

NEW MEXICO

HEALTH POLICY COMMISSION



HM17 / SM18

NURSE RECRUITMENT AND RETENTION IN NEW MEXICO HOSPITALS

PRINTED OCTOBER 2007

THE NEW MEXICO HEALTH POLICY COMMISSION

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TABLE OF CONTENTS

Executive Summary	1
Introduction.....	3
Background.....	3
Research	4
Nursing Workforce Data	4
Impact of Nursing Shortage	5
Nursing Education System.....	5
Nursing Faculty Shortage.....	5
Nursing Faculty in New Mexico.....	6
Nursing Education Models	7
Magnet Hospital Accreditation.....	9
Nurse Staffing Issues.....	9
Memorial Recommendations	11

Appendices

Appendix A: House Memorial 17/Senate Memorial 18

Appendix B: Illinois Senate Bill 0867

Appendix C: Nursing Education Programs in New Mexico

**Appendix D: American Nursing Credentialing Center
Forces of Magnetism – Magnet Recognition Program**

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EXECUTIVE SUMMARY

The Forty-Eighth session of the New Mexico Legislature adopted House Memorial 17 (HM17) and Senate Memorial 18 (SM18). Both the House and Senate memorials are identical. For purpose of this report and for conciseness, HM17 will be noted throughout and SM18 will not. The memorials requested that the New Mexico Health Policy Commission (HPC) study the impact of nurse recruitment and retention issues and recommend ways in which nurse turnover and vacancy rates can be addressed.

House Memorial 17 requested that the HPC create and coordinate a working group that included representatives from the board of nursing, statewide associations representing hospitals and health systems, physicians, nurses, nurse executives, labor organizations representing nursing and a statewide organization dedicated to excellence in nursing. The work group, comprised of a diverse group of stakeholders knowledgeable about nursing and medical care delivery in New Mexico, conducted a series of meetings to identify the specific information and recommendations contained in this report. Additionally, the work group designated three sub-committees to identify research and information focused on three topic areas – 1) Quantify the Needs (Nurse Workforce); 2) Nursing Education; and 3) Nursing Environment.

The report on the 2005 House Joint Memorial 37, *A Study on Impact of Nurse Staffing and Retention Issues on Workforce Development*, stated that New Mexico is in the midst of a nursing shortage that will worsen by the year 2020. Data on nurse retention and vacancy, especially by nurse specialty (i.e. critical care nurse, neonatal nurse, emergency nurse, etc.) is not gathered in New Mexico. There is a need to collect, synthesize, analyze and report data on our nursing workforce in New Mexico so that policy makers and educators address this problem in a rational and fiscally sound manner.

Specific to New Mexico, the higher education system does not meet the demands for new nurses in the workforce or for slots in student nursing programs. In some college training programs, there is currently a three year waiting period for acceptance into the programs. Members of the task force indicate that the current nursing shortage in New Mexico is acute and will worsen.

The scientific literature on nurse retention and turnover suggests the positive aspects of nursing, such as coordinating care and promoting health, are associated with strong job satisfaction. In contrast, the factors resulting in nurse dissatisfaction and turnover have to do primarily with the frustrations of getting the job done in an environment of limited resources. Nurses feel overburdened by non-nursing activities which leads to job dissatisfaction and ultimately to increased turnover. Additionally, since the nursing workforce is aging, consideration must be given to the unique requirements of this aging workforce.

The HM17 work group made recommendations in three general areas to address the nursing shortage. The general areas and specific recommendation are listed below:

Workforce Data

Requests the 2009 Legislature direct the Department of Health and Health Policy Commission to convene a task force to develop a plan for health workforce data to encompass all health professions in all healthcare settings.

Nursing Education

Recommends the 2009 Legislature increase the amount of funding to the Higher Education Department for nursing education expansion. The funds will be used by the Higher Education Department (HED) institutions for the following areas:

1. faculty salaries,
2. clinical sites/experiences,
3. emphasis on collaboration between institutions, and
4. increasing public –private partnerships.

Recommends the HED convene a work group of nurse educators, employers, board of nursing, nurses and nursing organizations to study and recommend what is needed in the recruitment, education and transition from nursing into new nursing faculty at higher education institutions.

Recommends the 2009 Legislature task the Health Policy Commission to study and make recommendations regarding nursing faculty salaries.

Nursing Work Environment

Strongly encourages New Mexico's hospitals to pursue Magnet or Nurse Friendly Accreditation.

Recommends the 2009 Legislature fund a one-time \$15,000 grant to a qualified organization for consultative fees associated with establishing a Magnet or Nurse Friendly accreditation model.

Recommends the 2009 Legislature names and directs a work group to explore incentives for hospitals and other healthcare facilities to achieve Magnet or Nurse Friendly accreditation.

Recommends the 2009 Legislature mandate a "Nursing Acuity Committee." The committee will establish guidelines for hospital nurse – patient acuity practices. This legislation can be modeled after Illinois law (SB867).

