REPORT OF THE
JOINT COMMISSION ON HEALTH CARE

HEALTH WORKFORCE DATA STUDY PURSUANT TO HJR 682

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 87

COMMONWEALTH OF VIRGINIA
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2000

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Preface

House Joint Resolution (HJR) 682 of the 1999 Session of the General Assembly directed the Joint Commission on Health Care to study the need to collect workforce data on nurse practitioners, clinical nurse specialists, registered nurses, licensed practical nurses and certified nurse aides.

Specifically, HJR 682 required that the Joint Commission's study include, but not be limited to, an examination of:

(i) what data are currently available on regulated nurses and other nursing-field professionals;
(ii) where gaps exist in current data collection efforts;
(iii) what other states are doing in the area of data collection on nurses and other nursing-field professionals;
(iv) what additional specific geographic, demographic or other information on nurses and other nursing-field professionals would enable the public and private sectors to make more informed health care policy and business decisions;
(v) what additional kinds of data on nurses and other nursing-field professionals would be the most useful;
(vi) the various mechanisms that could be utilized to collect these data; and
(vii) the cost of collecting any data deemed useful.

HJR 682 also directs the Joint Commission to recommend what data, if any, should be collected; the most efficient method to collect, compile, and analyze such data; and, based on an analysis of the costs and benefits of such information, whether the Commonwealth should participate in this data collection. A copy of HJR 682 is attached at Appendix A.

Based on our research and analysis during this review, we concluded the following:

- There are five categories of nurses in Virginia: Registered Nurses (RNs), Clinical Nurse Specialists (CNSs), Nurse Practitioners (NPs), Licensed Practical Nurses (LPNs), and Certified Nurse Aides (CNAs).
- The Board of Nursing collects only minimal data on nurses and indicates it does not need additional information. Other state agencies collect limited data. The Board of Nursing recently approved proposed fee increases for all nurses except NPs. The increases ranged from $15.00 to $80.00. Fees are collected biennially.
- Current data collected by the Board of Nursing do not support comprehensive workforce planning, and cannot answer questions such

as: How many licensed nurses are employed? Where do nurses work? In what employment setting do nurses work? What areas of specialty have the greatest and least number of nurses? What types of nurses should educational programs be graduating? What demographic trends are occurring?

- Nursing representatives believe strongly that additional data are needed. Health care and long-term care provider groups expressed varying degrees of support for collecting additional nurse data. A 1988 Joint Subcommittee concluded additional nurse data are needed for workforce planning. About 20 other states collect additional workforce data; all of which collect the information as part of their license renewal process.
- If additional data were to be collected, the Department of Health Professions would be the appropriate agency. The cost of collecting the information could be funded through state general funds, nurse fees, or a combination of both. The total cost of collecting additional nurse workforce data ranges from $119,500 to $510,000 depending on how the data are collected.

A number of policy options were offered for consideration by the Joint Commission on Health Care regarding the issues discussed in this report. These policy options are listed on pages 33-34.

Our review process on this topic included an initial staff briefing, which comprises the body of this report. This was followed by a public comment period during which time interested parties forwarded written comments to us regarding the report. The public comments (attached at Appendix B) provide additional insight into the various issues covered in this report.

On behalf of the Joint Commission on Health Care and its staff, I would like to thank the Department of Health Professions, the Board of Nursing, and the Virginia Nurses Association for their cooperation and assistance during this study.

Patrick W. Finnerty
Executive Director

December, 1999

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I.
Authority for Study/Organization of Report

House Joint Resolution (HJR) 682 of the 1999 Session of the General Assembly directs the Joint Commission on Health Care to study the need to collect workforce data on nurse practitioners, clinical nurse specialists, registered nurses, licensed practical nurses and certified nurse aides.

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This Report Is Presented In Five Major Sections

This first section discusses the authority for the study and organization of the report. Section II provides background information on nursing in Virginia. Section III identifies the current data collected on Virginia nurses. Section IV examines whether there is a need for additional workforce data on nurses and discusses the data collection efforts of other states. Lastly, Section V presents a

series of policy options the Joint Commission may wish to consider in addressing the issue of collecting additional workforce data on nurses.

II.
Nursing in Virginia

The Virginia Board Of Nursing Regulates Virginia Nurses And Approves Nursing Education Programs

Section 54.1-3002 of the *Code of Virginia* establishes the Board of Nursing which regulates the various nursing professionals and approves the educational programs in the Commonwealth for training nurses. The Board consists of 13 members, including seven registered nurses, three licensed practical nurses, and three citizen members.

Section 54.1-3005 of the *Code of Virginia* identifies a number of specific powers and duties of the Board, which include: (i) prescribing minimum standards and approving curricula for educational programs preparing persons for licensure or certification; (ii) approving nursing educational programs; (iii) certifying and maintaining a registry of all certified nurse aides; (iv) providing consultation regarding nursing practices for institutions and agencies; (v) promulgating regulations for the voluntary certification of licensees as sex offender treatment providers; and (vi) certifying and maintaining a registry of all certified massage therapists and promulgating regulations governing the criteria for certification as a massage therapist. For the purposes of this study, the most critical function of the Board is the licensure and regulation of the various types of nursing professionals.

The Board Of Nursing Licenses, Registers, Certifies And Regulates Several Different Categories Of Nursing Professionals; Qualifications Vary By Category

The Board of Nursing licenses, certifies, registers and regulates several different categories of nursing professionals. These nurse categories are: registered nurses (RN), licensed practical nurses (LPN), clinical nurse specialists (CNS), and certified nurse aides (CNA). RNs and LPNs, are *licensed* by the Board; CNS candidates must be *registered* with the Board; and CNAs are *certified* by the Board.

In addition to these four nurse categories, nurse practitioners (NPs) are licensed and regulated by the Joint Boards of Nursing and Medicine. The Joint Boards of Nursing and Medicine is composed of three representatives from the Board of Nursing and the Board of Medicine with the members being selected by

the president of the respective individual boards. Massage therapists are regulated by the Board of Nursing. However, because HJR 682 pertains only to the nursing profession, they are not included in this review.

Figure 1 summarizes the qualifications for licensure, registration, or certification for each of the various categories of nursing professionals.

The Code Of Virginia And The Board Of Nursing Regulations Specify Certain Practice Parameters For Each Nurse Category

While Figure 1 identifies the qualifications for licensure, registration, or certification for each category of nursing professional, the *Code of Virginia* and the Board's regulations also include certain practice parameters and restrictions. For both RNs and LPNs, the *Code of Virginia* states that these terms mean: " the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease . . ."

The following paragraphs highlight other practice-related provisions of the *Code of Virginia* and regulations that relate to the various nurse categories.

Registered Nurses (RN): In addition to the practice parameters previously noted, the Code states that "registered nursing" includes the supervision and teaching of those who are or will be involved in nursing care and the administration of medications and treatments as prescribed by any person authorized by law.

Licensed Practical Nurses (LPN): The Code states that, included among the nursing acts of LPNs, is the teaching of those who are or will be nurse aides (CNAs). Additionally, the Code stipulates that LPNs work under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or other licensed health professional authorized by the Board.

Nurse Practitioners (NP): Regulations promulgated by the Joint Boards of Nursing and Medicine state that NPs shall be licensed in one of the following 15 categories: adult nurse practitioner, family nurse practitioner, pediatric nurse practitioner; family planning nurse practitioner; obstetric/gynecologic nurse practitioner; emergency nurse practitioner; geriatric nurse practitioner; certified registered nurse anesthetist; certified nurse midwife; school nurse practitioner; medical nurse practitioner; maternal child health nurse practitioner; neonatal nurse practitioner; women's health nurse practitioner; and acute care nurse practitioner. Other categories may be approved by the Joint Boards of Nursing and Medicine.

Figure 1
Licensure/Certification/Registration Qualifications
By Nurse Category

Type of Nurse	Qualifications
Registered Nurse	• completed four-year high school course of study or the equivalent; • received a diploma or degree from an approved professional nursing education program • passed a written examination as required by the Board; and • committed no acts which are grounds for disciplinary action
Licensed Practical Nurse	• completed two years of high school or its equivalent; • received a diploma from an approved practical nursing program • passed a written examination as required by the Board; and • committed no acts which are grounds for disciplinary action
Clinical Nurse Specialist	• must be a licensed registered nurse • must hold a master's degree from a board approved program which prepares the nurse to provide advanced clinical nursing services; and • must hold a specialty certification from a national certifying organization acceptable to the board
Nurse Practitioner	• must be a licensed registered nurse • must submit evidence of completion of a board approved educational program designed to prepare nurse practitioners; and • must submit evidence of professional certification by one of 6 certifying agencies listed in the regulations or other agency approved by the Joint Boards of Nursing and Medicine
Certified Nurse Aide	• committed no act or omission that would be grounds for discipline or denial of certification; and • completed successfully an education or training program approved by the Board.

