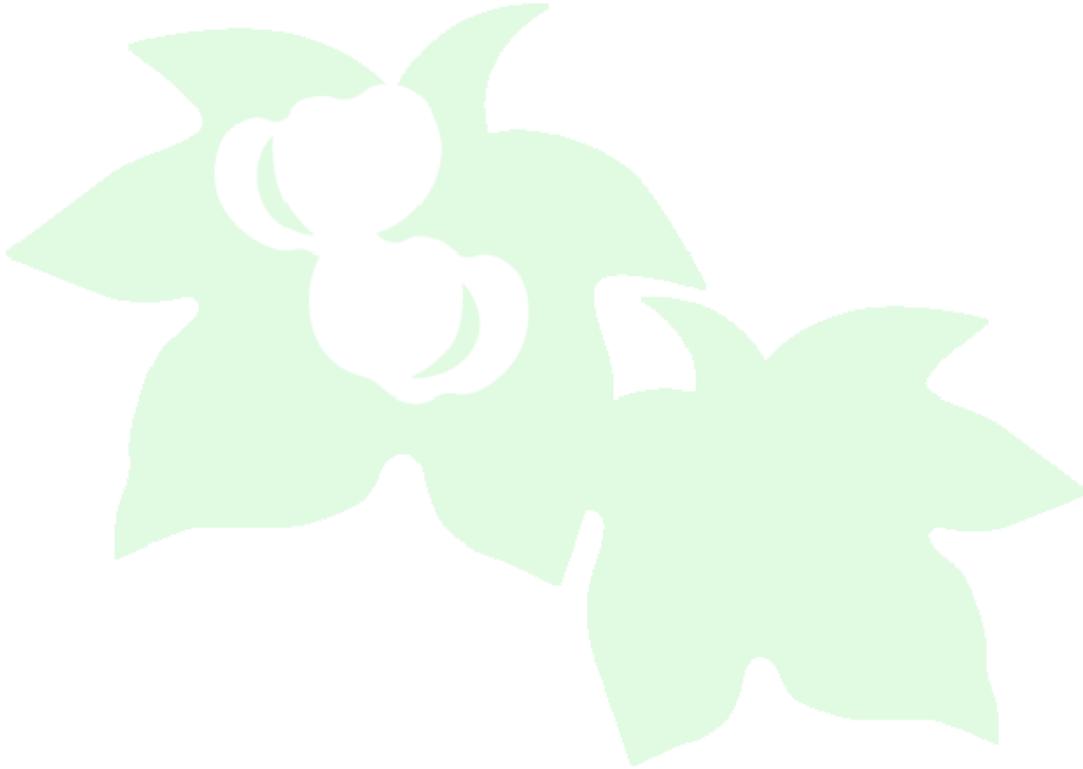




Hawai`i State Center for Nursing

2011 ANNUAL REPORT



A Report to Governor Neil Abercrombie and the Hawai`i State Legislature

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ANNUAL REPORT 2011

Dear Governor Abercrombie and State Legislators:

The Hawai'i State Center for Nursing is pleased to submit this report summarizing our activities and accomplishments during the past year. Each appendix section contains a summary of its related project or program.

The Center was established by the Legislature in 2003 by Act 198, and the sunset clause was extended by five years (to 2014) in 2008. The Legislative mandate has continued to guide our activities:

- 1) Collect and analyze data and to prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce;
- 2) Conduct research on best practices and quality outcomes;
- 3) Develop a plan for implementing strategies to recruit and retain nurses;
- 4) Research, analyze and report data related to the retention of the nursing workforce.

The Center has continued operations with a full complement of staff including an Executive Director, a full time PhD Nurse Researcher and an Administrative Assistant. The Advisory Board provides active oversight of all activities and guidance in the accomplishment of Center goals. In addition, many nurses and community partners from throughout the State of Hawai'i participate in designing and implementing innovative projects to meet the needs of the nursing workforce.

In 2011, the Center accomplished the following:

- Nurse Education Programs 2009-2010 survey indicated that there were more qualified applicants than there were admission slots. A total of 656 graduates received a LPN, AS or BS degree in the undergraduate programs, 40 graduates received a MS in Nursing, and 8 graduates received a PhD in Nursing. There is still a difficulty in filling full-time faculty positions and limited clinical placement sites.
- The Registered Nurse Supply Survey was conducted in the summer of 2011 and is in the process of collating the data collected.
- The Centralized Clinical Placement System (CCPS) streamlines the nursing student clinical placement process and has the potential to increase availability of clinical sites. The center acquired the software license for the state and in March 2011, clinical agencies and schools participated in web based software training. Beginning in August, 2011 student nurse placement in clinical facilities was done using the new system. An online Nursing Resource Center was established to facilitate use of the CCPS and "Student Centers" developed for each clinical facility.
- The third Evidenced Based Practice (EBP) Workshop was conducted by Marita Titler, RN, PhD, with 31 new EBP team members from hospitals throughout the state. Projects have been implemented

by the teams. These teams joined the teams from the 2009 and 2010 years which are further along in their projects. Five teams completed their projects and twenty-three projects are active as of this writing. Twelve teams presented their projects to the community at the Center's first event for the public celebrating Nurses Week in May 2011.

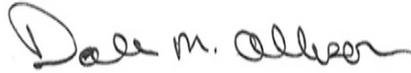
- The aim of the Hawaii Partners in Nursing (HPIN) project is to bring together community and state nursing educators and leaders to strategically develop and implement an integrated model of education and practice in long term care (LTC). In 2011, the HPIN expanded and now includes O`ahu, Maui, Kaua`i, and the island of Hawai`i. Over the next two years the project seeks to establish a sustainable statewide integrated model of education and practice in long term care.
- To ensure a successful transition into practice for new graduates, the Center for Nursing in collaboration with local nursing education programs and health care providers, acquired and is implementing the evidence based, best practice University HealthSystems Consortium (UHC)/American Association of Colleges of Nursing (AACN) Registered Nursing Residency Program. Members of the collaborative are Chaminade University, Hawai`i Pacific University, and the University of Hawai`i System, Castle Medical Center, Hawaii Health Systems Corporation, Kaiser Medical Center, Pali Momi Medical Center, Straub Clinic and Hospital and The Queen's Medical Center. Training was conducted in May and program implementation is planned for early 2012.
- In September 2011, the Hawai`i Nursing Action Coalition was selected as an Action Coalition by the Future of Nursing: *Campaign for Action*, coordinated through AARP and the Center to Champion Nursing in America. Co-led by the Hawai`i State Center for Nursing and HMSA Foundation, the Hawai`i Nursing Action Coalition is comprised of a broad and diverse group of stakeholders from the community that can effect sustainable change at the state or regional level to "lead change and advance health".
- The Center continues to provide Leadership Workshops based on demand and request. This year, Leadership Workshops were conducted on O`ahu, Maui and the island of Hawai`i. Also, Kaiser Medical Center hosted a workshop for their nurses using the Center's Leadership Workshop facilitator and materials. Approximately 120 nurses received valuable leadership training throughout the year.
- The Continuing Education Joint Advisory Committee (CEJAC) continued to meet monthly throughout 2011 lead by co-chairs Dean Mary Boland, School of Nursing and Dental Hygiene, University of Hawai`i at Mānoa, and Art Gladstone representing the Healthcare Association of Hawai`i. Accomplishments this year include; adoption of a continuing competency program that includes a nurse self-assessment tool; nationwide assessment of continuing competency requirements and associated cost; and several informational community presentations (two on Hawai`i Island).
- Supported by a grant from the Agency for Healthcare Research and Quality (AHRQ) the Pacific Institute of Nursing International Nursing Research Conference held in March featured Jennie Chin Hansen, CEO of the American Geriatric Association. The Conference featured five other notable nursing leaders such as Major General Horoho, the US Army Surgeon General, and Dr. Patricia Grady, Director of the National Institutes of Nursing Research. More than 320 attendees from Hawai`i and abroad along with strong vendor support attributed to the Conference's success. The next conference will be held on March 28-30, 2012.
- Program for the Retention of Nursing Students funded by a grant from the Health Resources Service Administration (HRSA) finished its third and final year. To date 39 students have graduated from

this program representing a diverse, representative nursing workforce with the majority reported identification with two or more ethnicities.

Many gains have been made, and Hawai'i is experiencing a short term surge in the nursing workforce. However, this short term trend has NOT altered long term projections on the nursing shortage, and it is important to continue long term strategies while continuing to address short term needs.

A highly educated and competent nursing workforce is essential to the healthcare of the people of Hawai'i. Your support for the continued work of the Center is greatly appreciated.

Respectfully Submitted by:



Dale Allison, PhD, APRN-Rx, FAAN
Chair, Advisory Board
Hawai'i State Center for Nursing

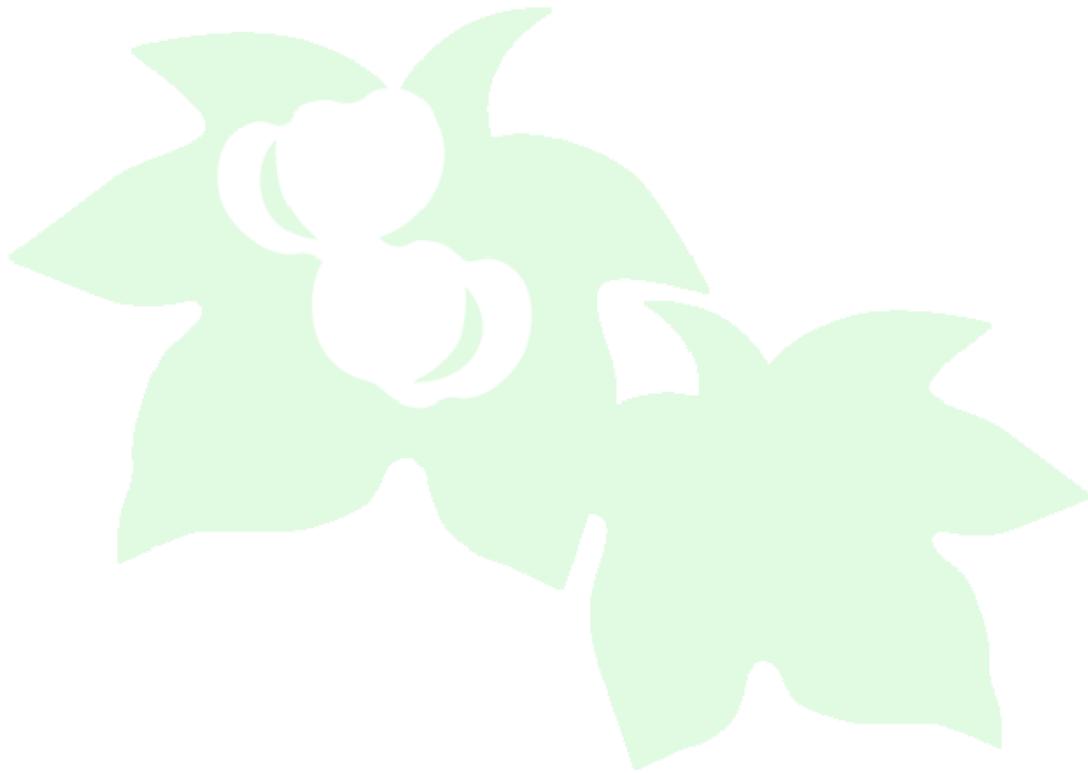


Gail P. Tiwanak, MBA, RN
Executive Director
Hawai'i State Center for Nursing



Hawai`i State Center for Nursing

APPENDIX A: ACT 173



A BILL FOR AN ACT

RELATING TO THE CENTER FOR NURSING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 304A-1404, Hawaii Revised Statutes, is
2 amended by amending subsection (b) to read as follows:

3 "(b) The dean of the school of nursing and dental hygiene,
4 or the dean's designee, shall direct the activities of the
5 center for nursing. There shall be an advisory board composed
6 of fifteen members appointed by the governor pursuant to section
7 26-34 to staggered terms as follows:

8 (1) Five members from the business and labor community:

9 (A) One of whom shall represent the Healthcare
10 Association of Hawaii;

11 (B) Two of whom shall represent other business
12 entities; and

13 (C) Two of whom shall represent labor organizations;

14 (2) Five members from the nursing profession:

15 (A) One of whom shall represent the American
16 Organization of Nurse Executives;

17 (B) One of whom shall represent the Hawaii Government
18 Employees Association; and



1 (C) Three of whom shall represent the Hawaii Nurses'
2 Association, [~~professional component,~~] provided
3 that:

4 (i) Two members shall represent the professional
5 component; and

6 (ii) One member shall be a non-managerial staff
7 nurse.

8 (3) Two members from among the State's nurse educators:

9 (A) One of whom shall be a doctorally-prepared nurse
10 educator; and

11 (B) The other, a doctorally-prepared nurse
12 researcher; and

13 (4) Three members from community agencies or consumer
14 groups with an interest in healthcare."

15 SECTION 2. Act 198, Session Laws of Hawaii 2003, is
16 amended by amending section 10 to read as follows:

17 "SECTION 10. This Act shall take effect on July 1, 2003;
18 provided that the amendments made to section 36-27, Hawaii
19 Revised Statutes, by this Act shall not be repealed when that
20 section is reenacted pursuant to Act 142, Session Laws of Hawaii
21 1998; and provided further that sections 3 and 6 shall be
22 repealed on July 1, [~~2009-~~] 2014."



1 SECTION 3. The advisory board of the Hawaii center for
2 nursing, established pursuant to section 304A-1404, Hawaii
3 Revised Statutes, shall submit to the legislature no later than
4 twenty days prior to the convening of the regular session of
5 2009:

6 (1) An interim report on the progress and findings of the
7 five-year longitudinal study currently being conducted
8 by the center regarding new graduate registered nurses
9 turnover and best practices in retention of nurses;
10 and

11 (2) A report on funding alternatives that will enable the
12 center to continue its operations and services.