Encourages each hospital in New Mexico to form a "Nurse Satisfaction and Retention Committee" to be made up of at least 50% working staff.

INTRODUCTION

The Forty-Eighth session of the New Mexico Legislature adopted House Memorial 17 (HM17) and Senate Memorial 18 (SM18). Both the House and Senate memorials are identical. For the purpose of this report and for conciseness, HM17 will be noted throughout and SM 18 will not. The memorials requested the New Mexico Health Policy Commission (HPC) to study the impact of nurse recruitment and retention issues and recommend ways in which nurse turnover and vacancy rates can be addressed. Complete copies of HM17 and SM18 are included in Appendix A.

House Memorial 17 requested that the HPC create and coordinate a working group that included representatives from the board of nursing, statewide associations representing hospitals and health systems, physicians, nurses, nurse executives, labor organizations representing nursing and a statewide organization dedicated to excellence in nursing. The work group, comprised of a diverse group of stakeholders knowledgeable about nursing and medical care delivery in New Mexico, conducted a series of meetings to identify the specific information and recommendations contained in this report.

BACKGROUND

The report on the 2005 House Joint Memorial 37, *A Study on Impact of Nurse Staffing and Retention Issues on Workforce Development*, stated that New Mexico is in the midst of a nursing shortage that will worsen by the year 2020. Data on nurse retention and vacancy, especially by nurse specialty (i.e. critical care nurse, neonatal nurse, emergency nurse, etc.) is not gathered in New Mexico. There is a need to collect, synthesize, analyze and report data on our nursing workforce in New Mexico so that policy makers and educators address this problem in a rational and fiscally sound manner.

National statistics suggest the nursing shortage will worsen sharply for several reasons:

- the demand for nurses will increase as the baby boomer generation retires and requires more medical care, and
- the nursing population itself is mature and aging. Nationally, the average age for nurses in 2004 was 48.6 years, up from 42.5 years in 2000, and in New Mexico that number was 48 years in 2004.

House Memorial 17 requested the HPC to study and make policy recommendations to increase nurse recruitment and retention in New Mexico hospitals based on the issues listed below:

- research and concern are increasing regarding the nursing workforce and projected short- and long-term shortages of nurses in New Mexico,
- physicians and nurses agree that hospital staffing levels of nurses in New Mexico are often inadequate to ensure safe and effective care of patients,
- increased nurse recruitment and retention could result in reduced errors, increased patient safety and outcomes and improved job satisfaction for nurses,
- a clear link exists between nurse staffing levels, job dissatisfaction and nurse retention, and

- currently, there is not a hospital in New Mexico that has obtained “magnet recognition status” by the American Nurses Credentialing Center.

RESEARCH

Retention is fundamental to learning and learning is the foundation for improvement, especially in service industries. These relationships are significant with respect to medicine. The primary thesis is: among the numerous, apparently insurmountable problems of the U.S. healthcare system, increasing worker retention can have salutary effects on both quality and cost—at institutional as well as national levels.¹

By emphasizing nurse retention, New Mexico providers can build on a significant institutional memory thereby increasing the quality of patient care. The cost of nursing turnover is surprisingly high. This is a cost that is ultimately passed on to the New Mexico healthcare consumer.² Most importantly, the need to attract and retain a greater number of nurses within New Mexico will continue into the foreseeable future.

To address its charge – make policy recommendations to increase nurse recruitment and retention in New Mexico hospitals – the HM17 workgroup focused its group efforts and recommendation on three priority areas:

- Nurse Workforce Data,
- Nursing Education, and
- Nursing Environment.

Nursing Workforce Data

Currently, there is not a statewide data collection system for nurse vacancy, turnover, and patient outcome data rates in New Mexico. In 2007, a survey was conducted by the New Mexico Hospital Association. Data was obtained and areas for improvement for data collection processes were identified. Constraints of this survey are that it only surveyed acute hospitals that are members of the New Mexico Hospital Association and participation was voluntary.

In fiscal year 2007, the total of all nurses licensed claiming residence in New Mexico is 18,644. The total of all nurses with a New Mexico license is 25,596.³

Based on national supply and demand projections, New Mexico will need to increase its current annual supply of nurses by an average 570 per year—that is, more than double its annual output—through 2020 in order to keep pace with the demand.⁴

¹ Waldman, D.J., Hood, J., Smith, H., Arora, S. “Changing the Approach to Workforce Movements: Application of Net Retention Rate to Healthcare.” *Journal of Applied Business Economics* 24(2): 38-60.

² Waldman, D.J., Kelly, F., Arora, S., Smith, H. “The Shocking Cost of Turnover in Healthcare.” *Health Care Management Review*, 2004 Jan-Mar 29(1): 2-7.

³ New Mexico Board of Nursing Annual Report to the Governor for FY 2006-2007.