Source: JCHC Staff Analysis of the Code of Virginia and the Board of Nursing's Regulations

Clinical Nurse Specialists (CNS): Nurses in this classification are licensed RNs who receive a clinical nurse specialist registration from the Board. The Board of Nursing's regulations state that advanced practice as a CNS shall include, but not be limited to, performance as an expert clinician to: (i) provide direct care and counsel to individuals and groups; (ii) plan, evaluate and direct care given by others; and (iii) improve care by consultation, collaboration, teaching and the conduct of research.

Each Category Of Nurse Must Renew Their License, Registration, Or Certification Every Two Years

Persons in each category of nursing must renew their license, registration, or certification every two years. Board of Nursing regulations call for persons born in even-numbered years to renew by the last day of the birth month in even-numbered years. Similarly, persons born in odd-numbered years must renew by the last day of the birth month in odd-numbered years. Nurse practitioners and clinical nurse specialists who must obtain a separate license or registration for their area of specialty must do so according to the same schedule. As a result of the current renewal process, in any given month, approximately 1/24 of all nurses are renewing their license, registration or certification.

Nurses Must Pay An Initial Application Fee And A Biennial Renewal Fee; The Board Of Nursing Has Adopted Proposed Fee Increases

Virginia nurses pay an initial application fee and a biennial renewal fee. (CNAs do not pay an initial application fee.) In addition to these fees, clinical nurse specialists (CNS) must pay an additional fee to be registered as a CNS with the Board. Similarly, nurse practitioners also must pay an additional fee.

The Board of Nursing has adopted proposed increases in most nursing fees due to the increased costs of regulating the profession. Nursing fees were last increased in 1995. Figure 2 illustrates the fees currently paid by Virginia nurses and the increased amounts proposed by the Board of Nursing. The proposed fee increases still must be promulgated through the Administrative Process Act.

Figure 2

Selected Application And Renewal Fees; Current Amounts And Proposed Amounts Adopted By The Board of Nursing

Type of Fee	Amount of Fee	
	Current Amt.	Proposed Amt.
Application for Licensure[1] (RN & LPN) - by examination - by endorsement	 $25.00 $50.00	 $105.00 $105.00
Biennial Licensure Renewal (RN & LPN)	$40.00	$70.00
Application for CNAs Certification	NONE	N/A
Biennial Renewal for CNAs	$30.00	$45.00
Application for Clinical Nurse Specialist Registration	$50.00	$95.00
Biennial Renewal for Clinical Nurse Specialist Registration	$30.00	$60.00
Application for Nurse Practitioner Licensure	$50.00	N/A[2]
Biennial Licensure Renewal for Nurse Practitioner	$30.00	N/A[2]

Notes:

[1] The Board may issue a license by endorsement if the applicant has been licensed as a professional or registered nurse in another state.

[2] Increased fees for NPs have not yet been proposed by the Joint Boards of Nursing and Medicine

Other fees are charged by the Board for duplicate licenses, reinstatement of licenses, verification of license, etc. Most of these fees also will be increasing.

Source: Virginia Board of Nursing

The Board's Proposed Fee For Initial Licensure For RNs Is Greater Than Most States; The Proposed Renewal Fee For RNs Is Comparable To Most Other States

According to information provided by the National Council of State Boards of Nursing, the Board's proposed initial application fee ($105.00) for RNs is higher than most other states. Of the other 49 states and D.C., 8 states' initial application fee is less than $50; the fee in 35 states is between $50.00 and $100.00; and the fee in 7 states is greater than $100.00. The highest application fee is $160.00 in Florida; the lowest fee is $15.00 in Hawaii. The Board's proposed renewal fee is comparable to other states. Nineteen states' renewal fee is under $50.00; the fee in 29 states is between $50.00 and $100.00; and the fee is greater than $100.00 in 2 states. The highest renewal fee is $120.00 in Hawaii; the lowest renewal fee is $20.00 in Indiana.

Registered Nurses And Licensed Practical Nurses Also Pay A $1.00 Fee To Support A Nursing Scholarship Fund

Section 54.1-3011.1 of the Code of Virginia requires the Board of Nursing to charge a $1.00 fee for the licensure of every practical nurse and registered nurse to support the Nursing Scholarship Fund. The Fund is used to provide scholarships for students enrolled in nursing programs that prepare students for licensure as LPNs and RNs.

There Are Approximately 142,000 Persons Licensed, Registered Or Certified As Nurses In Virginia

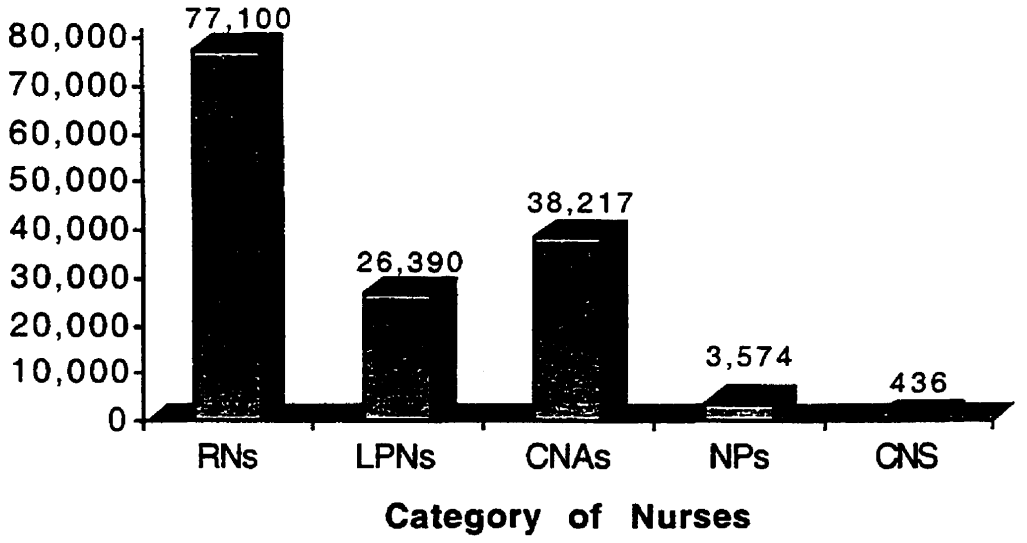
Data maintained by the Board of Nursing indicate that, as of April, 1999, there were 141,707 persons licensed, registered or certified as nurses in Virginia. Because persons who are licensed as a nurse practitioner (3,574) or certified as a clinical nurse specialist (436) also are licensed as RNs, the actual number of licenses, registrations, and certifications issued in Virginia, as of April, 1999, was 145,717.

Figure 3 illustrates the number of licenses, registrations and certifications issued by the Board of Nursing for each category. As seen in Figure 3, approximately one-half of all nurses in Virginia are RNs (77,100). The next largest category of nurse is CNAs (38,217). Clinical Nurse Specialist is the smallest category of nurses (436).

Figure 3

Number Of Licenses, Registrations And Certifications Issued In Virginia By The Board Of Nursing

April, 1999



Note: Persons who are licensed as nurse practitioners or certified as clinical nurse specialists are also included in the number of registered nurses

Source: Virginia Board of Nursing

The Number Of Nurses In Virginia Has Been Increasing During The Past Several Years

According to records maintained by the Board of Nursing, the overall number of nurses in Virginia has been increasing in the past several years. As seen in Figure 4, the total number of persons licensed, registered or certified with the Board has increased from 121,365 in 1993 to 141,707 in 1999.

