



WCN
WASHINGTON CENTER FOR NURSING

Master Plan for Nursing Education

Five-Year Progress Report 2008-2013



Washington Center for Nursing

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Acknowledgements

Many individuals and organizations contributed to the development of the original *Master Plan for Nursing Education*. These organizations and individuals have remained committed to carrying forward the goals of the MPNE. Through work on task forces, in committees, and acting within their own education and health care settings, they worked to move nursing and nursing education forward. Over the past five years, Washington State has made strides in developing a more focused and coordinated approach that is yielding results. Data have been gathered by CNEWS, Washington Center for Nursing, and the Washington State Nursing Care Quality Assurance Commission; grants have been obtained to fund needed strategic work; agencies have released key individuals to work on the projects; and individuals have maintained momentum and enthusiasm for achieving the goals of the MPNE. While individual recognition is not possible within the confines of this paper, they are all deserving of our greatest appreciation.

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Executive Summary

The Changing Health Care Landscape

Since the 2008 *Master Plan for Nursing Education* (MPNE) was published by the Washington Center for Nursing (WCN) responding to issues regarding the nursing workforce adequacy and preparation to meet the health needs of the people of Washington, the health care environment has continued to change. Recommendations in that report were grouped into four categories: **Assuring the Continued Competency of Nursing Professionals, Assuring an Adequate Supply of Nursing Professionals, Enhancing Educational Access throughout Washington State, and Promoting a More Diverse Profession.** This current paper evaluates the actions taken to date and suggests recommendations for the future.

Changes in the health care landscape include the economic downturn that occurred shortly after the MPNE was published. The nursing shortage eased due to a decreased demand for nurses combined with experienced nurses sustaining the supply by moving from part time to full time and delaying retirement. Projection data, however, indicate an upsurge in the need for RNs resuming in 2015.

The Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011), examined the health care system and made specific recommendations that would lead nurses into a broader more effective role in health care. A primary recommendation was the need for nurses with BSN and higher degrees.

Efforts at enhancing education for nurses, such as the Quality and Safety Education for Nurses (QSEN) initiative, continued to grow in scope and influence (Cronenwett, 2009). The Carnegie study, *Educating Nurses: A Call for Radical Transformation* (Benner, Sutphen, Leonard, & Day, 2009), examined the education of nurses and made recommendations for transforming nursing education to meet the needs of a modern health system. This study also called for a single pathway to prelicensure RN education at the BSN level, with opportunities for articulation and transition until the time that a single pathway is in place.

The Robert Wood Johnson Foundation initiative to support academic progression in nursing (APIN) laid a foundation for creating the articulation and transition that others recommended (RWJF, 2012). WCN received one of nine grants to create an action plan to reach the IOM goals.

The Magnet Recognition Program® for hospitals expects that health care agencies seeking that recognition will address the issues of transition to practice, maintaining staff competence, and supporting higher education in the nursing staff.

As the Patient Protection and Affordable Care Act is implemented, more opportunities for nurses to provide primary care as advanced registered nurse practitioners are developing. A focus away from the acute care hospital and toward community and ambulatory care, public health, care coordination, healthcare leadership, and policy development is emerging. These changes require that nurses have

more education and demand closer collaboration between education and practice to appropriately prepare the nursing workforce.

Evaluating Progress in the MPNE Goals

This evaluation reflects significant progress in many areas of the MPNE goals, stagnation in others, and a need to update the key goals moving forward. We will continue to need the participation of a wide range of stakeholders in order to ensure that Washington has a well-prepared and adequate nursing workforce to ensure its health.

I. Assuring the Continued Competency of Nursing Professionals

Progress: Curriculum-Related Issues

- Core prerequisites have been adopted by all of the ADN programs in the state.
- The associate of applied science transfer (AAS-T) degree in nursing was designed by the college and university programs and has been approved through the state level. Nursing programs will implement the degree over the next three years.
- Clinical hours for prelicensure nursing programs still show widespread and unexplained variation among programs at the same level. Addressing this issue may help with assuring adequate and appropriate learning clinical placements for all students.
- Curricula for prelicensure nursing programs continue to show wide variation across programs. Whether this presents barriers to students is not known.
- According to anecdotal information, nursing programs have begun adopting the competencies of the Quality and Safety Education for Nurses (QSEN) and the recommendations found in the IOM *Future of Nursing* report, but specific data regarding this adoption are not available.
- Technology integration into nursing education is happening at a rapid pace, with most programs utilizing computerized simulation as part of the educational process. While specific data on the availability of electronic medical records for student learning are not available, anecdotal information indicates that programs are seeking to make this a part of the skill requirements.
- WCN continues to have ongoing funding through the Washington Department of Health for work limited to that grant and must continue to seek contributions; grants, such as the Robert Wood Johnson APIN grant; and other funding sources.
- Competencies for the nurse of the future have been identified and disseminated. Priorities for Washington relative to the IOM *Future of Nursing* report have been identified. Work has begun on integrating QSEN competencies into nursing curricula based in the IOM report.
- Organizations have been encouraged to assess whether they have barriers to nurses practicing within their full scope.
- There is a gap in nurses' leadership competencies at all levels. While nursing leaders with advanced education and effective professional development are needed to lead change, essential leadership behaviors already described in licensure must be taught.

- The Washington Nursing Action Coalition has moved forward in developing a plan for Washington that will move toward achieving recommendations 2-7 of the IOM report.

Overall Recommendation:

- Sponsor academic-practice work to advance preparation of nurses for a redefined healthcare system where the focus is evolving away from acute care to community health, ambulatory care, public health, care coordination, and healthcare leadership.

Recommendations: Curriculum Related Issues

1. Support ADN programs as they move to implement the direct-transfer associate degree.
2. Analyze data on the number of simulation hours and their content for each type of nursing program. Correlate these data with data on outcome measures such as NCLEX-RN pass rates and employer satisfaction with new graduates.
3. Support nursing programs in efforts to systematize clinical hours, including simulation, and settings across program types.
4. Support the collection of data regarding the use of QSEN in the annual reports sent to the NCQAC.
5. Support the “Curriculum Innovations” workgroup in gathering essential data, developing strategies that move all programs toward a transformed curriculum and a focus on the nurse of the future at the prelicensure and the advanced degree level.
6. Support the collection of data regarding the current use of technology in nursing education and its relationship to outcomes such as NCLEX pass rates and employer satisfaction with new graduates.
7. Continue to support innovative models of both didactic and clinical education in nursing and encourage funding of professional development for nursing faculty to assist them in their work toward developing innovative models of nursing education.
8. Create an “Institute for Excellence in Nursing Education” as a resource center for both educators and clinicians to improve teaching strategies.
9. Continue encouraging a culture of innovation, forward thinking, risk taking, and collaboration in addressing the many challenges and issues facing health care and specifically nursing/nursing education in the future.

