

## **National Council of State Boards of Nursing (NCSBN) Updates**

### **Summary:**

Several items of interest are provided for your information:

- A 2009 Environmental Scan prepared for the NCSBN Board of Directors
- A fourth quarter NCSBN Media Analysis
- A news release regarding the Board of Directors' decision to raise the passing standard of the NCLEX-RN examination
- A link to the newly released NCSBN Research Brief, *Factors Affecting Remediation Outcomes*, Volume 41, November 2009.

Board Members and Staff will have an opportunity to verbally share activities of NCSBN Committees.

### **2009 Environmental Scan**

This report provides national perspective on nursing workforce and education and specifically identifies Boards of Nursing education trends; effects of state budget crises on Boards of Nursing; and state nursing practice and discipline trends. (Attachment A)

### **Media Analysis**

This report describes the NCSBN's tracking service to monitor media coverage where NCSBN and NCLEX are mentioned. The value of such tracking is to know the exposure and messages the media relays concerning NCSBN and the national licensure examination. (Attachment B)

### **Raising the Passing Standard for the NCLEX-RN**

NCSBN evaluates the passing standard every three years. This process is coordinated with the evaluation of the test plan. The new passing standard will take effect April 1, 2010 with the roll out of the 2010 NCLEX-RN Test Plan. (Attachment C)

### **NCSBN Research Brief, *Factors Affecting Remediation Outcomes***

NCSBN conducted a study of 531 nurses from 7 states who received probation for practice related violations. Texas participated in the study. For each licensee disciplined in 2001, the disciplinary history was examined for the preceding 5 years to determine recidivism. The majority of disciplined nurses successfully completed their probation and had no additional violations from 2001-2005. However, more than one fourth of the nurses committed a new violation while on probation or after completing their probation from 2001-2005. Factors affecting outcomes included prior legal history, changing employers, and having committed multiple violations during the 1996-2001 time frame. Nurses who were under 40 years of age and male nurses were also more likely to recidivate.

The Study concludes:

*Based on the findings of this study, it is suggested that the most effective way to reduce the rate of recidivism would be to: (1) carefully screen for prior legal histories of the disciplined nurses; (2) whenever possible, encourage the disciplined nurses to remain working with the same employer during probation; (3) pay closer attention to those who committed multiple violations and put them under closer supervision; and (4) pay more attention to those nurses who are under 40 years of age. It is hopeful that the findings of the current study will further guide more detailed research in nursing discipline and serve as a platform for future development of more effective remediation programs that are playing an increasing role in building a safe health care system.<sup>1</sup>*

**Recommendation:**

No action required.

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<sup>1</sup> NCSBN Research Brief, *Factors Affecting Remediation Outcomes*, Volume 41, November 2009.

[https://www.ncsbn.org/09\\_Factors\\_Affecting\\_Remediation\\_Outcomes\\_Vol41\\_CS4.pdf](https://www.ncsbn.org/09_Factors_Affecting_Remediation_Outcomes_Vol41_CS4.pdf)

Attachment A

Date: December 9, 2009

TO: Board of Directors

FR: Maryann Alexander, Chief Officer, Nursing Regulation

RE: Environmental Scan Report

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**Board Action Requested:**

1. For review, discussion, and consideration during the strategic planning process and in the development of strategic initiatives for FY 2011-2014.

**Background:**

The environmental scan is an annual report to the Board of Directors that is a comprehensive summary of the following:

1. Recently released data related to health care, workforce and education.
2. Trends in nursing regulation, health care, education, practice, discipline and licensure
3. Emerging issues and challenges identified by boards of nursing
4. A review of pertinent federal legislative activities of 2009
5. New and future national initiatives
6. The social, political and economic environment of nursing regulation for 2009.

This report serves to update you on the status of the boards across all U.S. jurisdictions and guide you in your work as you develop the new strategic initiatives and the strategic plan for 2011.

The information reported about Boards of Nursing has been compiled from a number of sources including Annual State Reports, Web Surveys, Networking Calls, Executive Officer Calls and Minutes from Networking Sessions and Area Meetings at the Mid-year and Annual Meetings. (In some cases, exact numbers have been avoided because the documents contain missing data.)