13 SECTION 4. Statutory material to be repealed is bracketed
14 and stricken. New statutory material is underscored.

15 SECTION 5. This Act shall take effect on July 1, 2008.

APPROVED this 13 day of JUN, 2008



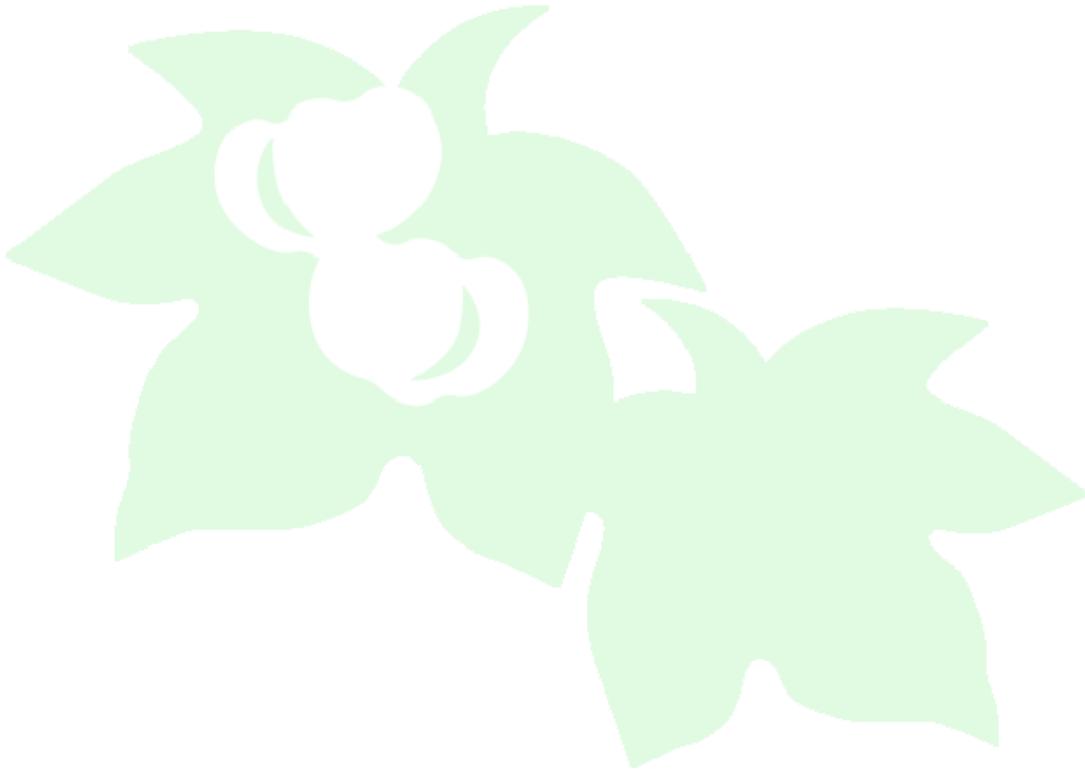
GOVERNOR OF THE STATE OF HAWAII





Hawai`i State Center for Nursing

APPENDIX B: ACT 198



Report Title:

UH; Nursing; Center for Nursing, Center for Nursing Special Fund, and Center for Nursing Fee; Established

Description:

Establishes a center for nursing at the University of Hawaii, governed by an advisory board. Requires center to conduct research on workforce issues for nurses and other assistive healthcare personnel. Establishes a center for nursing special fund. (HB422 CD1)

HOUSE OF REPRESENTATIVES
TWENTY-SECOND LEGISLATURE,
2003

H.B. NO. 422
H.D. 2

STATE OF HAWAII

S.D. 2

C.D. 1

A BILL FOR AN ACT

RELATING TO A CENTER FOR NURSING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that there is a need for a state center for nursing to ensure the quality of healthcare for the people of Hawaii. The center can proactively address issues of the State's current and future shortage of registered nurses and others within the healthcare workforce that provide nursing care. In particular, the primary nursing workforce issues are the supply and demand for nursing services, recruitment and retention of nurses and other healthcare personnel, and the development of a strategic plan.

The purpose of this Act is to establish a center for nursing to address nursing workforce issues.

SECTION 2. The Hawaii Revised Statutes is amended by adding a new chapter to be appropriately designated and to read as follows:

"CHAPTER

CENTER FOR NURSING

§ -1 Center for nursing; established. (a) There is established within the University of Hawaii school of nursing and dental hygiene, a center for nursing.

(b) The dean of the school of nursing and dental hygiene, or the dean's designee, shall direct the activities of the center for nursing. There shall be an advisory board comprised of fifteen members appointed by the governor pursuant to section 26-34 to staggered terms as follows:

(1) Five members from the business and labor community:

(A) One of whom shall represent the Healthcare Association of Hawaii;

(B) Two of whom shall represent other business entities; and

(C) Two of whom shall represent labor organizations;

(2) Five members from the nursing profession:

(A) One of whom shall represent the American Organization of Nurse Executives;

(B) One of whom shall represent the Hawaii

Government Employees
Association; and

(C) Three of whom shall
represent the Hawaii Nurses'
Association, professional
component;

(3) Two members from among the State's
nurse educators:

(A) One of whom shall be a
doctorally-prepared nurse
educator; and

(B) The other, a doctorally-
prepared nurse researcher;

and

(4) Three members from community
agencies or consumer groups with an
interest in healthcare.

(c) The members of the advisory board for the center for
nursing shall serve without compensation.

§ -2 Board; powers and duties. The advisory board of the
center for nursing shall have the powers and duty to:

(1) Employ an executive director and no
more than two other staff positions, at
least one of whom shall be an
independent doctorally-prepared nurse
researcher;

(2) Adopt a mission statement and
operational policy;

(3) Elect a chairperson;

(4) Establish committees of the board
as needed;

(5) Seek input from individuals and
community groups interested in the
issue of nursing shortages;

(6) Implement the major functions of the center for nursing; and

(7) Seek and accept nonstate funds for carrying out the mission of the center for nursing.

§ -3 Functions of the center. The center for nursing shall:

(1) Collect and analyze data and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce;

(2) Conduct research on best practices and quality outcomes;

(3) Develop a plan for implementing strategies to recruit and retain nurses; and

(4) Research, analyze, and report data related to the retention of the nursing workforce.

§ -4 Collaboration. The University of Hawaii school of nursing and dental hygiene, the state board of nursing, other schools of nursing within the State, professional nursing organizations, employers in the healthcare industry, and labor unions representing nurses and healthcare workers shall collaborate with the center for nursing and provide workforce data to the center for nursing when requested.

§ -5 Center for nursing special fund. There is established in the treasury of the State a center for nursing special fund into which shall be deposited any legislative appropriations, federal or private grants, and any other funds collected for the purposes of this chapter. The fund shall be administered by the board of regents of the University of Hawaii, and moneys in the fund shall be expended to support the center's activities."

SECTION 3. Chapter 457, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§457- Center for nursing fee. Upon the issuance of a new license and at each license renewal period, each nurse shall pay an additional fee of \$40, which shall be deposited in a separate account in the compliance resolution fund established pursuant to section 26-9(o)."

SECTION 4. Section 36-27, Hawaii Revised Statutes, is amended to read as follows:

§36-27 Transfers from special funds for central service expenses. Except as provided in this section, and notwithstanding any other law to the contrary, from time to time, the director of finance, for the purpose of defraying the prorated estimate of central service expenses of government in relation to all special funds, except the:

- (1) Special out-of-school time instructional program fund under section 302A-1310;
- (2) School cafeteria special funds of the department of education;
- (3) Special funds of the University of Hawaii;
- (4) State educational facilities improvement special fund;
- (5) Convention center enterprise special fund under section 201B-8;
- (6) Special funds established by section 206E-6;
- (7) Housing loan program revenue bond special fund;
- (8) Housing project bond special fund;
- (9) Aloha Tower fund created by section 206J-17;
- (10) Domestic violence prevention special fund under section 321-1.3;

- (11) Spouse and child abuse special account under section 346-7.5;
- (12) Spouse and child abuse special account under section 601-3.6;
- (13) Funds of the employees' retirement system created by section 88-109;
- (14) Unemployment compensation fund established under section 383-121;
- (15) Hawaii hurricane relief fund established under chapter 431P;
- (16) Hawaii health systems corporation special funds;
- (17) Boiler and elevator safety revolving fund established under section 397-5.5;
- (18) Tourism special fund established under section 201B-11;
- (19) Department of commerce and consumer affairs' special funds;
- (20) Compliance resolution fund established under section 26-9;
- (21) Universal service fund established under chapter 269;
- (22) Integrated tax information management systems special fund under section 231-3.2;
- (23) Hawaii tobacco settlement special fund under section 328L-2;
- (24) Emergency and budget reserve fund under section 328L-3;
- (25) Probation services special fund under section 706-649;

(26) High technology special fund under section 206M-15.5;

(27) Public schools special fees and charges fund under section 302A-1130(f);

(28) Cigarette tax stamp enforcement special fund established by section 28-14;

(29) Cigarette tax stamp administrative special fund established by section 245-41.5;

(30) Tobacco enforcement special fund established by section 28-15;

(31) Sport fish special fund under section 187A-9.5;

(32) Neurotrauma special fund under section 321H-4;

(33) Deposit beverage container deposit special fund under section 342G-104;
[and]

(34) Glass advance disposal fee special fund established by section 342G-82;
and

(35) Center for nursing special fund under section -5,

shall deduct five per cent of all receipts of all other special funds, which deduction shall be transferred to the general fund of the State and become general realizations of the State. All officers of the State and other persons having power to allocate or disburse any special funds shall cooperate with the director in effecting these transfers. To determine the proper revenue base upon which the central service assessment is to be calculated, the director shall adopt rules pursuant to chapter 91 for the purpose of suspending or limiting the application of the central service assessment of any fund. No later than twenty days prior to the convening of each regular session

of the legislature, the director shall report all central service assessments made during the preceding fiscal year."

SECTION 5. Section 36-30, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) Each special fund, except the:

- (1) Transportation use special fund established by section 261D-1;
- (2) Special out-of-school time instructional program fund under section 302A-1310;
- (3) School cafeteria special funds of the department of education;
- (4) Special funds of the University of Hawaii;
- (5) State educational facilities improvement special fund;
- (6) Special funds established by section 206E-6;
- (7) Aloha Tower fund created by section 206J-17;
- (8) Domestic violence prevention special fund under section 321-1.3;
- (9) Spouse and child abuse special account under section 346-7.5;
- (10) Spouse and child abuse special account under section 601-3.6;
- (11) Funds of the employees' retirement system created by section 88-109;
- (12) Unemployment compensation fund established under section 383-121;
- (13) Hawaii hurricane relief fund established under chapter 431P;

(14) Convention center enterprise special fund established under section 201B-8;

(15) Hawaii health systems corporation special funds;

(16) Tourism special fund established under section 201B-11;

(17) Compliance resolution fund established under section 26-9;

(18) Universal service fund established under chapter 269;

(19) Integrated tax information management systems special fund under section 231-3.2;

(20) Hawaii tobacco settlement special fund under section 328L-2;

(21) Emergency and budget reserve fund under section 328L-3;

(22) Probation services special fund under section 706-649;

(23) High technology special fund under section 206M-15.5;

(24) Public schools special fees and charges fund under section 302A-1130(f);

(25) Cigarette tax stamp enforcement special fund established by section 28-14;

(26) Cigarette tax stamp administrative special fund established by section 245-41.5;

(27) Tobacco enforcement special fund established by section 28-15;

(28) Sport fish special fund under section 187A-9.5; [~~and~~]

(29) Neurotrauma special fund under section 321H-4; and

(30) Center for nursing special fund under section -5,

shall be responsible for its pro rata share of the administrative expenses incurred by the department responsible for the operations supported by the special fund concerned."

SECTION 6. The director of commerce and consumer affairs shall disburse on a quarterly basis from the compliance resolution fund, established pursuant to section 26-9(o), to the credit of the center for nursing special fund all moneys deposited in the separate account established pursuant to section 457- .

SECTION 7. There is appropriated out of the center for nursing special fund the sum of \$300,000 or so much thereof as may be necessary for fiscal year 2003-2004 and the same sum or so much thereof as may be necessary for fiscal year 2004-2005 to the center for nursing to perform its duties under this Act.

The sums appropriated shall be expended by the University of Hawaii for the purposes of this Act.

SECTION 8 There is appropriated out of the compliance resolution fund the sum of \$5,000 or so much thereof as may be necessary for fiscal year 2003-2004 to be deposited to the credit of the center for nursing special fund; provided that this sum shall be reimbursed from the center for nursing special fund to the compliance resolution fund by July 1, 2004.

SECTION 8. The center for nursing shall submit a status report on its activities to the legislature no later than twenty days prior to the convening of the regular session of 2004.

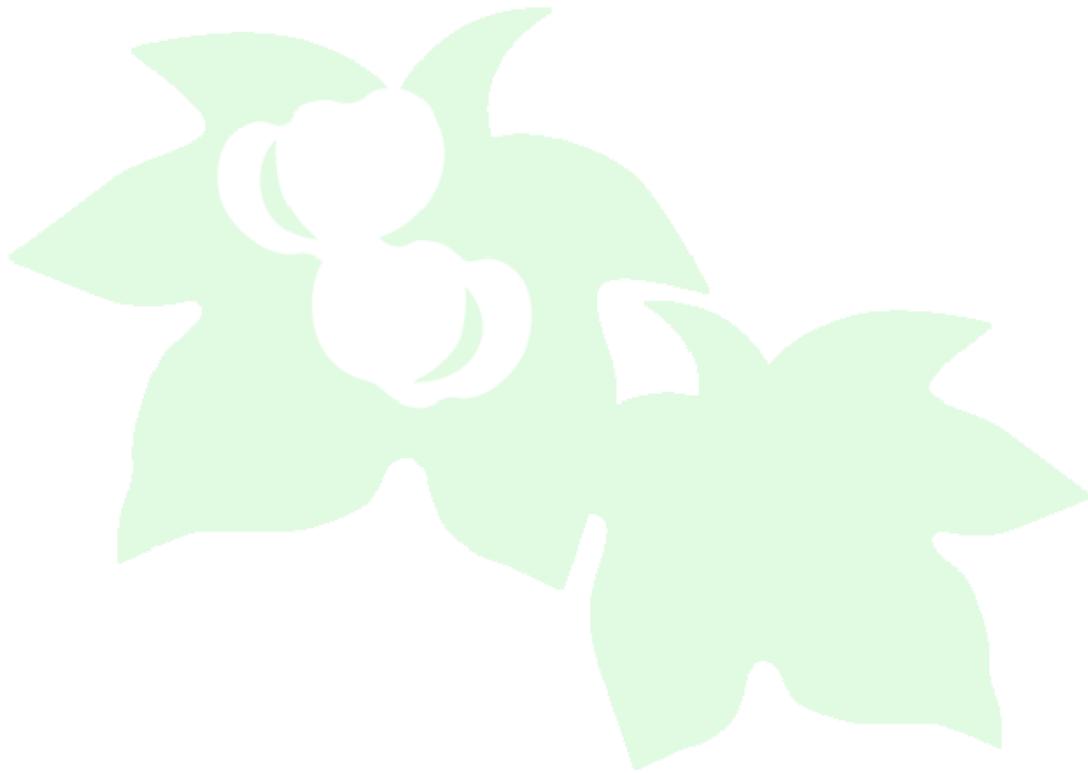
SECTION 9. This Act shall take effect on July 1, 2003; provided that the amendments made to section 36-27, Hawaii Revised Statutes, by this Act shall not be repealed when

that section is reenacted pursuant to Act 142, Session Laws of Hawaii 1998; and provided further that sections 3 and 6 shall be repealed on July 1, 2009.