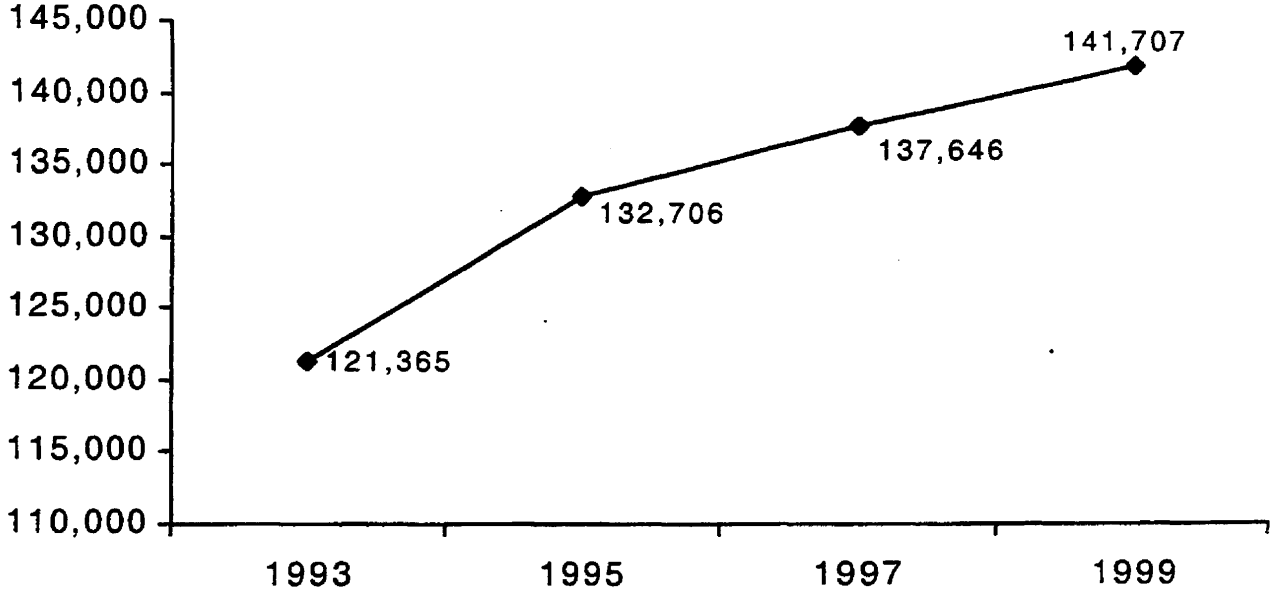
Whereas Figure 4 illustrates the total number of "persons" licensed, registered or certified as a nurse in Virginia, Figure 5 shows the number of licenses, registrations and certifications issued by the Board of Nursing from 1993 to 1999 for the various nursing categories. Because NPs and CNS are

licensed both as a RN and in their area of specialty, these persons are counted twice in Figure 5.

Figure 4

Number of Persons Licensed, Registered, And Certified As Nurses In Virginia:

1993 - 1999



Source: Virginia Board of Nursing

Nurses Are Trained In A Variety Of Educational Settings; The Board Of Nursing Approves All Nurse Education Programs

As noted earlier, a key function of the Board of Nursing is to approve educational programs which train nurses. There are five different types of nursing educational programs. Figure 6 identifies the types and number of nursing educational programs in Virginia.

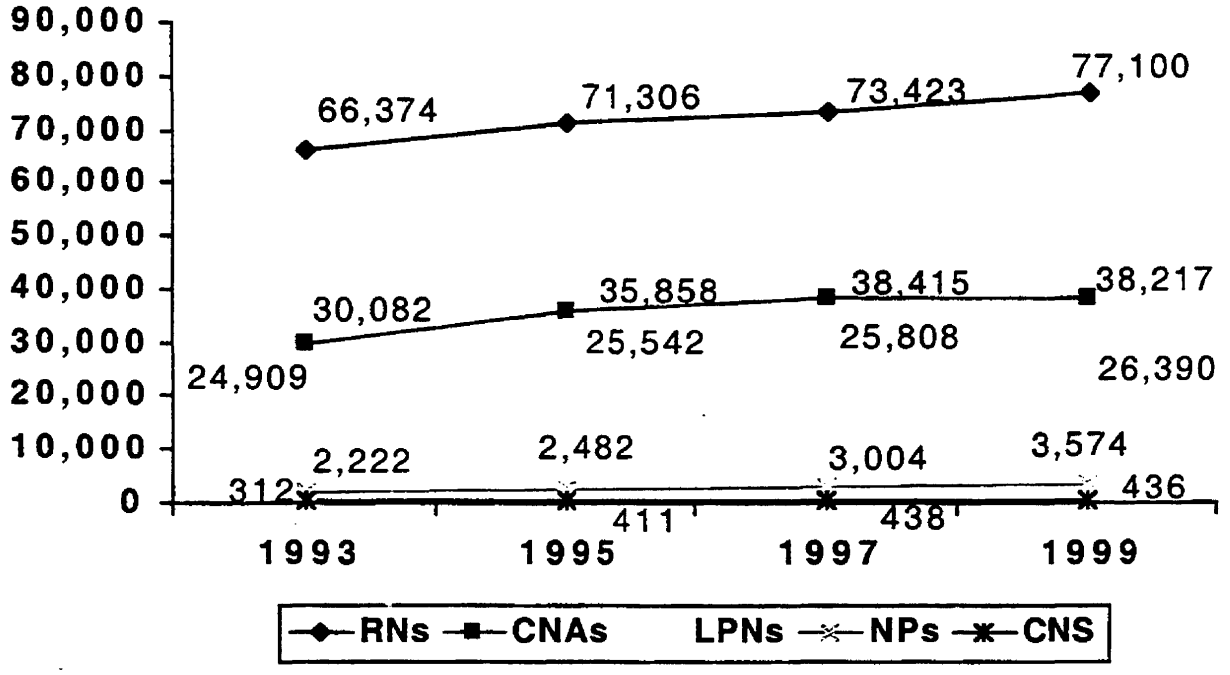
An associate degree program is a two-year program offered by a Virginia college or other institution that is authorized to confer such a degree by the State Council of Higher Education in Virginia (SCHEV). The baccalaureate degree program is a four-year program offered by a Virginia college or other institution authorized to confer such a degree by SCHEV. The diploma programs are three-year programs offered by hospitals licensed in Virginia which lead to a diploma

in nursing. Practical nursing programs are offered by Virginia schools that lead to a diploma or certificate. Nurse aide programs are offered by various types of schools and organizations across the Commonwealth.

Figure 5

Number of Licenses, Registrations, And Certifications Issued In Virginia By Nurse Category:

1993 - 1999



Note: Persons who are licensed as nurse practitioners or certified as clinical nurse specialists are also included in the number of registered nurses

Source: Virginia Board of Nursing

Virginia Nurses Are Represented By A Number Of Nursing Organizations

In Virginia, nurses are represented by a number of different nursing organizations. In all, there are 22 separate nursing organizations. These 22 entities are members of the Alliance of Nursing Organizations and Specialty Groups in Virginia. The Alliance provides a mechanism for communication, consultation and collaboration among the various nursing organizations. In total, approximately 8,000 nurses are members of these organizations. (There

likely is some double-counting as some nurses belong to more than one organization.) The largest individual group within the Alliance is the Virginia Nurses Association with approximately 2,230 members. There is no organization within the Alliance that specifically represents CNAs.

Figure 6

Nurse Educational Programs In Virginia

Type of Nurse Educational Program	Number of Programs Approved By Board of Nursing
Nurse Aide Education Programs	258
Practical Nursing Programs	52
Associate Degree Programs	17
Baccalaureate Degree Programs	12
Diploma Programs	7

Source: Virginia Board of Nursing

III.
Current Data Available On Virginia Nurses

The Board Of Nursing Collects Data Necessary To Regulate The Nursing Profession

As part of its regulatory function, the Board of Nursing collects information on Virginia nurses through the initial licensure application form. Data elements on the application form include: name; home address and telephone number; date of birth; social security number; level of education, type of educational program and graduation date; previous licensure or certification in Virginia or other state; convictions of any felony or misdemeanor; and physical or chemical dependency conditions. Applicants must also affix a photograph of themselves on the license application.

Other State Agencies And Organizations Collect Some Nurse Workforce Information

In addition to the information collected by the Board of Nursing, several other state agencies and organizations collect information on nurses. These data collection activities are summarized in the following paragraphs.

Virginia Department of Education: The Department of Education (DOE) conducts periodic surveys of local school divisions to obtain information on approximately 1,050 school nurses in Virginia public schools. The most recent survey was published in 1997. Data collected through the survey allows DOE to develop various statistics and other information regarding the school nurse workforce, including the following:

- number of school nursing positions;
- number of full-time and part-time school nurses;
- nurse to student ratios;
- salary ranges of school nurses;
- supervision of school nurses;
- annual length of employment; and
- employers of school nurses.