Progress: Transition to Practice (TTP)

- Transition-to-Practice programs to assist the new graduate in becoming competent and comfortable in the RN role are in place in the large acute care hospitals and one large managed care organization in the state. TTP programs in smaller settings tend to be brief.

- A Transition-to-Practice advisory group was convened and then folded into the work of the Nursing Action Coalition’s education workgroup. This group continues to examine the TTP issue.
- A *Toolkit for TTP* was developed in 2013 to provide a structure for a TTP program. The National Council of State Boards of Nursing’s analysis of a three-year pilot of an online TTP program will be released in April 2014 and will help to determine future planning for this effort.

Recommendations: Transition to Practice (TTP)

1. Monitor access to structured Transition-to-Practice (TTP) programs at practice settings across the state.
2. Promote the implementation of TTP programs for new nurses in all practice settings.
3. Explore innovative approaches to TTP programming.
4. Update the *Toolkit for TTP* annually.
5. Support CNEWS to strengthen the impact of each school’s advisory committee.

II. Assuring an Adequate Supply of Nursing Professionals

Progress: Enhancing the Number of Graduates of Nursing Programs

- The total number of programs preparing associate degree nurses and those providing RN-to-BSN education has increased across the state since the MPNE was developed.
- The number of graduates of all prelicensure programs has increased: PN by 28%, ADN by 989%, and BSN by 139%.
- Total enrollment in 2012 in all nursing programs was 69% greater than in 2004.
- WCN has created and distributed a wide variety of web and print publications that focus on enhancing the image of nursing as a rewarding and important career. WCN has attended high school career fairs, created a digital billboard recognizing the contributions of nurses, obtained space in the *Spokesman Review* showing appreciation for nurses, and set up an active presence on social media. All of these endeavors support the recruitment of qualified candidates to nursing education programs.

Recommendations: Enhancing the Number of Graduates of Nursing Programs

1. Continue to promote funding mechanisms through the legislature and other relevant agencies to support the ongoing implementation and updating of the *Master Plan for Nursing Education*.
2. Continue to support a positive contemporary image of nursing and disseminate information about nursing as a career to enhance recruitment of students to all levels of nursing education.
3. Continue to develop partnership strategies to expand capacity especially in the critical area of preparing master’s and doctoral degree-prepared nurses as educators.

4. Continue to gather and analyze data relative to the locations of nursing shortages and the types of nurses needed in those settings, including those with graduate preparation as well as those entering licensure, in order to target funding effectively.
5. Update the *Master Plan for Nursing Education*.

Progress: Nursing Faculty and Academic Leadership

- The supply of nursing faculty has worsened since the MPNE was written. As more programs opened and existing programs expanded, the demand for qualified faculty increased. Potential faculty refuse faculty positions; current faculty leave for industry positions; and nursing programs report 5% vacancies in full-time faculty positions. Retirements continue to loom over the system as 47% of faculty are over the age of 55, and 31% are over the age of 60.
- With state restrictions on faculty salaries at community colleges and four-year institutions, the gap between industry salaries for nurses with advanced degrees and those available in nursing education has widened. WCN has convened a workgroup of nursing directors, organized labor, faculty, the state nurses association, and legislators to explore this problem.
- CNEWS gathered data on faculty workload that showed that workload burden is a deterrent to attracting and retaining faculty.
- Effective leadership of nursing education at the program level and at the statewide planning level is adversely affected by turnover of nursing directors. Currently, over half of the nursing director positions in community colleges are occupied by an interim or new director. Orientation of new directors is being supported through the online *Toolkit for Deans and Directors* created under the auspices of WCN and orientation sessions by the education director of the NCQAC.

Recommendations: Nursing Faculty and Academic Leadership

1. Continue to explore innovative approaches to faculty compensation issues.
2. Continue to support the revision of the community and technical college faculty workload.
3. Update the *Toolkit for Deans and Directors of Nursing Programs* and add RN-BSN content by year-end 2014.
4. Continue to post faculty openings on WCN's website.
5. Coordinate contemporary faculty education and leadership training needs with CNEWS.
6. Develop a more structured orientation for new directors as other states have done.
7. Monitor the turnover in deans and directors annually.

Progress: Clinical Site Availability

- Clinical experience is a critical part of education for a practice discipline like nursing. Forty-four percent of nursing programs report difficulty in obtaining clinical sites. Washington State has a lower ratio of acute hospital beds to population than the

national average; this impacts the availability of acute care clinical sites as a resource for all health professional education. Education of nurses in community sites, while in place in most programs, presents additional challenges in terms of supervision at dispersed locations and the density and variety of experiences available. Many community sites have no RN staff, thus are not suitable for student experiences.

- Clinical consortia have been developed regionally across the state. These consortia have helped to create more effective use of existing clinical resources. The regional consortia have now joined together into Clinical Placements Northwest which is working to standardize and streamline all the processes needed for instituting best practices around clinical placements and clinical experiences.

Recommendations: Clinical Site Availability

1. Continue to support the work of the consortia in maximizing use of clinical sites, and encourage clinical agencies to see their role in educating the future nursing workforce.
2. Couple the redesign of nursing education with the clinical site needs so that students are placed in sites for appropriate experience rather than only the traditional experiences.

III. Enhancing Access to Education throughout Washington State

Progress: Access to Education

- Financial support for individual students remains essential to enhancing participation of underrepresented groups and for advancing education for those interested in faculty roles. WCN has highlighted information about resources for financial aid and noted the loss of the Washington State Scholarship and Loan Repayment program that was curtailed in 2008.
- Access to RN education in rural areas of Washington was developed through the Rural Outreach Nursing Education (RONE) program. This program from Lower Columbia College provided online didactic education and precepted clinical experience for individuals place-bound in rural areas who wish to gain a PN or RN credential. Program completion and NCLEX-RN pass rates are on par with other prelicensure programs. DOH has asked WCN to prepare information on continuing/expanding this program.
- The goal of increasing the number of BSN and higher degree-prepared nurses has been enhanced through the development of new programs: two at community colleges (Olympic and Bellevue), with another two (Wenatchee Valley and Seattle Central) in the planning stage; an additional one at a state regional university (Western Washington University); a program at a private university (St. Martin's University); and a new online opportunity (Western Governors) in the state. Existing RN-to-BSN programs have continued their outreach by bringing BSN education to nurses at a variety of non-campus-based locations, such a workplaces.
- The Academic Progression in Nursing (APIN) grant from the Robert Wood Johnson Foundation has supported curriculum innovation and the development of four of the

new RN-BSN programs, the development of the Direct Transfer Agreement, as well as work on a pilot project for mentoring students from underrepresented groups.

- WCN supported “Safe Table” forums throughout the state that examined the supports and deterrents for nurses advancing their education.
- There was a 54% increase in RNs earning a bachelor’s degree in nursing.