Hawai`i State Center for Nursing

APPENDIX C: FINANCIAL REPORT



**Hawaii State Center for Nursing
July 1, 2010 - June 30, 2011
Financial Summary**

CASH ON HAND			
FY 09-10 Carry Over Balance		\$	637,384
Deposits - Nursing Fee Collection			
Jan-March, 2010*	\$	29,400	
Apr-June, 2010*	\$	24,600	
Jul-Sept, 2010	\$	33,600	
Oct-Dec 2010	\$	16,400	
Jan-March, 2011	\$	29,720	
		\$	133,720
Partners Contributions			
Leadership Training	\$	3,900	
Evidence Based Training	\$	19,050	
Continuing Education	\$	5,000	
Nurse Residency	\$	15,000	
Centralized Clinical Placement System	\$	17,436	
		\$	60,386
Interest Income			
		\$	2,979
	REVENUE SUBTOTAL		\$ 834,469
Expenses			
Personnel Costs	\$	275,603	
Fringe Benefits	\$	103,732	
Material & Supplies	\$	3,765	
Dues & Subscriptions	\$	1,321	
Postage & Utilities	\$	9,779	
Printing & Binding	\$	16,763	
Marketing & Communications	\$	9,109	
Travel	\$	15,631	
Rent	\$	879	
Repairs & Maintenance	\$	942	
		\$	437,524
Contract Services			
Leadership Training	\$	8,000	
Evidence Based Practice	\$	23,000	
Centralized Clinical Placement System	\$	32,499	
Nurse Residency	\$	107,500	
		\$	170,999
	EXPENDITURES SUBTOTAL		\$ 608,523
	CASH BALANCE CARRY OVER		\$ 225,946

*Funds received from DCCA after July, 2010



Hawai`i State Center for Nursing

APPENDIX D: STRATEGIC PLAN FOR THE NURSING WORKFORCE, 2011-2014



HAWAI`I STATE CENTER FOR NURSING STRATEGIC PLAN, 2011 – 2014

Our Mandate (s)

The Hawai`i State Center for Nursing was established by the Hawai`i State Legislature in 2003 “to address nursing workforce issues” (Act 198, HB 422).

[§304D-3] Functions of the Center

The center for nursing shall:

- (1) Collect and analyze data and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce:
- (2) Conduct research on best practice and quality outcomes;
- (3) Develop a plan for implementing strategies to recruit and retain nurses; and
- (4) Research, analyze, and report data related to the retention of the nursing workforce.

Our Vision

The Hawai`i State Center for Nursing will be a nationally recognized leader in workforce planning, nursing research and professional practice. The Center will be recognized as a source of reliable information on existing and emerging trends in nursing. The Center will be viewed as a dynamic and respected champion for the nursing profession. Thinking strategically, acting collaboratively, and seeking synergistic solutions will be hallmarks of the Center.



Our Mission

To assure that the State of Hawai`i has the nursing resources necessary to meet the health care needs of its people.

Core Values

Acknowledging that Nursing is an independent profession whose focus is on the recipients of care and their optimal level of wellness, the Hawai`i State Center for Nursing holds the following values:

- ❖ **Excellence.** We value excellence in the provision of evidence based nursing practice.
- ❖ **Accessibility.** We value accessibility to quality nursing care for the people of Hawai`i.
- ❖ **Collaboration.** We value collaboration within the nursing profession, our community and state in the spirit of consensus building and teamwork.
- ❖ **Innovation.** We value innovation and creativity that leads to the development of ideas that ensure the best possible delivery of care.
- ❖ **Cultural Diversity.** We value a professional workforce that respects and reflects our culturally diverse population.
- ❖ **Education.** We value the knowledge and experience gained through all levels of nursing education and lifelong learning.

**HAWAI`I STATE CENTER FOR NURSING
OUR GOALS
2011-2014**

Goal 1

Collect and analyze data and to prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce.

Objectives

1. Conduct biennial surveys of licensed nurses in the state
2. Conduct annual education capacity survey



Goal 2

Conduct research on best practices and quality outcomes.

Objectives

1. Facilitate the development of evidence-based practice (EBP) across the state of Hawai`i
2. Explore the application of CaINOC, NDNQI, or other relevant data sets and/or other variables relevant to nursing care delivery in Hawai`i in order to standardize the measurement of quality outcomes across the state



Goal 3

Develop a plan for implementing strategies to recruit and retain nurses.

Objectives

1. Build educational capacity by participating in the National Education Capacity Summit
2. Maximize statewide capacity within system of nursing education to meet the increased needs for clinical placement of student nurses
3. Build partnerships and programs to assure a successful transition to practice
4. Develop a Leadership Institute in partnership with academia, employers, and the community to assure a succession of nursing leadership at all levels
5. Develop a statewide RN residency program in partnership with employers, academia, and the community

Goal 4

Research, analyze, and report data related to the retention of the nursing workforce.

Objectives

1. Collect, analyze, and report transition and retention data on new graduate nurses
2. Disseminate a Request for Proposals that seeks to evaluate retention 'best practices' in the community



Goal 5

Assure a strong nursing workforce to meet the health needs of Hawai`i by building a diversified array of relationships and funding sources to sustain Hawai`i State Center for Nursing.

Objectives

1. Successful legislation to address limitation of the current legislation, including the sunset provision and funding
2. Increase external funding by 5%



Goal 6

Build visibility and support for investment in the nursing workforce.

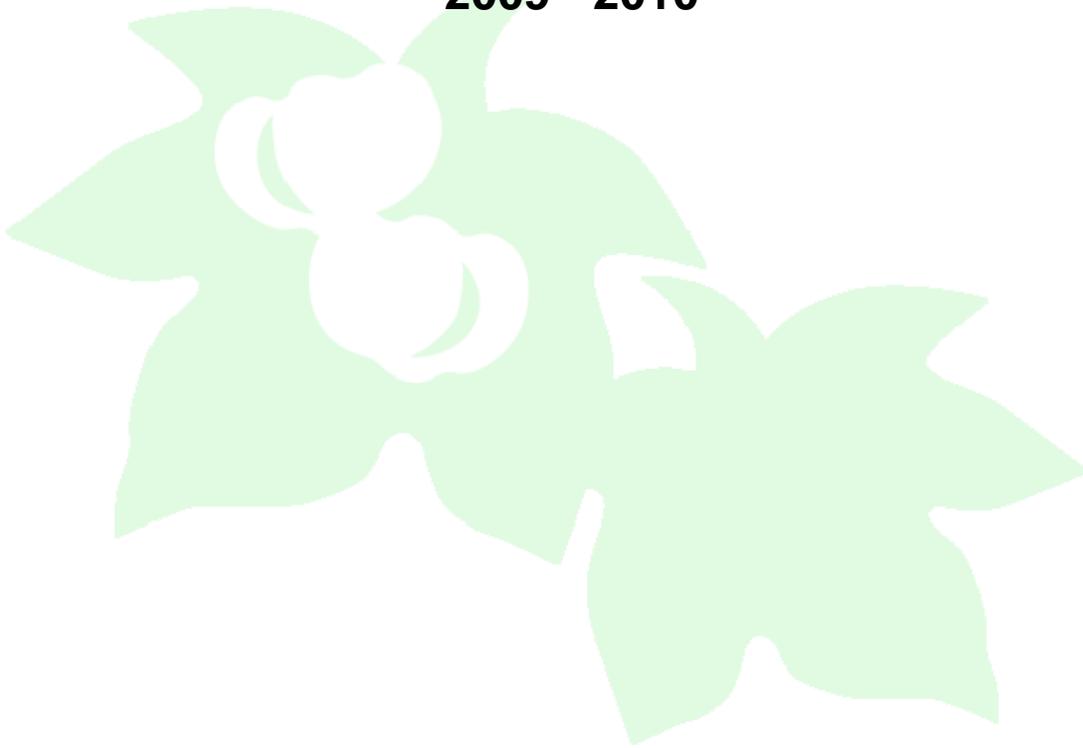
Objectives

1. Develop, implement and evaluate a relevant marketing plan for Hawai`i State Center for Nursing
2. Develop and implement a plan to promote the image of nursing as a desirable and valued profession



Hawai`i State Center for Nursing

APPENDIX E: NURSING EDUCATION PROGRAMS 2009 - 2010





NURSING EDUCATION PROGRAMS 2009-2010

In 2009-10 Hawai'i experienced a significant economic downturn that subsequently had a negative impact on job vacancies and growth. However the economic downturn is not expected to change previous workforce projects over the next twenty years. As an increasing number of Veteran and Baby Boomer registered nurses will retire and exit the workforce. Hawai'i, like the rest of the nation, is expected to experience a growing nursing shortage as nurses retire. Nationally, a significant impact will be felt in the tertiary education sector where 62% of full time faculty are 50 years or older. National trends in the ageing of nursing faculty may increase difficulties in filling faculty vacancies and negatively impact the enrollment of qualified applicants into programs because of the lack of qualified teaching faculty.

The State of Hawai'i has eight nursing education programs. Two are private institutions and six programs are part of the University of Hawai'i public system. Nursing programs are located on the islands O`ahu, Maui, Hawai'i, and Kaua'i. As of 2009, nursing programs in Hawai'i continued to turn away qualified applicants from the LPN programs 50% (47), Ladder programs 58% (155), Associate Degree (AS) programs 74% (314), 20% (110) Bachelor's Degree (BS) and 18% (5) RN-BS programs. In addition to the qualified applicants turned away from the MEPN 52% (35). Master's in Nursing clinical track programs 14% (7), Master's in Nursing non-clinical track programs 13% (3) and 45% (10) from the PhD program.

A statewide nursing education survey is conducted annually by the Hawai'i State Center for Nursing. The major purposes of the data collection are to track and trend ongoing student enrollment data, student and faculty demographics, and faculty vacancy rates. The trending data informs workforce planning and policy at the state and regional level.

The University of Hawai`i System, School of Nursing and Dental Hygiene and Community Colleges, approves the maximum number of pre-licensure students that may be enrolled (i.e., admission slots) in programs that offer a licensed practical nursing (LPN) diploma or certificate, an associate's degree in nursing (AS), a bachelor of science in nursing (BS), or master's entry program in nursing (MEPN). Private institutions have unlimited admission slots. However, all programs may have difficulty filling admission slots if they currently lack faculty, facilities, or clinical placement sites to support the number of admission slots. They also may not fill admission slots if there are few qualified applicants, or if admitted applicants do not enroll because of financial or personal reasons or acceptance to another educational program.

Survey findings indicate that during 2009-10 the percent of admission slots unfilled or filled in the public system were

- 39% (87) of the admission slots for clinical ladder programs were unfilled
- 6% (3) of the admission slots for LPN programs were unfilled
- 1% (11) of the admission slots for AS programs were unfilled
- All the admission slots for BS programs were filled
- 18% (5) of the admission slots for RN to BS were unfilled

In 2009 - 2010, the public nursing programs continue to report having more qualified applicants than the number of approved / available admission slots. Overall, for the public institutions providing data and enrollment information, an estimated 686 qualified applicants were not enrolled.

- 47 qualified applicants were not enrolled in LPN programs
- 155 qualified applicants were not enrolled in Ladder programs
- 314 qualified applicants were not enrolled in AS programs
- 110 qualified applicants were not enrolled in pre-licensed BS programs
- 5 qualified applicants were not enrolled in RN to BS programs
- 35 qualified applicants were not enroll in the MEPN program
- 10 qualified applicants were not enrolled in MS in Nursing programs
- 10 qualified applicants were not enrolled in the PhD program

Approximately 5% (23) of BS students newly enrolled during 2009-2010 were already licensed as registered nurses (RNs) and returned to upgrade their level of education to a Bachelor of Science degree.

A total of 656 graduates received a LPN, AS or BS in the undergraduate programs; 40 graduates received a MS in Nursing and 8 graduates received a PhD in Hawai'i for 2009-10. Survey results show for the 2009-10 school year;

- 23 graduates received a certificate or diploma through a LPN program,
- 97 students in the ladder program completed requirements for the LPN portion of the program,
- 68 graduates completed the ladder program to receive an AS in Nursing,
- 98 graduates received an AS in Nursing,
- 370 graduates received a BS in Nursing,
- 4 graduates received a MS in Nursing from the Master entry program in nursing,
- 36 graduates received a MS in Nursing, and
- 8 graduates received a PhD in Nursing.

Nursing programs capacity to accept students is determined by the availability of faculty, facilities, and clinical placement opportunities. Survey findings revealed that:

- Out of the race/ ethnicity data provided on 299 faculty, an estimated 2% of faculty members are identified as African American, <2% Two or more Races, 1% Pacific Islander, 2% Hispanic, 5% Native Hawaiian, 23% Asian, and 64% Caucasian.
- Out of the age data provided on 185 full time faculty, 71% of full-time faculty are >50 years old.
- Out of age data provided on 102 adjunct faculty, 35% of adjunct faculty are >50 years old.
- The overall vacancy rate for full-time faculty positions in nursing education programs is 3% (6 out of 197 positions) and the vacancy rate for adjunct faculty positions is 0% (0 out of 102 positions).

When asked about issues of concern for their nursing program, survey respondents reported most frequently the ongoing difficulties in filling full-time faculty positions. A lack of clinical sites for student placements; followed by the lack of faculty for clinical placements and the lack of classroom facilities was also identified. Of the eight institutions surveyed:

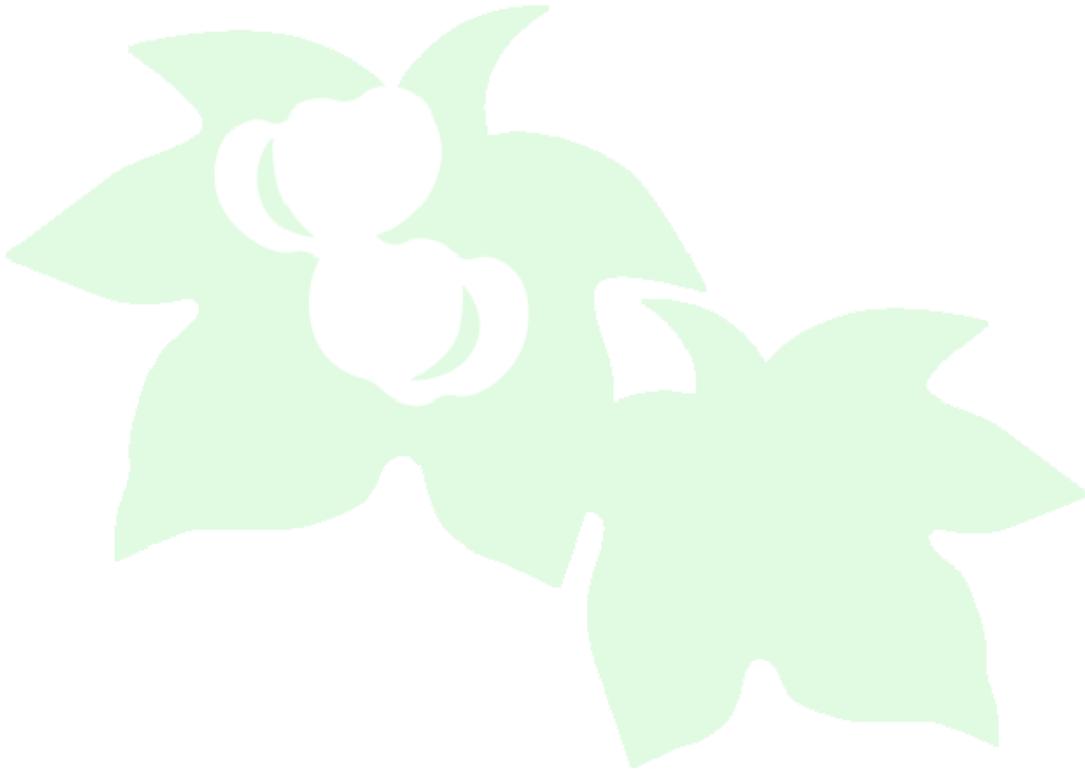
- 50% report difficulty filling full-time faculty positions with a particular emphasis on certain specialty areas such as medical/surgical 50%, obstetrics 38%, and community health 13%
- 38% lack enough sites for clinical placements for nursing students
- 38% lack faculty to support the clinical placements of students

The programs continue to seek innovative strategies to address factors (e.g., faculty vacancies and limited clinical placement sites) that limit the capacity of nursing education programs to increase student enrollments. The implementation of the University of Hawai`i statewide nursing consortium will occur in fall 2010. Public nursing programs participating in the consortium have redesigned nursing curriculum and learning strategies to increase educational flexibility and accessibility. Other initiatives such as simulation labs across the state will help to alleviate some of the issues concerning lack of clinical placement sites.



