



University of California
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Nursing in the Era of Health Care Reform

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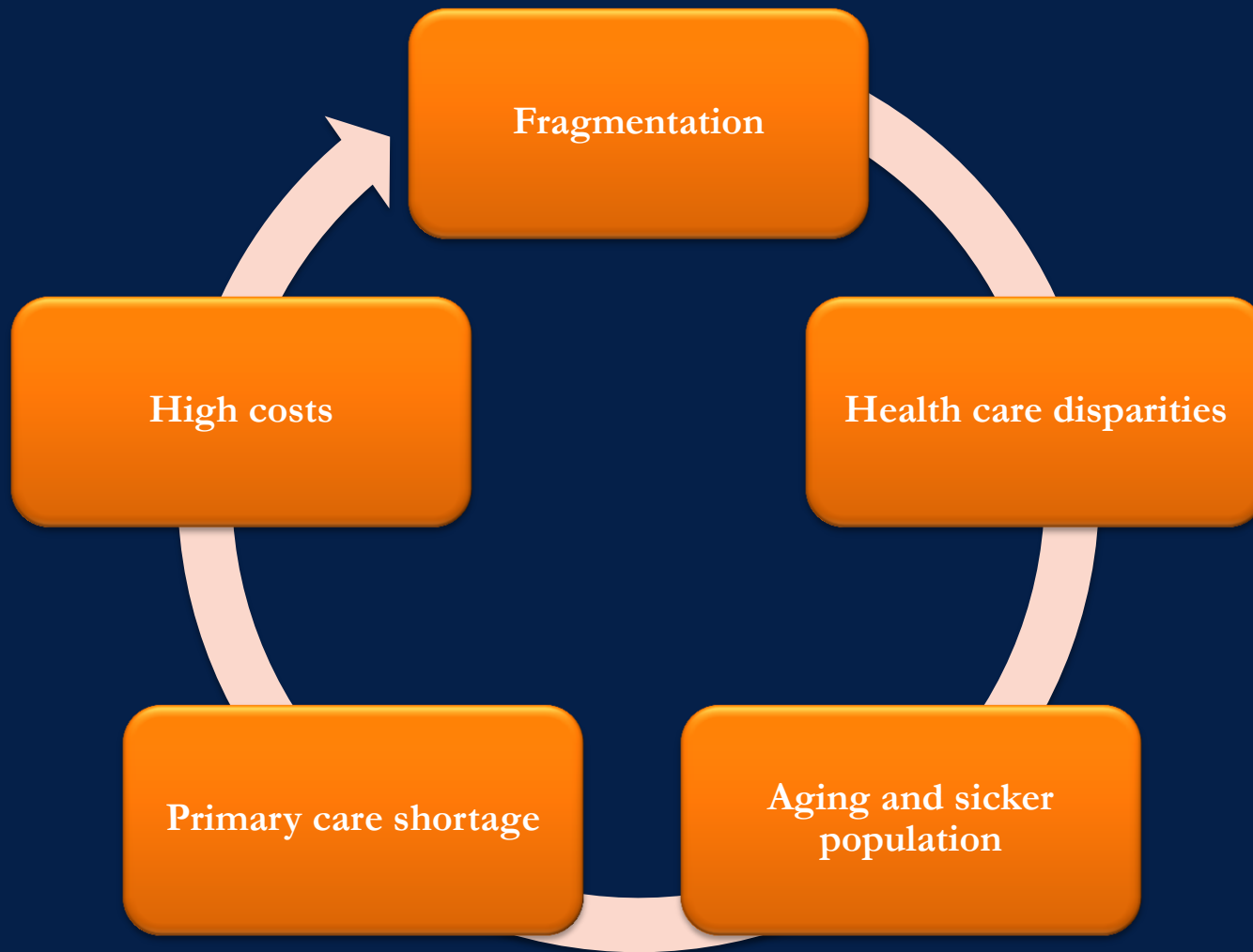
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Health care system challenges



The negative impact

Lack of integration among providers

System rewards volume, not value

Result: lower-quality care and higher costs

Plan for the future



“I skate to
where the
puck is going
to be.”