Virginia Department of Health: The Virginia Department of Health (VDH) employs approximately 1,000 public health nurses across the state. These

nurses work in the local public health departments. VDH collects and maintains information on these nurses as part of the agency's normal administrative/personnel functions. VDH conducts a survey if additional information is needed from public health nurses.

Virginia Employment Commission: The Virginia Employment Commission (VEC) collects data on nurses as part of its responsibilities for producing labor market information for the Commonwealth. Essentially, the VEC data regarding nurses fall into two categories: (i) industry and occupational employment information; and (ii) occupational wage data. The VEC has published a document entitled "Industry and Occupational Employment Projections: 1996-2006" which includes employment information on hundreds of occupational titles, including RNs, LPNs, and nursing aides, orderlies, and attendants.

The VEC information includes estimates for 1996 and projections for 2006 for total employment, as well as information on the number and percent change from 1996 to 2006. Projections of the number of annual job openings occurring between 1996 and 2006 expressed in terms of replacement jobs (i.e., persons leaving the occupation permanently) and job growth (i.e., new jobs) also are provided.

The occupational wage data published by the VEC includes an *hourly* mean wage and an *annual* mean wage for each of the same occupational titles included in the occupational employment projections. Figure 7 presents the most current VEC data on Virginia nurses.

State Council of Higher Education for Virginia: The State Council of Higher Education for Virginia (SCHEV) collects information on the number of students who enroll in and graduate from the colleges and universities that offer associate, baccalaureate, master's, and doctoral degrees in nursing.

Virginia Health Information: Virginia Health Information (VHI) is the non-profit health data organization that collects various data from hospitals, long-term care facilities, insurers and physicians to produce reports for health care consumers and purchasers on health care cost and quality. One of the data elements that VHI collects from hospitals and nursing homes is the number of full-time equivalent (FTE) nurses working in these institutions.

For hospitals, the VHI information includes data on the number of registered nurses, licensed practical nurses, and nurse aides. Information is also collected on nurse practitioners; however, it is combined with physician

assistants. For all of these data elements, the number of FTEs is separated into nurses "on payroll" and nurses who are "contracted."

Figure 7

Virginia Employment Commission Occupational And Wage Information on Virginia Nurses

	Employment			Annual Openings 1996-2006			Wages	
Nurse Type	1996 Est.	2006 Proj.	% Chng.	Re-Place.	Growth	Total	Hourly Mean	Annual Mean
RNs	40,639	48,539	19%	562	790	1,352	$18.20	$37,860
LPNs	17,498	21,901	25%	369	440	8,098	$12.30	$25,570
Nurse Aide[1]	25,656	32,572	27%	346	692	1,038	$7.28	$15,140

Note:

[1] Nurse Aide also includes orderlies and attendants

Source: Virginia Employment Commission

The VHI information collected on nurses employed by nursing homes is very similar. However, the data on nurse practitioners are not combined with physician assistants. Also, the information on RNs and LPNs is separated into nurses employed in staff positions and Director of Nursing positions.

Nurse Education Programs: Each of the nursing education programs approved by the Board maintains information on the number of applicants, students, and graduates. However, once nurses have left the program, it is difficult to maintain current data.

Private Organizations Likely Collect Nursing Data On An "As Needed" Basis

In addition to the ongoing efforts of the entities listed above, other private organizations may, from time to time, collect information on nurses for their own proprietary purposes. The data collected through these efforts typically are not made available to the public; in fact, the public may not even know that the information exists.

The Division Of Nursing Within The U.S. Department Of Health & Human Services Conducts National Surveys Of Registered Nurses Every Four Years

The U.S. Department of Health & Human Services' Division of Nursing conducts a national survey of registered nurses. The findings of the survey are published in the document "The Registered Nurse Population." The survey has been conducted every four years since 1977. The most recent survey was conducted in 1996.

The National Sample Survey of Registered Nurses is the nation's most extensive and comprehensive source of statistics on all those with current licenses to practice in the U.S. The survey is 13 pages long and provides information on:

- the number of registered nurses and their educational background and specialty areas;
- employment status including type of employment setting, position level and salaries;
- geographic distribution; and
- personal characteristics including gender, racial/ethnic background, age and family status.

The sample for the survey is selected in such a way that facilitates state-specific analyses. However, the sample size would not support regional or area-specific analyses within a given state. While the survey provides information on advanced practice nurses such as clinical nurse specialists and nurse practitioners, the survey does not include any information on LPNs or CNAs.

The National Council Of State Boards Of Nursing Has Collected Data On Registered Nurses, Licensed Practical Nurses, And Advanced Practice Nurses

In the past several years, the National Council of State Boards of Nursing (NCSBN) has collected workforce data on registered nurses, licensed practical nurses and advanced practice nurses in 11 states as part of a national program.

Certified nurse aides have not been included in the data collection effort. Virginia was not one of the states that participated in the NCSBN program.

To collect this data, the NCSBN would forward a data collection form to the 11 states' Boards of Nursing to include in their licensure renewal packets sent to nurses. The completed forms were returned to NCSBN for data input and analysis. This process was conducted for two renewal cycles. The data collected by the NCSBN is comprehensive and includes: demographic information, licensure type, educational background, work hours, employment setting, area of specialty, and work location.

The NCSBN is continuing its data collection program, but is changing the process for collecting the information. Instead of sending a form to each state, the states will input their own data into the NCSBN system. States will then be able to download their data for analysis and reporting. The NCSBN just began piloting its new data collection process in five states.

IV.
The Need For Additional Workforce Data On Virginia Nurses; Data Collection Efforts In Other States

The primary focus of this study is to determine whether there is a need to collect additional workforce data on nurses. This section examines the need for additional information in Virginia and reviews the nurse workforce data collection efforts of other states.

The Board Of Nursing Believes The Data It Collects On Nurses Are Sufficient To Regulate The Nursing Profession And That Additional Workforce Data Are Not Needed

JCHC staff interviewed the Executive Director of the Board of Nursing, the Deputy Director of the Department for Health Professions and the President and Vice President of the Board. The consensus of these individuals is that the data collected by the Board provide sufficient information with which to regulate the nursing profession. Moreover, these individuals indicated that additional workforce data are not necessary for the Board to carry out its regulatory functions required by the Code of Virginia.

The Board of Nursing and the Department did not express opposition to the collection of additional data; however, it expressed concern that if such efforts are required of the Board and Department in the future, that the additional responsibilities be appropriately funded to ensure the functions could be carried out. Additionally, the Board and Department indicated that if they were to assume any new data collection responsibilities, the legislation should be drafted in such a way as to provide them with some flexibility in implementing the program.

Current Information Collected By The Board of Nursing Does Not Support Comprehensive Nursing Workforce Planning Or Analysis

While the information collected by the Board of Nursing is sufficient for the Board to fulfill its regulatory functions, the data do not support or promote nursing workforce planning or analysis. For example, the data available from the Board of Nursing do not provide the kind of information needed to address issues or answer questions such as the following:

- how many and what percent of the licensed nurses in Virginia actually are employed? how many are employed in the nursing profession? how many are employed in other professions?
- where are Virginia's nurses practicing? (current information provides only the home address of the licensees, there is no information on where nurses actually work)
- are there nursing shortage areas in Virginia, particularly with respect to clinical nurse specialists and nurse practitioners who provide primary care services?
- what are the employment settings of Virginia's nurses (i.e., hospital, long-term care facility, doctor's offices, etc.)?
- what areas of specialty have the greatest and least number of nurses employed?
- what type(s) of nurses should the Commonwealth's educational programs be graduating in terms of producing the nurses most needed in the marketplace?
- what demographic trends are occurring in terms of age, racial/ethnic background, and the level of education of Virginia nurses?

The data collected by other state agencies provide information beyond that which the Board collects; however, the data sets are based on different definitions of the term "nurse," have different reporting formats, and reflect various reporting cycles and timeframes. For instance, the VHI data indicate how many nurses are employed in hospitals and nursing homes, but not medical offices or other settings. The VEC data groups nurse aides with orderlies and attendants which precludes analysis of CNAs only. As such, the existing data sets have limited applicability.

Additional Information On Nurse Practitioners And Clinical Nurse Specialists Would Be Of Value To The Commonwealth's Efforts To Improve Access To Care In Underserved Areas

Whereas RNs, LPNs and CNAs work in a support role with other medical providers, nurse practitioners and clinical nurse specialists provide some primary care services. As such, additional information on these nurses regarding where they work, their area of specialty, etc. would be of value to the Commonwealth's efforts in improving access to care in underserved areas. Most of the Commonwealth's efforts in this area are aimed at recruiting physicians to these underserved areas. However, in addition to these efforts, there is a growing interest in having nurse practitioners provide some primary care services in these areas. Additional information on these advanced practice nurses would provide a greater understanding of how and where these providers could enhance access to care.