**2009 Environmental Scan**

This report begins by outlining the workforce environment for 2009. It includes recent workforce trends, emerging issues for 2010 and provides up-to date predictions about the future nursing workforce made by Buerhaus (2009).

**The National Workforce (RNs)**

*Statistics*

- Total RNs in U.S. (2008 Census Data): 2,542,750 (836 RNs/100,000 population)
- From 2001-2008, the total FTE Nursing Workforce increased by 476,000
- From 2001-2008, employment of RNs over age 49 increased by an estimated 77 % (368,000 FTEs).
- In 2008, the number of RNs between the ages of 23-25 increased to 130,000. (This is the first time in over 20 years that the number of nurses in this age bracket has risen so significantly.) Registered nurses, under age thirty-five, now account for 28 % of the total increase in the workforce (33 % of the growth of hospital RN employment and 6 % of the growth in nonhospital settings).
- Of the total 476,000 nurses that entered the workforce from 2001-2008, one third of these individuals (155,000) were foreign born nurses.
- In 2008, 16.3 % (or an estimated 400,000 FTE RNs), were foreign born and of those 400,000, approximately 10 % indicated that they had immigrated to the U.S. within the previous five years.

- In 2008 alone, the number of foreign-born FTE RNs increased by a record 48,000. (Statehealthfacts, 2009; and Buerhaus, 2009)

*Trends shaping the composition of the workforce: Age and Diversity*

The influx of foreign born RNs to the U.S., as well as an increase in nursing program enrollment, has changed the outlook of the nursing workforce for the near future. Previously, Buerhaus predicted the average age of a registered nurse would increase to 46 years by the year 2020. Buerhaus, now predicts the average age of an RN, which is currently 43.8 years, will rise to 44.1 years in 2014 and return to 43.7 years by 2025. These new predictions also indicate that the supply of FTE RNs will be greater in 2025 than formerly anticipated. It is now expected that the workforce will increase to close to 2.8 million FTE RNs (compared to the 2.5 million currently in the workforce). His most recent projections indicate a shortfall of RNs developing around 2018 and growing to about 260,000 by 2025.

In terms of diversity, the current RN workforce is estimated to be 9% (218,000) male and 5% (125,000) Hispanic. Both of these groups remain underrepresented when compared with their proportion in both the population and the overall labor force. African Americans, however, once underrepresented, now account for approximately 11% of the RN workforce, which is equal to their proportion in the overall labor force. Asians are well represented in the nurse workforce.

Buerhaus warns that the current economic crisis could result in a shortage of jobs for new graduates and possibly job loss for RNs as hospitals contend with shortfalls in revenue, a rise in uninsured patients, and a decrease in elective procedures (Buerhaus, 2009)

*Impact on Boards of Nursing*

The following are state workforce trends reported by boards of nursing for 2009

- Boards of nursing report an increase in the number of licensees both by examination and endorsement.
- Job opportunities for new graduates vary according to regions. A shortage of positions for new graduate nurses, especially in urban areas is being reported in states throughout the country. In many states, “pockets” of shortages exist. Urban areas have minimal shortages while rural areas continue to report a scarcity of qualified nurses.
- Some boards report health care facilities are requiring one year of experience before hiring because they cannot afford transition/orientation programs.

*Workforce Initiatives*

*The Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the IOM*

This initiative, begun in July of 2009 consists of a task force and research team that will develop a set of recommendations, including ones that address the *delivery of nursing services in a shortage environment and the capacity of the nursing education system* (RWJF, 2009). The initiative is chaired by Donna Shalala and Linda Burnes Bolton. The Task force consists of 14 experts from various disciplines and industries. Based on expert opinion, input from Town Hall Meetings and a major research initiative, the outcome of this project will be recommendations for action at the national, state and local levels. These include a range of system changes, including innovative ways to solve the nursing shortage in the U.S. It is anticipated that these will be presented in the fall of 2010 (IOM, 2009)