Recommendations: Access to Education

1. Formally recommend that the Washington State Scholarship and Loan Repayment fund be restored to support students in nursing education, with emphasis on those preparing for roles as nursing faculty and nurse practitioners (ARNP).
2. Establish goals for the overall number of nursing students at each nursing education level (PN, ADN, BSN, master’s, and doctoral degrees), distributed appropriately throughout the state, that will enable the state to meet the goals for the total number of RNs and LPNs as well as the goal of 80% BSN or higher degree-prepared nurses.
3. Continue to support existing strategies to facilitate the movement of associate degree nurses into baccalaureate nursing education and develop additional strategies as needed.
4. Evaluate the effectiveness of moving RN-B programs into community college settings in terms of student access, graduation rates, and professional practice outcomes.

IV. Promoting a More Diverse Profession

Progress: Promoting a More Diverse Profession

- WCN has undertaken a variety of specific strategies aimed at promoting a more diverse profession. These include disseminating *Diversity Issues Briefings*, developing initiatives for financial support for minority nursing students, implementing a mentoring program for minority faculty, developing strategic alliances with minority nursing organizations, compiling resources for minority nurses on the WCN website, and surveying Washington State nursing programs regarding faculty diversity.
- A part-time diversity director was hired in 2012 to develop relationships across the state and begin the work on diversity initiatives. In 2014 this position was converted to a full-time diversity and inclusion director and work toward filling this position has been initiated.
- NCOAC has continued to seek data on the diversity of nursing faculty. In the 2011-2012 nursing program reports, the data revealed that the percentage of minority faculty, while greater than the percentage of minority RNs overall, is still considerably less than the percentage of minorities in the general population. Although progress has been made, continued efforts are needed.

Recommendations: Promoting a More Diverse Profession

1. Continue to develop and support strategies for increasing the diversity of the nursing applicant pool and ensuring the success of qualified nursing students from diverse backgrounds.
2. Identify strategies to increase the number of minority/underrepresented nursing faculty members.
3. Collaborate with others who work in the K-12 areas to reach students earlier to expose them to nursing.

Introduction

In 2008 the Washington Center for Nursing published the *Master Plan for Nursing Education* in response to a Department of Health request that WCN evaluate the effectiveness of nursing education in Washington. This landmark document was the result of several years of investigation and concern regarding a projected nursing shortage that would severely impact the health of the people of Washington. Five years after the publication of that paper, the nursing community is reviewing the landscape to mark the progress made on the recommendations made and to suggest priorities for moving forward.

Concern about the nursing supply began before 2005 as the nation recognized the growth of an aging population that would have greater nursing needs, the increased extent and complexity of health care that demanded highly educated registered nurses, and the evidence about the numbers of new nurses available to replace those retiring and leaving the field. In 2005 the Department of Health funded the development of the *Master Plan for Nursing Education* as a foundation for coordinating efforts to improve the supply of competent nurses to meet the health care needs of the people of Washington. Led by a design team in 2007, 14 focus groups comprising nearly 200 nurses participated in discussions regarding the problems facing the state. A statewide Education Summit was held in 2007, keynoted by Dr. Patricia Benner. Multiple state and national data sources were consulted to understand the current environment and to identify what the best future environment should look like. Through circulation of multiple drafts, revisions were made and new perspectives incorporated. The result was a comprehensive document that was intended to be the foundation of long-term system transformation and that meshed with recommendations of nursing professional organizations, federal government studies, and the educational priorities of the state of Washington.

Recommendations were grouped into four categories: **Assuring the Continued Competency of Nursing Professionals, Assuring an Adequate Supply of Nursing Professionals, Enhancing Educational Access throughout Washington State, and Promoting a More Diverse Profession.** Efforts across the state were targeted at these recommendations. In 2010, 2011, and 2012 WCN published brief progress reports in relationship to the recommendations.

This report will examine progress on these goals in light of the changes that are occurring in the broader health care system.

The Changing Health Care Landscape

While WCN was working with other groups to achieve the goals of the *Master Plan for Nursing Education*, major changes were occurring in the national health care landscape. Many of these have reinforced the goals stated in the MPNE. They also have affected the priorities determined, provided for mechanisms to work on some of the goals, and will affect the future activities of everyone involved with health care. Some of the major items that are affecting nursing are described below.

Economic Changes

Shortly after the publication of the *Master Plan for Nursing Education* in 2008, a major economic recession occurred for much of the world. This economic downturn had reverberations throughout health care. Nursing retirements slowed and nurses returned to the workforce when spouses and partners faced layoffs or diminished working opportunities. Many nurses who had been working part time expanded their hours to full time. These actions all served to ease the nursing shortage. In some areas, new graduates experienced difficulty in obtaining their initial positions after passing their licensure examinations (Kovner, et al., 2014). The state of Washington reflected these national patterns, and students who had begun the process of nursing education during the height of the shortage were graduating into a far different job market by 2013.

This may have provided respite from the pressure of the nursing shortage, but all resources indicate that this will be a temporary shift. According to the Bureau of Labor Statistics (2013), the growth in demand for all registered nurses from 2010 to 2022 will be 19%, but it will be 33.7% for nurse practitioners, and 35.4% for nurse educators. Thus, the greatest demand will be for the more highly educated nurses.

The study by Skillman et al. (2011) projected nurse supply and demand to 2031. In this projection four different scenarios for the supply side were identified. Each scenario yields a different picture for the future. The first scenario uses a baseline of the same number of RN graduates per year as occurred in 2011. Under this scenario there would be 70,736 practicing RNs in 2031. The second scenario is based on a 10% decrease in graduating RNs and would produce 68,059 practicing RNs in 2031. The third scenario is based on a 10% increase in graduating RNs and would produce 73,414 practicing RNs in 2031. The fourth scenario is based on a 10% increase in 2016 and 20% in 2021, producing 77,075 practicing RNs in 2031. All four scenarios will meet or even exceed the demand for RNs if the demand remains constant to the 2011 demand. However, the demand is likely to increase across the years due to population growth and changes in health care delivery. For the five years from 2011 to 2016, the study projected that supply will meet demand, but thereafter a gap exists. Thus, both the projections from the Bureau of Labor Statistics addressing national issues and the state-level Skillman study project predict that in the long term the supply vs demand gap for registered nurses will expand.

Institute of Medicine Report on the Future of Nursing

In 2010, the Institute of Medicine published its landmark challenge, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011), in response to a question from the Robert Wood Johnson Foundation about whether nursing was prepared to address the healthcare needs of America in a changed environment. This document presented four goals for nursing in order to enable nurses to contribute optimally to the health of the population. The report, the most downloaded document ever published by the IOM, speaks to a changing landscape for the nursing workforce, where focus solely on acute care is diminishing, and focus on care coordination, leadership, community health, and research is escalating. The following were recommended:

- “Nurses should practice to the full extent of their education and training.” This is especially critical for nurses educated for advanced practice roles, but also involves nurses who have the background to coordinate care.
- “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” Within the discussion of this recommendation lies the goal of 80% of nurses having a BSN or higher degree by 2020.
- “Increase the numbers of nurses prepared at the graduate level.” This relates to nurses moving into graduate education and providing advanced practice nurses, the faculty for teaching nursing, and nurses in research. This recommendation has been further refined to target PhD-level education and the need for nurse researchers to expand the body of knowledge documenting what impact nurses have on patient outcomes.
- “Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States.” This encourages nurses to be part of policy-making bodies at every level, notably the directional level of policy development. Nurses often have been left out of major decision-making bodies, resulting in loss of nurses’ insight into the health care setting and the needs of the clients. Again, nurses need more education to understand the issues and provide an effective voice at the policy level.
- “Effective workforce planning and policy-making require better data collection and an improved information infrastructure.” This supports the goals of the MPNE that focused on the education of nurses, nursing competence, nursing supply, and diversity.