⁴ U.S. Department of Health & Human Services. *Projected Supply, Demand, and Shortages of Registered Nurses: 2002-2020*. Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, July 2002.

NURSING SHORTAGE DATA					
Year	2000	2005	2010	2015	2020
United States	6%	7%	12%	20%	25%
New Mexico	10%	25%	36%	47%	57%

Impact of Nursing Shortage

As a direct result of the lack of nurses in New Mexico, 72% of hospitals curtailed services, 38% of home care agencies refused referrals, 15% of long term care facilities refused admissions, and public health offices had decreased public health services.⁵

It costs an employer approximately 100% of a nurse's annual salary to fill a vacated nursing position. As an example, a turnover rate of 16-20% could result in a hospital employing 600 nurses and spending \$5.5 million a year in replacement costs alone.⁶

It has become routine for nursing employers to rely on "agency nurses" contracted through private agencies at a much higher cost to the employer. The extent of how much contracted services exists in the state is not known.

Nursing Education System

According to an American Association of Colleges of Nursing (AACN) report on [2006-2007 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing](#), U.S. nursing schools turned away 42,866 qualified applicants to baccalaureate and graduate nursing programs in 2006 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. Almost three quarters (71.0%) of the nursing schools responding to the 2006 survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level nursing programs.⁷

Nursing Faculty Shortage

According to a [Special Survey on Vacant Faculty Positions](#) released by AACN in July 2006, a total of 637 faculty vacancies were identified at 329 nursing schools with baccalaureate and/or graduate programs across the country (55.3% response rate). Besides the vacancies, schools cited the need to create an additional 55 faculty positions to accommodate student demand. The data shows a national nurse faculty vacancy rate of 7.9% which translates into approximately 1.9 faculty vacancies per school. Most of the vacancies (53.7%) were faculty positions requiring a doctoral degree.⁸

⁵ New Mexico Consortium for Nursing Workforce Development. *State of Nursing Workforce in New Mexico*. August 2002.

⁶ Joint Commission on Accreditation of Healthcare Organizations. *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*. August 2002, http://www.jointcommission.org/NR/rdonlyres/5C138711-ED76-4D6F-909F-B06E0309F36D/0/health_care_at_the_crossroads.pdf.

⁷ American Association of Colleges of Nursing, *Nursing Faculty Shortage Fact Sheet*, October 2007. <http://www.aacn.nche.edu/Media/FactSheets/NursingShortage.htm>

⁸ American Association of Colleges of Nursing. *Special Survey of AACN Membership on Vacant Faculty Positions for Academic Year 2006-2007 – Slide Presentation*. July 2006, <http://www.aacn.nche.edu/IDS/pdf/FacultyVacancy05.pdf>

The most critical issues faced by schools of nursing for Academic Year 2006-2007 are:

- limited pool of doctorally prepared faculty,
- noncompetitive salaries,
- lack of qualified applicants,
- finding faculty with the right specialty mix,
- finding faculty willing/able to teach clinical courses,
- finding faculty willing/able to conduct research, and
- high faculty workload.⁹

According to AACN's report on [2006-2007 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing](#), the average ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor were 58.6, 55.8, and 51.6 years, respectively. For master's degree-prepared nurse faculty, the average ages for professors, associate professors, and assistant professors were 56.5, 54.8 and 50.1 years, respectively.¹⁰

Nursing Faculty in New Mexico

According to members of the HM17 work group, most of New Mexico's nursing higher education programs have a waiting list of qualified applicants and a shortage of faculty. According to the New Mexico Center for Nursing Excellence (NMCNE), "nursing faculty salaries continue to be a constraint in recruiting and retaining faculty. In an informal survey of schools of nursing, the schools reported that faculty with masters degrees earn approximately \$10,000 less than nurses with master degrees practicing in their communities. The New Mexico Department of Labor data (see chart) indicates that new graduates (RNs-entry) earn more than their faculty (faculty-entry). Entry level faculty has several years experience and generally a master's degree."¹¹

⁹ American Association of Colleges of Nursing. *Special Survey of AACN Membership on Vacant Faculty Positions for Academic Year 2006-2007 – Slide Presentation*. July 2006, <http://www.aacn.nche.edu/IDS/pdf/FacultyVacancy05.pdf>

¹⁰ American Association of Colleges of Nursing. *2006-2007 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*. 2007.