Hawai`i State Center for Nursing

APPENDIX F: CENTRALIZED CLINICAL PLACEMENT SYSTEM





CENTRALIZED CLINICAL PLACEMENT SYSTEM (CCPS)

The Hawaii State Center Nursing Resource Center provides two centralized customer-focused nursing education services for schools of nursing and clinical agencies within Hawaii. It is accessible at www.HawaiiStateCenterNRC.org home page of the Centralized Clinical Placement System (CCPS) and the Centralized Faculty Resource Center (CFRC). The software is web based helping the region maximize its nursing capacity.

Purpose

The CCPS streamlines the nursing student clinical placement process with the long-term effects of increasing student capacity at local schools and providing faculty opportunities in nursing schools nationally. In the future, participants will have access to the Simulation Lab site.

Background

Participants in CCPS are:

Schools (5) : Chaminade University, Hawaii Pacific University, University of Phoenix, University of Hawaii at Manoa, and Kapiolani Community College.

Clinical Agencies (5): Castle Medical Center, Hawaii Pacific Health (Kapiolani Medical Center for Women & Children, Straub Clinic & Hospital, Pali Momi Medical Center), Kaiser Permanente Hawaii, The Queen's Medical Center and Tripler Army Medical Center.

Steering Committee is comprised of members of the CCPS participants and chaired by Mimi Harris from The Queen's Medical Center and Karen Boyer from Kapiolani Community College. The Committee is the decision making body for the CCPS and continues to meet addressing concerns and to oversee clinical placement activities.

Methodology

CCPS training for the Clinical Agencies and Schools was held in March 2011 and access to the web based software provided to Site Coordinators for input of data. Fall Placement Cycle for 2011 was a dual process; manual and automated through CCPS. The initial process took longer than anticipated because site coordinators needed to familiarize themselves with navigating the software. In the Spring/Summer cycle, it was much faster and smoother for the site coordinators because the basic information was already in the system. Coordinators needed to change only the dates and add new locations or courses.

Reports are accessible to everyone through the website and can be easily printed or exported to excel for use internally in the respective facilities. Benefits for both the schools and clinical agencies include saving time in searching for availability as well as responding to school requests allowing the coordinators to perform other duties.

CFRC site enables schools to post vacant positions nationally and to browse profiles of qualified and interested faculty who are registered in the CFRC data bank. Nurse educators are able to create a resume as well as respond to posted vacant faculty positions.

Results

Steering Committee decisions made to date are:

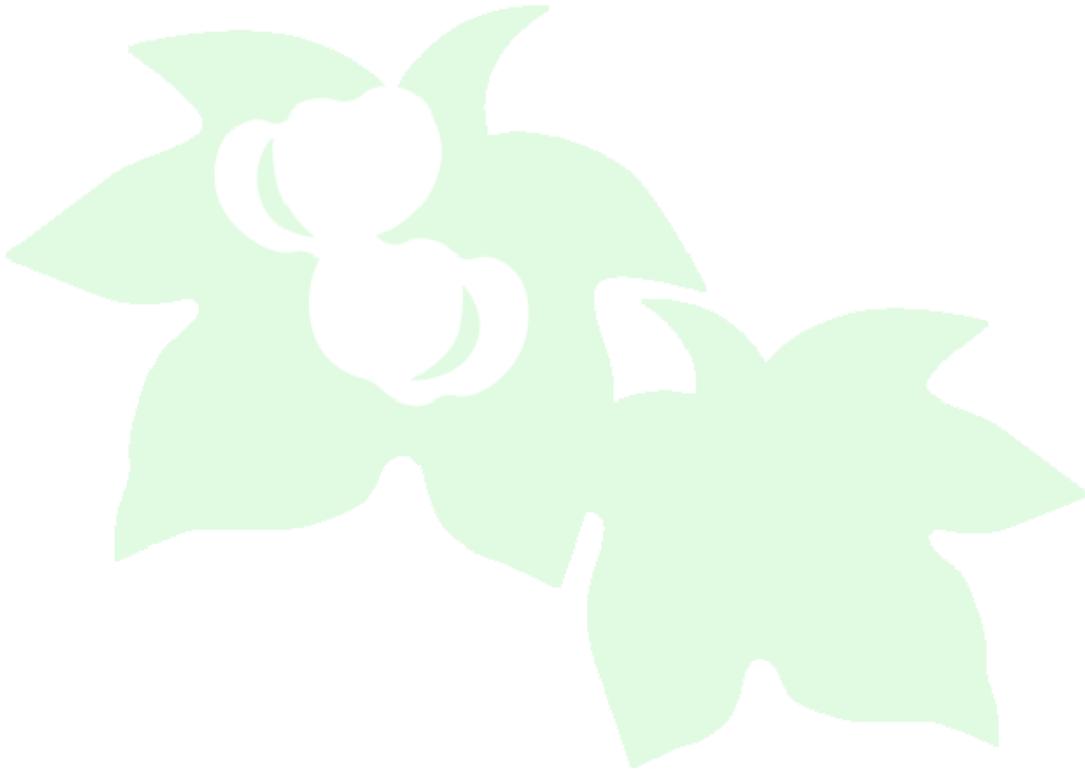
- Guiding Principles and Rules for participants
- Agreement on fees for the initial software costs
- Agreement on recurring administrative & software costs
- Spring/Summer '12 and Fall '12 placement cycles identified
- Clinical Agency requirements for students and faculty outlined.
- One Health Insurance Portability & Accountability Act (HIPAA) privacy training document acceptable for all participating clinical facilities

- “Student Center” developed on the Nursing Resource Center for each Clinical Facility. The student would access documents for their orientation as well as documents needed for their clinical rotation at the respective clinical facility.



Hawai`i State Center for Nursing

APPENDIX G: HAWAI`I PARTNERS IN NURSING





HAWAI`I PARTNERS IN NURSING 2011-2013

Introduction

The aim of the Hawaii Partners in Nursing (HPIN) project is to bring together community and state nursing educators and leaders to strategically develop and implement an integrated model of education and practice in long term care (LTC). In 2006, the original Robert Wood Johnson Foundation funded project was implemented on the islands of Maui and Oahu. The project utilizes three demonstration projects as the vehicle to build partnerships which lead to strategic educational and practice initiatives that address (1) the critical need to attract new nurses into the geriatric specialty and 2) build educational capacity in LTC facilities through the provision of continuing education and training for staff and a leadership preceptor program for LTC nurses.

In 2011 the HPIN expanded the project to the island of Hawaii and Kauai with funding from the HMSA Foundation and Hawaii State Center for Nursing. Over the next two years the project seeks to establish a sustainable statewide integrated model of education and practice in LTC.

Purpose

There are growing concerns of nursing care needs of our aged population in Hawaii. HPIN project will focus on increasing interest in geriatric nursing and recruiting and retaining nurses in LTC. The project will also build partnerships which will lead to educational and practice initiatives that facilitate change in the initial and continuing education and training of nurses in LTC.

Background

The State of Hawai`i's Nursing Task Force Report (2004) identified a number of phenomena will emerge with the shift in age demographics: (1) a demand for LTC will increase, (2) the scope of practice in LTC nursing will become more complex, (3) the aging nursing workforce will retire and deplete an already insufficient geriatric clinical and academic workforce, (4) there will be stiffer competition to recruit new nurses into LTC related to lower wages and benefits compared to other job opportunities, and (5) informal care giving of our older people will diminish, increasing further the demand for LTC services.¹ These projections indicate that it is critical to retain existing LTC nurses and identify strategies to attract new nurses into geriatrics. The project involves partnering an academic facility with a long term care facility. On Kaua`i, the partners are Kaua`i Community College and Garden Isle Healthcare. On the island of Hawai`i, the partners are University of Hilo, Hospice of Hilo, Hawai`i Community College and Hale Ho`ola Hamakua.

Methodology

Introduce student clinical placements with faculty instructors accompanying the students to the LTC facility. Students complete pre and post questionnaires to assess their perceived clinical experience in the LTC environment, attitudes towards older people, and confidence in performing clinical skills. Academic faculty will provide continuing education to LTC staff based on topics areas selected from the MDS quality indicators to facilitate clinical skill upgrades. Each year the LTC staff will be surveyed to examine perceived change in the workplace. Valid questionnaires for LTC will include; 1) job satisfaction, 2) perceived empowerment, 3) organizational commitment, 4) intent to turnover, 5) perception of workplace change, 6) charge nurse support, and 7) leadership behaviors and organizational climate.

Long term care nurses will take part in a "train the trainer" program and help staff develop in leadership skills and clinical thinking. These nurses will return to their facility and precept other

¹ Raynor, C.R. (2004). *Hawaii's health in the balance: A report on the state of the nursing workforce*. Honolulu, Hawaii: Hawaii Nursing Workforce Shortage Taskforce, University of Hawaii.

nurses in the leadership skills and clinical thinking. Evaluations will uncover impact of training on practice.

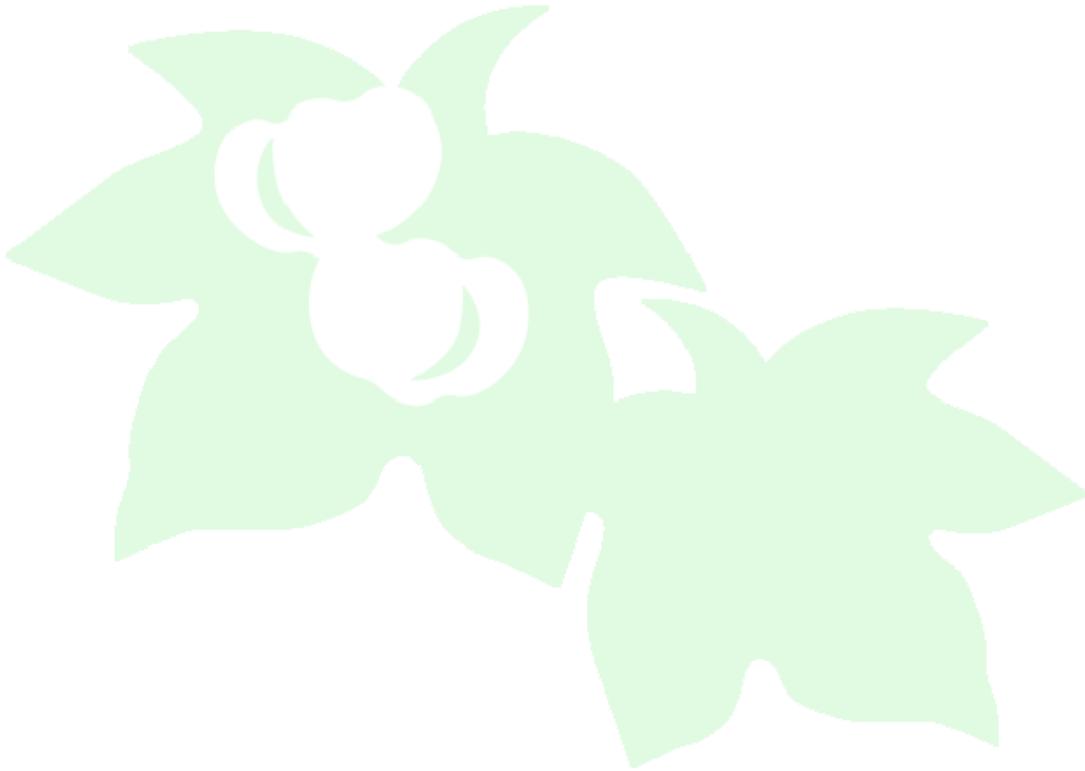
Project Outcomes

- Build partnerships between academe and practice
- Additional sites for the clinical placement of nursing students
- Continued development of nurse leadership/preceptor program in LTC
- Expand the in-service education library focused on LTC resident quality indicators



Hawai`i State Center for Nursing

APPENDIX H: NURSE RESIDENCY PROGRAM





HAWAI'I NURSE RESIDENCY PROGRAM

There is consensus within the literature that graduate nurses require a transition period before becoming fully competent to practice in the clinical nurse role, however new graduate programs, offered by health care employers, vary in length and content. In addition a study by Casey and Fink (*Journal of Nursing Administration*) found that new graduates have difficulty adjusting to their roles in the acute care setting and are often not supported by preceptors and others providing orientation and training. This results in low job satisfaction and high turnover. New graduates are especially vulnerable during this period and a traumatic transition could lead to loss of new nurses to the healthcare organization, and of greater concern is the potential loss to the profession.

To ensure a successful transition into practice for new graduates, the center for nursing in collaboration with local nursing education programs and health care providers, acquired and is implementing the evidenced based, best practice University HealthSystems Consortium (UHC)/American Association of Colleges of Nursing (AACN) Registered Nurse Residency Program. Objectives of this twelve month program are:

- Transition from entry-level, advanced beginner nurse to competent professional nurse, levels as defined by Benner's "Novice to Expert" theory (1984)
- Develop effective decision-making skills related to clinical judgment and performance
- Be able to provide clinical leadership at the point of patient care
- Strengthen their commitment to nursing as a professional career choice
- Be able to incorporate research-based evidence into their practices
- Formulate individual career development plans

The curriculum has been designed to enhance critical thinking skills and the ability to use outcome data to promote patient safety. The focus is on in-depth development of the resident's leadership skills, analysis of evidence through reviews of the literature, application of outcome data to patient care improvements, and professional development. A Resident Facilitator oversees resident development through structured and informal sessions. The year culminates with the completion of an evidence based project by the nurse.

Program evaluation will be conducted by entering data a Web database developed by UHC. Outcomes measurement reports will be available to participating organizations. Organization specific data will also be available for additional analysis.

A two day program education and training workshop, provided by UHC specialist, was conducted in May. Members of the collaborative are working together to develop statewide program standards to maximize the benefits and outcomes of the curriculum and resource utilization.