-- Gretsky's Law

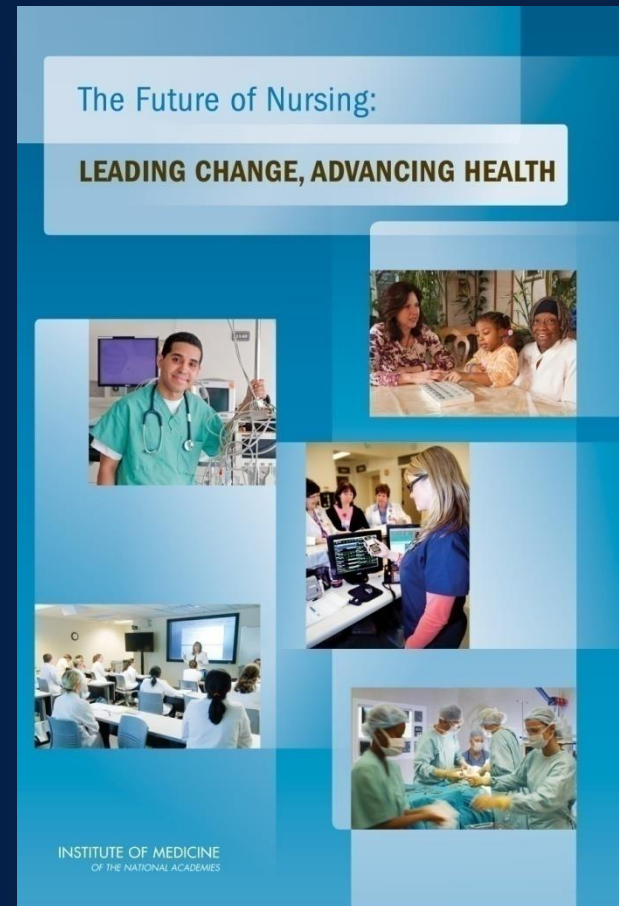
Nursing is key to solving these problems

- Nursing is **by far** the largest health profession
 - There are 4 times as many nurses as physicians
- Nursing care is related to quality and satisfaction measures that will be tied to value-based payments
- Nurses provide care across settings for the “whole person”
- Nurses’ generalist education makes them adaptable to new roles and functions

Erin Fraher and Mary Naylor are partners in the thinking that comes next...

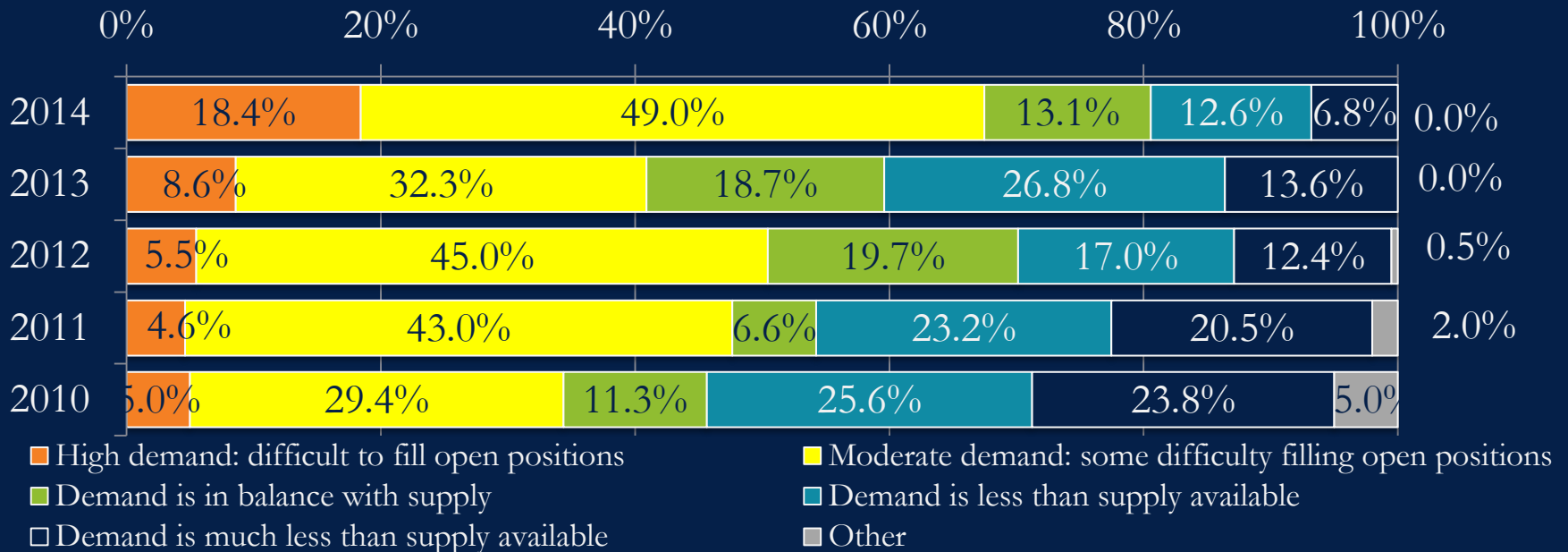
IOM Key Messages

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.