*Legislation related to Workforce*

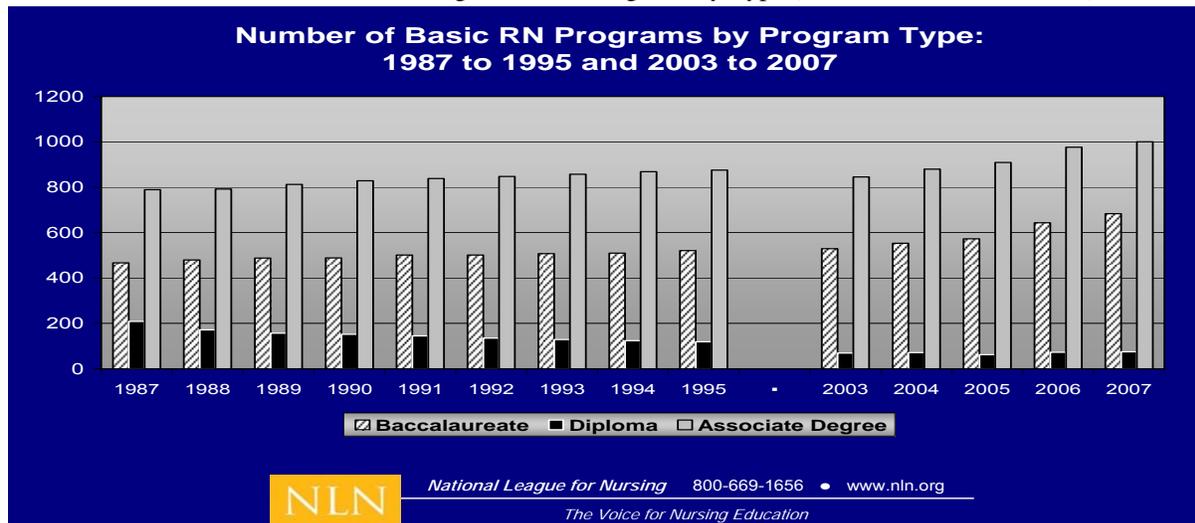
Six bills were introduced into the House during the 111<sup>th</sup> Congress related to the nursing workforce shortage. None of these have passed out of committee.

## Nursing Education

### *Nursing Program Statistics*

- According to the most recent AACN survey (2008-2009) colleges of nursing denied admission to 49,948 qualified applicants primarily because of inadequate numbers of faculty.
- As depicted in Table 1 there has been a steady increase in associate degree as well as baccalaureate programs. (NLN, 2009)

Table 1. Number of Nursing Education Programs by Type (1987-1995 and 2003- 2007)



National League for Nursing (2009).

### *Faculty*

The most recent and comprehensive data available on the current status and trends related to faculty are reported in the 2009-2010 Special Survey on the Vacant Faculty Positions (Fang and Tracy, 2009). Out of 554 respondents (U.S. Colleges of Nursing) 310 (56%) stated they had vacancies and needed additional faculty.

- Total Budgeted Positions: 12,184
- Total Number of Vacancies: 803 (6.6%)
- Total Number of Filled Positions: 11,385 (93.4%)
- Mean Number of Vacancies: 1.4 per school
- Range of Number of Vacancies: 1 to 13
- Number of Schools with no faculty vacancies, but need additional faculty: 117
- Number of Schools with No Vacancies, that do not need additional Faculty: 127
- The national vacancy rate for 2009-2010 is 9.7%. This compares to last year (2008-2009) vacancy rate of 7.6%. (Fang and Tracy, 2009)
- Between 200 and 300 doctoral faculty and 220-280 Masters prepared faculty will be eligible for retirement each year through 2012 (AACN, 2009)

Most critical issues confronting schools of nursing regarding faculty recruitment and retention (N = 544)

- Noncompetitive salaries (32.2%)
- Limited pool of doctor ally prepared faculty (30.3%)
- Finding faculty with the right specialty mix (16.5%)
- Finding faculty willing/able to teach clinical courses (5.1%)
- Finding faculty willing/able to conduct Research (3.7%)
- High faculty workload (3.1%) (Fang and Tracy, 2009)

*Trends affecting nursing education:* Increase in the number of nursing education programs, increase in applicants coupled with insufficient numbers of faculty and aging faculty nearing retirement.