The Legislative Coalitions Of Virginia Nurses Feel Strongly That Additional Workforce Data On Nurses Need To Be Collected

The Alliance of Nursing Organizations and Specialty Groups in Virginia (the Alliance) represents the various nursing associations and organizations in Virginia. The Legislative Coalitions of Virginia Nurses, which represents the Alliance in the General Assembly, believe there is a great need for additional nurse workforce information. Representatives of the Alliance and the Legislative Coalitions stated that additional information is needed to conduct basic nurse workforce analysis and planning. These organizations also believe that such data would be useful in projecting and limiting the impact of possible nursing shortages.

Virginia's Nursing Education Program Directors Believe Additional Workforce Data Would Enhance Nursing Education

Representatives of Virginia's nursing education programs also believe additional workforce data are needed. These individuals indicated that additional information regarding areas of specialty, employment setting, and demographic trends will enable them to develop educational programs that teach nurses the skills that are needed in the various work settings. Similarly, the data would help these programs plan their overall academic curricula to produce the types of nurses most needed in the health care marketplace.

The Virginia Department Of Health Indicates Additional Nurse Information Is Needed For Health Workforce Planning In Underserved Areas

The Virginia Department of Health (VDH) coordinates the state's efforts in recruiting providers into underserved areas of the Commonwealth. VDH staff indicated that additional information on the availability of nurses, where nurses work, and their areas of specialty would be helpful in their efforts to recruit physicians into underserved areas. Adequate nursing support is important to physicians who are considering whether to locate in an underserved area. Also, information on nurse practitioners who could provide practice support also would be important to physicians. Moreover, as VDH works to improve access to care in underserved areas, information on the availability of nurse practitioners to provide some primary care services would be of significant value.

Other Health Care Organizations Expressed Varying Degrees Of Need For Additional Nurse Workforce Data

Joint Commission staff conducted interviews with representatives of various health care organizations. These organizations expressed varying degrees of need for additional nurse workforce data.

Virginia Hospital & Healthcare Association (VHHA): The VHHA indicated that nurse workforce data would be of significant value to its member hospitals primarily for nurse workforce planning purposes. Nurses play a critical role in the provision of quality health care in all hospitals. Because it is important for hospitals to have an adequate pool of well-trained nurses to deliver patient care, the VHHA's primary interest in additional data is from an employer's perspective.

VHHA representatives indicated that additional workforce data on nurses are needed to enable hospitals to have a better understanding of the available supply of nurses, where nurses are working, what the relative skill levels of nurses are in terms of areas of specialty, and what trends are occurring that might affect the future availability of nurses.

Virginia Health Care Association (VHCA) and Virginia Association of Non-Profit Homes for the Aging (VANHA): The VHCA expressed interest in additional nurse workforce data, particularly with respect to CNAs. Nursing facilities and other long-term care facilities employ a large number of CNAs to provide care and supervision to their residents. Historically, the turnover among CNAs has been very high, as much as 100%. As with the VHHA, the VHCA's interest in the information is primarily as an employer. VHCA believes that additional workforce information would be of value to their members in the same manner as described above for the VHHA.

VANHA indicated that it was somewhat unsure about the need for additional workforce data. However, VANHA noted that information on nursing trends and cross-state comparisons about nursing needs in different markets would probably be of interest to its member organizations.

Virginia Association for Home Care (VAHC): The VAHC indicated that with the nursing shortage across the long-term care spectrum, particularly for CNAs, it is important to look at some of the reasons why there is a reduction in the workforce and the extent to which it is related to wages as opposed to other factors. VAHC also expressed some concern about imposing a fee on CNAs to collect this information given the relatively low wage that CNAs earn.

Medical Society of Virginia: The Medical Society of Virginia indicated that while nursing information would be general interest to its members, and that such data likely would help nursing schools plan their educational

programs, it has not received any requests for this type of information from its members.

A General Assembly Joint Subcommittee Which Studied The Supply And Demand Of Nurses In The Commonwealth In 1988 and 1989 Concluded That Nurse Workforce Data Are Needed

House Joint Resolution 165 of the 1988 Session of the General Assembly established a joint subcommittee to study the supply and demand of nurses in the Commonwealth. The study was continued into 1989. The subcommittee was established, in part, in response to a nursing shortage in the Commonwealth.

The subcommittee report, published as 1990 House Document 67, indicated that the nursing shortage was having a significant impact on the health care system and that nursing shortages likely will occur again in the future. In response to these findings, the subcommittee report noted *"Although it is clear that the demand for nurses in Virginia is very real, the lack of Virginia-specific data regarding the nurse labor supply and distribution has hindered the development of effective measures addressing this need."*

The joint subcommittee offered eight recommendations to the General Assembly. Recommendation #3 was . . "That the Virginia Health Planning Board be charged with the responsibility of developing proposals for data collection systems for health-care manpower distribution and for mortality and morbidity rates for citizens of the Commonwealth." In discussing this recommendation, the joint subcommittee noted that *"The Committee has concluded that the development of statewide data collection systems for health-care manpower distribution would not only greatly enhance the effectiveness of measures to remedy the current nursing shortage but also would assist in the prevention or mitigation of future problems in health care labor supply and distribution."*

One Of The Duties And Responsibilities Of The Virginia Health Planning Board Is To Make Recommendations To The Secretary Of Health And Human Resources, The Governor, And The General Assembly Regarding Data Collection Systems For Health Care Manpower Distribution

Based on the recommendations of the HJR 165 joint subcommittee, the 1990 General Assembly passed House Bill 261 which implemented the subcommittee's recommendation to have the Virginia Health Planning Board make recommendations regarding the development of health workforce data collection systems. As a result, §32.1-122.02 (B)(11) of the Code of Virginia provides that one of the duties and responsibilities of the Virginia Health

Planning Board is to make recommendations regarding statewide health workforce data collection systems.

Section 32.1-122.02 of the Code of Virginia establishes the Virginia Health Planning Board in the Secretariat of Health and Human Resources. The 18 members of the Board are appointed by the Governor and include consumers, providers, the Commissioner of Health, the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, the Commissioner of the Department for the Aging, the Director of the Department of Medical Assistance Services, and the Commissioner of the Department of Social Services. The Secretary of Health and Human Resources serves as the Chairman of the Board.

The Virginia Health Planning Board Has Not Met In Several Years: As noted in a 1997 Joint Commission on Health Care report (1997 Senate Document #8) on health related boards and commissions, the Virginia Health Planning Board has not met in several years. As such, the board has not made any recommendations regarding statewide data collection systems for health care manpower distribution.

The Board Of Medicine Is Developing A Process To Collect Additional Information Regarding Physicians

Pursuant to SB 660 of the 1998 Session of the General Assembly, the Board of Medicine is implementing a program to collect additional information on physicians of medicine and osteopathy beyond that currently collected through the licensure process. This information will include:

- names of medical schools and dates of graduation;
- any graduate medical education;
- any specialty board certification or eligibility for board certification;
- the number of years in active clinical practice;
- appointments to medical school faculty;
- locations of primary and secondary practice settings and the approximate percentage of time spent at each setting;
- the status of the physician's participation in Medicaid; and
- any disciplinary actions.

This information will be used by consumers and other health care purchasers in selecting a provider.

If Additional Nurse Workforce Information Is Collected In Virginia, The National Nursing Surveys Provide A Good Starting Point For Determining Which Data Elements To Collect

A review of the survey forms used by national surveys and in other states indicates that the data elements collected in these programs are very similar. The nursing organizations in Virginia which support additional data collection agree that the elements in these survey forms, with minor modifications, would provide the necessary information on Virginia nurses.

If additional workforce data were collected on Virginia nurses, it would seem that the most efficient manner to obtain this information would be to start with the basic information currently collected by the Board of Nursing. In addition to the current nursing information, the primary data elements to be collected would include the following:

- more complete educational and demographic information;
- employment status (e.g., employed, not employed, employed in nursing position or non-nursing position);
- employment setting (e.g., hospital, long-term care facility, physician's office, etc.);
- hours worked per week;
- location (e.g., county, city) of employment; and
- primary nursing position or area of specialty.

If it is decided to collect additional workforce information, the precise data elements would need to be worked out among the principal parties involved. However, the national surveys provide a good starting point for identifying the key data elements.

