FUTURE OF NURSING™
Campaign for Action

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FUTURE OF NURSING™
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Summit Planning Committee Members
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Summit Goals

- Evaluate Progress toward 2020 goals
- Identify future challenges
- Plan approaches to meet 2020 goals in evolving health care environment
Institute of Medicine Report

The Future of Nursing: LEADING CHANGE, ADVANCING HEALTH

Blueprint for transforming nursing profession to enhance quality & value of healthcare

Landscape has changed since 2010

New challenges & opportunities to achieve goals

Institute of Medicine (2010)
Changing Healthcare Landscape:
ACA passed March, 2010

- Aging and sicker population
- Technology advances
- Community-based care
- New Payment Models
- Team-based Care
- Aging and sicker population
Changing Nursing Workforce Landscape

Aging Nursing Workforce

Increased demand for nursing service

Increased competition for nurses with specialty experience

More opportunities for nurses in community-based settings

Generation Y nurses view careers differently

Aging nursing professoriate
The Future of Nursing Progress Report

- Five Year follow-up report released by National Academy of Medicine, December 2015:
  - ASSESSING PROGRESS on the Institute of Medicine Report
    THE FUTURE OF NURSING
Remove Scope of Practice Barriers

- **Full Practice**: State practice and licensure law provides for nurse practitioners (NPs) to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribing medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.

- **Reduced Practice**: State practice and licensure law reduces the ability of NPs to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care.

- **Restricted Practice**: State practice and licensure law restricts the ability of an NP to engage in at least one element of NP practice. The state requires supervision, delegation, or team management by an outside health discipline for an NP to provide patient care.
Increase Proportion of BSNs to 80%

- Proportion of RNs with BSN or higher increased from 49% to 51%
- Enrollment in BSN programs has increased significantly
- Employer hiring of BSN
  - 44% require BSN
  - 79% strong preference BSN
  - Largely hospitals/health systems

National Academy of Medicine (2015)
• Since 2012, number of students graduating from BSN programs exceeded number graduating from ADN programs

National Academy of Medicine (2015)
Implement Nurse Residency Programs

- Most residency programs are hospital-based and focus on acute care
- Lack of residency programs for NPs
- Limited funding has restrained growth of nurse residency programs
Double Number of Nurses with Doctorates

- Less than 1% of nurses prepared with doctorates in 2010
- Dramatic increase in DNP enrollments since 2010
  - 7034 to 18,352
- Modest increase in PhD enrollments
  - 4600 to 5290
Assessing Progress on Future of Nursing

• Status of Iowa’s progress
  – BSN education
  – Nurse residency
  – Scope of practice

National Institute of Medicine (2010)