The Hawai'i collaborative includes nursing programs and health care providers. The partners are:

Nursing Programs

- Chaminade University
- Hawai'i Pacific University
- University of Hawai'i System

Health Care Providers

- Castle Medical Center
- Hawai'i Health Systems Corporation
- Kaiser Medical Center – Honolulu

- Pali Momi Medical Center
- Straub Clinic and Hospital
- The Queen's Medical Center

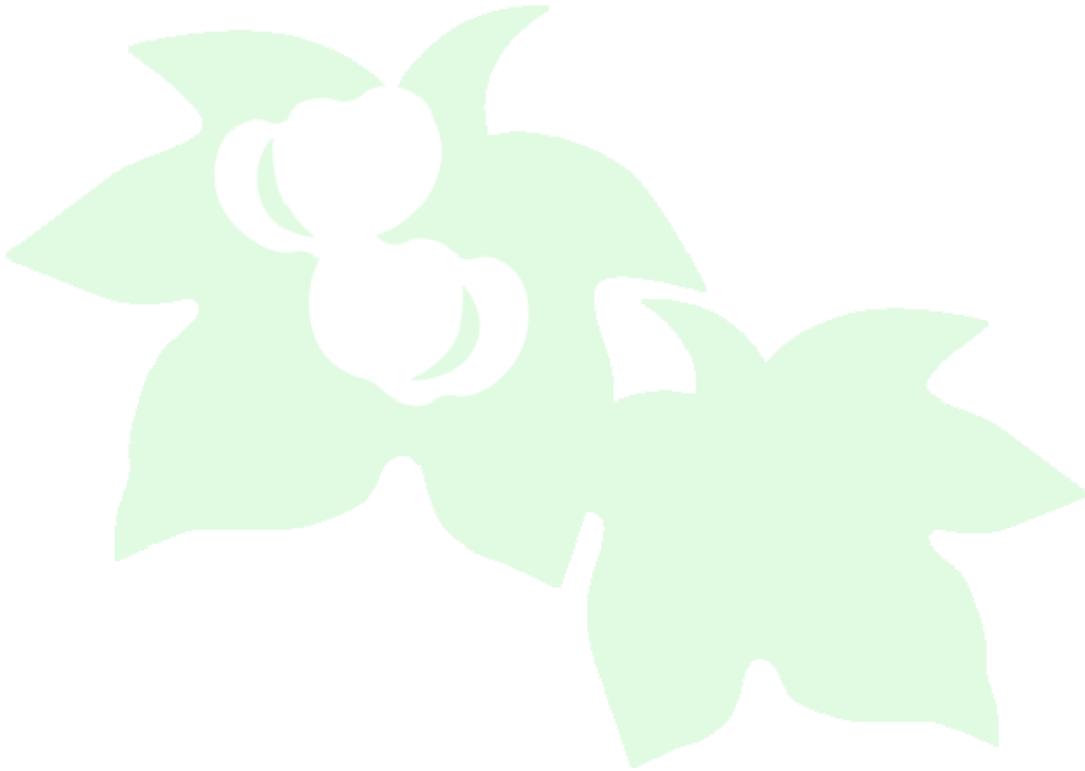
There is a critical need for well-educated nurses who are skilled in evidence-based practice and comfortable using nursing outcomes data to improve patient safety and care. Newly graduated nurses have greater responsibility for patient care at an earlier stage in their careers than in the past. Acute care hospitals must reform their current procedures for training and assisting new graduates. This residency program has demonstrated improved performance level of recent graduates, preventing care omissions and helping to ensure timely, appropriate interventions to rescue the patient, thereby lessening safety and quality concerns.

The nurse residency program is designed to increase job satisfaction and reinforce professional commitment to the nursing profession, contributing to the long-range goal of alleviating the nursing shortage.



Hawai`i State Center for Nursing

APPENDIX I: HAWAI`I NURSING ACTION COALITION





**HAWAI'I NURSING ACTION COALITION
FUTURE OF NURSING: *CAMPAIGN FOR ACTION***

In 2008 the committee of the Robert Wood Johnson Foundation's Initiative on the Future of Nursing, at the Institute of Medicine (IOM) was tasked with creating a blueprint on the role of nurses in the design and improvement of public and institutional policies at the national, state and local levels. The Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, released in October 2010, included recommendations for a number of system improvements including proven, solution-oriented ways to address the nursing and nurse faculty shortages in the U.S. The four key messages, upon which the recommendations are based, are:

1. Nurses should practice to the full extent of their education and training;
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression;
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the US;
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure. (IOM, 2011, p.4); and

With the report as a framework for future direction and action to help improve the health of all Americans, the Future of Nursing: *Campaign for Action* was created. The *Campaign for Action* is an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF), to ensure all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities.

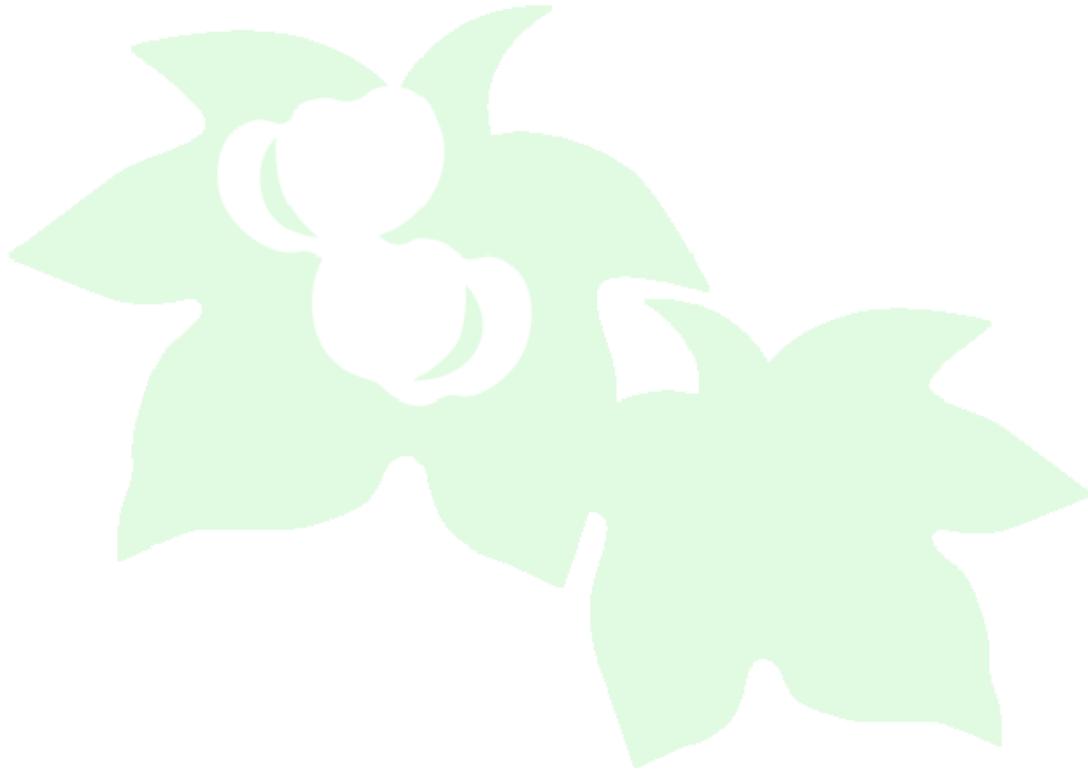
In September, the Hawai'i Nursing Action Coalition was selected as an Action Coalition by the Future of Nursing: *Campaign for Action*, coordinated through the Center to Champion Nursing in America (CCNA). Nationwide there are 36 action coalition states, the goal is 50 coalition states. Action Coalitions are convened to advance the Future of Nursing: *Campaign for Action*. Comprised of diverse groups of stakeholders that can effect sustainable change at the state or regional level, Action Coalitions will capture best practices, determine research needs, track lessons learned and identify replicable models that then can accelerate improvements nationally. Some Hawai'i Action Coalition members are; Barbara Kim Stanton of the AARP, Hawai'i, Dr. Kelley Withy of the Area Health Education Center at the John A. Burns School of Medicine, Senators Rosalyn Baker, and Josh Green, Representatives, Marilyn Lee, Jerry Chang, Ryan Yamane, Nursing Deans Mary Boland and Stephanie Genz.

The Hawai'i Nursing Action Coalition is co-lead by the Hawai'i State Center for Nursing and HMSA Foundation. Co-lead contacts are Gail Tiwanak, MBA, RN, Director, Hawai'i State Center for Nursing and HMSA Foundation Administrator, Mark Forman. A campaign kick-off summit was convened on September 7, 2011 in support of this long-term effort with broad and diverse participation from the community. Next steps include development of a coalition strategic plan and establishment of the infrastructure to sustain the campaign.



Hawai`i State Center for Nursing

APPENDIX J: HRSA Training Grant





**FEDERAL GRANT AWARDED:
PROGRAM FOR THE RETENTION OF NURSING STUDENTS**

In July 2008 the Hawai'i State Center for Nursing (Center) was awarded a three-year \$900,000 grant from the Health Resources Service Administration (HRSA) to support the retention of nursing students in the Associate Degree nursing programs at the Hawai'i, Kauai, and Maui Community Colleges.

PURPOSE

The purpose of the *Program for the Retention of Nursing students (PRNs)* is to improve the nursing workforce diversity in Hawai'i through a program of educational opportunities and support in order to improve success as measured by graduation rates and NCLEX-RN licensure for individuals from disadvantaged backgrounds in rural Hawai'i.

BACKGROUND

One goal of Healthy People 2010 is to improve access to comprehensive, high-quality health care services in order to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. A diverse, representative nursing workforce is part of the solution to improving health status indicators for disadvantaged and rural populations. Because the State is island-based and disproportionately populated, the neighbor islands consist of mostly rural and underserved areas. A representative nursing workforce is also important for making improvements in health status indicators since minority health professionals are best able to provide culturally competent nursing care and are more apt to

serve in underserved areas. Hawai'i currently has a disproportionately larger number of nurses who are Female and Caucasian as compared to the State's population and fewer African-American, Native Hawaiian, Pacific Islander, Mixed (two or more races), and Hispanic nurses.

METHODOLOGY

PRNs consists of the implementation and evaluation of three separate elements: (a) A Retention Program that will serve to diminish academic and social barriers by providing tutorial resources and a support structure; (b) A Pre-Entry Educational Program that will decrease academic barriers by improving test-taking, writing, and computer skills prior to entry into nursing school; and (c) Financial support as part of the Student Stipend and Scholarship Program to decrease environmental barriers that disadvantaged students typically cite as a major reason for attrition. The target population for this program is educationally or economically disadvantaged Associate Degree nursing students at Hawai'i Community College, Kaua'i Community College, and Maui Community College. The goals are to increase the number of: (a) Diverse role models in the community, thereby diminishing racial/ethnic disparities in the nursing workforce; (b) Graduating disadvantaged nurses resulting in the provision of culturally competent nursing care and a reduction of health disparities in rural Hawai'i; and (c) NCLEX-RN licensed disadvantaged nurses who will ensure safe, competent nursing care to their rural communities.

RESULTS TO DATE:

A total of 97 students have been enrolled in the PRNs over the past three years; 46 from Hawai'i Community College, 32 from Kauai Community College, and 19 from Maui Community College. Of the 93 students who provided data, 28% are male, student ages range from 21 to 59 years old, 55% are single, and 43% of the students have children; 15% are single parents. One objective of this grant is to develop a diverse, representative nursing workforce; these students are quite diverse and the majority reported identification with two or more ethnicities (see Figure 1).

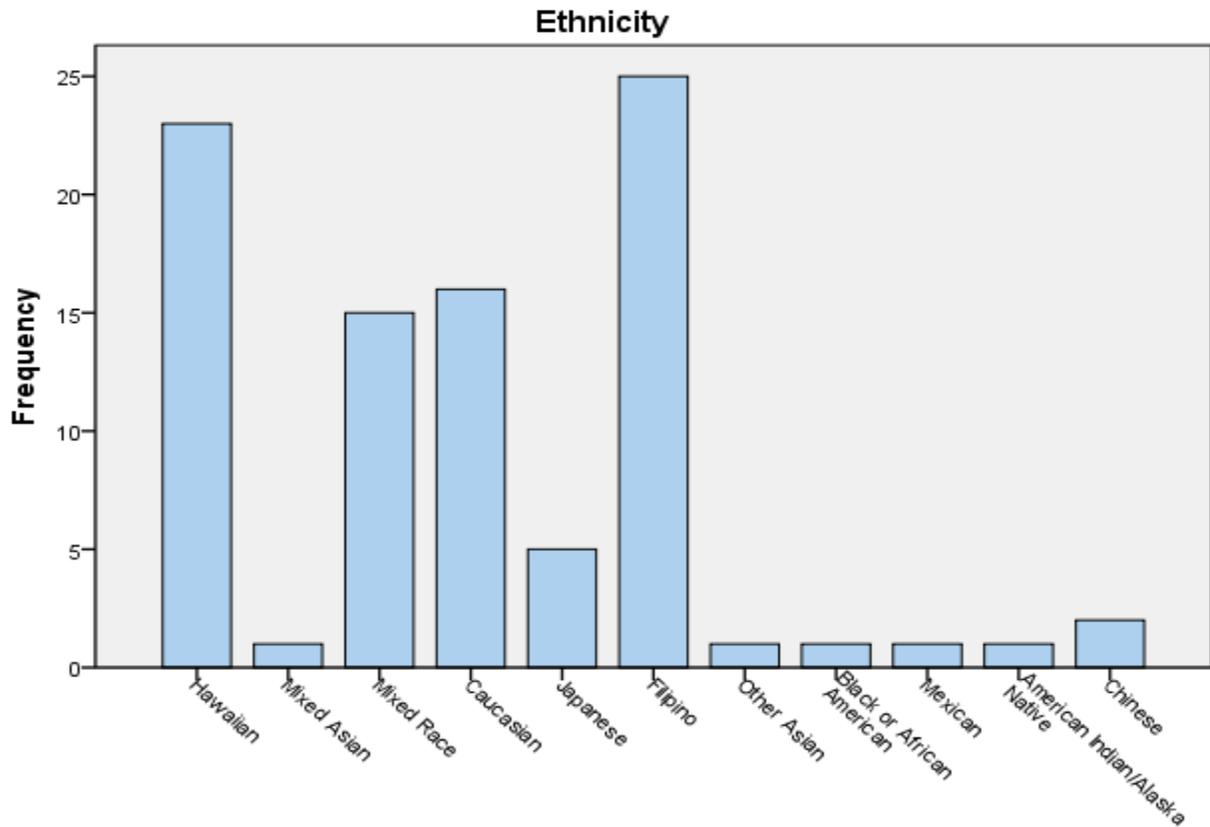


Figure 1. 2008 – 2010 PRNs Student Ethnicities

Of interest is the fact that 33% of these students are the first generation in their family to attend college, and 21% currently hold a college degree. The majority of students (41%) work less than 10 hours per week; 10% work over 20 hours. A total of \$235,000 has been distributed to these students over the past three years of the grant in the form of scholarships and stipends for an average of \$2423 per student.

