The 5 Year Trek: Maine’s Nursing Workforce Legislative Initiatives

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Background: Our Trek

- Trek to “travel slowly or laboriously... a journey” (Webster)
- RWJ Executive Nurse Fellow 2000-2003
  - Leadership Project $60,000
  - Focus on something passionate about
  - August 2000 *The nursing workforce: Is the shortage real?* Invited speaker, Brunswick Maine Rotary
  - September 2000 *The nursing workforce.* Invited (last minute substitute) speaker, Annual Conference OMNE Nursing Leaders of Maine
Snapshot of Maine

- 1.2 million people
- 13 nursing programs
  - University of Maine System
    - 3 baccalaureate and 1 associate degree
  - Community College System
    - 5 associate degree (+1 planning phase)
  - Private
    - 2 baccalaureate and 2 associate degree
Enrollment: Entry Level Nursing Programs

From previous year:
-1% change
ADN 2% change
BSN -2% change
Graduations: Entry-Level Nursing Programs

From previous year:
7% change
ADN 11%
BSN 7% Total
2004-2005 survey Maine’s nursing education programs

- 297 qualified Associate Degree applicants wait listed / turned away
- 307 qualified Baccalaureate Degree applicants wait listed / turned away
Registered Nurses

- 48.9 years of age (nationally 46.8)
- 85% employed nursing
  - Nationally, not employed nursing ranges from high 23% 1980 to a low of 17% in 1996
  - 37 hours average number actual hours worked typical week
  - 55% hospitals (nationally 56%)
  - 60% staff/direct care nurse
- 79% plan to be working in 5 years, 14% uncertain, and 6% said no
Reason Best Describes Why Currently Not Employed LPN or RN

69.6%
Maine Department of Labor
- 2002-2012 3,469 additional jobs (27% growth)
  - Annual openings 1,097 (vs. 600 currently graduating) - growth 240, replacement 857

Employed nurses per 100,000 population
- Nationally 825
- New England 1,107
- Maine 1,145
Patient Satisfaction (Press Ganey, 2003; 906,902 patients 34 states)

Diagram: Scatter plot showing the relationship between patient satisfaction with nursing and the number of employed nurses per 100,000 population. The line of best fit indicates a positive correlation with an Rsq value of 0.2924.
Quality of Care Delivered to Medicare Beneficiaries

- Health Care Financing Administration national benchmark of Medicare fee-for-service quality (Jencks, Huff, & Cuerdon, 2003)
  - 22 clinical indicators related treatment six medical conditions – inpatient: MI, heart failure, stroke, pneumonia; any setting: pneumonia, breast cancer, diabetes
    - #1 New Hampshire, #2 Vermont
    - #49 00-01 Texas, #50 Mississippi, #51 Louisiana
The trek begins…
2001 - 2002

- Piloted data collection time of relicensure – Maine Minimum Data Set
- December First Maine Nursing Summit (future vision - practice and education)
  - 284 attended, keynotes – Russell Coile and Nancy Formella
  - Small groups – proactive strategies
Committee to Address the Health Care Skilled Worker Shortage, comprised of health care leaders, state legislators, and higher education officials, called for a series of actions to address worker shortages

- Created 2001 response to requests from health care employers to Maine Technical College System
Recommendations to Governor Angus King and Joint Standing Committees on Appropriations and Financial Affairs, Educational and Cultural Affairs and Health and Human Services

- Continue statewide leadership focused on resolving health care workforce shortages
- Develop supply of skilled health care workers that can meet Maine’s needs
- Promote health care occupations as attractive careers
OMNE issued “2002 Overview on Maine’s Nursing and Health Care Workforce”

– Directive Health and Human Services Committee, OMNE convened interested parties to meet and review LD1085 Improve Staffing in Healthcare Settings and LD1346 Establish a Commission to Study the Healthcare Workforce Shortage
Recommendations included strategies related to image, education, and best practices to improve work environment

- Health Care Workforce Leadership Council established by legislature to ensure adequate supply of skilled health care workers (time limited)
- University of Maine System programs provided Chancellor with strategic plan for program growth
- Initiated Maine Minimum Data Set
- Second Maine Nursing Summit held
2003 - 2004