¹¹ New Mexico Center for Nursing Excellence. *2007: Status of Nursing in New Mexico- Appendix*. 2007. <http://www.nmnursingexcellence.org/associations/6561/files/2006%20Annual%20Report.pdf>

Chart 5: NM Dept of Labor – Comparison of Faculty and RN wages

Occupation	Mean Wage	Entry Wage	Experienced Wage	25 Percentile	Median	75 Percentile
Nursing Faculty	\$56,831.00	\$38,738.00	\$65,878.00	\$43,141.00	\$51,914.00	\$65,054.00
Registered Nurse	\$55,536.00	\$42,128.00	\$62,239.00	\$46,361.00	\$55,786.00	\$65,632.00
Licensed Practical Nurse	\$39,438.00	\$30,846.00	\$43,734.00	\$33,187.00	\$38,992.00	\$44,832.00

Source: NM Dept of Labor, March 2006

- This chart summarizes salaries for all nurses/faculty. It does not compare nurses and faculty with similar education.
- 60% of nurses have associate degrees; most faculty have master degrees and above.
- This data does not differentiate between types of work setting – for faculty it does not distinguish between university and community college faculty.
- New graduates earn approximately \$3400 more than their faculty (entry level).

National nursing accreditation standards and the New Mexico State Board of Nursing require that full-time faculty in Associate Degree programs must have a Master's of Science in Nursing (MSN). MSN students must be taught by faculty with a doctorate in nursing. Seven National accrediting bodies require that part-time instructors hold an MSN degree. The New Mexico State Board of Nursing accepts the BSN as minimal preparation for part-time clinical instructors.¹²

Nursing Education Models

The work group researched nursing education models that could be used to increase the education levels and number of nurses. The following are the nursing education models identified by the work group.

LPN

Licensed practical nursing (LPN) models typically involve one year of training at a hospital, vocational technical school or community college. Students completing the program are eligible for licensure as an LPN after receiving their diploma or certificate. To earn an LPN license, students must pass the NCLEX® examination.

LPN-to-Associate Degree

This program is designed for licensed practical nurses who want to earn a degree that will enable them to take the NCLEX® examination for registered nurses. It provides credit for nursing skills already learned through work experience or an LPN program.

LPN-to-BSN

This model offers the licensed practical nurse the opportunity to attain the BSN degree in four academic semesters. The 4-year BSN degree (also called a "Prelicensure BSN" program) is preferred by most nursing leaders.

¹² New Mexico Commission on Higher Education. *Addressing New Mexico's Nursing Shortage: A Statewide Strategy Framework*, December 2002.
<http://hed.state.nm.us/cms/kunde/rts/hedstatenmus/docs/688577733-07-17-2006-15-49-18.pdf>

Associate of Science in Nursing (ASN)

The 2-year associate degree focuses more on technical skills than theory. This is step towards attaining a Bachelor of Science in Nursing (BSN). It allows a student to become a registered nurse more quickly than the traditional 4-year BSN program. It is the entry point for technical nursing practice.

RN-to-BSN

This is a model designed for registered nurse graduates of associate degree or diploma programs who want to complete their BSN degree. It provides credit for nursing skills learned through school or work experience. Most often these programs are available with a flexible schedule designed to meet the needs of working nurses. Some schools offer classes for "RN-only" students which are separate from classes taught to pre-licensure students. Many schools have flexible start dates for these programs rather than the traditional start date in the fall. Recently, several online RN-2-BSN programs have become available. These RN-to-BSN programs are also known as Bridge Programs, BSN for RN's, Completion Programs, Nursing Mobility in Education Programs, Advanced Standing Programs, or Transition Options Programs. Approximately 30% of the BSN graduates come from RN-to-BSN programs according to the HM17 work group members.

Second Degree BSN

Second Degree BSN programs are designed for professionals who have bachelor's degrees outside of the nursing field. These programs give the student credit for having completed liberal arts requirements and allows them to complete the nursing portion of their class work. This allows the student to complete credit towards the BSN in two academic years or less.

RN-to-MSN

This model is for RNs who have an associate degree in nursing and want to earn an MSN immediately after earning the BSN. The courses in the program are tailored to the specific needs of the student so that they receive as much placement credit for their BSN and with minimal overlap between their BSN and MSN courses.

Accelerated Degree BSN

A variation of the Second Degree BSN is the Accelerated BSN program. In addition to giving credit for having completed liberal arts requirements, an Accelerated BSN program will allow the student to complete undergraduate nursing course requirements sooner than students enrolled in a traditional BSN program. These programs usually take 12 months to complete, though some programs may run for 16 to 20 months. A 3.0 grade point average is often an entrance requirement for both Second Degree and Accelerated BSN programs.

Master of Science in Nursing (MSN)

A master of science in nursing is a 18-24 month model that allows a nurse to specialize in a particular area - such as an area of advanced clinical training or research. Most students working towards an MSN have a BSN, but there are accelerated programs for ADN nurses to earn a BSN and MSN without interruption. Typical requirements include a BSN from an accredited nursing school, an RN license, minimum grade point average and graduate record exam, and some period of clinical work experience.

Magnet Hospital Accreditation

The literature suggests that it is not compensation (salary and benefits) that drives retention, but rather the culture of an organization and a positive work environment that has the biggest impact on retention of nurses in organizations and in the profession.¹³ The Magnet Hospital Accreditation process of the American Nursing Credentialing Center (ANCC) has shown a positive impact on nurse job satisfaction, retention, effective staffing policies and patient outcomes.

