The Nursing Agenda for Michigan was created and endorsed by: **The Coalition of Michigan Organizations of Nursing - COMON**

American Arab Nurses Association American Association of Critical Care Nurses, Southeast Michigan Chapter American Association of Occupational Health Nurses Association of Women's Health, Obstetric, and Neonatal Nurses Association of Rehabilitation Nurses, Michigan Chapter Lambda Chi Chapter, Chi Eta Phi Sorority, Inc. Detroit Black Nurses Association, Inc. Maternal Newborn Nurse Professionals of Southeastern Michigan Michigan Association for Local Public Health,

Health Department Nurse Administrators Forum Michigan Association of Colleges of Nursing Michigan Association of Nurse Anesthetists Michigan Association of Occupational Health Nurses Michigan Association of Occupational Health Professionals in Healthcare Michigan Association of PeriAnesthesia Nurses Michigan Association of School Nurses Michigan Black Nurses Association, Inc. Michigan Center for Nursing Michigan Council of Nursing Education Administrators Michigan Council of Nurse Practitioners Michigan League for Nursing Michigan Licensed Practical Nurses Association Michigan Public Health Association, Public Health Nursing Section Michigan Nurses Association Michigan Organization of Nurse Executives Michigan State Board of Nursing National Association of Hispanic Nurses, Michigan Chapter National Association of Pediatric Nurse Practitioners, Michigan Chapter Philippine Nurses Association of Michigan

Other Organizations Endorsing the Nursing Agenda for Michigan

Michigan Department of Community Health Office of the Michigan Chief Nurse Executive Michigan Department of Labor & Economic Growth Michigan Health Council Michigan Home Health Association

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The Nursing Agenda for Michigan: 2005-2010 **Actions to Avert a Crisis**



January 2006





Organizations of Nursing

2006

Nursing Agenda for Michigan Actions to Avert a Crisis

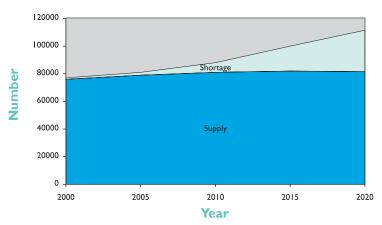
EXECUTIVE SUMMARY

Why Do We Need a Nursing Agenda? Michigan and the nation are facing a thirty-year shortage of nurses (Registered Nurses, Licensed Practical Nurses, and Advanced Practice Nurses). Nurses are Michigan's largest licensed healthcare professional group - 145,996 licensed in 2005 [119,152 RNs; 26,844 LPNs]. Michigan's demand for RNs is expected to exceed supply by 7000 nurses in 2010, with a shortage of 18,000 nurses by 2015¹. Extrapolating the supply/demand figures provides a nursing shortage estimate of 30,000 in 2020.

In hospitals, rehabilitation centers, psychiatric mental health & substance abuse centers, public health centers, clinics, urgent care centers, physician offices, industrial health clinics, nursing homes, home health, and other healthcare settings, the majority of care is provided by professional nurses, staff supervised by professional nurses, or family caregivers in the home, who are supported by nurses. The demand for nurses is increasing and will continue to increase across all the settings in which nurses practice. However, over the next 15 years, the Michigan nursing workforce is projected to remain at about the current level. Nursing education production of additional nurses is already declining, due largely to shortages of a) qualified nursing faculty and b) clinical education sites

The Coalition of Michigan Organizations of Nursing (COMON) includes 28 nursing organizations representing thousands of Michigan nurses (see list on back page). Over the past two years, COMON has engaged Michigan's nursing leaders and practicing nurses in an inclusive effort to identify issues and recommend practical actions to avert the nursing workforce crisis.

How Did We Reach This Point? The demand for nurses is greater than the supply.



Michigan Nursing Shortage Projections



Major demand factors include:

- The aging of our population. The Baby-Boom generation (76 million people) now ranges from age 41 to 60. Over the next thirty years, this generation will require extraordinary amounts of healthcare. The U.S. Census estimates that in 2030 Michigan's population will include 2,420,447 people age 65 and older, with 287,089 of those people age 85 and older.
- An increase in chronic disease among people of all ages, thereby increasing care needs.
- Changes in the healthcare system. Many conditions that led to hospitalization in the past now receive outpatient treatment. People admitted to hospitals today are much sicker than were people in hospitals ten years ago; their care is hi-tech, complex and demanding.
- National concerns about bio-terrorism, epidemics of infectious diseases, natural disasters, and the ability of our health care system to meet these challenges. Nurses are a major factor in all the strategic plans for national, state, and local responses to such threats.

