

CENTER FOR HEALTH CARE WORKFORCE SHORTAGE

Governor Vilsack's Task Force on the Nursing Shortage Final Report - April 26, 2002 (prepared by the Iowa Council of Nurses)

On May 15, 2001, Governor Tom Vilsack established a task force on the nursing shortage in Iowa, and charged its members to evaluate the actual and potential shortage of direct nursing health care providers and asked them to review the current supply of registered nurses (RN's), licensed practical nurses (LPN's) and paraprofessional nurse extenders in all settings, including home health aides, nurses aides and environmental aides.

The task force addressed the diverse and complex nature of the issues confronting Iowa's nursing health workforce.

Iowa has 2500 vacancies for registered nurses, 700 vacancies for licensed practical nurses, and 2600 vacancies for assisting personnel. It is projected that by 2009, 64 percent of the current registered nurses will be retired or over the age 65. By 2010, surveys indicate that almost half (49 percent) of Iowa's nursing teaching faculty plan to retire. Graduates of Iowa's nurse education and training programs for RN's and LPN's have decreased by 27 percent in the past six years.

A 1999 report issued by the Bureau of Labor Statistics reported that Iowa's median nurse hourly wage ranked 50th in the U.S. Licensed practical nurses and L.V.N.'s ranked 38th, while Iowa's teachers ranked 40th. When we couple these facts with Iowa's lowest state Medicare reimbursement and decreasing reimbursement for Medicaid, both of which hinder achieving nursing salary parity with bordering states, one anticipates an emergency.

Many doors are open to young women and men considering career choices in higher paying, less rigid time and energy demanding professions and careers. The high risks nurses encounter and the ergonomics burden of their tasks limit the numbers who can continue to practice until retirement. Rotating shifts, understaffing, lack of support for daycare, burdensome and often unnecessary paperwork amounting to one hour per hour of patient care in acute settings and ½ or ¾ of an hour per patient hour of care in subacute or long-term care settings provide disincentives for recruitment and retention alike.

High turnover of nurses aides in nursing homes and some long term care settings is attributable in part to unavailable or unaffordable health coverage and low pay. (According to the U.S. Bureau of Labor Statistics (1999), Iowa nurses median hourly wage ranked 50th among U.S. States. While Iowa's teachers ranked 40th, LPN's ranked 38th). Shorter length of stay in hospitals, aging baby boomers and growing demand for community-based nursing care is a likely formula for a community health crisis.

The Task Force met three times between June 13 and August 29, 2001. Public testimony was presented from hospitals, nursing homes, long-term care administrators and staff, Iowa State Nursing Association, union representatives, college and university administrators and practicing nurses.

A review of the national literature and pending hearings and legislation on Nursing Workforce needs was compared and contrasted with initiatives within Iowa. Included among which were the Redwine, Kibbie and Reynolds Res. 26 in the Iowa Senate and House, ICON's Nursing Workforce Initiative, the IHA Task Force re Iowa's Future Health Care Work Force and the Iowa Nurses Association and Home Caregivers Association recommendations.

Presentations and comments were provided from community colleges, regent universities and private colleges from across the state. In addition, discussion focused on primary and secondary school based nursing programs and the need to educate children about their health and opportunities in the health care profession.

Discussions concerning the need to improve the image of nursing careers and to mount a multi faceted recruitment and community education program forced recognition that many institutions, associations and organizations must be urged and assisted if we are to succeed in recruiting and retaining students and the wide variety of nursing personnel.

Complex problems including childcare services for young mothers, mandatory overtime, low staff to patient ratios, recurring overtime and burnout, excessive state and federal regulation-driven paperwork (often unnecessary), and workplace infections, hazards and injuries add to the host of challenging problems to be solved.

Throughout the Task Force review, the issue of the state's recent Medicaid reimbursement reduction and the state's Medicare rates were cited as constraints on providing competitive, fair and equitable nursing wages. However, even more complex challenges were cited concerning the redefinition of the nurse's role and focusing on the nurse's desire to deliver quality patient care. Resolution of those challenges will not be achieved by policy or legislation alone.

The task force makes the following recommendations as potential solutions for the nursing shortage in Iowa.

Task Force Members

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Mark Haverland, Consumer
Dan Steen, Long Term Care Employer
Paul Mackey, Advanced Nurse Practitioner
Gary Peasley, Rural Physician
Peggy Gibbs, Iowa Federation of Licensed Practical Nurses
Jane Hasek, Iowa Association Colleges of Nursing

Recommendations of the Governor's Taskforce on the Nursing Shortage

- 1.) It is the Task Force's recommendation that the Governor's Health Enterprise Planning Team immediately undertake to develop with the Department of Public Health an office of Health Care Personnel with a full time director and staff sufficient to:
 - Develop workforce prediction models for all health care personnel.
 - Garner support to encourage and assist state and local initiatives to improve the work-place environment with emphasis on patient and staff safety and quality patient care.
 - Develop models for positive work force policy.
 - Develop targets for improved salary and benefits necessary to recruit and retain a quality nursing workforce.
 - Secure funding to design and test innovative alternative health care personnel models.

- 2.) The Task Force recommends that the State of Iowa in concert with representatives of the health care community, educators, representatives of commerce and industry, community health care providers, hospitals, nursing homes and long-term care facilities conduct a sustained campaign to realistically improve the image of health care providers, to recruit a diverse nursing workforce, to educate school counselors and school children and any interested adult workers about nursing careers and to successfully compete and recruit for nurses statewide.

- 3.) The Task Force recommends that a program of state and private sponsored nursing scholarships and loan forgiveness be encouraged and formulated in order to expand the overall pool of nurses and that special attention be given to shortage areas requiring special nursing needs, e.g. the training of nursing educators, intensivists, acute care nurses, geriatric nurse specialists and others. Scholarships for advanced training and retraining to permit re-entry into the workforce will require broad community awareness of these needs as well as private and public support. Sufficient funding should be allocated to the Accelerated Career Education (ACE) program to include support for health education programs. (Healthy Iowa 2010 – Items 1-3, 1-4)

- 4.) The Task Force recommends Legislative and Policy changes to assist with recruitment and retention for the Nursing Workforce:
 - 4-1 Restore the Medicaid decrease of 3 percent reimbursement for Iowa's healthcare providers sufficient to prove and maintain an appropriate base for competitive salary alignment.
 - 4-2 Similarly join forces to vigorously work with the entire Iowa congressional delegation, community organizations and health care

providers to readjust and increase Iowa's Medicare support sufficient to provide and maintain an appropriate base for salary alignment.

- 4-3 Review licensing laws to remove any barriers compromising the process of licensing highly qualified and sought after nursing personnel. The State of Iowa should support reciprocity for similarly trained foreign nurses and other health care professionals.
- 4-4 Establish Nursing Workforce Shortage Area designations and develop means for meeting their needs.
- 4-5 Establish a program to standardize education and terminology for non-professional nursing staff.
- 4-6 Develop the means for the development of long-term care health insurance plan coverage that is affordable and universally available for nursing home personnel.
- 4-7 Conduct a review of state regulations that require written documentation by health care personnel.
- 4-8 Staffing shortages and mandatory overtime are significant and contentious issues that have a significant effect on the retention of quality healthcare providers in care giving settings. Develop a means for assuring that these issues are being continuously and responsibly addressed to insure the safety of patients and to protect the staff.
- 4-9 Many of Iowa's health care institutions are publicly owned and rely on the IPERS program for retirement benefits. The Iowa General Assembly should address IPERS policies, including changing the cap for nurses and reducing the waiting period for retired nurses to return to work.