The original Magnet research study from 1983 first identified 14 characteristics that differentiated organizations that were best able to recruit and retain nurses during the nursing shortages of the 1970s and 1980s. These characteristics became the ANCC's Forces of Magnetism that provide the conceptual framework for the Magnet appraisal process.

Described as the heart of the Magnet Recognition Program®, the Forces of Magnetism may be thought of as attributes or outcomes that exemplify excellence in nursing. The full expression of the current 14 Forces of Magnetism is the requirement for designation as a Magnet facility and embodies a professional environment guided by a strong and visionary nursing leader who advocates and supports excellence in nursing practice. See Appendix D for more information on the fourteen forces of magnetism.

Currently, there are no hospitals in New Mexico that have obtained magnet accreditation. Members of the work group reported that Presbyterian Healthcare Services and the University of New Mexico Hospitals are currently in the process of pursuing magnet accreditation. Accreditation is an expensive and difficult process to achieve. The ANCC has adopted the Texas' Nurse Friendly Facility designation process. It is possible for a hospital to achieve this type of magnet accreditation if they implement and practice the fourteen forces of magnetism.

Nurse Staffing Issues

Appropriate staffing is an issue that affects safe patient care, access to care, nurse satisfaction and safety, and retention. While the Department of Health licensing

¹³ Waldman, J.D., Hood, J.N., Smith, H.L., & Arora, S. "Retaining the Healthcare Workforce." Journal of Applied Business Economics, 24(2), 38-60 (2004).

regulations require staffing to be based on the acuity and complexity of patient needs, other staffing policies are recommended by the work group to promote a positive work environment. While legislated staffing ratios have been adopted in other states, it is the consensus agreement of the HM17 work group that this one-size-fits-all approach is not appropriate for the diversity of healthcare facilities in New Mexico.

A precarious time for retention in the profession and the organization is when new nurses enter the workforce. With the advent of a state administered nursing examination called the National Council Licensure Examination (NCLEX®), the period of supervised transition to practice has been compromised. The National Council of State Boards of Nursing is doing research that may indicate that formalizing a transition program for newly licensed nurses has a significant impact on their retention.

MEMORIAL RECOMMENDATIONS

The HM17 work group made the following recommendations:

Workforce Data

Requests the 2009 Legislature direct the Department of Health, Higher Education Department (HED) and Health Policy Commission (HPC) to convene a task force to develop a plan for health workforce data to encompass all health professions in all healthcare settings.

Nursing Education

The work group recommends the 2009 Legislature increase the amount of funding to the HED for nursing education expansion. The funds will be used by the HED institutions for the following areas:

1. faculty salaries,
2. clinical sites/experiences,
3. emphasis on collaboration between institutions, and
4. increasing public –private partnerships.

The work group recommends the HED convene a work group of nurse educators, employers, board of nursing, nurses and nursing organizations to study and recommend what is needed in the recruitment, education and transition from nursing into new nursing faculty at higher education institutions.

The work group recommends the 2009 Legislature task the HPC and HED to study and make recommendations regarding nursing faculty salaries.

Nursing Work Environment

Magnet or Nurse Friendly Accreditation

The work group strongly encourages New Mexico's hospitals to pursue Magnet or Nurse Friendly Accreditation.

The work group recommends the 2009 Legislature fund a one-time \$15,000 grant to a qualified organization for consultative fees associated with establishing a Magnet or Nurse Friendly accreditation model.

The work group recommends the 2009 Legislature names and directs a work group to explore incentives for hospitals and other healthcare facilities to achieve Magnet or Nurse Friendly accreditation.

Staffing

The work group encourages each hospital in New Mexico to form a "Nurse Satisfaction and Retention Committee" to be made up of at least 50% working staff.

Nursing Acuity

The work group recommends the 2009 Legislature mandate a “Nursing Acuity Committee.” The committee will establish guidelines for hospital nurse – patient acuity practices. This legislation can be modeled after Illinois law (SB867). See Appendix B.

APPENDIX A

HM 17

**A MEMORIAL
REQUESTING THE NEW MEXICO HEALTH POLICY COMMISSION TO STUDY
AND MAKE POLICY RECOMMENDATIONS TO INCREASE NURSE RECRUITMENT
AND RETENTION IN NEW MEXICO HOSPITALS.**

WHEREAS, research and concern are increasing regarding the nursing work force and projected short- and long-term shortages of nurses; and

WHEREAS, New Mexico hospitals and other health care providers are facing serious shortages of professional nurses; and

WHEREAS, physicians and nurses agree that hospital staffing levels of nurses are often inadequate to ensure safe and effective care of patients, diminishing inpatient capacity, which leads to emergency department overcrowding; and

WHEREAS, a 2001 national study identified a clear link between nurse staffing levels, job dissatisfaction and nurse retention; and