The opportunity

The nursing shortage has abated (at least for now)



**We can think about what types of nurses we need,
not how many we need**

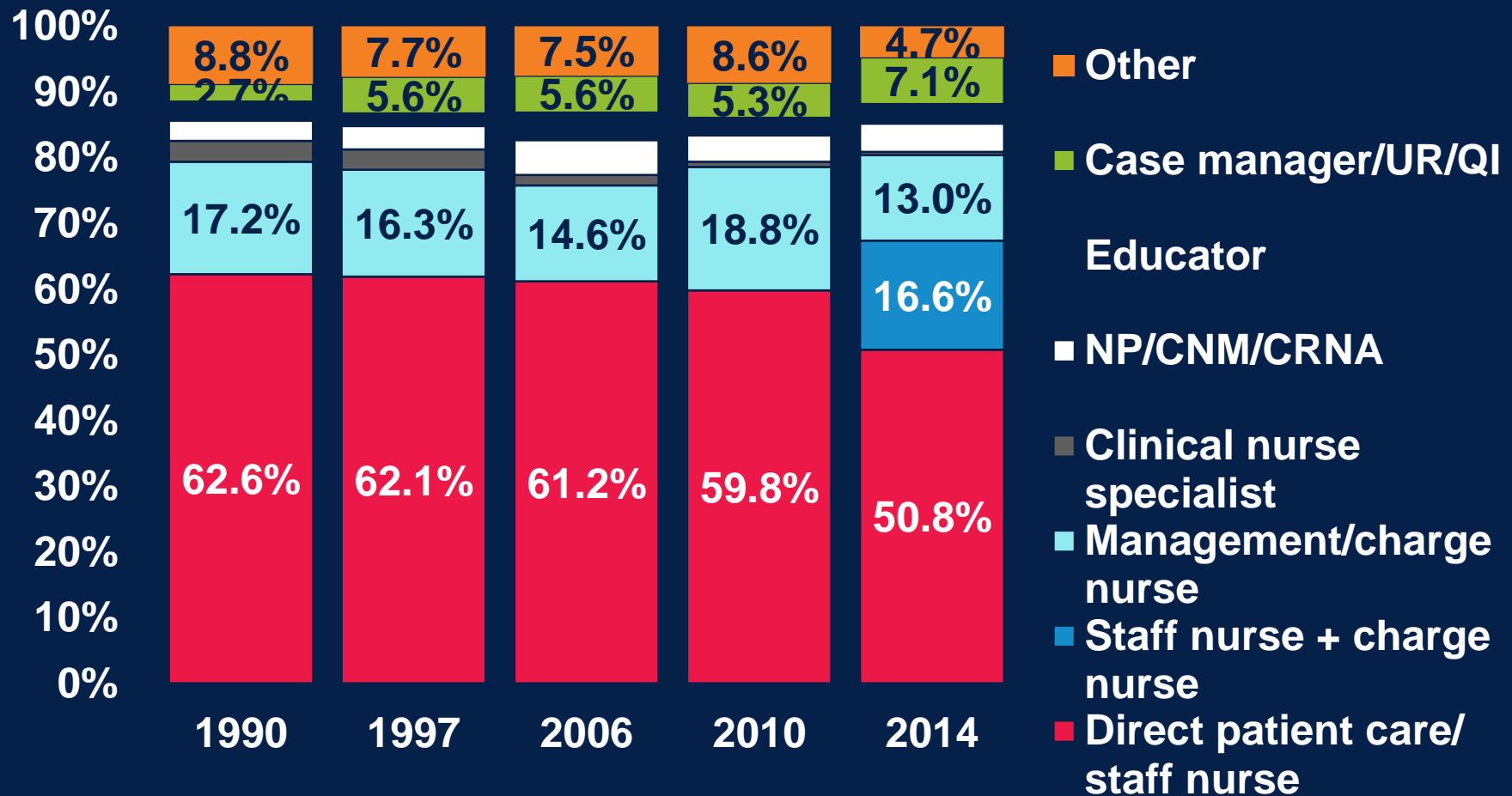
What roles are nurses taking in innovative care models?

- Care management and coordination
 - Including transitional care models, guided care, etc.
 - Coaching, patient education, motivational interviewing, referrals to specialists, home visits
- Informatics
 - Electronic health records as a tool for quality management
 - Telehealth and telemonitoring
- Geriatric and long-term care
 - Home- and community-based services

What roles are nurses taking in innovative care models?