#### *Boards of Nursing Education Trends for 2009*

Seven states report an increase in the number of new RN programs during 2009. Seven states also gave board approval to new PN/VN programs. Boards also report an increase in the number of proprietary programs opening in their state. These programs are problematic for boards as the programs are designed by consultants who walk away and leave the program in the hands of administrators that are not qualified to run a nursing program. Boards state that they need ways to assess feasibility of new programs, needs assessments and available resources.

- Most states report that program admissions remain constant or have increased.
- There continue to be a decrease in the number of clinical placements and decrease in the number of faculty.
- One board reports they are considering adopting rules that will grant the board authority to approve innovative pilot nursing education programs.
- NLN gave a verbal report at their Annual Meeting stating that 18-19 boards of nursing are considering introducing legislation supporting the *BSN in 10*.
- Some states are making national accreditation by NLN-AC or AACN-NE mandatory.
- NLN-AC is compiling data that they state demonstrates why PN programs should be required to have accreditation.
- States continue to struggle with issues related to Excelsior graduates.
- Boards are reporting an increase in the number of nursing programs being put on conditional approval.
- HB1209 in Florida removed the authority of the Board of Nursing related to nursing education. The board of nursing will only be required to do initial program approval. If a nursing program's NCLEX scores fall below 10%, the program is automatically terminated.

#### *Other*

The American Association of Colleges of Nursing (AACN) has developed the first national centralized application service for students applying to nursing programs. This will be initiated for applicants applying to programs with a start date of spring 2010. The application service is similar to ones already in existence for medicine, dentistry and pharmacy, and will provide applicants the opportunity to apply to multiple nursing programs at one time.

#### *Legislation*

A portion of the funding from The American Recovery and Reinvestment Act (\$200 million) has been allotted for grants, loans, and scholarships for the education of health care professionals. The funds are expected to assist approximately 8,000 students and health professionals by the end of FY 2010.

During the 111<sup>th</sup> Congress 8 bills were introduced that pertained to nursing education and/or the faculty shortage. Seven of these bills were introduced in the House, three in the Senate; two of the bills were companion bills in the Senate. None of these bills have been moved out of committee.

### **State Budgets**

The current recession has drastically affected state budgets. States are facing the largest budget gaps in history. Even after making significant reductions, states continue to experience overwhelming budget shortages. State revenues have fallen short of projections and states are experiencing increased difficulty keeping their 2010 budgets in balance. In addition, preliminary predictions for FY 2011 indicate that next year, states will be challenged by deficits equal to this year or worse (McNichol and Johnson, 2009).

Current state data indicate the following:

- Mid-year shortfalls have been reported in 35 states totaling \$32 billion or 6 % of the state budgets. Forty eight states face budget deficits for fiscal year 2010, totaling \$190 billion or 28% of state budgets (McNichol and Johnson, 2009)

- Continued problems are predicted for 2011. Budget difficulties will continue through FY2011. Thirty-eight states have estimated FY 2011 gaps totaling \$92 billion or 16 % of budgets. These totals are likely to grow and may well exceed \$180 billion. . (McNichol and Johnson, 2009)
- The American Recovery and Reinvestment Act ((ARRA) enacted in February 2010 includes assistance for states and has provisions meant to reduce the degree to which states need to increase taxes or decrease/cut services. The amount in ARRA to aid states is approximately *\$135 billion to \$140 billion over a roughly 2 ½-year period — or between 30 % and 40 % of projected state shortfalls*. The majority of the funding comes from increased Medicaid funding and a “State Fiscal Stabilization Fund.” These funds have reduced the extent of state spending cuts and state tax and fee increases. However, it is likely that the federal assistance will end before state budget gaps have subsided. The Medicaid funds are scheduled to expire in December 2010, which is just halfway through the 2011 fiscal year in most states. Even though the 2011 budget gaps may well be larger than those for 2010, there will be less federal money available to assist them. (McNichol and Johnson, 2009)