Confidentiality Of The Workforce Data Would Have To Be Assured

If additional workforce data are collected on Virginia nurses, every effort must be made to ensure the confidentiality of the information. Data released to interested parties should be formatted such that an individual's information cannot be identified.

Should Additional Workforce Data Be Collected, It Would Appear That The Board Of Nursing Would Be The Most Appropriate Organization To Assume This Responsibility

As will be discussed later in this section, all of the states which currently collect this type of information do so in cooperation with their respective boards of nursing. As in other states, the Virginia Board of Nursing has a database of information on all nurses that could be used as a basis for collecting additional workforce information. As previously noted in this report, representatives of the

Board of Nursing and the Department of Health Professions (DHP) stated that they do not oppose assuming this responsibility as long as any mandate to collect the information is supported with the necessary additional resources, and the agency is provided with some flexibility in implementing it.

One of the main reasons that Boards of Nursing are involved in the data collection efforts across the country is that survey return rates are much higher when the submission of such data is a requirement for obtaining or renewing a professional license.

Representatives of DHP stated that if they assume this responsibility, they would prefer that the data collection not be tied directly to the current renewal process in which a portion of the nurse population renews their licenses every month. DHP staff indicated that the current renewal process is contracted out to a bank which deposits the renewal fees and then transfers the funds to the state treasurer. The contractor also updates DHP's license file and generates the license renewal. According to DHP staff, the current renewal process is complex, highly automated and works very well.

Rather than revise the current process, DHP suggests that a separate mailing be sent to all licensees at one time every two years (or however frequently the data need to be updated). In this manner, rather than having to manage a "rolling database" of information that is changing every month, the collection process would provide a one time "snapshot" of all current licensees. While an advantage to this approach is the collection of data for the entire nurse workforce, the disadvantage is the additional cost of a separate mailing. As discussed later, the cost of mailing a survey form to 142,000 nurses is expensive. Including a survey form in the renewal notice sent to nurses would incur significantly lower mailing costs; however, according to DHP, it also would require substantial modifications to the current renewal process.

Another Approach To The Collection Of Workforce Data Is To Let The Private Sector Assume This Responsibility

While workforce data collection activities typically are conducted through the state Boards of Nursing in other states, another school of thought is that the private sector should collect this information. The argument here is that if employers such as hospitals, nursing homes and others have such a great need for this information, they should be responsible for collecting it and paying the associated costs of doing so. Private sector responsibility would be an alternative to mandating the collection of data legislatively. The "down-side" to this approach is that the survey return rate would be lower than the rate would be if the information were required by law.

The Cost Of The Data Collection Process Preferred By The Department Of Health Professions Likely Would Range From Approximately $239,000 To $510,000 If All 142,000 Nurses Were Surveyed

The data collection method suggested by the Department of Health Professions (DHP) would involve hiring a third party contractor to administer the process. To develop cost estimates for collecting this data, the following tasks were assumed to be included in the duties of the contractor:

- mailing survey forms;
- entering the survey data; and
- establishing an electronic file of the data to be accessed by various interested parties.

The cost estimates include postage and materials such as envelopes and stationery. The cost estimates do not include the contractor analyzing the data or producing any reports. It is assumed that these functions would be performed and paid for by those interested parties who access the data.

To obtain a cost estimate of this approach, JCHC staff contacted the Survey & Evaluation Research Laboratory (SERL) at Virginia Commonwealth University and requested an approximate cost of performing the tasks outlined above. The SERL has extensive experience in conducting various types of surveys, including the type envisioned here. The data elements to be collected were assumed to be essentially the same as that collected by the National Council of State Boards of Nursing discussed earlier, with only minor modifications suggested by the Legislative Coalitions of Virginia Nurses. It was also assumed that survey forms would be sent to all 142,000 nurses currently licensed, registered or certified by the Board of Nursing.

Depending on the survey process that is used, the cost of collecting this information would range from approximately $239,000 to $510,000. The $239,000 figure assumes a "single mailing" survey in which the contractor would send each nurse one survey with no advance notice or any follow-up mailings for persons who did not respond. The $510,000 cost assumes a "multiple mailing" process in which each nurse would receive up to four mailings. There are four steps in this process: (i) an advance notice that a survey form is forthcoming is mailed to all nurses; (ii) the actual survey form is then sent to all nurses; (iii) a reminder card is sent to those who have not responded; and (iv) a second survey form is mailed to those who do not respond to the reminder card.

It must be emphasized that the cost information provided by SERL represents only approximations; the actual costs would depend on a number of specific details that would not be known until a contract is actually negotiated. If the contractor is required to produce any reports from the data, additional costs would be incurred.

Postage Is Single Greatest Cost Factor: Postage is the single greatest cost factor in the above estimates. For the "single mailing" approach, postage is estimated to be $80,700; for the "multiple mailing" approach, the cost of postage is estimated to be $202,300. Including the survey form in the biennial license renewal mailings would eliminate or significantly reduce this cost. However, DHP has expressed concern that including the survey form in the renewal process would require extensive modifications.

Surveying A Sample Of Nurses Rather Than The Entire Population Would Reduce The Data Collection Costs; Less Frequent Surveys Also Would Reduce Costs

One way of reducing the overall cost of collecting the information would be to survey a sample of nurses as opposed to the entire nursing population. SERL staff indicated that if a sample survey of 50% of the nurses was conducted, the data collection costs essentially would be cut in half. A sampling methodology would have to be developed which would involve some minimal costs; however, the overall cost would be about one-half of the amounts discussed above. Another means of reducing the overall costs would be to conduct the survey less frequently than every two years. However, this approach may raise concerns regarding the timeliness and usefulness of the data.

Potential Funding Sources For Additional Data Collection Are A General Fund Appropriation, An Additional Fee Paid By Nurses, Or A Combination Of Both

The potential sources for funding the collection of nurse workforce data include a general fund appropriation, an additional fee paid by nurses, or a combination of both. If an additional fee is required, this amount would be in addition to the rather significant proposed increases adopted by the Board of Nursing that were discussed earlier in this report. Another possible approach would be to split the cost between a general fund appropriation and an additional fee paid by nurses. The Legislative Coalitions of Virginia Nurses has endorsed requiring nurses to pay an additional fee to support the data collection process. Figure 8 illustrates various cost estimates according to: (i) how the survey is conducted; (ii) whether all or a 50% sample of nurses are surveyed, and (iii) who pays for the survey.

Legislation Would Be Needed To Authorize The Board Of Nursing To Collect An Additional Fee To Fund The Cost Of Collecting Nurse Workforce Data

In order to charge nurses a fee to fund all or part of the costs of collecting additional workforce data, legislation would be needed to authorize the Board of Nursing to impose such a fee. In 1994, the General Assembly passed legislation authorizing the Department of Health Professions to require individuals applying for initial licensure and individuals who are licensed to practice medicine, osteopathic medicine, dentistry, or to practice as a physician assistant, nurse practitioner or dental hygienist to provide additional workforce information. However, the Office of the Attorney General (OAG) opined in 1995 that application and renewal fees could not be used to support this data collection effort. The OAG stated that the Code authorizes the Department of Health Professions to use license and renewal fees only for the purpose of regulating these professions. Inasmuch as the legislation passed in 1994 expressly states that the additional information is to be used for manpower planning purposes, the license and renewal fees cannot be used to support this activity.

Figure 8
Cost Estimates For Collecting Nurse Workforce Data

	ALL NURSES SURVEYED				50% OF NURSES SURVEYED			
	GF OR NURSE FEE		GF AND NURSE FEE		GF OR NURSE FEE		GF AND NURSE FEE	
	ALL GF	ADD. NURSE FEE	50% GF	50% FEES	ALL GF	ADD. NURSE FEE	50% GF	50% FEES
Single Survey	$239,000	$1.70	$119,500	$0.85	$119,500	$0.85	$56,750	$0.43
Multiple Survey	$510,000	$3.60	$255,000	$1.80	$255,000	$1.80	$127,500	$0.90

Source: JCHC Staff Analysis, SERL/VCU

In view of the guidance provided by the OAG, if it is decided to have nurses pay all or a portion of the cost of collecting workforce data, a separate fee would have to be established in law for this purpose. The actual amount of the fee would be established by the Board of Nursing through regulation.

A Number Of Other States Collect Nurse Workforce Data; Several States Conduct This Research As Part Of The Robert Wood Johnson Foundation's "Colleagues In Caring" Program

While an exact count of the number of states collecting nurse workforce data is unclear, many states are involved in this activity. Based on available information, at least 12 states are collecting workforce data beyond the standard licensing information routinely collected by the states' boards of nursing. While JCHC staff were able to obtain specific and verifiable information regarding 12 states, it is clear that several other states also are collecting this type of information.

