.” (pg 9)



NURSING POLICY PROPOSALS
THAT IMPACT THE
STATE OF NURSING

LET'S ADDRESS NURSING POLICIES ON THE HORIZON SLIDE 57

National legislative proposals

Senate Bill 1113 (S. 113)

Introduced by 118th Congress (2023 – 2025)

Nurse Staffing Standards for Hospital Patient Safety and Quality Care
Act of 2023

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 58

National legislative proposals

Possibility – ‘The federal level, the Centers for Medicare and Medicaid Services (CMS) could publish regulations, similar to recently announced policies governing skilled nursing facilities, that specify standards (including maximum patient-to-nurse ratios) for ensuring safe nursing care — and could establish financial penalties for hospitals that violate these regulations. Data supporting increased nurse staffing have been available for decades.’

(Costa & Friese, 2022, pg 2454)

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 59

National legislative proposals

Possibility – ‘Regulatory bodies, including CMS and CMS-approved accreditors, such as the Joint Commission, could scale back regulations and standards that add to nursing workloads.’

Possibility – ‘Clinical-documentation burden is a frequently cited source of job dissatisfaction and burnout. Documentation requirements, which are interpreted in various ways by different hospitals, could be minimized to reduce burnout and attrition.’

(Costa & Friese, 2022, pg 2454)

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 60

National legislative proposals

Possibility – ‘The National Health Care Workforce Commission was authorized as part of the Affordable Care Act, but Congress never funded it.’

‘Appropriating funds for this commission would strengthen the country’s ability to respond to the current threat to nurse staffing and prepare for future ones.’

(Costa & Friese, 2022, pg 2455)

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 61

National legislative proposals focused on loss prevention

‘CMS rules to establish safe staffing ratios for hospitals’

‘Financial penalties for exceeding safe workloads’

‘Funding for AHRQ to test innovations in health care delivery systems’

‘Funding for NIOSH to test interventions that improve safety for health care workers’

Rulemaking to reduce or eliminate onerous regulatory standards and expectations from accrediting bodies.’

(Costa & Friese, 2022, pg 2455)

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 62

National legislative proposals focused on increasing supply

'Appropriation of funds for the National Health Care Workforce Commission Investment in nursing education and nurse educators by means of loan-forgiveness programs, a nurse faculty corps program, or expansion of the CMS Graduate Nurse Education demonstration project'

(Costa & Friese, 2022, pg 2455)

HOW HAS THE STATE OF NURSING INFLUENCED
LEGISLATIVE INITIATIVES STATEWIDE ?
SLIDE 63

Michigan Senate Bill 334

Michigan House Bill 4550

These two bills would codify mandated nurse to patient ratios in Michigan hospitals

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 64

State legislative proposals

Possibilities – ‘To ease nurses’ household burdens, states could offer loan-repayment programs and offset nursing school tuition debt.’

‘They could also provide grants or tax benefits to hospitals offering on-site child care, after-school care, or comprehensive dependent-care programs.’

‘Finally, states could offer innovation grants to hospitals to develop safer, more supportive workplaces or fund new initiatives to support on-site graduate school and professional-development programs designed to retain experienced nurses.’

(Costa & Friese, 2022, pg 2455)

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 65

State legislative proposals focused on loss prevention

'Implementation of mandatory maximum patient-to-nurse ratios'

'Prohibition of mandatory overtime Loan-repayment programs'

'Incentives for hospitals to provide child care, on-site graduate school, and other programs to retain experienced nurses'

'Innovation grants for hospitals to develop programs establishing safer, more supportive work environments'

(Costa & Friese, 2022, pg 2455)

LET'S ADDRESS NURSING POLICIES ON THE HORIZON

SLIDE 66

State legislative proposals focused on increasing supply

‘Legislation to eliminate restrictive scope-of-practice regulations and increase access to care Investment in schools to increase the supply of nurses and nurse educators (e.g., by implementing targeted scholarships or tuition support for nursing students or nurse educators)’

(Costa & Friese, 2022, pg 2455)

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SLIDE 67

State level legislative proposals

Possibility – ‘States have more flexibility than the federal government when it comes to enacting legislative and regulatory changes to improve work environments and prevent losses in the nursing workforce.’