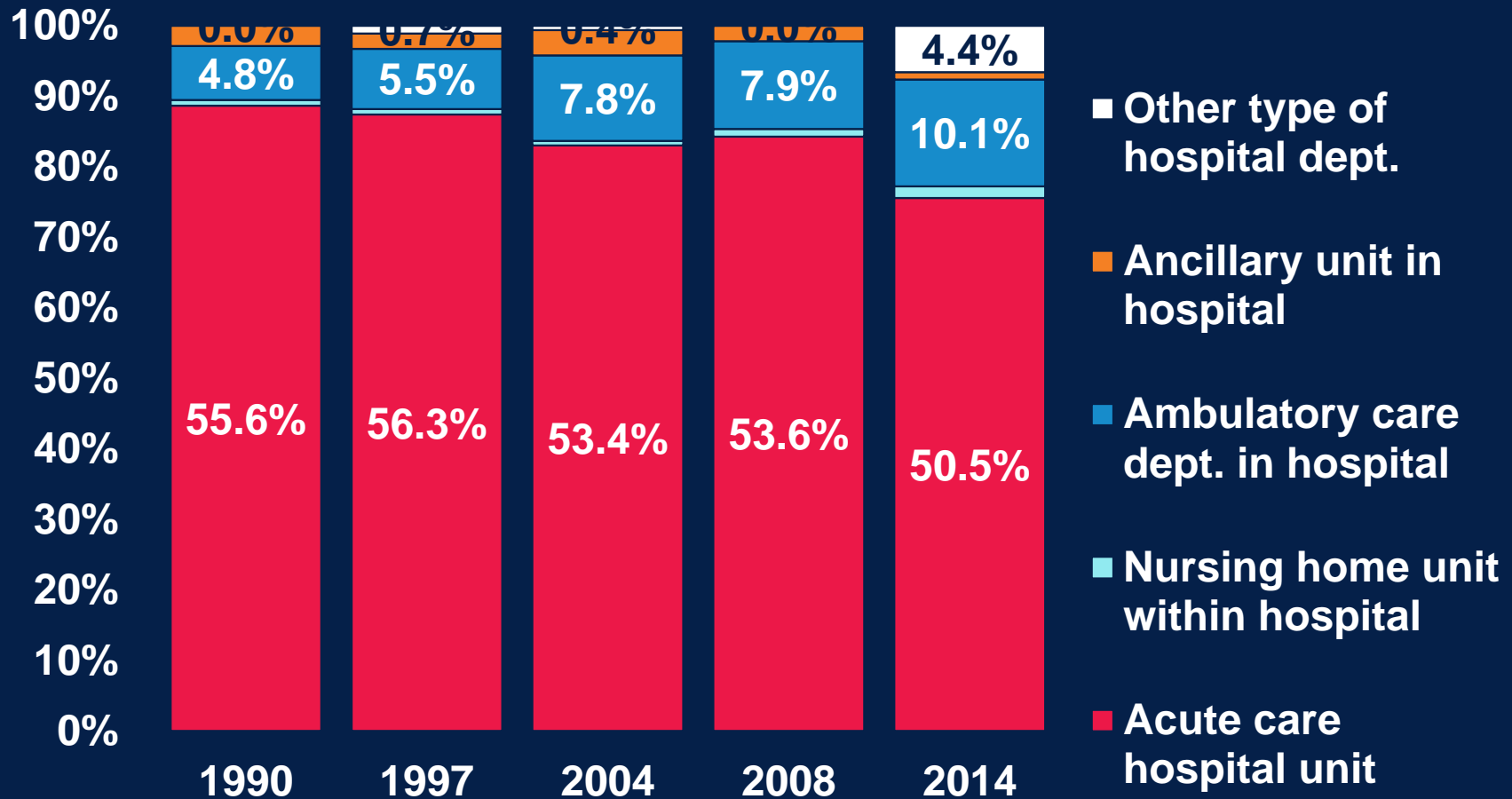
- Population health
 - Assess panels and populations of patients
 - Develop, initiate, and evaluate programs
- Interprofessional collaboration
 - How to delegate
 - How to lead
 - “As a leader, you are not directly responsible for the results, you are responsible for the people who create the results.”
– Simon Sinek

Job titles of RNs for primary positions



Source: Spetz et al., Survey of California Registered Nurses 2014, in press.