Enhancing Education for Nurses

The Quality and Safety Education for Nurses (QSEN) initiative which began in 2005 continued to grow in scope and influence (Cronenwett, 2009). In QSEN, nursing knowledge, skills, and attitudes are grouped into six aspects of practice: Patient-Centered Care, Teamwork and Collaboration, Evidence-Based Practice, Quality Improvement, Safety, and Informatics. Through funding from the Robert Wood Johnson Foundation, work has progressed in adding detail and emphasis to the implementation of these standards to improve the competence of nurses across the country. Many nursing education programs have integrated QSEN into their curricula.

In 2009, the results of a multiyear study of the education of nurses, *Educating Nurses: A Call for Radical Transformation*, funded by the Carnegie Foundation for the Advancement of Teaching, was published (Benner, Sutphen, Leonard, & Day, 2009). The study examined “three apprenticeships” within nursing education: 1) the learning of theory and scientific methods; 2) the mastery of skillful practice; and 3) the formation of professional identity and agency. The study produced four recommendations:

- “Nursing programs must move from covering knowledge that is decontextualized from its application to teaching for a sense of what applies in what situation, and thinking and acting within a specific situation.”
- “Nursing education programs should move away from the separation of clinical and classroom teaching to an integration of the two.”

- “There must be less of an emphasis on abstract critical thinking and more emphasis on clinical reasoning and bringing multiple and creative thinking to specific situations.”
- “The emphasis should change from socialization and role-taking for the profession to formation that results in a change in professional identity.”

This study also recommended policy changes to move from multiple entry pathways to requiring a BSN for entry. En route to that change, they emphasized the role of articulation and transition and movement across education settings both for the AD to BSN to MSN and for the AD to MSN. This study meshes with the MPNE emphasis on the competence of nurses as they enter into practice and its emphasis on supporting and encouraging nurses to acquire more education, both BSN and graduate degrees.

In 2012, the Robert Wood Johnson Foundation announced an initiative to support academic progression in nursing (RWJF, 2012). The Initiative on Academic Progression in Nursing (APIN) is providing funding for nine state action coalitions to create action plans to increase the percentage of BSN or higher degree-prepared nurses to 80% or greater. The APIN grant principal investigator is the executive director of WCN, which received one of the nine APIN grants. This initiative has provided funding into efforts to support academic progression in nursing via one of four routes: BSN at community colleges, common curriculum across a region or state, increased RN-to-MSN programming with a BSN exit, or competency-based curriculum.

Magnet® Recognition Requirements

The Magnet Recognition Program® began in 1990, producing data that showed that healthcare organizations achieving this designation demonstrated improved patient outcomes, a more effective integration of research into practice, and an improved work environment resulting in improved nursing recruitment and retention (Drenkard, 2013). The first Magnet® organization in the U.S. was the University of Washington Medical Center in Seattle with two other Washington hospitals, Seattle Children’s and St. Peter’s in Olympia, now having that recognition. Nationally an increasing number of healthcare organizations are seeking Magnet® recognition. As part of the standards for Magnet® recognition, the processes used for transition to practice, assuring nurse competence, and the qualifications of staff are addressed. The Magnet® program requires a minimum of a BSN for nurse managers and nurse leaders and a graduate degree for chief nursing officers (ANCC, 2008). The ANCC Magnet® recognition also requires the hospital to have a plan of action to reach the standard of 80% BSN-prepared nurses by 2020 (ANCC, 2013). These requirements further support the goals that were articulated in the MPNE.

Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act (PPACA) has brought a series of major policy changes to health care financing. Implementation of the PPACA has taken place over several years, with provisions for providing access to insurance for young adults and eliminating lifetime caps on health care costs for an individual being among the earliest provisions implemented. Beginning in 2013, the new health plans that created accessibility for the majority of people in the country launched. While this effort is just

beginning, expectations are that moving more individuals and families into the mainstream of health care accessibility will create increased demands on the system. Washington State has already enrolled more than 200,000 individuals into its healthcare exchange. This will be especially true for primary care providers. Nurse practitioners practicing to the full extent of their education will be a key resource for providing primary care access and services. Washington State has been a leader in providing regulatory support for the full scope of advanced practice nursing. Increasing the supply of nurse practitioners, licensed as Advanced Registered Nurse Practitioners in Washington, will be essential to supporting the health needs of the people of Washington State.

Evaluating Progress in the MPNE Goals

With this background, we review the progress toward achieving the major MPNE goals and establish priorities for the future. The strategies move Washington State closer to the goals identified, and addressing outcomes helps to identify where new strategies may be needed.

I. Assuring the Continued Competency of Nursing Professionals

WCN has supported and facilitated ongoing, effective collaboration between education and practice through CNEWS, Northwest Organization of Nurse Executives (NWONE), and nursing employers to facilitate competency congruence (the match between what is taught and the knowledge, skills, and attitudes needed in practice); faculty development; the transition of new graduates to effective participation in health care; and retention of nurses in the workforce through development of healthy work environments.

Curriculum-Related Issues

Core Prerequisites for AD Nursing Programs: The nursing programs within the Council on Nursing Education in Washington State developed a core set of nursing program prerequisites for all community and technical college nursing programs, which was adopted by all programs in 2011. This has enabled students to prepare for nursing program admission with clarity and facilitated students applying to the program of their choice. This goal has been fully met.

Associate of Applied Science-Transfer (AAS-T) Degree in Nursing: Using the core set of nursing prerequisites as a common foundation, the associate degree programs, in collaboration with the baccalaureate in nursing programs, designed an AAS-T degree in nursing. This new degree, which is designed for one year of nursing prerequisites at the community college, two years in an associate degree nursing program, and one year in a baccalaureate program for registered nurses, allows a seamless transfer between nursing programs. This degree has been approved to be initiated in 2015 as part of the Direct Transfer Agreement in the state. This goal will be fully met when the new Direct Transfer Agreement is adopted statewide.