*Trends in state budgets:* Severe deficits, cuts in spending

#### *Impact on Boards of Nursing*

Boards of Nursing are reporting large budget deficits affecting staffing, out of state travel and board programs. Many states report that board staff are required to take mandatory furlough days and board of nursing funds are being raided to help alleviate state revenue shortages. Boards describe cuts being made in investigatory and probation staff and programs, such as alternative programs, are at risk for being cut. Boards state that the state budget crises are affecting their ability to participate in projects such as TERCAP that require staff in order to participate. NCSBN has assisted one state with potential budget cuts by preparing a specialized report using CORE data. This report demonstrated the risk to the public if any further cuts in staff were made at the board of nursing. We intend to make this service available to other states as well. Independent boards of nursing risk being consolidated with other boards under an umbrella agency. Services are already being consolidated in some states and one board describes having to “buy” services. One board is planning on requesting that they can no longer regulate the nurse aides because of the severe constraints it places on their budget under difficult economic conditions.

### **Access to Health Care and Patient Safety**

Despite ongoing national efforts to improve safety and access to care, current data are not indicative of improvement in either area.

- Average number of people in the United States who did not see a doctor due to cost (2007: most recent statistics just released by the Bureau of Labor Statistics): 14.1% (Statehealthfacts, 2009).
- State with the highest number of people not able to see a doctor because of cost: Texas (20.5%) followed by Mississippi (19.7%) and North Dakota (6.2%) (Statehealthfacts, 2009).
- Estimated underserved population living in primary care health profession shortage areas: 11.8% (35,817,861 individuals) State with the highest % age of underserved: Louisiana 34.4% followed by 32.0% (New Mexico), 31.9% (Michigan), and 1.7% (New Jersey) (Statehealthfacts, 2009).
- Medication errors sent 4 million Americans to the emergency room in one year, resulting in 117,000 hospitalizations (NQF, 2009).

Congress mandates the Agency for Healthcare Research and Quality (AHRQ), in conjunction with the Department of Health and Human Services (HHS), to provide an annual report on health care delivery and the status of health care quality in the U.S. The information is compiled for the National Healthcare Quality Report (NHQR). In addition, this report also identifies and tracks health care disparities. The following themes emerged from the recently released 2008 report:

- *Health care quality is suboptimal and continues to improve at a slow pace.*
- *Reporting of hospital quality is leading improvement, but patient safety is lagging.*
- *Health care quality measurement is evolving, but much work remains.*
- *Disparities persist in health care quality and access.*

- *Measurable improvement was noted in fewer than half of the 38 patient safety measures studied. The study found that patient safety measures on average declined by nearly 1% annually in each of the last six years. (AHRQ, 2009)*

*Trends in health care access and patient safety:* Disparities in health care persist without significant gains. Individuals in low socioeconomic groups, those with lower education, low levels of literacy, living in rural areas and ethnic minorities remain underserved. Patient safety continues to be a major concern.

#### *Legislation*

##### *The American Recovery and Reinvestment Act*

A portion of the funding from The American Reinvestment and Recovery Act is appropriated for health care. This includes expansion of health care services to low-income and uninsured individuals through its health center program, the acceleration of the development of health information technology by 2014 to decrease errors and improve quality, and a temporary increase in Federal Medical Assistance Percentage so that no state has to cut eligibility for Medicaid and SCHIP because of budget shortfalls. There is also a 60% tax credit for those who suffer job loss so they can maintain their health insurance through COBRA. The bill also provides \$1.1 billion for comparative effectiveness research (Recovery.com, 2009)

##### *Health Reform Bills in the House and Senate*

Health reform legislation has taken precedence over all other legislative issues since early 2009. At the time of the writing of this report, there are currently two bills relating to health reform. One bill was passed in the U.S. House of Representatives by a vote of 220 to 215 and the other, a Senate bill has yet to be passed by the Senate