Preliminary analysis using a step-wise regression indicates that the Cumulative Pre-Entry GPA ($p < 0.0001$), Local Credits ($p < 0.0017$), and the National League for Nursing pre-entry score ($p < 0.0257$) are significant predictors for the Cumulative Nursing GPA and accounts for 37%, 17%,

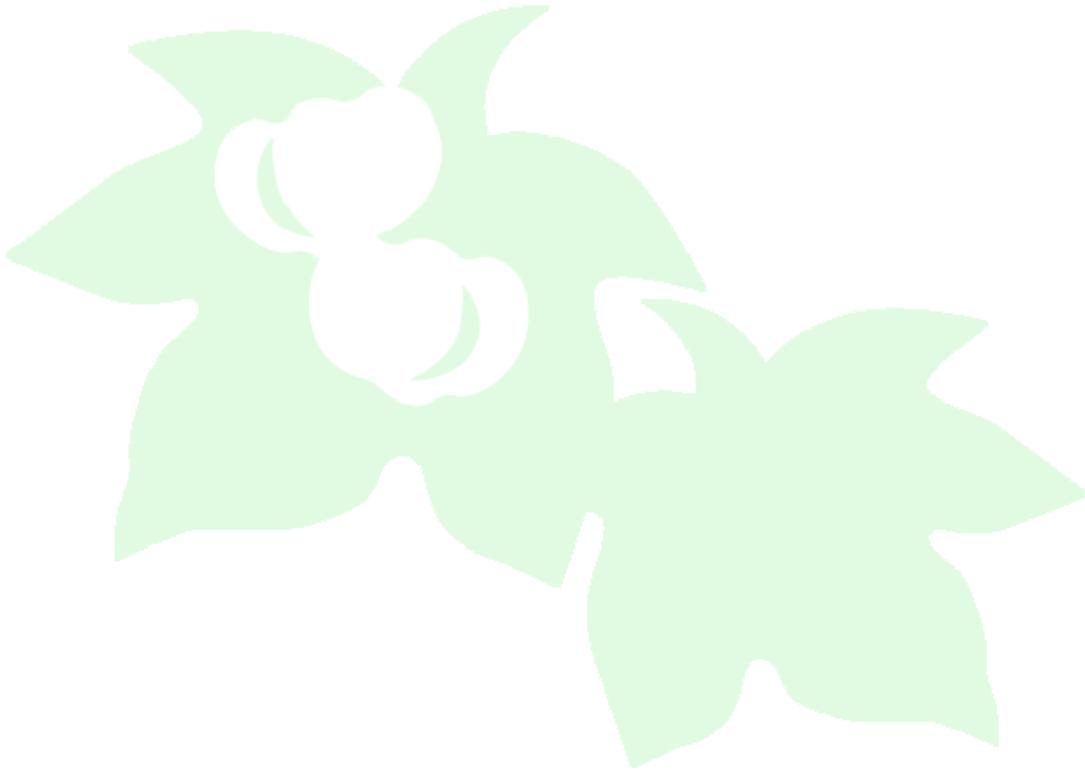
and 7% of the variance, respectively. A total of 39 students have graduated from this program. Of these graduates, 26 successfully passed the NCLEX-RN on the first try, one on the second try, and the remaining have yet to sit for the exam.

This is the final year of the grant. HRSA will not be announcing a call for submissions for Workforce Diversity for 2011-2012. We will instead explore other opportunities to continue the work we have begun in support of nursing students.



Hawai`i State Center for Nursing

APPENDIX K: EVIDENCE BASED PRACTICE





EVIDENCE BASED PRACTICE INITIATIVE ANNUAL REPORT 2011

Conducting research on best practices and quality outcomes is one of the signature functions of the Hawai'i State Center for Nursing. Early in 2009, the Center embarked on an initiative to educate nursing professionals on the concept, structure, project development, and implementation of evidenced-based practice (EBP) protocols with the purpose of improving patient outcomes. While quality improvement can and does result from a variety of patient care interventions, evidence based nursing practice is unique in that it is scientifically based and focused on the patient population being cared for in a particular facility. As a fundamental tenet of professional nursing, engaging in EBP projects with the purpose of improving the care provided to those entrusted to their care is of the highest order.

PURPOSE

Improving patient care and ensuring quality outcomes are the principle purposes of evidence based practice. Teams from all types of health care organizations across the state are engaged in seeking ways to improve specific nursing interventions and practices for their patients by: a.) Fostering the delivery of safe, quality patient care; b.) Enhancing the translation of research findings into practice and policy; c.) Utilizing this venue to develop capacity-building partnerships; and d.) Disseminating best practices in informal environments.

BACKGROUND

For some time, research has shown that professionals often engage in practices that were learned early in their education or career, or are established policy or practice in the institution in which they practice. While most recognize that improvements can and should be made, doing so requires a commitment on the part of many, including the individual, his or her colleagues and superiors, as well as the institution. Recently, impetus for change has been

provided by findings from major large scale studies that have found both a lack of uniformity in many practices across healthcare organizations and the risks associated with hospital and other facility based care. One result is that the federal government is restricting some reimbursement for negative care and other insurers may follow. In 2010 the Institute for Medicine's report on the Future of Nursing was released which sounded some alarm bells and gave clear voice to the need for reform. One recommendation in the report is a call to improve patient outcomes based on evidence found in science. Both Medicare's refusal to pay for poor care and the IOM's promotion of care based on scientific evidence provide ample support of the Center's mandate to "conduct research on best practice and quality outcomes.

METHODOLOGY

A two and one half day Evidence Based Practice Workshop was held in early April 2011 immediately following the Pacific Institute of Nursing Research, Education and Practice Conference. It was the third in a series sponsored by the HSCFN with the goal of inculcating the knowledge, skills, attitudes, and behaviors necessary for long term sustainability of EBP in the nursing profession and within health care organizations. The Workshop is a hands-on intensive in the theory, design, implementation, and evaluation of an evidence based practice project. It was led by Dr. Marita Titler, an acknowledged leader in the field and creator of the Iowa model, a tool which provides the structural model for projects.

In 2011, thirty-one participants from a variety of health care settings across the islands attended and thirteen projects were identified for study. Of particular note was that three units within one facility identified a common problem although their patient populations differed significantly. Though their projects will be conducted separately, the teams plan to collaborate on guideline development. A similar, albeit unique, situation occurred when three unrelated facilities chose to work on an identical patient care issue and decided to align their projects, making this the first year for both intra-institutional EBP team and project collaboration and inter-institutional teams working together on a common problem. These two situations mark a major milestone in the evolution of the Center's EBP Program, whereby the understanding of the role of EBP in patient care and its ability to begin shaping an organization's culture and environment became evident.

HSCFN provides eighteen to twenty-four months of on-going support to the teams in the form of assistance with literature searches, continuing education via bi-monthly meetings, assistance with project write-ups, and dissemination of project outcomes at local and national conferences. In addition, assistance with publishing articles in nursing journals and other organs dedicated to evidence based nursing practice is provided.

RESULTS

The Center has educated and trained over thirty EBP teams from all health care settings across the state. Approximately five projects have been completed, the results of which are being widely disseminated in articles, conferences, and presentations. Three teams dropped their projects when it became evident they matched the criteria for process improvement rather than evidence based practice. Twenty-three are active.

Spreading EBP knowledge is one of the Center's major goals. The Center Director and Principle Investigator of the Pacific Institute of Nursing's Agency for Healthcare Research and Quality (AHRQ) grant have held numerous formal and informal briefings for health care chief executives, chief nursing officers of acute and long term care, Quality Improvement managers, and both staff nurses and other health care professionals at national and local conferences.

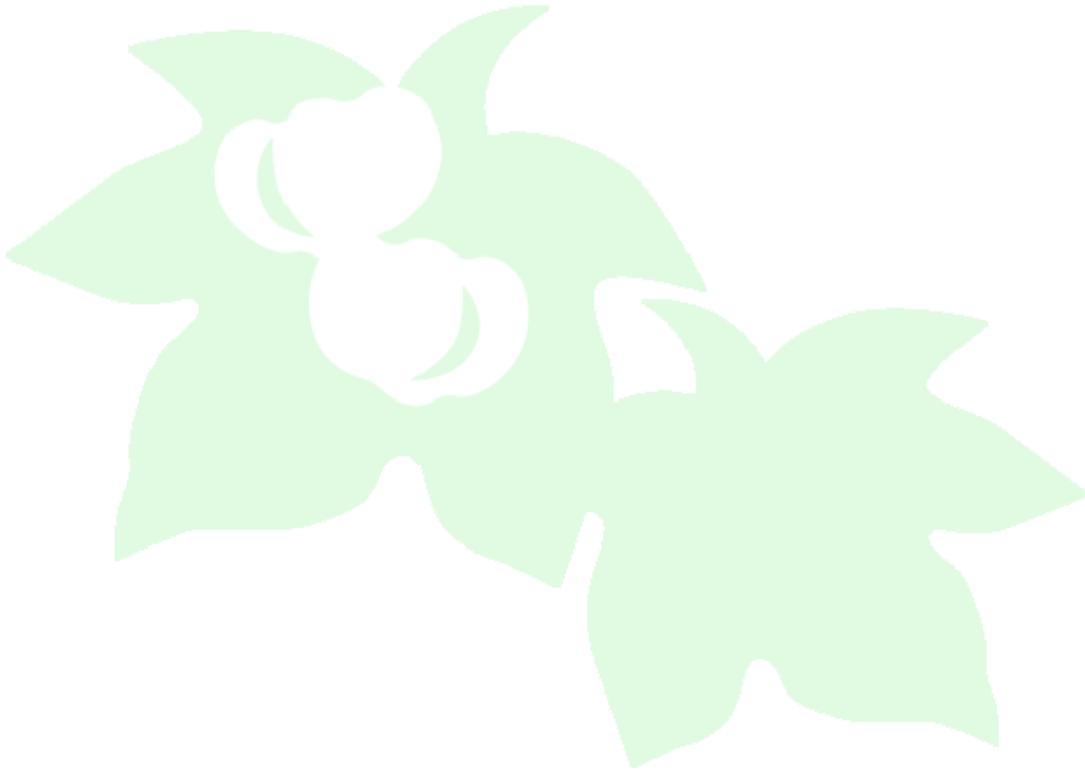
Locally, the Center held its first event for the public during Nurses Week in May at First Friday in Chinatown, with twelve teams presenting their projects to the community. In addition, ThinkTech Hawaii produced a video showcasing the Center's EBP initiative. Both Center leadership and some of the EBP teams that presented at First Friday were interviewed and filmed during the event which was then shown five nights in a row on Oceanic cable station 16. A very informative Hawai'i Public Radio segment was aired early in that week as well with the journalist highlighting Leahi Hospital's EBP project which resulted in notably improved methods and tools for pain management for its residents.

As the EBP program has expanded and more nurses have gone through it, it is clear that skills are being embedded intra and inter organizationally and there is now the promise of notable cross-fertilization blooming. This will accrue to the benefit of the people of this state if initiatives with state-wide applicability can be eventually realized.



Hawai`i State Center for Nursing

APPENDIX L: REPORT ON SENATE RESOLUTION 167 OF 2010





2012 Legislative Interim Report

Hawai'i State Center for Nursing

Subject: SCR 167 SD 2: Requesting the Hawai'i State Center for Nursing to evaluate the need for and resources required to establish a continuing education program for nurses.

Introduction

Senate Concurrent Resolution 167, Senate Draft 2, 2010, Session Laws of Hawai'i requested the Hawai'i State Center for Nursing to evaluate the need for and resources required to establish a continuing education program for registered and practical nurses. This report is the second of three reports required by the Legislature. The first report was submitted to the Legislature before its opening in 2011 and is accessible online at:

<http://www.hinursing.org/policy-advocacy.htm>. The third and final report is due 10 days prior to the opening of the 2013 Legislative Session.

The report addresses the status of the study and the Continuing Education Joint Advisory Committee's¹ work throughout 2011, its findings and recommendations, and additional time that may be required to complete the study.

The individual nurse, like all health professionals, must embrace lifelong learning² as it is key to delivering safe high quality patient care. Continuing education must focus on the nurse remaining competent to deliver quality health care throughout the nurse's career.

¹ Committee is made up of 24 representatives of professional nursing organizations, nursing programs, health care employers, long term care, Department of Commerce and Consumer Affairs and HI Board of Nursing comprise the Continuing Education Joint Advisory Committee

² Recommendation #6 of the recently released Institute of Medicine (IOM) *Future of Nursing Report* is to "ensure that nurses engage in lifelong learning".

General Findings of the Continuing Education Joint Advisory Committee

In 2011, the Continuing Education Joint Advisory Committee found³:

- A central reliable source of communication through which all nurses in the State can receive practice/regulatory information in a timely manner is absent in Hawai'i.
- Nurses need to be apprised of changes before they can embrace them; whether they are amendments to their nurse practice laws, effects of national/state initiatives, establishment of a continuing education program, or other issues.
- The Hawai'i State Board of Nursing does not publish a monthly newsletter to keep licensees apprised of board/nursing related issues, as other boards in the Nation do, citing a lack of resources.
- Hawai'i has multiple professional nurse organizations but lacks the coordinating mechanism to reach all nurses in the State.
- Since its establishment, the Hawai'i State Center for Nursing has tried to fill this gap in communication. However, the cost of reaching nearly 24,000 nurses through traditional means, i.e. the U.S. Postal Service, is prohibitive and time-consuming.

Continuing Education Joint Advisory Committee Interim Report for Registered and Licensed Practical Nurses in Hawai'i

The proposed continuing competency program is composed of two phases to be implemented sequentially. Phase 1, development and implementation of the continuing competency program followed by Phase 2, the evaluation of the program on nursing practice.

³ Addendum #1 on the Continuing Education Joint Advisory Committee's monthly activities in 2011 is attached.

Phase 1 Continuing Competency Program (CCP)

- The North Carolina program for continued competency was adopted by the Continuing Education Joint Advisory Committee as a best practice for adaptation to Hawai'i.
- The program⁴ promotes personal responsibility and accountability for continuing competency through self-assessment of four practice domains. A number of options are available as learning activities.
- The Committee conducted a nationwide cost study of mandated continuing education/continuing competency programs. Preliminary cost analysis found New Hampshire is closest to Hawai'i in population and number of licensed nurses. Nursing license fee collection is similar in both states. The NH Board of Nursing is staffed with 12 FTEs and supports all aspects of nursing licensing and continuing education, reporting, monitoring, and compliance. The Department of Commerce and Consumer Affairs has approximately 0.8 FTE to support all aspects of nursing licensing, reporting, monitoring and compliance of 24,000 nurse licensees under the Hawai'i State Board of Nursing. Fiscal resources will be required to implement and operate the Hawai'i Continuing Competency Program. Within Hawai'i, licensing boards with similar numbers of members and fees receive greater staffing support than nursing.

Phase 2 Evaluation of Continuing Competency Program on Nurse Practice

⁴ Addendum 2 contains the proposed model

- Identifying the best approach to measure nurses’ continued competency and then developing an evaluation tool that can accomplish that goal efficiently and cost effectively is a major and ongoing national challenge.
- A nationwide effort, by individual state boards and professional organizations, most notably by the National Council of State Boards of Nursing (NCSBN), is underway to develop such a tool. It is anticipated that Phase 2 will be implemented several years after Phase 1, depending on availability of a national tool.
- The Continuing Education Joint Advisory Committee will continue to monitor the development of a reliable and valid national tool.