WHEREAS, the need to attract and retain greater numbers of nurses within New Mexico will continue for the foreseeable future; and

WHEREAS, a well-qualified, satisfied, stable and adequate supply of nurses is a shared concern for employers, employees, consumers, families and private and public payers of hospital services; and

WHEREAS, increased nurse recruitment and retention could result in reduced errors, increased patient safety and outcomes and improved job satisfaction for nurses; and

WHEREAS, there currently is no hospital in New Mexico that has obtained "magnet recognition status" by the American nurses credentialing center;

NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF NEW MEXICO that the New Mexico health policy commission be requested to study the impact of nurse staffing and retention issues, to research and publish a study of the hospital environments that attract nurses, provide them with job satisfaction, encourage them to give high-quality care and make them want to remain within the nursing profession and to research what other states are doing or considering to make hospital nursing more attractive. The study should analyze and make recommendations to the legislature about turnover rates, vacancy rates, patient outcomes data, nursing-sensitive quality indicators and organizational factors that lead to the development of best practices in hospital nursing; and

BE IT FURTHER RESOLVED that in conducting the study, the New Mexico health policy commission confer with others with knowledge and interest in nursing, to include the board of nursing, statewide associations representing hospitals and health systems, physicians, nurses, nurse executives, labor organizations representing nursing and a statewide organization dedicated to excellence in nursing; and

BE IT FURTHER RESOLVED that the New Mexico health policy commission report its findings and recommendations to the legislative health and human services committee at its October 2007 meeting; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the director of the New Mexico health policy commission, the executive director of the New Mexico hospital and health systems association and the New Mexico chapter of the American college of emergency physicians.

SM 18

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BE IT FURTHER RESOLVED that the New Mexico health policy commission report its findings and recommendations to the legislative health and human services committee at its October 2007 meeting; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the director of the New Mexico health policy commission, the executive director of the New Mexico hospital and health systems association and the New Mexico chapter of the American college of emergency physicians.

APPENDIX B

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Hospital Licensing Act is amended by adding
5 Section 10.10 as follows:

6 (210 ILCS 85/10.10 new)

7 Sec. 10.10. Nurse Staffing by Patient Acuity.

8 (a) Findings. The Legislature finds and declares all of the
9 following:

10 (1) The State of Illinois has a substantial interest in
11 promoting quality care and improving the delivery of health
12 care services.

13 (2) Evidence-based studies have shown that the basic
14 principles of staffing in the acute care setting should be
15 based on the complexity of patients' care needs aligned
16 with available nursing skills to promote quality patient
17 care consistent with professional nursing standards.

18 (3) Compliance with this Section promotes an
19 organizational climate that values registered nurses'
20 input in meeting the health care needs of hospital
21 patients.

22 (b) Definitions. As used in this Section:

23 "Acuity model" means an assessment tool selected and

1 implemented by a hospital, as recommended by a nursing care
2 committee, that assesses the complexity of patient care needs
3 requiring professional nursing care and skills and aligns
4 patient care needs and nursing skills consistent with
5 professional nursing standards.

6 "Department" means the Department of Public Health.

7 "Direct patient care" means care provided by a registered
8 professional nurse with direct responsibility to oversee or
9 carry out medical regimens or nursing care for one or more
10 patients.

11 "Nursing care committee" means an existing or newly created
12 hospital-wide committee or committees of nurses whose
13 functions, in part or in whole, contribute to the development,
14 recommendation, and review of the hospital's nurse staffing
15 plan established pursuant to subsection (d).

16 "Registered professional nurse" means a person licensed as
17 a Registered Nurse under the Nursing and Advanced Practice
18 Nursing Act.

19 "Written staffing plan for nursing care services" means a
20 written plan for guiding the assignment of patient care nursing
21 staff based on multiple nurse and patient considerations that
22 yield minimum staffing levels for inpatient care units and the
23 adopted acuity model aligning patient care needs with nursing
24 skills required for quality patient care consistent with
25 professional nursing standards.

26 (c) Written staffing plan.

1 (1) Every hospital shall implement a written
2 hospital-wide staffing plan, recommended by a nursing care
3 committee or committees, that provides for minimum direct
4 care professional registered nurse-to-patient staffing
5 needs for each inpatient care unit. The written
6 hospital-wide staffing plan shall include, but need not be
7 limited to, the following considerations:

8 (A) The complexity of complete care, assessment on
9 patient admission, volume of patient admissions,
10 discharges and transfers, evaluation of the progress
11 of a patient's problems, ongoing physical assessments,
12 planning for a patient's discharge, assessment after a
13 change in patient condition, and assessment of the need
14 for patient referrals.

15 (B) The complexity of clinical professional
16 nursing judgment needed to design and implement a
17 patient's nursing care plan, the need for specialized
18 equipment and technology, the skill mix of other
19 personnel providing or supporting direct patient care,
20 and involvement in quality improvement activities,
21 professional preparation, and experience.