Possibility – ‘State legislation promoting safer nurse-staffing practices — such as laws establishing mandatory patient-to-nurse ratios — is an evidence-based intervention to support patient safety and reduce the likelihood of nurse departures.’

(Costa & Friese, 2022, pg 2454)

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What options have other states utilized?

California

'Studies have shown improved nurse staffing, improved job satisfaction among nurses, and improved patient outcomes in California after the state enacted legislation prohibiting mandatory overtime for nurses and establishing maximum patient-to-nurse ratios.'

(Costa & Friese, 2022, pg 2455)

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SLIDE 69

What options have other states utilized?

Hospital in Vermont

Northwestern Medical Center in St. Albans, Vermont created an employee-to-nurse pipeline program. They are using a novice to expert program and clinical model. First, they started with six students and placed them on a track program.

One student example is involves a medical assistant. She is taking courses at a local college and continues working for the hospital. There are work study hours.

The hospital is one of three hospitals receiving a portion of \$9 million in state funding.

All funding must be used by September 2026 with all participants working as nurses by the same year.

[Vt. hospitals curb nursing shortage by uptraining other employees \(wcax.com\)](https://www.wcax.com/news/vermont-hospitals-curb-nursing-shortage-by-uptraining-other-employees)

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SLIDE 70

Michigan

Michigan Health and Hospital Association. (2023, Sept 13)

'Hospitals remain committed to identifying tangible solutions to recruit more workers to healthcare careers and to retain existing healthcare workers.'

The actions by the MHA include:

Launching a statewide public awareness campaign in June 2023 targeting high school students and professionals considering a career change to express the value of healthcare careers.

Distributing a total of \$300 million in state funding to at least 69,000 healthcare workers for the purposes of the recruitment, retention and training through Public Act 9 of 2022 and Public Act 5 of 2023.

Successfully advocating for additional nurse training opportunities including funding to incentivize four-year Bachelor of Science in Nursing programs at community colleges and the expansion of Michigan Reconnect to allow funds to support Michiganders in their healthcare career pursuits.'

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SLIDE 71

Michigan

Michigan Health and Hospital Association. (2023, Sept 13)

'The MHA has also identified several public policy solutions that can be enacted today to help solve nurse staffing shortages. Those solutions include:

Michigan joining the national Nurse Licensure Compact to reduce barriers for out-of-state nurses to move to and practice in Michigan immediately, which is supported by 67% of Michigan voters according to the August EPIC-MRA survey.

Increasing eligibility for Michigan Reconnect by lowering the age requirement to 18 and older.

Expanding Michigan Reconnect availability to include 4-year institutions.

Increasing penalties for violence committed against healthcare workers.'

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SLIDE 72

Michigan

Michigan Health and Hospital Association, (2022)

“Michigan’s community colleges and 4-year colleges and universities have come together to combat the nursing shortage, creating an innovative and affordable way to earn bachelor’s degrees in nursing at 28 new locations across the state,” said Brandy Johnson, Michigan Community College Association President.

‘It would create seamless opportunities for nurses with associate degrees to complete their Bachelor of Science in nursing (BSN) on community college campuses. Through this program, community colleges would partner with a four-year college or university and design a BSN completion program with input from local employers and local workforce development agencies.’

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SLIDE 73

Other proposals that are not currently in bills

Propose legislation that defines the conditions for which nurses may refuse assignments.

Add definition for inappropriate staff-ratio parameters into regulatory statutes

Identify criteria and mechanisms for nurses to report unmet standards of care/missed care due thought to be related to staffing inadequacies

Definition of process for requesting peer review of assignment refusal

Detail penalties for hospital staff that 'falsify' allegations against nurses that refuse assignments.

COMMENTS OR QUESTIONS?

REFERENCES

See separate attachment

THANK YOU

Grace Jacek, DNP, APRN, FNP-BC

Associate Professor

University of Detroit Mercy

College of Health Professions

mccallgr@udmercy.edu