RECOMMENDATIONS

A Continuing Competency Program requires individual nurses, the Hawai’i State Board of Nursing, Hawai’i State Center for Nursing, Department of Commerce and Consumer Affairs, professional and educational organizations, accreditors, employers, insurers and other key stakeholders remain continuously involved.

Therefore, in an effort to support lifelong learning for nurses, the Continuing Education Joint Advisory Committee recommends:

- The Department of Commerce and Consumer Affairs establish an efficient, cost-effective method of communication, specifically the use of the nurses’ email addresses, to communicate with all nurse licensees of the State in a timely manner.
- The proposed roles of the stakeholders in the proposed Continuing Competency Program are as follows:
 - The nurse will be responsible and accountable for maintaining professional competence on an ongoing basis.

- The employer and collective bargaining units will work actively to create and maintain an employment environment which promotes and supports lifelong learning.
- Insurers will provide information on nursing practice impacts on reimbursement related to quality care delivery.
- The Hawai'i State Board of Nursing/Department of Commerce and Consumer Affairs will be an active participant in requiring that the nurses of Hawai'i demonstrate their competency throughout their careers. Citing the lack of resources as the reason to withdraw from this responsibility can no longer be an option. It will collaborate with the stakeholders to meet its responsibilities.
- The Hawai'i State Center for Nursing through a permanent Continuing Competency Program committee established in conjunction with professional nursing organizations, employers, and insurers, will develop uniform standards and guidelines for the determination of performance and competency of nurses.

NEXT STEPS

The Continuing Education Joint Advisory Committee will complete the cost analysis to establish and maintain a continuing competency program for Hawai'i. This includes the resources required to ensure proper delivery, monitoring of nurse compliance with the program, as well as, funds needed for qualified staff, space, materials, and equipment; and the fiscal impact on nurses, employers, the State, and educational institutions offering continuing education.

The Office of the Attorney General (AG) will research and assess where current law shall be amended to provide clear authorization for the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing to use the email addresses to reach licensees so nurses can

be informed of the proposed Continuing Program; changes in nursing-related laws (Chapter 457, HRS, and other chapters); and Continuing Education Joint Advisory Committee research data regarding workforce and other nursing initiatives; as well as other appropriate information that would impact nursing practice and protect consumer safety.

The AG will provide the Legislature with the appropriate amendments to the Hawai'i Revised Statutes which are needed to authorize this change. The AG must assess Chapter 457, HRS, and Title 16, Chapter 89, Hawai'i Administrative Rules, and all other applicable chapters for provisions that impede the practice of nursing'

Education of all nurses on all islands is key to the success of the continuing competency program. The Continuing Education Joint Advisory Committee of the Hawai'i State Center for Nursing and the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing will collaborate to achieve this goal.

The Continuing Education Joint Advisory Committee will continue to solicit nursing and stakeholder comment on the proposed Continuing Competency Program and conduct a licensee survey, analyze and report results.

The Legislature will amend the applicable statutes that will enable the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing to use the nurse licensees' email addresses to apprise nurses of the continuing competency program, address concerns and provide updates throughout the establishment of the program so nurses can embrace the program when the proposed Continuing Competency Program is required for license renewal. The amendments shall provide for the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing with authority to share the Hawai'i Center for Nursing/ Continuing Education Joint Advisory Committee research data regarding workforce and other nursing initiatives; as well as other appropriate information that would impact nursing practice and protect consumer safety.

In 2012, the Hawai'i State Center for Nursing will establish a Continuing Competency Program Committee with the objectives of:

- discussing the continuing competency program proposal and studying the Continuing Education Joint Advisory Committee's cost analysis when it becomes available in 2013
- pooling resources and identifying sources of financial support to achieve the highest and best results
- determining the phase-in period to allow educational institutions, employers, and professionals sufficient time to meet the mandatory continuing education requirements
- preparing to establish the permanent Continuing Competency Committee

The Continuing Education Joint Advisory Committee will require resources to complete the requirements set forth in the resolution.



ADDENDUM #1
December 28, 2011

Activity: Continuing Education/Evaluation Continuum (Jan, 2011-Dec, 2011)

In 2010, the Hawai'i Legislature passed SCR 167, SLH requesting the Hawai'i State Center for Nursing (HSCFN) to form a joint advisory committee to do a feasibility study of establishing a continuing education program for registered and practical nurses in Hawai'i. The Continuing Education Joint Advisory Committee (CEJAC) was established to research studies done on the determinants of safe post-entry¹. Like the studies, the CEJAC concluded that a recurring problem in continuing education (CE) programs (nationally) is that the focus of CE is often on meeting regulatory requirements rather than identifying personal gaps in knowledge. While several states have mandated continuing education as a measure of competency, research shows that continuing education alone is not sufficient to ensure competency².

January, 2011, the HSCFN submitted an interim report to the Legislature which included the CEJAC's 2010 findings and recommendation to develop a Continuing Competency Program (CCP), using the North Carolina Board of Nursing (NCBON) as a point of reference. The Committee agreed that the regulatory effort must focus on "Continuing Nursing Competency" rather than the traditional model of continuing education. This process included a nurse self-assessment with multiple options for learning as a requirement for re-licensure. A CCP would help them assess where their gaps in nursing knowledge exist and define the education needed to increase/maintain continued competency.

¹ National Council of State Boards of Nursing (NCSBN) *Studies for Post Entry Nursing Practice*;2002

² No national standard, CE requirement for license renewal varies throughout the United States. The majority of states require CEs, a few require practice hours and some a combination of CEs and practice hours.

The Committee also acknowledged that essential to the CCP is the use of an evaluation tool to assess whether the process is effective in affirming continued competency in nursing practice.

February to March, 2011, the CEJAC continued to review and discuss the existing models in the Nation. It identified barriers, issues and concerns experienced by other state boards of nursing, as well as those expressed by members of the Committee. The Committee focused on models which shift control of learning to the nurse; where the onus of adapting learning and filling any gaps in knowledge is on the individual nurse. The North Carolina program was adopted as a best practice for adaptation to Hawai'i.

The barriers identified by the CEJAC relating to establishing CCP as a requirement for licensure renewal included, but were not limited to:

- Prohibitive cost to do statewide education/communication with stakeholders including approximately 24,000 nurse licensees. One solution would be to use the email addresses to reach the nurses and other stakeholders. DCCA maintains the nurse licensee email addresses but the Office of the Attorney General informally opined that the DCCA lacked statutory authority to use the email addresses for this purpose;
- In most states the professional nursing associations take on the responsibility of shaping and guiding the process for assuring nurse competence. Hawai'i has professional nursing associations³ but none do peer reviews or act as a central clearinghouse to approve continuing education based on uniform standards;
- Personal liability which nurses fear would be a problem if they formed a central CE committee, unless an indemnity clause is adopted into law and a disclaimer is placed on all approved CE lists that the individual nurse is ultimately responsible for the selection and application of CE in practice;
- Resources required to ensure a successful phased-in effort of the program;

³ The North Carolina Nurses Association is a nationally accredited provider and approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

- Resources and incentives available to retired nurses to maintain licensure so they can remain competent and continue to be responders during an emergency or disaster;
- DCCA's inability to oversee the regulatory aspect of the CPP process; citing a lack of resources. (Note: HI BON, Department of Commerce & Consumer Affairs is assigned approximately 0.8 FTE. Nursing license fee is similar in both states. Within Hawai'i, licensing boards with similar members and fees receive greater support than nursing.); and
- How increased/continued competence of individual nurse will impact employer decision on nurse's pay in relation to performance;

The barriers and concerns identified by the Committee relating to establishing an evaluation tool included, but were not limited to:

- What tool can be used to test the competency of approximately 24,000 registered and practical nurses licensed in Hawai'i;
- The complexity of the health care environment and the vast differences in practice. These differences in practice and areas of expertise make developing a single standardized testing for competence challenging;

Multi-levels of practice in different settings

1. Nurses employed in Medicare participating facilities:

- Adult Day Health Centers
- Ambulatory Surgery Centers (Freestanding Outpatient Surgical Facilities)
- End Stage Renal Disease Programs
- Home Health Agencies
- Hospice
- Hospitals
- Intermediate Care Facilities for the Mentally Retarded
- Outpatient Physical Therapy/Speech Pathology
- Rural Health Clinics

- Skilled Nursing (SNF) and Intermediate Care Facilities (ICF)
 - Free Standing X-Ray Facilities
2. Nurses employed in other licensed health care facilities
 - Adult residential care homes (ARCH)
 - Expanded care ARCH
 - Special treatment facilities (STF)
 - Developmentally disabled domiciliary homes (DDDH)
 - Assisted living facilities.
 - Foster care homes
 3. Nurses employed in community settings such as doctor's offices, other health related settings
 4. Nurses employed in nursing or health related areas, but no direct patient care (Nursing education, administration, nurse staffing agencies, nursing related boards, nursing associations, etc.)
 5. Nurses who are self-employed or working for non-health related employers (ex., law and insurance offices, etc.)
 6. Nurses employed in one of the above but live and work outside of Hawai'i, but maintain licenses here
 7. Nurses who live in Hawai'i or outside of Hawai'i and are not employed but maintain license here (ex. Stay at home moms, etc.)
- Prohibitive cost of using traditional postal service to do statewide education outreach to stakeholders, including 24,000 nurse licensees when the evaluation tool becomes available; and
 - Nurse managers' and employers' fear of impact on facility accreditation if there are negative evaluations of nurse employees' practice;

By the end of March, the CCP emerged as composed of two required components which have to be implemented separately: first, completion of continuing competence requirements and second, an evaluation of the process on competence in nursing practice.

- Part 1⁴ would require each licensed nurse do a personal, private self-assessment to find gaps in knowledge; to select and complete a learning option to fill those gaps; and comply with these requirements to maintain licensure⁵.
- Part 2 would require an evaluation of the effectiveness of the process on the nurse's practice and would be implemented once valid tools are available. The specifics of this tool are not yet available. An effective evaluation tool measures the effect that a previously selected learning option has on the individual nurse's continued competency to practice. The National Council of State Boards of Nursing (NCSBN) has convened an effort to develop such a tool.

According to the American Nurses Association, *"Continuing competence tools will have to clearly and precisely measure knowledge, skills and abilities to be psychometrically sound and legally defensible. Tools will have to be developed to clearly compare differing testing systems to each other. Moreover, unless systems are standardized, there will be problems akin to those arising under any federated model B why does one state accept one score and another state accept a second, differing score? Can measurement tools be developed that are free of bias, cultural, and ethnic advantages/limitations? Questions will arise about whether non-governmental organizations or associations who test for continuing competence will be immune from lawsuits arising out of the use of those tests for licensure purposes."* (Whittaker, S., Carson, W., and Smolenski, M., ANA, "Assuring Continued Competence - Policy Questions

⁴ In 2010 CEJAC reviewed models and status of continuing education programs across the country. A small number of states stood out; however, the North Carolina Board of Nursing Model (NCBON) was of particular interest.

⁵ The relicensure process which includes compliance with the CCP and disciplinary action for non-compliance has not yet been established. The HSCFN met with the Hawai'i State Board of Nursing to give a progress report (4/9/2011).

and Approaches: How Should the Profession Respond?" OJIN, [Volume 5 - 2000No. 3, Sept '00](#)).

April, 2011, the CEJAC set out to apprise Hawai'i stakeholders of its progress to date and to see if it could garner support for the proposed model. Mass mailing would have been cost prohibitive so the Committee reached out to smaller groups whenever and wherever opportunities arose.

The Committee updated the Hawai'i State Board of Nursing (HI BON) of the CCP. Although the HI BON understood the general concept of the CCP, it cited a lack of resources which would prevent it from overseeing the regulatory end of the program.

The same information was shared with the Hawai'i Long Term Care Association with a positive reaction.

May-October, 2011, the CEJAC began its study on feasibility and cost to establish the CCP. The Committee researched the fifty state boards of nursing and assessed the resources available to the boards that have a CE program or a CCP.

The cost data collection for Hawai'i has begun and will continue in 2012, with the final analysis to be included in 2013 report.

Preliminary cost analysis found New Hampshire Board of Nursing (NH BON) is closest to Hawai'i in population and the number of licensed nurses. NH BON is staffed with 12 FTEs and supports all aspects of nursing licensing, reporting, monitoring and compliance. In contrast, the HI BON under the auspices of the Department of Commerce and Consumer Affairs (DCCA) is assigned approximately 0.8 FTE. HI BON nursing license fees are comparable to the NH BON. Within Hawai'i, other licensing boards with similar number of licensees and fees receive greater support than nursing.

November-December, 2011, the CEJAC reached out to the DCCA and key legislators to assist

it in forming a collaborative relationship with the CEJAC and the HSCFN. It is hoped that this collaboration will enable the CEJAC to assist the HI BON/DCCA to:

- Analyze the HSCFN nursing workforce data and evidence-based research to underscore the fact that health care is rapidly evolving and that not just more nurses will be needed, but continually competent nurses are and will be needed to ensure consumer safety;
- Understand its role in the CCP;
- Know that it can have continuous access to expert and timely analyses of nursing data acquired through the HSCFN research and projects; and
- Know that it can look to the CEJAC/HSCFN to provide insight in understanding complex nursing issues, including the national movement towards adoption of CCPs.

It is hoped that this collaborative relationship will break down the following barriers and allow HSCFN/CEJAC to share data and planned initiatives, such as the CCP, with nurse licensees:

- Prohibitive cost of mailing information and surveys to individual nurse licensees via federal postal service;
- The HI BON/DCCA's lack of statutory authority to release licensee email addresses because of the possible violation of Chapter 92F, HRS, (misinterpretation/ misuse due to confidentiality and privacy concerns); and
- HI BON/DCCA's lack of statutory authority for **it** to use its nurse licensee email addresses for disseminating HSCFN/CEJAC workforce data and new initiatives, such as the proposed CCP.

Addendum # 2

Proposed Nurse Self-Assessment Model

December 28, 2011

A. SELF ASSESSMENT

Instructions: Dr. Patricia Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. This Self-Assessment tool uses her model for the development of the novice to expert nursing professional to guide the continuing competency activity. Circle the number that best describes your level of expertise for the indicators in each of the four practice dimensions. ¹

1 = Novice

- Beginner with no experience
- Taught general rules to help perform tasks
- Rules are: context-free, independent of specific cases, and applied universally
- Rule-governed behavior is limited and inflexible

2 = Advanced Beginner

- Demonstrates acceptable performance
- Prior experience in actual situations to recognize recurring meaningful components
- Principles, based on experiences, formulated to guide actions

3 = Competent

- Typically a nurse with 2-3 years experience on the job in the same area or in similar day-to-day situations
- More aware of long-term professional and organization goals
- Perspective gained from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization

4 = Proficient

- Perceives and understands situations as whole parts
- More holistic understanding improves decision-making
- Learns from experiences what to expect in certain situations and how to modify plans

5 = Expert

1. ¹Benner, P. (1982). From novice to expert. American Journal of Nursing, 82(3), 402-407

- No longer relies on principles, rules, or guidelines to connect situations and determine actions
- Much more background of experience
- Intuitive grasp of clinical situations
- Performance is now fluid, flexible, and highly-proficient

DIMENSION ONE: PROFESSIONAL RESPONSIBILITY

The licensed nurse is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and comply with the Nursing Practice Act (Chapter 457, HRS and Chapter 16-89, HAR).