Most of the 12 states are conducting their nursing surveys as participants in the Robert Wood Johnson Foundation's "Colleagues in Caring" (CIC) program. The CIC program is a national grants program. The purpose of the program is to help states and regions address and anticipate their nursing care workforce requirements. Twenty statewide and regional sites are participating in CIC. Stage 1 of CIC began in 1996 and ends this month. Stage 2 will extend the project for an additional three-year period. One of the core goals for Stage 2 funding is to establish systems to gather and quantify dependable data on current workforce capacities and to anticipate and forecast future requirements. A coalition of Virginia nursing organizations submitted a grant application to the CIC program, but the proposal was not funded.

As part of the CIC program, states have conducted three types of nursing surveys: (i) an employer survey on the demand for nurses; (ii) a "health scenario" survey of health care experts; and (iii) a nurse workforce "supply" survey. The participating states decide which survey(s) to conduct based on their respective data needs.

The 12 states that JCHC staff were able to obtain some specific information on regarding their nurse workforce survey activities are: Alaska, California, Colorado, Connecticut, Iowa, Maryland, Minnesota, Mississippi, New Jersey, North Carolina, South Carolina, and South Dakota. All of the states conduct their surveys as part of the license renewal process. The data elements collected by the states vary somewhat, but essentially are the same as those collected in the National Council of State Boards of Nursing survey form that was used to estimate the cost of such data collection in Virginia.

Funding sources used in the states vary. In California, Connecticut, Maryland, Mississippi, New Jersey, and South Dakota, nurses pay for the cost of collecting the data either through a separate fee or the licensure fee. In Colorado and Alaska, the survey costs are paid for through the CIC grant funds. A

separate state appropriation pays for the data collection and analysis in Minnesota and North Carolina. Information on the funding sources for the other two states was not immediately available. Obtaining comparable information from the other states on the overall cost of collecting workforce data proved problematic. The cost of conducting this research depends on a number of variables which makes cost comparisons difficult and less meaningful.

V.
Policy Options

The following Policy Options are offered for consideration by the Joint Commission on Health Care. They do not represent the entire range of actions that the Joint Commission may wish to pursue.

Option I **Take No Action**

Option II **Introduce A Joint Resolution Requesting The Secretary Of Health And Human Resources, In Cooperation With The Board Of Nursing, The Legislative Coalitions Of Virginia Nurses, And Other Affected State Agencies, To Review The Nurse Workforce Data Collected By Various State Agencies To Determine If The Data Sets Can Be Modified And Integrated Into A Common System To Provide Needed Nurse Workforce Information**

Option III **Introduce Legislation Requiring The Board Of Nursing To Collect Workforce Data On Virginia Nurses On A Biennial Basis And To Promulgate Any Regulations Necessary To Carry Out This Function; Depending On How This Function Is Funded, Legislation Authorizing A Fee Paid By Nurses, And/Or A Budget Amendment Would Need To Be Introduced**

Should this option be pursued, decisions would need to be made regarding the data collection process and funding source(s).

Data Collection Alternatives:

A. Survey entire population of nurses

B. Survey a sample (e.g., 50%) of nurses

Funding Alternatives:

A. General Fund Appropriation: Introduce a budget amendment for general funds to support the data collection function

B. Additional Fee Paid By Nurses: Include language in the legislation to require nurses to pay an additional fee to support the data collection function.

C. Shared Financing: Introduce a budget amendment to provide general funds to support a portion of the costs and include language in the legislation to require nurses to pay an additional fee to support a portion of the costs.

APPENDIX A

HOUSE JOINT RESOLUTION NO. 682

Directing the Joint Commission on Health Care to study the need to collect workforce data on nurse practitioners, clinical nurse specialists, registered nurses, licensed practical nurses, and certified nurse aides.

Agreed to by the House of Delegates, February 9, 1999
Agreed to by the Senate, February 18, 1999

WHEREAS, quality health care depends on geographic and demographic access to competent health care professionals; and

WHEREAS, the General Assembly passed legislation during the 1998 Session requiring the Board of Medicine to collect, compile, and disseminate, upon request, information on the practice of each physician licensed in the Commonwealth; and

WHEREAS, the Board of Nursing knows how many health care nurse practitioners, clinical nurse specialists, registered nurses, licensed practical nurses, and certified nurse aides are regulated and where they live, but has little or no information on whether they actively practice, any areas of specialty they may have, or their practice demographics; and

WHEREAS, there are various private efforts to collect geographic and demographic data on the practice of nurse practitioners, clinical nurse specialists, registered nurses, licensed practical nurses, and certified nurse aides, but these efforts are not coordinated; and

WHEREAS, this lack of coordination of data-collection efforts makes it difficult to demonstrate the access Virginians have to nurses and other nursing-field professionals, or to identify any areas that may have access problems; and

WHEREAS, nurse practitioners, clinical nurse specialists, and registered nurses play a vital role in Virginia's health care delivery system and frequently are the patient's point of entry into the health care system; and

WHEREAS, nurse practitioners, clinical nurse specialists, and registered nurses provide primary and preventive care; and

WHEREAS, the General Assembly, state agencies, and other public policy makers frequently are called upon to make decisions that affect or are affected by geographic and demographic access to health care for Virginians; and

WHEREAS, health care decision makers in the private sector also make decisions that are influenced by geographical access to health care; and

WHEREAS, since this geographic and demographic information only recently has become available about physicians in the Commonwealth, but is not available about nurses and other nursing field professionals, public policy and business decisions often

must be made based on inadequate information or assumptions that may or may not be accurate; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study the need to collect workforce data on nurse practitioners, clinical nurse specialists, registered nurses, licensed practical nurses, and certified nurse aides.

The Joint Commission's study shall include, but not be limited to, an examination of (i) what data are currently available on these regulated nurses and other nursing-field professionals; (ii) where gaps exist in current data collection efforts; (iii) what other states are doing in the area of data collection on nurses and other nursing-field professionals; (iv) what additional specific geographic, demographic or other information on nurses and other nursing-field professionals would enable the public and private sectors to make more-informed health care policy and business decisions; (v) what additional kinds of data on nurses and other nursing-field professionals would be the most useful; (vi) the various mechanisms that could be utilized to collect these data; and (vii) the cost of collecting any data deemed useful. The Joint Commission shall also recommend what data, if any, should be collected; the most efficient method to collect, compile, and analyze such data; and, based on an analysis of the costs and benefits of such information, whether the Commonwealth should participate in this data collection. The Joint Commission shall request the Legislative Coalitions of Virginia Nurses and its member organizations to assist with and participate in this study.

All agencies of the Commonwealth shall provide assistance to the Joint Commission, upon request.

The Joint Commission shall complete its work in time to submit its findings and recommendations to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

APPENDIX B

JOINT COMMISSION ON HEALTH CARE

SUMMARY OF PUBLIC COMMENTS: HEALTH WORKFORCE DATA STUDY (HJR 682)

Organizations Submitting Comments

A total of 16 organizations and individuals submitted comments in response to the HJR 682 report on Health Workforce Data.

- INOVA Health System
- Southside Area Health Education Center
- Virginia Health Care Association
- Virginia Pharmacists Association
- Virginia Association of Nonprofit Homes for the Aging
- Virginia Chapter of the American College of Nurse-Midwives
- Virginia Nurses Association
- Virginia Women's Network
- Blue Ridge Area Health Education Center
- Virginia Organization of Nurse Executives
- Carilion Health System
- Virginia Hospital & Healthcare Association
- Virginia Statewide AHEC Program
- Betty M. Johnson, Director of Nursing - The University of Virginia's College at Wise
- Nancy F. Langston, Dean, School of Nursing – Virginia Commonwealth University
- Colleagues in Caring

Policy Options Included in the HJR 682 Issue Brief

Option I Take No Action

Option II Introduce A Joint Resolution Requesting The Secretary Of Health And Human Resources, In Cooperation With The Board Of Nursing, The Legislative Coalitions Of Virginia Nurses, And Other Affected State Agencies, To Review The Nurse Workforce Data Collected By Various State Agencies To Determine If The Data Sets Can Be Modified And Integrated Into A Common System To Provide Needed Nurse Workforce Information

Option III Introduce Legislation Requiring The Board Of Nursing To Collect Workforce Data On Virginia Nurses On A Biennial Basis And To Promulgate Any Regulations Necessary To Carry Out This Function; Depending On How This Function Is Funded, Legislation Authorizing A Fee Paid By Nurses, And/Or A Budget Amendment Would Need To Be Introduced

Should this option be pursued, decisions would need to be made regarding the data collection process and funding source(s).