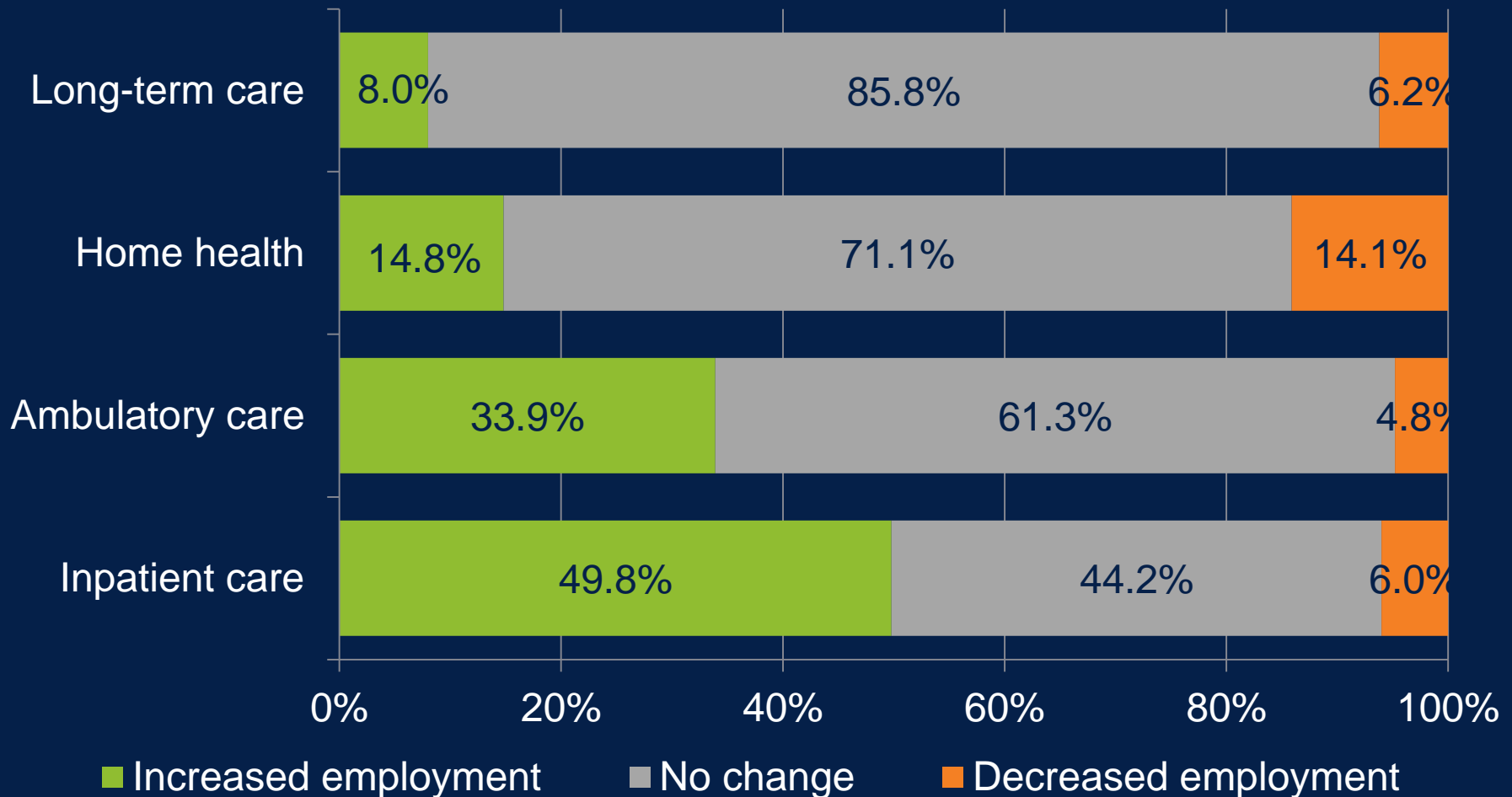
Departments within hospitals for hospital-employed RNs