Instructions: The competency indicators below should be interpreted as broadly as possible to apply to your type of nursing position and principal setting of employment.

1. I am knowledgeable of current law, standards, and policies relevant to the profession and my practice setting. Chapter 457, HRS; Chapter 16-89, HAR; facility policies. 1 2 3 4 5
2. I question policies and procedures that may be inconsistent with therapeutic outcomes, best practices, or safety standards. 1 2 3 4 5
3. I am responsible for obtaining the knowledge and skills needed for an assignment in order to safely accept that assignment. 1 2 3 4 5
4. I demonstrate competence by regularly evaluating my practice and taking necessary steps to improve personal competence. 1 2 3 4 5
5. I seek advice when I am unsure if I can safely perform essential functions due to mental, emotional, or physical conditions or stressors. 1 2 3 4 5
6. I seek advice when I am unsure if actions expected of me exceed my legally recognized scope of practice. 1 2 3 4 5

DIMENSION TWO: KNOWLEDGE-BASED PRACTICE

The licensed nurse is personally responsible and accountable for having the knowledge and skills necessary for safe, competent nursing practice.

Instructions: The competency indicators below should be interpreted as broadly as possible to apply to your type of nursing position and principal setting of employment.

1. I obtain appropriate information and resources to enhance my practice and achieve desired outcomes. 1 2 3 4 5
2. I use appropriate judgment in collecting and interpreting data, planning, implementing, and evaluating all aspects of nursing practice, and recording appropriately. 1 2 3 4 5

3. I effectively prioritize components of my practice, including planning and Implementation. 1 2 3 4 5
4. I use evidence, such as research findings and current clinical expertise, to base decisions relevant to my practice. 1 2 3 4 5
5. I regularly invest time, effort and/or resources to ensure that my knowledge and skills remain current for the area/specialty where I work. 1 2 3 4 5
6. I share my knowledge with peers, new staff members, students, other members of the health care team, and clients. 1 2 3 4 5
7. I incorporate my learning into my practice, and evaluate its impact on my practice. 1 2 3 4 5
8. I am proficient in technology, including technical equipment and health information systems computer technology needed in my practice. 1 2 3 4 5

DIMENSION THREE: LEGAL/ETHICAL PRACTICE

The licensed nurse complies with the Nursing Practice Act.

Instructions: The competency indicators below should be interpreted as broadly as possible to apply to your type of nursing position and principal setting of employment. Mark the box on the continuum from novice to expert that best describes your level of expertise.

1. I understand my duty to report unsafe practice, professional misconduct to the appropriate individual or agency. 1 2 3 4 5
2. I act as an advocate to protect and promote a client's right to autonomy, respect, privacy, dignity, and access to information. 1 2 3 4 5
3. I assume responsibility for ensuring that my relationships with clients are therapeutic and professional. 1 2 3 4 5
4. I maintain confidentiality of information entrusted to me, and comply with HIPAA regulations. 1 2 3 4 5
5. I answer client questions to the best of my knowledge and refer clients to other professionals as necessary. 1 2 3 4 5
6. I support/create an environment in which learning, professional growth, cooperation and mutual respect can occur 1 2 3 4 5
7. I can identify alternate approaches to overcome obstacles and maximize health outcomes 1 2 3 4 5

DIMENSION FOUR: COLLABORATIVE PRACTICE

The licensed nurse maintains safe and effective nursing care, in collaboration with the client, significant others, and other health care providers.

1. I collaborate with others regarding activities related to assessment, planning, implementation and evaluation. 1 2 3 4 5
2. I communicate and work cooperatively to enhance delivery of safe client care. 1 2 3 4 5
3. I am accountable for my assignment or delegation. 1 2 3 4 5
4. I am sensitive to the need for care, which respects the client's race, culture, beliefs, sexual orientation, age and gender. 1 2 3 4 5
5. I provide individualized interactions by listening to and learning from my clients and other members of the healthcare team. 1 2 3 4 5
6. I ensure that appropriate teaching and counseling are provided to my clients. 1 2 3 4 5
7. I evaluate the outcomes of my interactions with my clients and other members of the healthcare team. 1 2 3 4 5

B. LEARNING PLAN

Instructions: Gather materials related to the assessment of your practice, any feedback you have collected from others (your last performance review for example, or feedback received from colleagues or patients). Use this material to identify your strengths and the areas of your practice you want to develop further.

Strengths in my practice: _____

Areas to develop in my practice: _____

Next, create a learning plan that will address your needs and interests. Your learning plan can include one to three learning objectives that can be achieved within the next two years, consistent with your license renewal cycle. Each learning objective should be related to a dimension of practice.

Learning Objective I want to: _____

This learning objective relates to the following dimension of my practice: (circle one or more)

- 1) professional responsibility
- 2) knowledge-based practice
- 3) legal/ethical
- 4) collaborative practice

Learning Objective I want to: _____

- 1) professional responsibility
- 2) knowledge-based practice
- 3) legal/ethical
- 4) collaborative practice

Learning Objective I want to: _____

- 1) professional responsibility
- 2) knowledge-based practice
- 3) legal/ethical
- 4) collaborative practice

C. LEARNING ACTIVITY OPTIONS

(You would be expected to complete **ONE** of these to meet the requirements for Continuing Competence)

- a. National certification or re-certification related to the nurse's practice role;
- b. Thirty (30) contact hours of continuing education activities;
- c. Completion of a Board approved refresher course;
- d. Completion of a minimum of two semester hours of post-licensure academic education related to nursing practice;
- e. Fifteen (15) contact hours of a continuing education activity AND completion of a nursing project as principal or co-principal investigator;
- f. Fifteen (15) contact hours of a continuing education activity AND authoring or coauthoring a published nursing-related article, paper, book or book chapter
- g. Fifteen (15) contact hours of a continuing education activity AND developing and conducting a nursing education presentation or presentations totaling a minimum of five contact hours;
- h. Fifteen (15) contact hours of a continuing education activity AND 640 hours of active practice within the previous two years;
- i. Completion of recognized nurse residency program.

RESOURCES

1. Acceptable Providers for Continuing Education

Acceptable continuing education may be taken in a conventional classroom setting, through on-line courses, professional journals, correspondence, or other emerging venues.

- A. Any provider, recognized by a national credentialing body, offering certification in the licensed nurse's specialty area of practice. Examples of National Nurse Credentialing/Certification bodies include, but are not limited to:
 - American Nurses Credentialing Center Commission on Certification (ANCC)
 - Oncology Nursing Certification Corporation (ONCC)
 - Board of Certification for Emergency Nursing (BCEN)
 - National Association of Practical Nursing Education (NAPNES)
 - National Commission for Health Education Credentialing, Inc. (NCHEC)

- B. American Nurses Association (ANA), or ANY state nurses association with standards equal or greater than Hawai`i's.
- C. Area Health Education Centers (AHEC) in Hawai`i or any state AHEC that is a member of the National AHEC Organization.
- D. National League for Nursing (NLN) www.nln.org
- E. National Association for Practical Nurse Education and Service (NAPNES) www.napnes.org
- F. National Federation of Licensed Practical Nurses (NFLPN) www.nflpn.org
- G. ANY state board of nursing with standards equal to or greater than Hawai`i's.
- H. National Council of State Boards of Nursing (NCSBN) www.ncsbn.org
- I. Employer sponsored continuing education programs having a minimum of one course objective. Unless the program is accredited through one of the other bodies mentioned on this document, employer sponsored continuing education may only be used for up to 50% of total contact hours.
- J. Any provider of professional continuing education for health care professionals recognized by the Hawai`i General Clearinghouse. Examples include offerings related to specialty areas of nursing practice such as research, case management, health policy, forensics, mental health, or complementary alternative therapies offered by bodies including but not limited to:
 - a. Commission for Case Manager Certification (CCMC)
 - b. Healthcare Quality Certification Board (HQCB)
 - c. American Legal Nurse Consultant Certification Board (ALNCCB)
- K. Professional Journals (eg., AJN, Nursing 2006, Nursing Management, Journal of Practical Nursing, and The Nurse Practitioner) offering continuing education approved by appropriate bodies including, but not limited to:
 - a. American Nurses Credentialing Center (ANCC) www.nursingworld.org/ancc
 - b. American Association of Critical Care Nurses (AACN) www.aacn.org
 - c. National Association for Practical Nurse Education and Service (NAPNES) www.napnes.org

2. **Activities NOT accepted as Continuing Education**

- Offerings designed for lay persons
- Offerings less than 30 minutes in duration
- On-the-job orientation
- On-the-job training related to new policies, procedures or equipment

- Other educational activities not sufficiently professional in character to reasonably qualify as continuing education.

3. Clarification of CEUs (Continuing Education Units) and Contact Hours

Acceptable Contact Hours or CEUs (in any combination) in fulfillment of Continuing Competence continuing education (CE) requirements (based on §16-89-132, Hawai'i Administrative Rules):

- (1) 1 contact hour = 60 minutes of instruction
- (2) 1 contact hour = 60 minutes of clinical or laboratory practice in an informal offering or a minimum of fifty minutes of actual organized instruction
- (3) 1 continuing education unit (CEU) = 10 contact hours of instruction
- (4) 1 continuing medical education unit (CME) = 1 contact hour of instruction
- (5) Academic credit will be converted to contact hours as follows:
 - (A) One quarter academic credit equals 12.5 contact hours
 - (B) One semester academic credit equals 15 contact hours
- (6) Contact hour equivalencies shall be as follows:
 - (A) 1 continuing education unit = 10 contact hours
 - (B) 1 continuing medical education credit = 60 minutes
 - (C) 1 American Medical Association credit = 60 minutes



Hawai`i State Center for Nursing

APPENDIX M: PACIFIC INSTITUTE IN NURSING REPORT





PACIFIC INSTITUTE OF NURSING ANNUAL REPORT 2011

For the twenty third year running, the nursing community in Hawai'i has produced this research conference. Spearheaded by Tripler Army Medical Center and the University of Hawai'i at Mānoa School of Nursing and Dental Hygiene for the first twenty years, nursing research was its primary purpose. Its purview was expanded in 2008 to include and emphasize findings generated from other fields of nursing such as education and practice. In late 2009, the Hawai'i State Center for Nursing was awarded an \$186,000 grant from the Agency for Healthcare Research and Quality (AHRQ) to provide on-going support for the 2010, 2011, and 2012 conferences.

PURPOSE

The purpose of the Pacific Institute of Nursing conference is to disseminate findings in the areas of nursing research, education and practice. It is dedicated to: a. Fostering the delivery of safe, quality patient care; b. Enhancing the translation of research findings into practice and policy; c. Providing a venue for capacity building partnerships across the practice, education, and research sectors; and d. Disseminating best practices in an informal environment. The objectives target health-promoting organizations serving AHRQ priority populations, and encourage participation from under-represented Asian and Pacific Islander constituencies.

BACKGROUND

Now, more than ever, the need for high quality, cost effective care provided by practitioners with the most current knowledge and up to date skills is paramount. With the newly enacted Health Care Reform Act of 2010 will come millions of new users of the health care system. The 2010 Institute of Medicine's Report on the Future of Nursing made actionable recommendations in all three areas: education, research and

practice, noting that our failure to strengthen, invigorate and, give greater heed to nursing has the very real potential of reducing quality of care to our nation's residents.

With access though, comes the demand for availability. Currently, there is a shortage of health care providers in many areas of health care. While the current economic situation has created a perception of a surplus, it is temporary, transient, and likely short lived. Registered Nurses who planned to retire did not due to a number of factors such as the need to sustain family income, save or replace funds lost in the downturn of the market for their retirement years, concern about the strength of a recovery, etc. However, this group of nurses is aging along with the population at large and will retire once the economy and their confidence in it rebounds.

The requirement for additional providers places pressure and urgency on educators to train workers more quickly so as to meet the pent-up expectations and needs of the newly expanded population of users. It also requires that the care being provided be of the highest caliber while at the lowest cost possible, because affordability is a major concern of all parties. Not only are costs spiraling upward but some insurers have placed providers on notice that reimbursements will be curtailed for care that does not meet a certain standard.

The growing percentage of the nation's gross domestic product devoted to health care cannot be sustained. It is our firm belief that evidence based practice in all health care fields has the potential to answer some of the questions that both our expectation of quality care and the new reform will generate. The 2011 Pacific Institute of Nursing conference highlighted results of a number of evidence based practice projects in nursing that improved patient care, patient outcomes, have the potential to drive down costs, and made the nursing practice environment more interesting, challenging, and rewarding.

METHODOLOGY

The Planning Committee, comprised of members from more than sixteen educational and healthcare organizations, worked closely with our new event planning partner, The

Geneva Foundation, to identify potential presenters, solicit vendors, and market the conference to future attendees. The Committee decided the theme of the conference should be on leveraging nursing's power because nursing's position of high trust with patients and consumers and its potential as the largest bloc of voters in the health care system. Those facts provides the profession a platform for advocating on behalf of consumers and patients; the responsibility to practice nursing based on solid evidence, and take its rightful place at the table of health care decision makers. We were delighted in offering a stellar array of key note presentations over the course of the two and a half day conference.

RESULTS

The PIN conference was held on March 28 – 30, 2011 at the Waikīkī Beach Marriott Hotel in Honolulu, Hawai`i and fulfilled its goal of reaching nursing administrators, clinicians, educators, and researchers from Hawai`i and beyond. With more than 320 attendees, it was gratifying to have excellent participation from a broad range of nursing fields as well as across the entire continuum of health care and all fields of practice. Close to 30% of attendees were active duty military personnel. Participants came from Canada, Japan, Korea, Saudi Arabia, and Taiwan. While small in numbers, our goal of reaching out to and including presenters from the entire Pacific Rim region has the potential to be fully realized. Many students attended as well.

The conference began with Jennie Chin Hansen, CEO of the American Geriatric Association, who brought her vast experience in gerontology, nursing education, and non-profit administration to the subject of the aging of the American population and the implications of that change to the awareness of the audience. She was followed by five other notable examples of outstanding leadership such as the field of military nursing with a speech by Major General Horoho (now the US Army Surgeon General) on the redesigning of the Army Nurse Corps; Kathleen Fritsch, Western Pacific Regional Advisor, World Health Organization spoke on their work in various countries throughout the Pacific Region; the mission and mandate of the National Institutes of Nursing Research at NIH was discussed in depth by Director Dr. Patricia Grady; the findings of

seminal research conducted on the role of humor in helping patients heal and cope with a life threatening illnesses was presented by principle investigator Hob Osterlund; and Dr. Susan Hassmiller, Senior Program Officer, Health Care Group, Robert Wood Johnson Foundation, gave a video presentation on the Institute of Medicines Report on the Future of Nursing.

There were a total of forty-five podium presentations and twenty-two poster presentations. Numerous podium presentations focused on the results of evidence based practice projects and three poster presentations were made by the Evidence Based Practice Class of 2010. All abstracts were posted on the PIN website for pre and post conference accessibility and following the conference, all key note speeches were also posted.