The House bill, *The Affordable Health Care for America Act*, incorporates the president's main goals for health reform: 1) it slows down the cost of health care; 2) it introduces a complete marketplace in an attempt to keep coverage affordable and 3) it allows individuals to choose their doctors and health plans. The House bill would provide health care coverage for 96 percent of Americans by 2015. The Congressional Budget Office (CBO) estimates the cost of this plan to be \$891 billion. (Committee on Energy and Commerce, 2009)

The Senate bill comes with a price tag of \$848 billion and would extend coverage to 31 million Americans and reform insurance practices. A variety of tax increases are included in the bill, including a rise in payroll taxes for individuals in high income brackets. The Senate bill is comparable to the House bill in that it requires most people to buy insurance and makes available state-based "exchanges" (marketplace for insurance plans). Insurance companies would be required to ban practices such as denying coverage for preexisting conditions and putting a million dollar cap on coverage. The two bills differ on several key points. The House version requires all but the smallest businesses to offer insurance, while the Senate bill would initiate fines for businesses that do not offer affordable plans. The Senate bill bans illegal immigrants from buying health insurance through the exchanges, while the House bill would prevent access only to those receiving subsidies through federal programs such as Medicaid, which would undergo an expansion under both bills (The Washington Post, 2009)

Additional bills were introduced during the 111<sup>th</sup> Congress that pertain to access to care. One bill in the House would improve access to primary care and one bill introduced in the House with a companion bill in the Senate would improve access to wellness and primary care clinics. These have been referred to committee.

#### *Other*

Congress and the Administration are actively pursuing efforts to improve health care quality in the U.S. health care system. Efforts include: requiring the development, adoption and reporting of quality measures by providers, implementing value based purchasing initiatives to link reimbursement to performance, initiating comparative effectiveness research that will help guide decisions based on the best clinical information, developing standards for the adoption of health information technology (HIT), funding chronic care management initiatives and addressing disparities in health among racial and ethnic groups (National Association of Public Hospitals and Health Systems, 2009)

### *Public Private Partnership to Promote Patient Safety (P5S)*

P5S is an attempt to implement a national adverse event analysis system for healthcare in the United States modeled after the Commercial Aviation Safety Team (CAST) which has been successful in aviation. The P5S seeks to create a health care version of CAST to identify industry-wide solutions to commonly recurring health care adverse events. The initiative seeks to unite the Agency for Healthcare Research and Quality (AHRQ), the Food and Drug Administration (FDA), The Joint Commission, US Pharmacopeia, the ECRI Institute, insurers, and 15 large health care provider organizations. P5S has received a planning grant from RWJF to further develop the governance, processes and financing for P5S (Pronovost, Goeschel, Olsen, et al, 2009)

### *Boards of Nursing*

Several boards of nursing have become involved in the patient safety movement by collaborating with health care institutions in the state. Two boards have involved health care systems in their collection of TERCAP data. Several boards are assisting health care institutions in analyzing system errors and when a board becomes aware of a system error notifies the institution that was involved.

15 states are now TERCAP participating states, although to varying degrees. In a recent survey (November 2009) to Executive Officers, 26 responded they would like to be involved with the TERCAP project but are limited in their ability to do so due to the following constraints\*:

- Lack of Resources: 26% (N=17)
- Lack of Staff: 23% (N=15)
- Lack of investigators: 14% (N=9)
- Lack of time: 26% (N=17)

\* Note: Some boards chose more than one answer

## **Nursing Practice**

### *APRNs*

The following information is provided to inform you of the current status of states in achieving uniformity through the APRN Consensus Model. Information is available for NPs and CRNAs.

### *Nurse Practitioners*

How far are boards from achieving the recommendations of the Consensus Model?