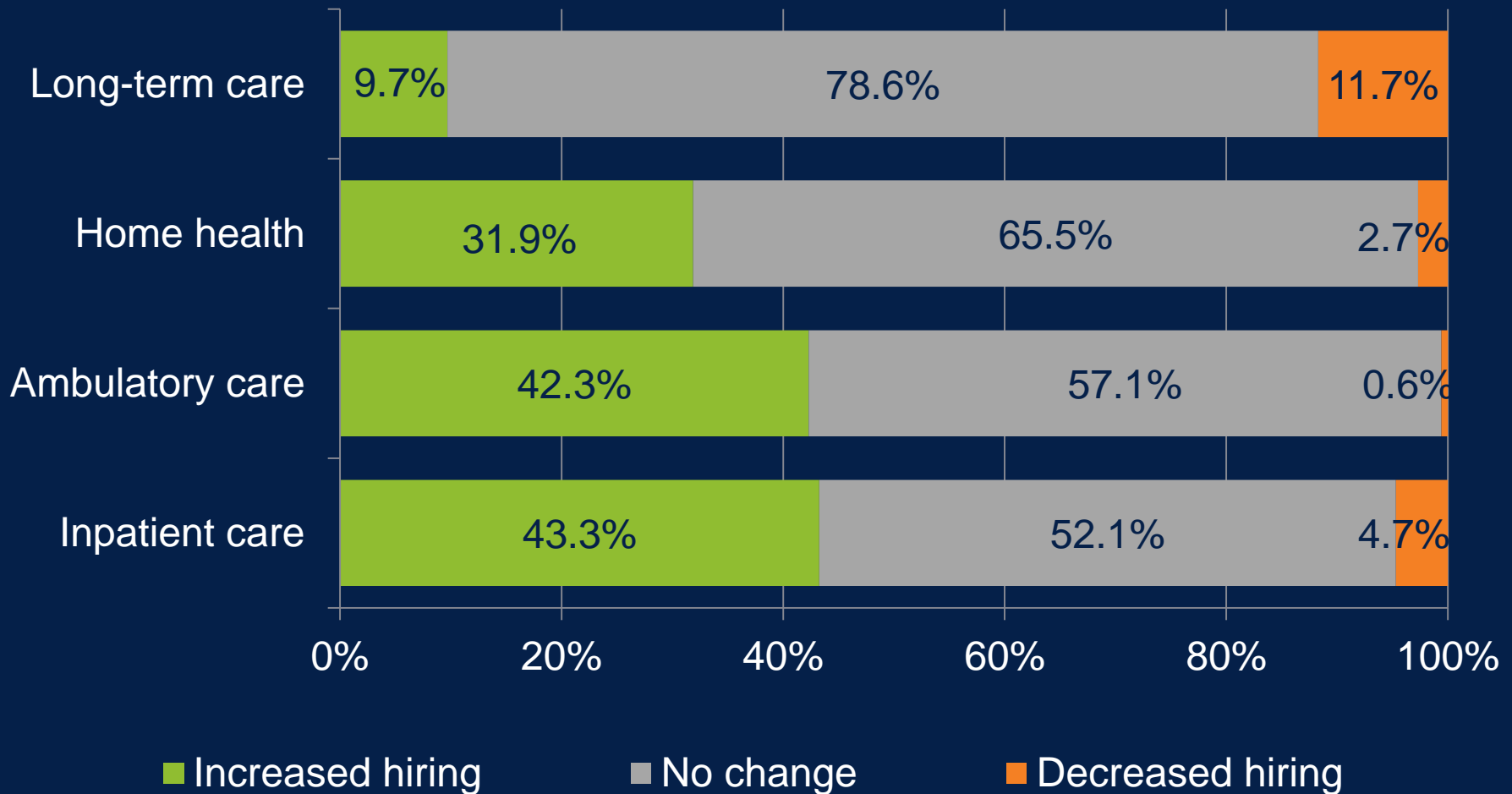
Source: Spetz et al., Survey of California Registered Nurses 2014, in press.

Is this showing up in the data?

Changes in RN hiring by hospitals, 2013-14



What about next year? Expected changes in RN hiring by hospitals, 2014-15



What about LVNs and Aides?