22 (C) Patient acuity and the number of patients for
23 whom care is being provided.

24 (D) The ongoing assessments of a unit's patient
25 acuity levels and nursing staff needed shall be
26 routinely made by the unit nurse manager or his or her

1 designee.

2 (E) The identification of additional registered
3 nurses available for direct patient care when
4 patients' unexpected needs exceed the planned workload
5 for direct care staff.

6 (2) In order to provide staffing flexibility to meet
7 patient needs, every hospital shall identify an acuity
8 model for adjusting the staffing plan for each inpatient
9 care unit.

10 (3) The written staffing plan shall be posted in a
11 conspicuous and accessible location for both patients and
12 direct care staff, as required under the Hospital Report
13 Card Act.

14 (d) Nursing care committee.

15 (1) Every hospital shall have a nursing care committee.
16 A hospital shall appoint members of a committee whereby at
17 least 50% of the members are registered professional nurses
18 providing direct patient care.

19 (2) A nursing care committee's recommendations must be
20 given significant regard and weight in the hospital's
21 adoption and implementation of a written staffing plan.

22 (3) A nursing care committee or committees shall
23 recommend a written staffing plan for the hospital based on
24 the principles from the staffing components set forth in
25 subsection (c). In particular, a committee or committees
26 shall provide input and feedback on the following:

1 (A) Selection, implementation, and evaluation of
2 minimum staffing levels for inpatient care units.

3 (B) Selection, implementation, and evaluation of
4 an acuity model to provide staffing flexibility that
5 aligns changing patient acuity with nursing skills
6 required.

7 (C) Selection, implementation, and evaluation of a
8 written staffing plan incorporating the items
9 described in subdivisions (c)(1) and (c)(2) of this
10 Section.

11 (D) Review the following: nurse-to-patient
12 staffing guidelines for all inpatient areas; and
13 current acuity tools and measures in use.

14 (4) A nursing care committee must address the items
15 described in subparagraphs (A) through (D) of paragraph (3)
16 semi-annually.

17 (e) Nothing in this Section 10.10 shall be construed to
18 limit, alter, or modify any of the terms, conditions, or
19 provisions of a collective bargaining agreement entered into by
20 the hospital.

21 Section 99. Effective date. This Act takes effect January
22 1, 2008.

APPENDIX C

Nursing Education Programs in New Mexico

There are eighteen programs of nursing in New Mexico. Sixteen programs function under full approval status granted by the New Mexico Board of Nursing. Two programs function under initial approval status granted by the New Mexico Board of Nursing.

Programs of Nursing Approved by the New Mexico Board of Nursing

A. Baccalaureate Degree Programs Including First Year of Approval

1. *x UNIVERSITY OF NEW MEXICO 1956
College of Nursing
Albuquerque NM
2. *x NEW MEXICO STATE UNIVERSITY 1993
Nursing Department
Las Cruces NM

B. Associate Degree Programs Including First Year of Approval

1. * NEW MEXICO JUNIOR COLLEGE ADN-1970
Department of Nursing PN-1977
Hobbs NM
2. * EASTERN NM UNIVERSITY –ROSWELL ADN-1968
Department of Nursing PN-1974
Roswell NM
3. * LUNA COMMUNITY COLLEGE ADN-1978
Department of Nursing PN-1970
Las Vegas NM
4. SAN JUAN COLLEGE ADN-1978
Department of Nursing
Farmington NM
5. * CLOVIS COMMUNITY COLLEGE ADN-1981
Department of Nursing PN-1972
Clovis NM
6. * NM STATE UNIVERSITY–CARLSBAD ADN-1974
Department of Nursing PN-1991
Carlsbad NM
7. UNIVERSITY OF NM-GALLUP ADN-2001
Department of Nursing
Gallup NM
8. * NORTHERN NM COMMUNITY COLLEGE ADN-1985
Health Occupations Division PN-1954
Española NM
9. * CENTRAL NEW MEXICO COMMUNITY COLLEGE ADN-1985
Department of Nursing PN-1954
Albuquerque NM
10. SANTA FE COMMUNITY COLLEGE ADN-1986
Department of Nursing
Santa Fe NM
11. WESTERN NM UNIVERSITY ADN-1989
Department of Nursing
Silver City NM

12. NM STATE UNIVERSITY-ALAMOGORDO ADN-1990
Alamogordo NM
13. * DONA ANA BRANCH COMMUNITY COLLEGE ADN-1994
Las Cruces NM
14. APOLLO COLLEGE ADN-2006
Albuquerque NM
15. ANAMARC EDUCATIONAL INSTITUTE AND-2006
Santa Teresa NM

C. Practical Nurse Program

1. APS CAREER ENRICHMENT CENTER
Practical Nurse Program
Albuquerque NM

+ Programs offer a BSN (for RNs only), not subject of Board approval.