Clinical Hours in Prelicensure Programs: The annual reports on nursing programs published by the NCQAC reveal that there is still widespread unexplained variation among programs in the number of clinical hours devoted to each area of nursing practice. The 2011-2012 reports also show that the

average number of total direct clinical practice hours has been reduced. Many programs have instituted simulation in laboratories to support clinical education. While ADN programs have reported to the NCQAC their simulation hours used as a replacement for clinical hours, the data regarding simulation hours have not been analyzed in relationship to outcomes (Shaffner, 2014). The data show a correlation between the total clinical hours (both simulation and direct clinical practice) and NCLEX-RN pass rates (NCQAC, 2013, p.19). Data in relationship to practical nursing programs have revealed that substitution of simulation hours for direct clinical practice was associated with lower NCLEX-PN pass rates (NCQAC, 2013, p. 19). These data are limited and therefore are not an adequate basis for decision making, but they raise questions that need exploration if simulation is expected to continue to replace direct clinical time in all types of nursing programs.

Standardizing Curricula: Curricula in the nursing programs of the state continue to be individually determined and show differences that can impede the transfer of a student from one educational institution to another. Some of these differences may be necessitated by clinical site availability. For example, obstetrical experiences may be placed in different places in the curriculum depending upon when clinical obstetrical sites might be obtained. Other differences are based in the purposes of the curriculum. In a ladder program preparing students who may exit with a practical nursing certificate before going on to graduate with an associate degree for registered nursing practice, the first year curriculum must be designed with all essential areas of practice represented at the practical nursing level. Whether these difficulties can be overcome and a more systematic approach to nursing curriculum can be attempted is a question still to be answered. While gathering objective data in regard to the issue of standardization would support effective decision-making, a question arises as to whether there is sufficient demand from students for transfer between programs to make the allocation of resources to standardization worthwhile. Efforts on changing curricula may be more effectively targeted at encouraging innovation, transformation, and sharing to meet the nurse of the future needs.

Technology in Nursing Education: Simulation is now in widespread use in nursing programs across the state. There are more simulation scenarios available both commercially and in shared resources that have helped alleviate the problems associated with designing all the simulation experiences independently at each program. As mentioned above, the question of whether and how much simulation can be substituted for direct clinical experience is as yet unanswered. There may be areas in which simulation is, in fact, better instruction because experiences in clinical practice are not available for instruction. Some research is beginning at the national level to help answer questions in regard to the future role of simulation in nursing education. This will continue to be a major focus.

The use of electronic medical records has increased rapidly as the federal government has mandated their use in all Medicare/Medicaid related care. In some clinical settings, students are able to use electronic medical records and develop skills in that technology as a part of direct clinical practice, but not all settings provide this access to students. There are electronic medical record systems designed for teaching in nursing programs. Some of these programs are costly, and with constrained educational budgets many programs may not be able to implement their use. No data have been collected on the use of such technology across nursing programs in the state, but the ability to use electronic medical records will be an essential competency of all nurses.

Instructional Strategies for Nursing Education: Many nursing programs informally report the movement toward teaching strategies that engage students in clinical reasoning in the classroom as well as in the clinical area. Data are not available in regard to specific strategies undertaken and their success.

Competencies for the Nurse of the Future: In 2010, WCN convened focus groups across the state to examine the implications of the IOM *Future of Nursing* paper. The discussions were focused around the five key competencies outlined in that paper. These groups reviewed the current status and also identified directions and concerns for the future. There was clarity that, although prelicensure education must adapt, the real progress in nursing practice cannot be made by novices just out of their prelicensure education. There must be the involvement of experienced, expert nurses in all areas supported by rich opportunities for professional development and growth (Padgett, 2010). In 2011, a statewide webinar was sponsored with a national expert on achieving consensus on competencies for nurses.

The focus areas for Washington State based on the *Future of Nursing* report are:

- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Implement nurse residency programs.
- Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
- Double the number of nurses with a doctorate by 2020.
- Ensure that nurses engage in lifelong learning.
- Prepare and enable nurses to lead change to advance health.

Both the national nursing accrediting agencies and the NCQAC require that nursing programs look to national as well as regional guidelines in developing curricula that will support nursing in today's health care settings. In its approval visits and through reports from nursing programs, the NCQAC has identified that many nursing education programs are adopting the Quality and Safety Education in Nursing (QSEN) competencies that originated in the IOM report as part of their curricula (Shaffner, 2014). There are no firm data to verify that all of the nursing programs in Washington State are now using the QSEN competencies for curriculum design. Each nursing program has an advisory committee composed of individuals from health care agencies that employ nurses and representatives of nursing organizations and unions. These advisory committees have the potential to create an excellent bridge for identifying the competencies needed in the graduating students, but there are barriers to the success of these committees. Adding meetings off-site to the busy lives of nursing service professionals may inhibit their participation. In larger urban areas, hospitals are asked to provide representatives to multiple nursing programs, and this is a significant personnel cost. Further, not all programs and their advisory committees have clarity about what can be accomplished through this effort; this lack of clarity inhibits their effectiveness.

Scope of Practice Organizational Self-Assessment: WCN developed and published an organizational self-assessment tool to help organizations determine if they have created artificial barriers that prevent RNs and LPNs from practicing to their full scope. Use of this tool will be evaluated in 2014.

Nursing Leadership: Nurses with higher education are essential to leadership roles in health care. Existing nursing leaders are strengthened in their roles and their ability to support quality care through effective professional development opportunities. WCN has provided a variety of statewide workshops for enhancing the knowledge and skills of nursing leaders, including "Creating and Sustaining Change" and "Leading Others, Knowing Yourself." WCN has also provided leadership education to nurse educators. Nurses with advanced education, both at the master's and doctoral level, are essential to achieving the goals of improved health care.

Washington Nursing Action Coalition (WNAC): This coalition of diverse stakeholders, formed through the efforts of WCN and the Washington Health Foundation, will "focus on developing a strategic plan for implementation that includes identifying the key work for Washington State, capturing best practices, determining research needs, tracking lessons learned and identifying replicable models." This work will build on previous efforts in Washington, such as the [Master Plan for Nursing Education](#), the regional meetings on the nurse of the future held by WCN across Washington State in 2010, and WHF's "[Healthiest State in the Nation Campaign](#)" (WCN, 2010).

The Robert Wood Johnson APIN grant will help support the continued work of the WNAC in moving toward recommendations 2-7 of the IOM report:

- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Implement nurse residency programs.
- Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
- Double the number of nurses with a doctorate by 2020.
- Ensure that nurses engage in lifelong learning.
- Prepare and enable nurses to lead change to advance health.

Ongoing Funding: The Washington Center for Nursing has ongoing financial support for work through a dedicated portion of nurse licensing fees. That funding can only be used, however, for work outlined in a contract with the Washington State Department of Health. In addition, as a 501(c)3 organization, it receives contributions from a wide variety of organizations as noted on its [website](#), and must meet IRS requirements for receiving public support. This stable funding assures that the efforts of WCN can be sustained.

Special Project Funding: WCN has been successful in securing grant funding for a variety of projects. The \$300,000 Robert Wood Johnson Academic Progression in Nursing (APIN) grant is enabling WCN to move forward as it seeks to facilitate nurses moving to higher levels of education. Application for a second and final APIN grant has been submitted with the expectation of funding through 2016.