- 88% of NPs have graduate degrees
- 92% of NPs maintain national certification
- 96.5% of NPs prescribe medications and write an average of 19 prescriptions/day
- NPs hold prescriptive privilege in all 50 states, including controlled substances in all but 3
- 20% of NPs practice in rural or frontier settings (Pearson, 2009)

### *Nurse Anesthetists*

- 47 states and the DC and VI require graduation from an accredited program
- 31 states require an advanced degree
- 47 states, DC and VI require certification
- 45 states and DC require recertification; 4 do not and 1 is ambiguous
- 43 states give statutory authority through the NPA and SBON. One state provides this through the department of health (American Association of Nurse Anesthetists, 2009)

One year after the NCSBN Delegate Assembly approved the model legislative language for the APRN Consensus Model, jurisdictions have made efforts towards enacting new legislative language in their states to promote uniformity.

- Two boards state that they are recommending regulations that will give CNSs APRN status and title protection.
- Six boards report revising their legislation and/or rules to align APRN requirements and language to coincide with the APRN Consensus Model.
- Four boards report they have passed or are working on legislation that will allow APRNs to delegate medication administration to unlicensed personnel such as a medical assistant.

- APRN delegation of medication administration to medical assistants (including injections) was an emerging issue in 2008. Two states have tackled this issue in 2009 and granted APRNs the authority to delegate medication administration to unlicensed personnel.
- One state is introducing a bill in the next general session to give CRNAs independent practice.

#### *Legislation*

*Two bills were introduced into the House that would improve access to advanced practice nurses through the Medicaid program. These remain in committee.*

#### Other

#### *Certification*

The American Nurses Credentialing Center (ANCC) will retire the Clinical Nurse Specialist Core certification examination on July 1, 2010, due to the low candidate volume during the exam pilot window (September 1 – December 31, 2009.) (ANCC, 2009)

#### *Council for the Advancement of Comprehensive Care*

In 2008, the Council for the Advancement of Comprehensive Care (CACC) and the National Board of Medical Examiners agreed to collaborate to develop and administer a Certification Examination for Doctors of Nursing Practice (DNP). The CACC exam is derived from the USMLE Step 3, the certification for graduates of DNP programs. Nurses who pass the exam are awarded a certification and are designated as *Diplomates in Comprehensive Care by the American Board of Comprehensive Care*. The examination is similar in content and format as Step 3 of the United States Medical Licensing Examination (USMLE). It measures the same set of competencies and applies comparable performance standards; however it is customized by CACC content experts. The exam was administered for the first time in 2008. First-time takers numbered 45. The pass rate for first-time takers was 50%. (CACC, 2009)

The American Medical Association continues to counter the evidence indicating the safe practice of advanced practice nurses. Their latest publication, AMA Scope of Practice Data Series on Nurse Practitioners is one of a series of compendiums being produced about other health professions. This publication contains information about the education, licensure and current literature regarding APRNs from the perspective of the AMA.

#### Registered Nurses and Practical/Vocational Nurses

The following are emerging practice issues identified by Boards of Nursing:

1. Verification of PICC Line placement
2. RN role in sequence intubation
3. IV medication administration by PN/VNs
4. Laser procedures for inflammatory skin disorders
5. Taking X-rays
6. Assessment of a central line by a PN/VN

This year, the H1N1 flu vaccine has been at the forefront of health care. Many boards of nursing have had to grapple with the question of who can administer the H1N1 virus vaccine. Boards have handled this issue in the following ways:

- One board issued a position statement allowing unlicensed assistive personnel to administer the vaccine under national and state declared emergency conditions providing that the individuals had the appropriate training and competency validation.
- Several states have developed protocols describing the qualifications necessary for non-licensed individuals to administer the vaccine.
- One board has a waiver for licensed professionals, such as dentists and podiatrists to administer the vaccine.

## **Discipline**

Just Culture: Boards continue to be interested in the Just Culture movement. At least one more board is moving forward with implementing a Just Culture program in their state, joining three who already have a program in progress.

Alternative to Discipline Programs: In a recent survey (Oct 2009), boards were asked what percentage of participants enrolled in an alternative to discipline program, complete the program. Ten boards responded to this question with a percentage. Answers ranged from 11%-94%. The average percentage completing the alternative to discipline program was 50.43%. The relapse rate (N=9) was 26.5% with a range from 2% to 56%.