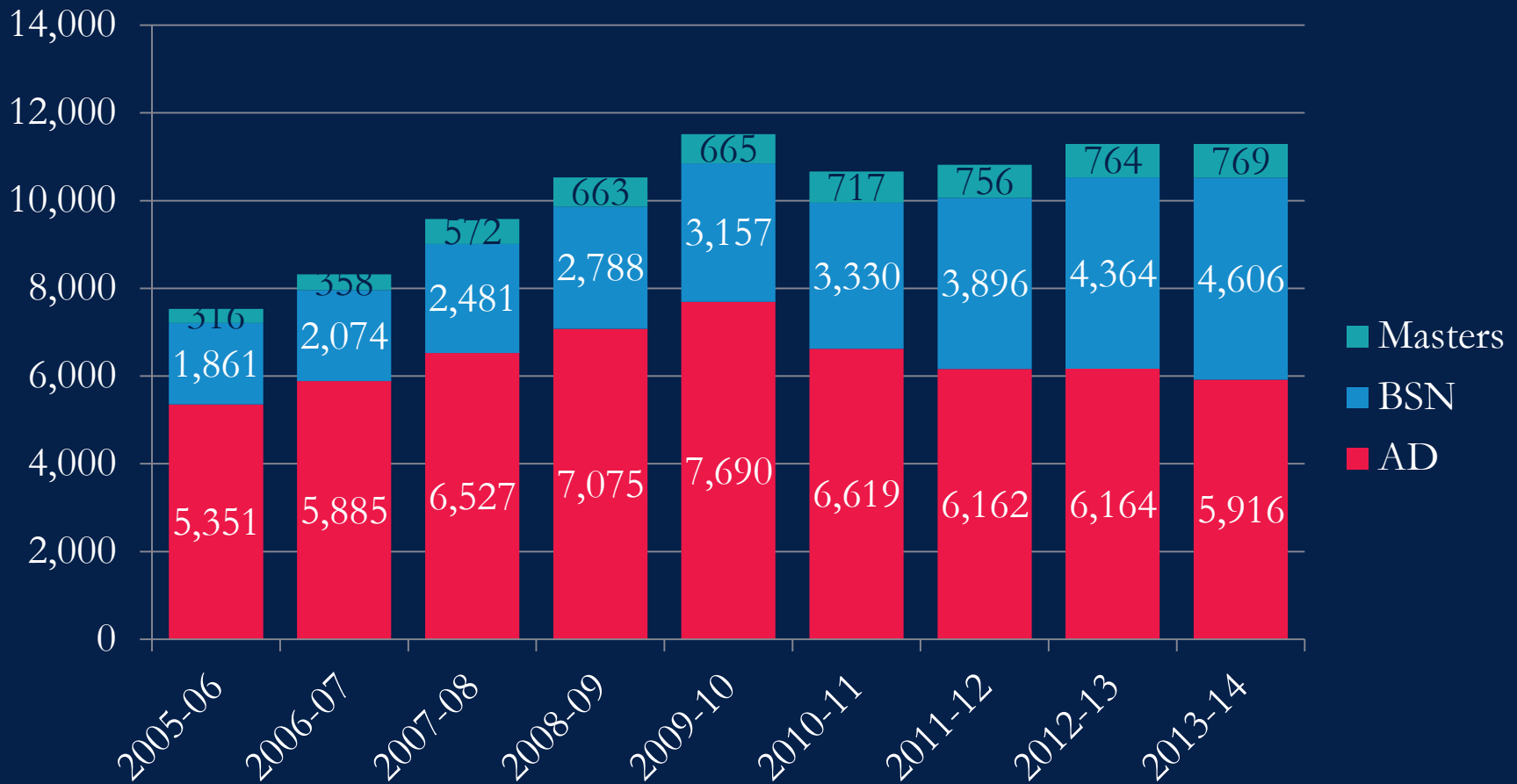
- LVN employment is shifting
 - Ongoing shift away from hospitals
 - Growing employment in home health
- Aide employment is projected to grow substantially
 - Many home health and ambulatory care jobs

The questions that keep me up at night

- What education and knowledge do nurses need for these roles?
 - What mix of acute and ambulatory?
 - How much depth in population health, geriatrics, informatics?
- How can we facilitate continuing education and training?