Recommendations: Curriculum-Related Issues

1. Support ADN programs as they move to implement the direct transfer associate degree.
2. Analyze data on the number of simulation hours and their content for each type of nursing program. Correlate these data with data on outcome measures such as NCLEX-RN pass rates and employer satisfaction with new graduates.

3. Support nursing programs in efforts to systematize clinical hours, including simulation, and settings across program types.
4. Support the collection of data regarding the use of QSEN in the annual reports sent to the NCQAC.
5. Support the “Curriculum Innovations” workgroup in gathering essential data and developing strategies that move all programs toward a transformed curriculum and a focus on the nurse of the future at the prelicensure and the advanced degree level.
6. Support the collection of data regarding the current use of technology in nursing education and its relationship to outcomes such as NCLEX pass rates and employer satisfaction with new graduates.
7. Continue to support innovative models of both didactic and clinical education in nursing and encourage funding of professional development for nursing faculty to assist them in their work toward developing innovative models of nursing education.
8. Create an “Institute for Excellence in Nursing Education” as a resource center for educators and clinicians across the state to improve teaching strategies.
9. Encourage a culture of innovation, forward thinking, risk taking, and collaboration in addressing the many challenges and issues facing health care and specifically nursing/nursing education in the future.

Transition to Practice (TTP)

Transition-to-Practice Programs: Transition-to-Practice programs (also called residency or on-boarding programs) have been established for the purpose of assuring that the new graduate develops the competencies and confidence necessary for the practice role. TTP programs have been developed at all of the larger acute care hospitals and one large managed care organization and vary in length and in content. In smaller settings, such as community agencies and nursing homes, these programs may be quite brief.

Transition-to-Practice Advisory Group: A Transition-to-Practice advisory group was convened to support the expansion of TTP programs for new graduates. Its work has been folded into the Washington Nursing Action Coalition’s education workgroup.

Toolkit for Transition to Practice: This toolkit provides a structure for the development of programs that assist new RNs to move into the practice role (WCN, 2013). The purpose is to assist nurse leaders in the important task of assuring that new graduates develop the competencies needed for the workplace. The National Council of State Boards of Nursing will be releasing its analysis of a three-year pilot of an on-line TTP program in April 2014.

Recommendations: Transition to Practice (TTP)

1. Monitor current and future access to structured Transition-to-Practice (TTP) programs at practice settings across the state.

2. Promote the introduction of structured TTP programs for new nurses in all practice settings.
3. Update the *Toolkit for TTP*.
4. Support CNEWS to strengthen the impact of each school's advisory committee.

II. Assuring an Adequate Supply of Nursing Professionals

An adequate supply of nursing professionals is a result of all the efforts made to recruit, educate, and retain nursing students. The resources to educate the nurses needed for the future include well prepared faculty and effective academic leadership. Clinical sites are also needed to enable students to develop the competencies needed for practice.

Enhancing the Number of Graduates of Nursing Programs

Nursing Programs in Washington State: In 2014, Washington State has two stand-alone, 22-step practical nursing programs, providing both practical nursing and associate degree registered nursing education, and seven programs providing only the associate degree. There are nine baccalaureate programs providing RN prelicensure education and two master's entry programs. The first portion of a master's entry program covers the prelicensure content, with the individual completing the equivalent of a bachelor's degree in nursing. The individual then immediately continues into a graduate program in nursing. Thirty prelicensure programs are accredited by a national nursing accrediting agency.

Since the 2001-2002 academic year, the number of graduates in all prelicensure programs has increased (28% in LPN programs, 98% in ADN programs, and 139% in prelicensure BSN programs). According to data from nursing programs annual reports in 2011-2012, the enrollment in nursing programs in the fall of 2012 was 69% higher than in 2004. The highest number of graduates was in 2009. That number has decreased somewhat as some special programs that increased the number of students on a temporary basis were discontinued in the face of the constricted job market for graduates.

The number of RN-B graduates has shown an increase from 209 in 2006 to 480 in 2012. Unfortunately the number of registered nurses enrolled in the state RN-B programs has gone down from a high of 994 in 2008-2009 to 514 in the 2011-2012 year (NCQAC, 2013). This may affect future BSN graduate numbers.

Image of Nurse: While not explicitly named as a strategy for assuring the adequate supply of nurses, increasing public awareness of nursing, its many facets, and the career opportunities within nursing affects recruitment into nursing at all levels. WCN has provided links on its website for prospective nursing students and their families to help them find resources about nursing education. Additional efforts have been targeted at providing information for the general public.

- In 2013 WCN produced a [Be a Nurse video](#) that highlights the many opportunities in nursing. This video is available on the website and YouTube and may be used in activities for recruitment of nursing students.

- WCN reached more than 10,000 high school students by distributing at no cost our *Be a Nurse* brochures which are available in English, Spanish, and Russian language versions and a Native American culture version.
- WCN reached every public school district and attended multiple high school career fairs across Washington to inform students about the nursing profession.
- During National Nurses Week, Clear Channel provided WCN space on a digital billboard to recognize nurses for their important contributions. WCN also secured a spot in the *Spokesman Review* to show nurses in eastern Washington our appreciation.
- WCN has established an active presence on *Facebook*, set up a blog, *Taking the Pulse*, and a quarterly email newsletter containing pertinent information about our work and nursing issues in Washington State.

Recommendations: Enhancing the Number of Graduates

1. Continue to promote funding mechanisms through the legislature and other relevant agencies to support the ongoing implementation and updating of the *Master Plan for Nursing Education*.
2. Continue to support a positive image of nursing and disseminate information about nursing as a career to enhance recruitment of students to all levels of nursing education.
3. Continue to develop partnership strategies to expand capacity especially in the critical area of preparing master's and doctoral degree-prepared nurses as educators.
4. Continue to gather and analyze data relative to the locations where shortages are present and the types of nurses needed in those settings, including those with graduate preparation as well as those entering licensure, in order to target funding effectively.
5. Update the *Master Plan for Nursing Education*.

Nursing Faculty and Academic Leadership Concerns

Nursing Faculty Supply: Data from the NCQAC found in the 2011-2012 annual reports of the nursing programs of the state have identified an ongoing shortage of nursing faculty. As programs have expanded this shortage has worsened. For the five academic years from 2006-2007 to 2011-2012, nursing programs reported three to seven percent of nursing faculty leaving for higher salaries outside nursing schools. Nursing programs reported five percent of full-time faculty positions were vacant in 2011-2012. Nursing faculty members are primarily white/Caucasian (74%) and women over the age of 50 (63%). Forty-seven percent of faculty members are over the age of 55. Thirty-one percent are over the age of 60.