<u>Data Collection Alternatives:</u>

A. Survey entire population of nurses

B. Survey a sample (e.g., 50%) of nurses

<u>Funding Alternatives:</u>

A. General Fund Appropriation: Introduce a budget amendment for general funds to support the data collection function

B. Additional Fee Paid By Nurses: Include language in the legislation to require nurses to pay an additional fee to support the data collection function.

C. Shared Financing: Introduce a budget amendment to provide general funds to support a portion of the costs and include language in the legislation to require nurses to pay an additional fee to support a portion of the costs.

Overall Summary of Comments

The comments were generally favorable. Twelve of the 14 respondents expressed clear support for Option III. Only one commenter expressed clear support for Option II. None of the commenters expressed support for Option I.

Summary of Individual Comments

INOVA Health System

Donald L. Harris, Vice President, Government Relations, expressed support for Option III. Mr. Harris stated that "over the past few years INOVA has increasingly found it difficult to locate and hire the needed health care professionals to serve the growing population of Northern Virginia." Mr. Harris stated that the issue brief was "the first step in addressing the growing concern about the shortage of health care professionals in the Commonwealth."

Southside Area Health Education Center

Woody B. Hanes, RN, CFNP, Executive Director, expressed support for Option III. According to Ms. Hanes, "As an agency that works to recruit nurses and nurse practitioners to underserved areas, it is important to have data about the existing employment locations and specialties of its nursing workforce." Ms. Hanes also stated that "The collection of data should be through licensure renewal to assure an adequate return rate."

Virginia Health Care Association

Mary Lynne Bailey, Vice President, Legal and Government Affairs, expressed support for Option III. However, VHCA is concerned about the cost of data collection. Rather than increasing license renewal

fees, VHCA believes that a "more acceptable approach would be to consider the collection of nursing workforce [data] a cost of government and introduce a budget amendment to pay for the development of a methodology to accomplish the collection of data."

Virginia Pharmacists Association

Rebecca P. Snead, Executive Director, commented in support of Option III. However, Ms. Snead noted that "we still believe that pharmacists are a fundamental part of the original intent of the study resolution." According to Ms. Snead, "geographic and demographic information on Virginia pharmacists would be particularly useful considering that they are often the most prevalent and accessible health care providers in rural areas." Therefore, "collecting this data is necessary not only for the nursing profession, but also for other health care professionals such as pharmacists to effectively prepare for the future."

Virginia Association of Nonprofit Homes for the Aging

Marcia A. Melton, Vice President of Public Policy, commented in support of Option II. According to Ms. Melton, "option II would allow the Secretary of Health and Human Resources to develop a proposal to coordinate and integrate current data collection for the purposes of workforce planning. Ms. Melton stated that VANHA "encourages an in-depth review and analysis of certified nursing assistant issues, to include methods to increase Virginia's pool of certified nursing assistants."

Virginia Chapter of the American College of Nurse-Midwives

Martha Jones, CNM, Chapter Chair, commented in support of Option III. According to Ms. Jones, key data elements include: 1) where certified nurse-midwives live in respect to where they practice; 2) whether the nurse-midwife functions in a full-scope practice; and 3) whether certified nurse-midwives are doing midwifery or functioning as a nurse-practitioner due to job availability.

Virginia Nurses Association

Marva Banks Fretheim, MS, RN, Commissioner on Government Relations, commented in support of Option III. The VNA supports legislation allowing the Board of Nursing to assess it licensees a separate fee for this data collection. According to Ms. Fretheim, "we believe that the vast majority of nurses are aware of the need for data collection and would be willing to share in the modest cost to accomplish it." The VNA further suggests that legislation "include provisions that require nurses to submit any such workforce data information requested by the Board of Nursing as a condition of licensure." In terms of Option II, Ms. Fretheim said that while it might produce some interesting and even some potentially useful information, "we are aware that this information is not sufficiently comprehensive to allow for the kind of workforce planning necessary to prevent or mitigate nursing shortages."

The Women's Network

Ellen Barbaro and Gail Johnson, co-chairs, commented in support of Option III. "Basic health care services, quality of care, timely access and affordability to care would be enhanced with solid, updated and comprehensive nursing information that this study would provide...The current data collection requesting only name, address and age is not sufficient for decisionmaking."

Blue Ridge Area Health Education Center

Christopher Nye, Executive Director, and Sandra K. Hopper, RN, MSN, Associate Director, commented in support of Option III. "Without adequate information, nurse educators, nursing service providers, regulators, and health policy and educational planners cannot effectively determine whether Virginia's nurses are appropriately educated and geographically distributed to deliver the most effective health care to Virginia's citizens."

Virginia Organization of Nurse Executives

Patricia Conway-Morana, President, commented in support of Option III. The Board of Nursing is the appropriate agency to undertake the

data collection program, because "the board will be routinely contacting all Virginia nurses, who are more likely to return survey information to the Board of Nursing than to any other agency." Ms Conway-Morana also stated that "we support shared funding of the costs of this workforce data program. The Board of Nursing's proposed fee increases, particularly for initial licensure, are significant so that an additional increase for the data program should be moderated by general fund support."

Carilion Health System

Patricia Conway-Morana, Vice President, Nursing, commented in support of Option III. Ms. Conway-Morana's comments were identical to those submitted by her on behalf of the Virginia Organization of Nurse Executives.

Virginia Hospital & Healthcare Association

Christopher S. Bailey, Senior Vice President, stated that "effective workforce planning requires much better information than is currently available on the supply and employment circumstances of Virginia's nurses. We therefore strongly support the collection of these data." According to Mr. Bailey, the VHHA "supports the collection and analysis of this information by the Board of Nursing." Furthermore, "The Board could have some flexibility in establishing its methods so long as the data remain current and complete and are available for planning purposes to all stakeholders, including hospitals and health systems. We support shared funding of this data program."

Virginia Statewide AHEC Program

Betty Newell, Chair, commented in support of Option III. Ms. Newell stated that "any steps the Commonwealth can take to help measure the supply and demand of **any** health profession would be useful."

Betty M. Johnson, Director of the Department of Nursing, The University of Virginia's College at Wise

Ms. Johnson stated that she "heartedly supports the idea of an ongoing collection of data about Virginia's registered nurses...." However, Ms. Johnson also stated that she is "less convinced that we need similar data about LPNs and CNAs." According to Ms. Johnson, types of data that are needed include the educational make-up of registered nurses, and the numbers and locations of unemployed nurses or nurses employed in another field. Ms. Johnson stated that "if the Commonwealth started to collect these data ten or eleven years ago, we would certainly be in a better position."

Nancy F. Langston, Dean, School of Nursing, Virginia Commonwealth University

Ms. Langston commented in support of Option III. "As a state university concerned with educational preparation of a nursing workforce adequate in numbers and types of nurses to meet the current and emerging health needs of the citizens of the Commonwealth, our functioning would be enhanced by a more comprehensive data base about the existent workforce." According to Ms. Langston, "A more extensive data base would enable us to better plan to allocate and reallocate resources to programs in an effort to forestall shortages. It would be possible to forecast shortages if we were able to cross reference the characteristics of the current workforce with what are known to be the emerging trends of society and health care organizations."

Colleagues in Caring (A Project Partially Funded by the Robert Wood Johnson Foundation to Support Development of Solutions For Nursing Workforce Development Issues)

Rebecca B. Rice, EdD, RN, MPH, Deputy Director, commented in support of Option III. Ms. Rice stated that she believes that nurses can subsidize the data collection effort with little expense to them. "Throughout the country other states use this same methodology to pay for and gather data." Ms. Rice also stated that while Option II "would enable individuals and agencies collecting data to come

together...it would inevitably yield no detailed information about nurses...."

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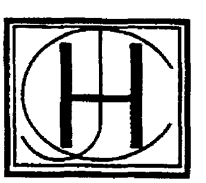

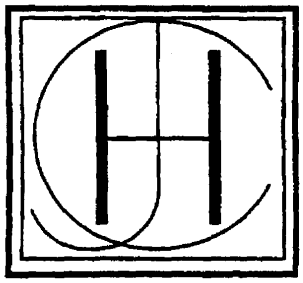

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