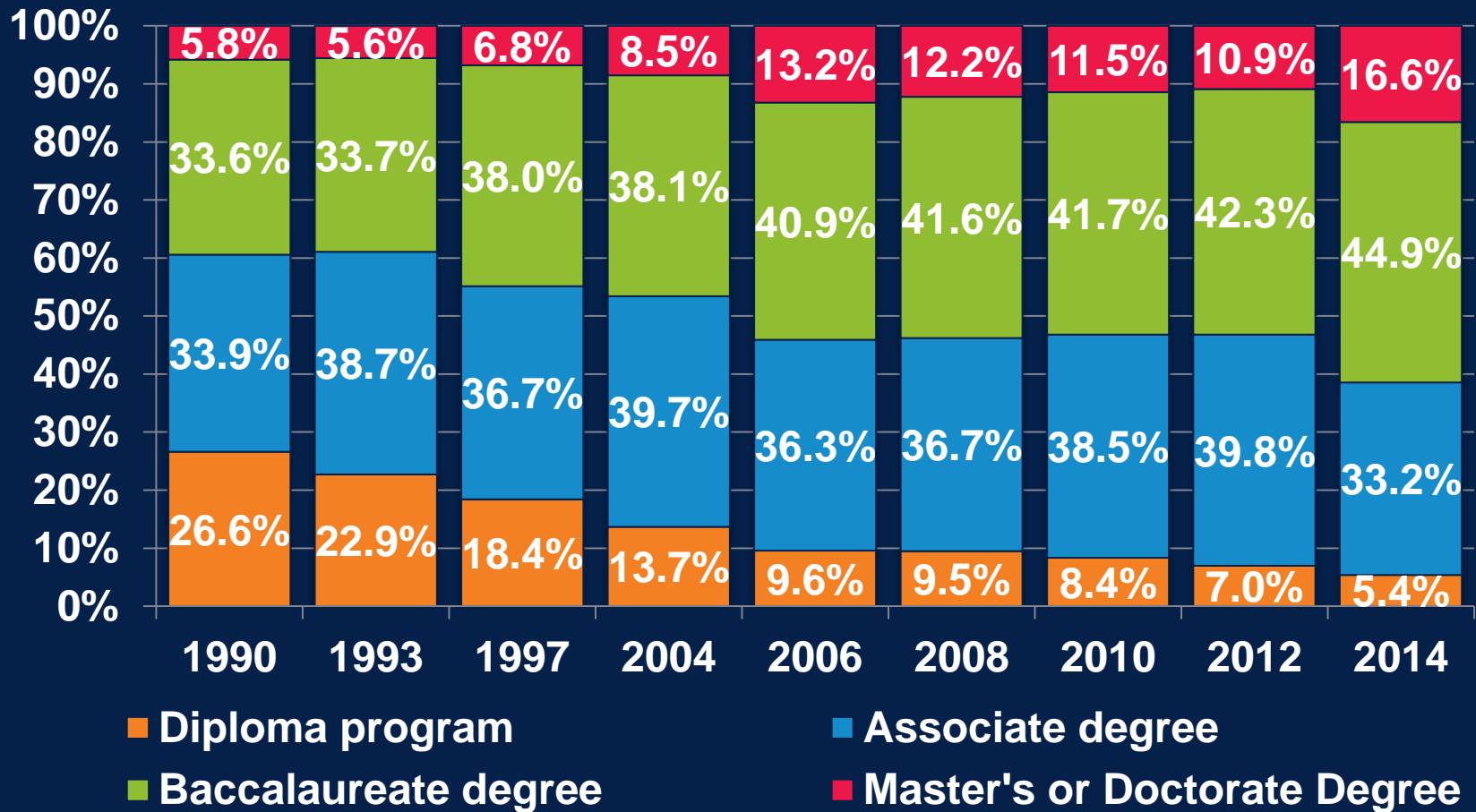
- These questions apply to both RNs and LVNs

Types of education for new California RN graduates



Source: Waneka, R, Bates, T, Spetz, J. 2013-2014 Annual School Report: Data Summary and Historical Trend Analysis. Sacramento, CA: California Board of Registered Nursing, April 2015

Highest level of nursing education of working RNs



Source: Spetz et al., Survey of California Registered Nurses 2014, in press.

Hospitals' plans regarding BSN-educated nurses, 2014

- 71% plan to increase the share with BSN (was 66% in 2013)
 - 54% are targeting more than 50%
- 11.8% require that hired RNs obtain a BSN within a certain time
- 55.1% require a BSN for promotion beyond staff nurse
- 32.9% differentiate RN salary by education degree
 - 48.4% differentiate RN salary by advanced certification

Hospital challenges to increasing the share of BSN-educated RNs

- Most common barriers to increasing share with BSN:
 - Low supply of BSN-educated RNs in community
 - Lack of tuition reimbursement funds
 - Lack of funds for financial incentives
 - Lack of interest among RNs

The questions that keep me up at night

- How do we find faculty and preceptors who can teach the new skills needed?
 - Faculty vacancy rate: 9.4% in 2013-14
 - 17% of faculty were age 61 years and older in 2013-14

Faculty data from BRN Annual Schools Report, 2013-2014

	Full-time faculty	Part-time faculty
Number in California	1,498	2,614
Vacancy rate	11.9%	8.1%
Number who left 2013-14	174	251
Expected to leave 2014-15	81	74

Reasons faculty leave:

Retirement 57%

Termination 23%

Resignation 22%

Barriers to recruiting faculty:

Not enough applicants with required credentials: 83.5%

Non-competitive salaries: 74.8%

Workload: 39.4%

College/universities rules/policies: 20.5%

BRN rules: 32.3%

The questions that keep me up at night

- Will payment structures and rates keep up with the changes needed?
- How can we support nurses to play well in teams?

What next?

- New roles are growing like a rising tide, but not like a tsunami
- Growth of BSN education will help ensure nurses have required knowledge
- Need for RN and LVN education to increase population health, care management, informatics, and health system knowledge
- Need to support education programs in faculty recruiting

- How quickly things change will depend on the money