Nursing Faculty Compensation and Workload: Nursing programs continue to report that recruitment and retention of qualified faculty are difficult due to compensation, particularly at the community and technical colleges, being significantly lower than a similarly credentialed individual would receive in industry. Poor compensation is also a factor in turnover of director positions in community and technical colleges. WCN convened a coalition of nursing directors, organized labor representing faculty, the state nurses' association, SEIU 1199 NW, and legislators to explore legislative options for nursing faculty salary increases. No actions have been taken that would address this issue.

Workload Concerns: Data on faculty workload gathered by CNEWS have shown that workloads for nursing faculty are not calculated accurately; workload burden is a deterrent to attracting and retaining individual faculty.

Supporting Academic Leadership: There continues to be concerning “churn” among the directors of community college nursing programs. This destabilizes progress toward goals at individual schools and as well as the collective goals of CNEWS, state-level educational bodies, and WCN task forces in which academic leaders participate. Currently, over half of the community college nursing director positions are held by interim or new staff. While college administrators may orient new directors to administrative roles within their institution, they may not be able to assist the new director in relationship to the specific requirements of leading a nursing program. No work has been done regarding “transition to practice in the leadership role” for deans and directors. Many directors move from staff nurse to management, acquiring advanced education on this path, but bring no experience in educational leadership/management. Resources to support this leadership role may decrease the turnover in this role. Through a workgroup of nursing faculty, WCN developed a *Toolkit for Deans and Directors* that is a resource for many aspects of the leadership role for a nursing program. There are links to additional references and resources in this document (WCN, 2013). Informal feedback about this resource has been positive. The education director of the NCQAC conducts regular orientation sessions for new program directors. These orientations are designed to provide the knowledge essential to effectively leading a nursing program.

Recommendations: Nursing Faculty and Academic Leadership Concerns

1. Continue to explore innovative approaches to faculty compensation issues.
2. Continue to support the revision of the community and technical college faculty workload.
3. Update the *Toolkit for Deans and Directors* of nursing programs and add RN-BSN content by year-end 2014.
4. Continue to post faculty openings on WCN’s website.
5. Coordinate faculty education and leadership training needs with CNEWS.
6. Monitor the turnover in deans and directors annually.

Clinical Site Availability

Clinical Sites: Nursing is a practice discipline in which students need direct practice as part of their education programs in order to emerge with essential competencies. According to the *Nursing Program Annual Report 2011-2012*, nursing programs continue to report difficulty obtaining clinical sites. Forty-four percent of the programs reported difficulty in obtaining clinical site placements for students. All programs reported fewer clinical practice hours this academic year than in any other year. Washington State has a long history of managed care and careful attention to health care resources. As a result, there are fewer acute care hospital beds per 1,000 population than the national average. For example the Seattle and Tacoma metropolitan areas have 1.6 beds per 1,000 and Everett has 1.4 beds per 1,000 while the national average is 2.4 per 1,000. Spokane and Yakima have closer to the national average

with 2.2 beds per 1,000. (Rizzo, 2013). The relevance of this fact is that it reduces the numbers of acute hospital patients “available” to all clinical learners in our state.

There has been a movement of care into the community. Most nursing programs incorporate community agencies into their clinical sites; however, community sites are geographically dispersed making supervision of students problematic. In addition, many community sites do not currently have registered nurses to serve as preceptors, and the density and variety of experiences may be less in community sites.

Clinical Consortia: Regional consortia that provide for a coordinated approach to clinical placements in acute care hospitals were developed beginning with the consortium in the south Puget Sound region, Nursing Clinical Placement District 1, established in 1993. Data from this original consortium showed that a coordinated plan revealed more clinical placement opportunities than had been originally identified. Subsequently, the North Puget Sound Clinical Placement Consortium and the Inland Northwest Clinical Placement Consortium were established. The members of these consortia recognized that coordinating efforts would more effectively support quality nursing education and therefore joined together in 2012 to establish Clinical Placements Northwest, which includes all those areas in which multiple nursing programs are accessing the same clinical agencies for nursing student placement. Thirty-three nursing programs and 34 hospitals are member agencies in this collaborative effort.

The purpose of Clinical Placements Northwest is to:

“Collaborate to standardize, streamline, and coordinate the clinical placement of nursing students for optimal clinical learning environment:

- Develop and implement a clinical placement process for healthcare partners and nursing education programs holding membership in the consortium.
- Facilitate full utilization of clinical placement opportunities by creating transparency of clinical availability and educational need.
- Provide a forum for discussion among healthcare partners and nursing education, including:
Promotion of a sense of negotiation, cooperation and collaboration.
Resolving issues of geographical regions and historical alliances.
- Share best practices for the clinical learning experience.
- Develop and implement a clinical participation record documenting completion of on-boarding requirements (Clinical Passport).” (Clinical Placements Northwest, 2014, <http://www.cpnorthwest.org/about-us/mission-values-vision/>)

The availability of clinical sites continues to be a concern even though the regional consortia have sought to maximize use of the available resources.

Recommendation: Clinical Site Availability

- Continue to support the work of the consortia in maximizing use of clinical sites and encourage clinical agencies to see their role in educating the future nursing workforce.

IV. Enhancing Access to Education throughout Washington State

Financial Support for Individual Students: The Washington State Scholarship and Loan Repayment program, which funded not only nursing students but nursing faculty, was curtailed in 2008 due to changes in the economy. Shortages remain in nursing faculty and in underrepresented groups among nurses. The costs of education are often major barriers to individuals undertaking education. WCN has highlighted information about scholarships for those seeking either basic or advanced nursing education on its website.

Providing Access to RN Education for Rural Areas: Individuals living in rural areas of the state often have difficulty accessing education to prepare for licensed nursing roles, and critical access health care agencies may have difficulty recruiting nurses to their locations. The Rural Outreach Nursing Education (RONE) program was established to bring an associate degree nursing education program (exit after four quarters to an LPN is possible) to a widely distributed population and provide for the health care workers needed in these critical access areas. Didactic portions of the curriculum are provided online by Lower Columbia College (LCC), and clinical experiences are provided in close-to-home clinical agencies through collaborative agreements between LCC and the agency. Students must be endorsed by a partnering critical access hospital or agency in order to enter the program. An independent, formal evaluation of the outcomes of the RONE project has been completed. It indicates that completion and NCLEX passing rates are at parity with the traditional program at LCC, employer satisfaction, and high student satisfaction (Carlin-Menter & Brewer, 2014). DOH has asked WCN to prepare information on continuing/expanding this program.

Increasing the Number of BSN and Higher Degree-Prepared Nurses: The MPNE identified a goal that “beginning in 2020, every newly licensed nurse will graduate with a BSN or acquire a BSN within 10 years.” Nurses with graduate degrees will be needed in greater numbers for faculty, clinical leadership, and advanced registered nurse practitioner roles. The IOM *Future of Nursing* report accelerated the effort towards a more highly educated workforce. This will require both expanding existing RN-BSN and prelicensure BSN capacity and pathways toward higher degrees. New RN-to-BSN programs have opened opportunities for registered nurses with an associate degree to obtain their BSN. These programs include two at community colleges (Olympic and Bellevue), with another two (Wenatchee Valley and Seattle Central) in the planning stage; an additional one at a state regional university (Western Washington University); a program at a private university (St. Martin’s University); and a new online opportunity (Western Governors) in the state. Existing RN-to-BSN programs have continued their outreach by bringing BSN education to nurses at a variety of non-campus-based locations, such as workplaces.