66*Employment of Registered Nurses is expected to grow faster than the average for all* place experienced nurses who leave the occupation.

The supply of nurses is dependent upon:

- The number of new nursing graduates entering the field. Over 92% of Registered Nurses are women. In the past 35 years, the range of occupations open to women has greatly expanded. Fewer young women have entered nursing than in the past.
- The capacity of nursing education to produce adequate numbers of new nurses. Those who educate new nurses, the nursing faculty, have an average age of 51.1 years. Even if there is an increase in the number of young people seeking to become nurses, we cannot increase education of new nurses withou additional nursing faculty and sites for clinical education.
- The number of existing nurses remaining in the field Nationally, the nursing workforce is aging, with an average age of 46.1 years for Registered Nurses in Michigan. Many existing nurses have left the profes sion for opportunities in other fields.

The result has been a declining supply of nurses in Mich gan and the nation. Nurses from other countries have b recruited, but that is not a long-term solution. Without adequate numbers of professional nurses, our healthcar system cannot function.

What Do We Need To Do? Nurses have taken the lead addressing the nursing workforce crisis. The Coalition of Michigan Organizations of Nursing (COMON) has ider fied issues and recommended actions in six major areas Workforce, Work Environment, Work Design, Nursing ucation, Economic Impact and Scope of Nursing Practic (see full report for Action Plans). This Nursing Agenda Michigan has been shaped by the ideas and experience hundreds of nursing leaders and practicing nurses from a wide range of nursing specialties, as well as input from other concerned organizations (see list on back page).

Complete short-range, mid-range and long-range recommendations are included in the Nursing

Agenda for Michigan. Since the nursing workforce crisi has already begun, we need to take action quickly. Since the crisis will extend over the next thirty years, we need to begin actions now that will benefit all of us in the lon term. The Nursing Agenda includes the action steps we must take to ensure an adequate supply of well-prepared, professional nurses — the nurses who will care for us today and in the future.

See the complete Nursing Agenda online at www.michigan.gov/mdch/ocne.

occupations through 2012...more new jobs are expected to be created for RNs than for any other occupation. Thousands of job openings also will result from the need to re-

-U.S. Bureau of Labor Statistics

	What Can We Do Right Away?
L	The Nursing Agenda recommends the following high priority Short-Range Actions :
	Work Changes
L	 Promote safe working hours to improve both patient & nurse safety and nurse retention.
e	2. Improve the organization & design of nursing tasks to make them more efficient and effective.
C	3. Improve the ergonomics of nursing tasks to improve the health & safety of patients & nurses.
t	 Increase shared decision-making to increase nursing input to patient care and safety.
d.	5. Create a more respectful and supportive nursing workplace to improve retention of the existing nursing workforce
	Nursing Education Changes
-	 Add nursing faculty by a) increasing slots in fast- track master's programs, b) recruiting faculty from
hi-	clinical nursing and from both clinical and faculty
een	retirees.
e	7. Tap into underutilized faculty capacity to increase the number of nursing student slots available.
in of	8. Add new nurses to the workforce by increasing the number of student slots available in second-
nti-	degree accelerated nursing programs.9. Maximize the use and availability of web-based
: Ed-	instruction and other technologies in nursing education.
e for	Healthcare System Changes
of	10. Improve nurse retention through improved work
ı	design and work environment changes.
n	 Improve nursing retention through improved workplace and nursing career supports.
	12. Set up collaborative multidisciplinary teams to manage & deliver patient care and increase shared
is	decision-making.
9	Regulatory & Licensure Changes
g	13. Increase the outreach and responsiveness of the regulatory apparatus, so that licensure is not delayed

- 14. Increase mentoring, support, and oversight for all stages of nursing careers, from student to retirement, by engaging and supporting qualified retired nurses in a multitude of roles.
- 15. Use an increased nursing licensure fee to provide assistance to the nursing workforce.

¹ Michigan Department of Labor & Economic Growth (2004). The Health Care Sector and Michigan's Economy. Also Health Resources and Services inistration, Bureau of Health Professions (2002). Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020. Washington, DC: U.S. Department of health & Human Services.