OMNE issued “2003 Overview of Maine’s Nursing Graduate Capacity”

- Directive Joint Standing Committee on Appropriations and Financial Affairs, OMNE convened interested parties

- Recommendations
  - permanent funding ongoing nursing workforce data collection and analysis
  - permanent accountability assessing impact of changes in health care and nursing workforce initiatives
passage legislation to create nursing faculty loan repayment program;

University System and Community College system initiatives to increase funding to provide competitive nursing faculty wages and collaborative planning

- Introduced legislation around these recommendations, goal was to educate and get in front of multiple committees

University of Maine System’s strategic plan included nursing as one of only 2 explicit areas of growth, other area education
Committee Education and Cultural Affairs of the Legislature requested strategic plan for nursing drafted jointly by Community College System and University of Maine System

Legislation introduced
- LD892 An Act to Ensure An Adequate Supply of a Skilled Health Care Workforce
  - Health Care Workforce Leadership Council (permanent)
– LD1494 An Act to Increase Faculty In Maine Nursing Education Programs
  ▪ Faculty loan repayment approved, no fiscal note, continue to work on funding

– LD405 Resolve, To Establish a Long-term Care Education Pilot Program for Registered Nurses
  ▪ Community colleges, carried forward, anticipated “ought not to pass”

– LD263 An Act to Support and Expand Nursing Education Opportunities at Maine’s Public Universities ($1 million, expanded to $1.7 million to include Community College System)
- Senator John Martin, Fort Kent, leading Senate Democrat on Appropriations
- Representative Darlene Curley, experienced RN, second term from Scarborough, member Appropriations, former member HHS Committee, Republican
  - Appropriations carried forward LD263 into 2006
Fall, met with first term Governor John Baldacci, Democrat, and staff to request nursing expansion money in part-2 of budget

- Representative Darlene Curley; Representative Tim Driscoll (Westbrook); Becky Colwell, Chair of Provider Advisory Committee, Maine Quality Forum; Lisa and Jane
- Governor’s due diligence
  - Demonstrate current health care industry support for nursing education
  - Data on RN vacancies (“jobs” and “economic development”)
    - Fall 2005 survey 36 hospitals, 13 home care agencies and 39 nursing facilities
      - Fall 2005 503 and projected 2006 1,031
    - Correct perception that work environment is not leading driver of RN vacancy
Explore potential funding options
- Maine Health Access Foundation (ongoing conversations pending Maine State Health Plan)
- Maine Tobacco Fund
- Follow-up meeting with Governor and staff
  - Nursing Scholarships/Tuition
    Reimbursement $964,200 (2005) and $1,238,000 (2006)
  - 503 current RN vacancies, 1,031 projected 2006
  - MeHAF/Bingham Foundation – Robert Wood Johnson Funding Opportunity
  - Maine Tobacco Fund – not an option
Governor’s State of the State address identifies importance of addressing nursing workforce shortage

- $375,000 to Community College System and $375,000 University of Maine System in supplemental budget
Education and Cultural Affairs of the Legislature recommended to Appropriations adding $1.5 million to $750,000 for nursing expansion – total $2.25 million

Appropriations Committee ultimately approves Governor’s request at $750,000
Lessons learned…
on this trek

- Being a “novice” doesn’t need to slow you down!
- Data, data, data - key to success
- Get in front of as many legislative committees and policy makers as you can, as well as Governor
- Takes time, clarity and consistency of ask
  - No longer is the question whether nursing shortage is real, question is finding the money for expansion
Leverage University of Maine System to prioritize nursing

Leverage partnerships, OMNE lead, Maine Health Care Association, Home Care Alliance of Maine, Maine Hospital Association, Community College System and University of Maine System policy staff

Garner bipartisan support and a strong nursing presence
Maine’s workforce reports/initiatives are available at

http://www.usm.maine.edu/conhp/visitors/nursingworkforce.html
Appreciation - Maine nursing colleagues who have actively supported this “trek” though testimony, contacting legislators, and supporting data collection including Maine Minimum Nursing Date Set (special thanks to Myra Broadway and the Maine State Board of Nursing for active role in data collection)