Academic Progression in Nursing (APIN) Grant: The Washington Center for Nursing was one of nine recipients of this grant from the Robert Wood Johnson Foundation in 2012. This two-year, \$300,000 grant will support curriculum innovation and other efforts toward the goals of “80% of nurses with a BSN or higher degree by 2020.” This grant has assisted in the creation of the new RN-to-BSN programs at St. Martin’s University, Western Washington University, Wenatchee Valley College, and Bellevue College; supported the Direct Transfer Agreement development; and incorporated work on a diversity mentoring program to support students and new graduates from underrepresented groups. That pilot will be completed in fall 2014 with the expectation that it be expanded statewide. A formal evaluation is planned for later this summer. The second grant, anticipated to be awarded August 2014, requires a robust diversity plan to enrich the nursing workforce and education-practice partnerships to support a more highly educated nursing workforce. Both of these requirements complement the MPNE.

Safe Table Forums: In 2013, WCN supported workshops, one in Spokane and one in Tukwila, addressing the issue of nurses advancing their education to the BSN. These forums identified supports and deterrents to nurses entering educational programs to obtain a BSN. The information resulting in these forums can be used as additional strategies to move toward a greater percentage of nurses with a BSN (Clegg-Thorpe & Lichiello, 2013).

Number of Graduates: Nurses graduating from all postlicensure programs increased in 2011-2012 (NCQAC, 2013). There was a 54% increase in RNs earning a bachelor’s degree in nursing (NCQAC, 2013).

Recommendations: Enhancing Access to Education throughout Washington State

1. Formally recommend that the Washington State Scholarship and Loan Repayment fund be restored to support students in nursing education with emphasis on those preparing for roles as nursing faculty and nurse practitioners (ARNP).
2. Establish goals for the overall number of nursing students at each nursing education level (PN, ADN, BSN, master’s, and doctoral degrees), distributed appropriately throughout the state, that will enable the state to meet the goals for the total number of RNs and LPNs as well as the goal of 80% BSN or higher degree-prepared nurses.
3. Continue to support existing strategies to facilitate the movement of associate degree nurses into baccalaureate nursing education and develop additional strategies as needed.
4. Evaluate the effectiveness of moving RN-B programs into community college settings in terms of student access, graduation rates, and professional practice outcomes.

IV. Promoting a More Diverse Profession

Specific Strategies Undertaken: The Washington Center for Nursing has undertaken an array of strategies to support increasing the diversity of nurses in the state. These include:

- Disseminated WCN’s *Diversity Issue Briefings* to relevant audiences.
- Developed effective and sustainable initiatives that provide financial support to minority nursing students.
- Implemented mentoring programs and statewide networks for minority faculty.

- Developed strategic alliances with minority nursing organizations.
- Compiled a list of [resources for minority nurses](#) on the WCN website.
- Surveyed Washington State nursing programs regarding [faculty diversity](#).

Diversity Initiatives: A part-time diversity director was hired by WCN in 2012 to work with a diversity advisory group, to develop relationships across the state, and to lead the diversity work of WCN. The latter included the development of a virtual diversity mentoring network to provide networking and mentoring opportunities for minority nursing students and minority new graduates. This one-year pilot program began in fall 2013. WCN is now expanding this role to a full-time diversity and inclusion director with the goal of increasing the diversity of the nursing workforce in Washington State.

Underrepresented/Minority Faculty: In 2011 WCN surveyed all Washington nursing programs regarding the number of minority faculty. The NCQAC has continued to seek data on the diversity in nursing faculty as part of the annual reports. Currently the percentage of minority nursing faculty is less than the percentage of minorities in the population of Washington, but it is more than the percentage of RNs in general compared to the minority population (NCQAC, 2013). These data reveal that there has been some success in encouraging minority nurses to move into nursing educator roles.

Recommendations: Promoting a More Diverse Profession

1. Continue to develop and support strategies for increasing the diversity of the nursing applicant pool and ensuring the success of qualified nursing students from diverse backgrounds.
2. Identify strategies to increase the number of minority/underrepresented nursing faculty members.
3. Collaborate with others who work in the K-12 areas to reach students earlier to expose them to nursing.

Conclusion

Since the *Master Plan for Nursing Education* was developed in 2008, the health care landscape has continued to change, with both governmental bodies and organizations urging an improved system in which more highly educated nurses work to their highest capacity in helping to lead change and enhance the health of the population. Many voices have been heard urging the kinds of action that were a part of the original MPNE goals.

The four over-arching goals of the MPNE: **Assuring the Continued Competency of Nursing Professionals, Assuring an Adequate Supply of Nursing Professionals, Enhancing Educational Access throughout Washington State, and Promoting a More Diverse Profession** have guided the work of WCN.

Significant progress toward achieving these goals has been made, including greater consensus on the competencies needed for the nurse of the future, the enhanced use of technology, and improved articulation and continuity between the various levels of nursing education. There continues to be a shortage of nursing faculty, and the issues surrounding faculty workload and compensation are unresolved, although discussion among involved parties has begun. Clinical sites have become more accessible through the coordination efforts of regional consortia, but the lack of available clinical sites is a barrier to program expansion.

Through expansion of both prelicensure RN programs and RN-to-BSN programs, both in numbers and in student places, an increase in the number of registered nurses and the movement of incumbent RNs toward a BSN, with a 54% increase in RNs earning bachelor's degrees, have occurred.

There is now increased access to nursing education at every level through increases in the size of existing programs and the development of new programs. This has resulted in increased numbers of nursing graduates. Rural access to nursing education has been created through the Rural Outreach Nursing Education (RONE) program at Lower Columbia College. The APIN grant received by WCN has been instrumental in the development of these enhanced accessibility opportunities. Much work remains to be done. Interprofessional Education (IPE) is underway in some sectors of the state and bears greater investment, collaboration, and evaluation.

WCN has been a leader in seeking avenues for recruitment and retention of individuals from underrepresented groups into nursing. Through provision of *Diversity Issues Briefings*, development of an online mentoring program, relationships with minority nursing groups, and a new diversity and inclusion director, WCN continues to expand efforts at promoting diversity.

In this five-year progress report, WCN has identified recommendations for moving forward in each of the broad goals voiced in the MPNE. While there have been significant accomplishments, even more significant changes need to occur. A more comprehensive and contemporary vision of nursing education in Washington State will serve the population better. WCN will continue to provide leadership and be a catalyst for others to come together across broad areas of common interest that will lead toward a changed future and improved health for the population of Washington State.

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