* Programs provide students with multiple entry and exit (PN-ADN).

x Program offers a Master's Degree in Nursing, not subject of Board approval.

APPENDIX D

American Nursing Credentialing Center (ANCC) Forces of Magnetism – Magnet Recognition Program

The original Magnet™ research study from 1983 first identified 14 characteristics that differentiated organizations that were best able to recruit and retain nurses during the nursing shortages of the 1970s and 1980s. These characteristics became the ANCC Forces of Magnetism that provide the conceptual framework for the Magnet appraisal process.

Described as the heart of the Magnet Recognition Program®, the Forces of Magnetism may be thought of as attributes or outcomes that exemplify excellence in nursing. The full expression of the current 14 Forces of Magnetism is the requirement for designation as a Magnet facility and embodies a professional environment guided by a strong and visionary nursing leader who advocates and supports excellence in nursing practice.

Force 1: Quality of Nursing Leadership

Knowledgeable, strong, risk-taking nurse leaders follow a well articulated, strategic, and visionary philosophy in the day to day operations of the nursing services. Nursing leaders, at all levels of the organization, convey a strong sense of advocacy and support for the staff and for the patient. *(The results of quality leadership are evident in nursing practice at the patient's side.)*

Force 2: Organizational Structure

Organizational structures are generally flat, rather than tall, and decentralized decision-making prevails. The organizational structure is dynamic and responsive to change. Strong nursing representation is evident in the organizational committee structure. Executive-level nursing leaders serve at the executive level of the organization. The Chief Nursing Officer typically reports directly to the Chief Executive Officer. The organization has a functioning and productive system of shared decision-making.

Force 3: Management Style

Healthcare organization and nursing leaders create an environment supporting participation. Feedback is encouraged and valued and is incorporated from the staff at all levels of the organization. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.

Force 4: Personnel Policies and Programs

Salaries and benefits are competitive. Creative and flexible staffing models that support a safe and healthy work environment are used. Personnel policies are created with direct care nurse involvement. Significant opportunities for professional growth exist in administrative and clinical tracks. Personnel policies and programs support professional nursing practice, work/life balance, and the delivery of quality care.

Force 5: Professional Models of Care

There are models of care that give nurses the responsibility and authority for the provision of direct patient care. Nurses are accountable for their own practice as well as the coordination of care. The models of care (i.e., primary nursing, case management, family-centered, district, and holistic) provide for the continuity of care across the continuum. The models take into consideration patients' unique needs and provide skilled nurses and adequate resources to accomplish desired outcomes.

Force 6: Quality of Care

Quality is the systematic driving force for nursing and the organization. Nurses serving in leadership positions are responsible for providing an environment that positively influences patient outcomes. There is a pervasive perception among nurses that they provide high-quality care to patients.

Force 7: Quality Improvement

The organization has structures and processes for the measurement of quality and programs for improving the quality of care and services within the organization.

Force 8: Consultation and Resources

The healthcare organization provides adequate resources, support, and opportunities for the utilization of experts, particularly advanced practice nurses. In addition, the organization promotes involvement of nurses in professional organizations and among peers in the community.

Force 9: Autonomy

Autonomous nursing care is the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise, and knowledge. The nurse is expected to practice autonomously, consistent with professional standards. Independent judgment is expected to be exercised within the context of interdisciplinary and multidisciplinary approaches to patient/resident/client care.

Force 10: Community and the Healthcare Organization

Relationships are established within and among all types of healthcare organizations and other community organizations, to develop strong partnerships that support improved client outcomes and the health of the communities they serve.

Force 11: Nurses as Teachers

Professional nurses are involved in educational activities within the organization and community. Students from a variety of academic programs are welcomed and supported in the organization; contractual arrangements are mutually beneficial. There is a development and mentoring program for staff preceptors for all levels of students (including students, new graduates, experienced nurses, etc.). Staff in all positions serve as faculty and preceptors for students from a variety of academic programs. There is a patient education program that meets the diverse needs of patients in all of the care settings of the organization.

Force 12: Image of Nursing

The services provided by nurses are characterized as essential by other members of the healthcare team. Nurses are viewed as integral to the healthcare organization's ability to provide patient care. Nursing effectively influences system-wide processes.

Force 13: Interdisciplinary Relationships

Collaborative working relationships within and among the disciplines are valued. Mutual respect is based on the premise that all members of the healthcare team make essential and meaningful contributions in the achievement of clinical outcomes. Conflict management strategies are in place and are used effectively, when indicated.

Force 14: Professional Development

The healthcare organization values and supports the personal and professional growth and development of staff. In addition to quality orientation and in-service education addressed earlier in Force 11, Nurses as Teachers, emphasis is placed on career development services. Programs that promote formal education, professional certification, and career development are evident. Competency-based clinical and leadership/management development is promoted and adequate human and fiscal resources for all professional development programs are provided.