

Nursing Agenda for Michigan: 2011-2015

Updated Priorities for Nursing in Michigan

Many of the issues articulated in the 2006 *Nursing Agenda for Michigan* have been addressed and action plans implemented. This updated version of the *Nursing Agenda* is based on the concerns of member organizations of the Coalition of Michigan Organizations of Nursing (COMON), working collaboratively with the Office of the Chief Nurse Executive (OCNE) at the Michigan Department of Community Health (MDCH).

Over the past two years, COMON workgroups have met to identify issues and prioritize recommendations, keeping in mind the context of healthcare modifications and the changing economy and demographics of the state. This report states the prioritized issues and recommendations, and proposes action steps for implementation. Groups other than COMON are charged to implement action steps, just as they were in the *Nursing Agenda*. References are made to the work of the 2007 MDCH-Task Force on Nursing Regulation (MDCH-TFNR), 2008 Task Force on Nursing Education (MDCH-TFNE), 2011 Task Force on Nursing Practice (MDCH-TFNP), and the Michigan *Future of Nursing* initiatives (Michigan Action Coalition and Partners In Nursing) where appropriate.

The work of further refining and implementing these recommendations will be informed by: the strategic priorities of MDCH; the 2010 Report of the Institute of Medicine *Future of Nursing* Initiative and related Michigan projects (above); the 2010 Carnegie Report, *Educating Nurses*; and the 2003 report, *Health Professions Education: A Bridge to Quality* from the Institute of Medicine. [Go to www.micomon.org for information about COMON.]

Priority 1

Issue--The statutes and regulations concerning nursing in Michigan are badly out of date and will not meet the needs of Michigan residents under conditions of healthcare system changes and an aging population, both of which will escalate demand for healthcare services.

Recommendation--Modernize the regulatory environment for nurses in Michigan through changes in the Public Health Code (PHC) and the corresponding Administrative Rules of the Michigan Board of Nursing (MBON). [Recommendation 4 of the MDCH-TFNE]

Action Steps

Enact PHC and Rules changes to authorize Advanced Practice Registered Nurses (APRNs) to practice to the full extent of their education, including

prescriptive authority, practice autonomy, and appropriate direct reimbursement for healthcare services provided. [Draft legislation and legislative process steps are referred to the Michigan Legislature. The MDCH-Task Force on Nursing Practice 2011-2012 is charged to monitor legislation and action steps.]

1. Identify needs for nursing scope of practice changes to maximize appropriate use of healthcare professionals as demand for healthcare services increases. [Refer to MDCH-TFNP.]
2. Support legislation stipulating national nursing accreditation for all nursing education programs in Michigan. This is needed to align nursing with all other licensed health professions in the state. [COMON and its member organizations will support appropriate legislation.]

Priority 2

Issue--Recruitment and retention of nurses have been facilitated by the economic recession of the past four years. As the economy improves, healthcare system changes occur, and the elderly population expands, a serious nursing shortage will reappear. Stressful and dangerous work environments decrease nurse recruitment and retention.

Recommendation--Modernize the various work environments for nurses to improve nurse recruitment and retention and the quality and safety of patient care. [Refer to MDCH-TFNP.]

Action Steps

1. Facilitate the introduction, adoption, and implementation of “best-practice” systems to determine safe working hours and staffing levels for nurses. [Refer to MDCH-TFNP; see Colorado example.]
2. Facilitate the introduction, adoption, and implementation of “best-practice” nursing work design to increase the efficiency and quality of nursing tasks. Build into work design the ergonomics of nursing tasks and patient movement. Make the quality and safety case for all of these steps. [Refer to MDCH-TFNP.]
3. Increase the respect and support for nurses in the workplace by:
 - Developing collaborative, inter-professional teams to manage and deliver patient care using best-practice models.
 - Changing organizational culture to improve nurse retention and quality of care, using models drawn from the Keystone Initiative, Service Excellence, 6-Sigma, Magnet Hospitals, the Malcolm Baldrige Award & philosophy, and industrial engineering. [Refer to MDCH-TFNP.]

Priority 3

Issue--Nursing education capacity constrains the number of new nurses graduated to provide healthcare services for Michigan's people. Major capacity factors are the insufficient availability of nursing faculty and clinical nursing education experiences in nursing practice environments.

Recommendation A--Increase nursing faculty through the Michigan Nursing Corps, which has successfully prepared nearly 200 additional nursing classroom and clinical faculty from 2007-2010.

Action Step

1. Seek State and federal funding, as well as foundation funding to support completion of accelerated MSN programs, nursing PhD programs, and nursing DNP programs, with Michigan teaching agreements in exchange for tuition and subsidy support. [Refer to Michigan Nursing Education Council (MNEC), OCNE, Michigan Legislature, and Governor.]

Recommendation B--Follow the example of other states (i.e., Florida) in authorizing a percentage of required clinical experience as fulfilled through clinical simulation technology; expand simulation technology and its use in Michigan nursing education programs.

Action Steps

1. Inventory current simulation technology tools and their integration into nursing education curricula in Michigan. [OCNE Simulation Survey implemented September 2010; findings to be reported in 2011.]
 2. Identify funding sources, establish regional consortia, and seek funding for collaborative development of shared clinical simulation resources, using fixed base, mobile, and broadband delivery systems. [Refer to MNEC and OCNE for implementation.]
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Priority 4

Issue--Retention of newly licensed nurses and transition into practice have been problematic for both newly licensed nurses and their employers. As demand for healthcare services increases due to healthcare system changes and an aging population, this factor will become more important.

Recommendation--Require a system of nurse residency (transition to practice) programs in Michigan for all newly licensed graduates of nursing education programs. (MDCH-TFNE Recommendation 3)

Action Steps

1. Inventory current use and design of nurse residency programs in Michigan. [Refer to MNEC.]
 2. Work with the National Council of State Boards of Nursing to monitor the progress of the accredited NCSBN Residency Model. [Refer to MNEC.]
 3. Facilitate adoption and implementation of model residency programs in collaborating partnerships of nursing facilities and nursing education institutions. [Refer to MNEC for implementation.]
 4. Prepare nursing students and new nursing graduates (at all levels of nursing licensure and certification) to meet the organizational needs of future and current healthcare delivery systems in Michigan through participation in model residency programs. [Refer to MNEC.]
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Priority 5

Issue--Nurses often leave nursing due to insufficient career support and lack of opportunities for career redefinition due to age and experience. This lowers nursing retention at a time when demand for nursing services is expected to grow due to healthcare system changes and our aging population.

Recommendation--Improve nurse retention through improved workplace and nursing career supports, including mentoring, oversight, and institutional supports for all stages of nursing careers.

Action Steps

1. Recruit and support qualified retired nurses in a variety of mentoring roles. [Refer to MDCH-TFNP.]
 2. Leverage healthcare system changes to enhance inter-professional healthcare teams, improve communication, and improve the quality and safety of patient care. [See Priority 2, above; also see Carnegie Report *Educating Nurses* and IOM *Health Professions Education*.]
 3. Increase the engagement of nurses in health policy, the Governor's Michigan 3.0 vision, and the strategic priorities of MDCH on a continuing basis to assure their input to both issues and policy solutions for nursing practice and provision of safe, high-quality healthcare services in a changing environment. Provide opportunities for nurses at all career stages to improve the public's health through access to care, better care, and lower costs. [Refer to COMON.]
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Go to www.micnwp.org for information on MDCH-TFNP and MNEC. Go to www.micomon.org for information on COMON, and for information on the OCNE go to www.michigan.gov/mdch/ocne.