Three boards have alternative to discipline programs for practice issues with two additional boards planning on implementing a program during FY2010.

Overall boards are reporting an increase in discipline cases, an increase in the complexity of cases and an increase in the number of applicants with positive criminal background checks applying for a license.

Boards are considering adding criminal background checks for renewals and reinstatement of licensure with one board reporting they will be performing criminal background checks for licensure reinstatement.

## **Licensure**

There is an increase in the number of boards doing online renewals and these boards are seeing an increase in participation when licensees are given the choice between online and paper renewals.

Boards are continuing to eliminate paper licenses forcing employers to verify licensure online.

One board is allowing candidates to take the NCLEX prior to receiving the final transcript. The license to practice is not issued until the final transcript is received.

## **Summary**

Fiscal year 2009 brought many challenges for boards of nursing. Despite severe budget constraints, boards have done a heroic job of maintaining and even improving their services to protect the public. Despite new predictions that alleviate the impending nursing workforce shortage to a certain degree, the faculty shortage and aging faculty workforce continues to be disconcerting. While there were close to 30 Congressional bills related to health care/nursing few made it out of committee. Health reform has taken precedence over all other bills in the House and Senate. States are moving in a positive direction towards uniformity of advance practice. NCSBN will continue to monitor the state and federal legislative activities as well as other national initiatives. .

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**Fiscal Impact:** None

# NCSBN MEDIA ANALYSIS: fourth quarter 2009 July-August-September

Since November 2008, NCSBN has contracted with Meltwater News, to monitor media coverage and collect electronic copies of articles where terms such as “NCSBN” and “NCLEX®” were found. Millions of readers across the globe learn about NCSBN and its impact on nursing regulation at local, national and international levels. This media analysis classifies these articles into categories, and analyzes content and viewership.

## The Facts

The total number of articles for July, August and September 2009 was 223, which translated to 64,366,874 potential viewers through online media. See Figure 1 for the number of articles per month and Figure 3 for the number of potential viewers per month.

Of the 223 articles published in the fourth quarter, more than 80 percent were published in media outlets located in North America. See Figure 2 for an article breakdown by continent.

## Coverage

Normally, NCSBN monitors articles that were featured in professional journals and trade publications. Due to Meltwater’s unique online database tracking system, this information is still being gathered.

In September, NCSBN was featured in an *Nursing Economics* article entitled, “Nurse Residency Programs: An Essential Requirement for Nursing,” which discussed NCSBN’s regulatory model for transition of nurses from education to practice.

Many news outlets in India and the Philippines continued to report on the nursing shortage, including the decline of international nurses seeking jobs in the U.S. One report, which was published in newspapers in Singapore and the Philippines stated that due to the growing recession in the U.S., more Filipino nurses were finding work in the Middle East, where it is easier to find nursing jobs than in the U.S.

NCSBN and the NCLEX were mentioned in numerous articles pertaining to the National

League of Nursing’s new computer-adaptive testing component of its NCLEX-RN® examination preparation course.

The most popular media category during the fourth quarter was nursing programs, due to the large amount of nursing students passing the NCLEX, which in some cases, increased a nursing school’s NCLEX passing rate. Numerous media outlets in Guam, the U.S. and the Philippines reported on the University of Guam receiving a large amount of money to expand its nursing programs.

For a complete breakdown of the media categories, see Table 1.

## NCSBN News

NCSBN disseminated seven news releases during the fourth quarter. These releases were published in various news outlets in the U.S., India, Belgium and Canada. It is estimated that there were more than 14,067,153 potential viewers accessing these media clips across the globe.

## Benefits

Tracking media has numerous benefits for NCSBN and its consumers. By categorizing and analyzing the articles that NCSBN and NCLEX are mentioned in, we as an organization are aware of the messages the public receiving.

There are three benefits to media tracking: (1) It provides positive media coverage for NCSBN that promotes name recognition; (2) It reinforces the idea that there is one national, interactive process for obtaining nurse licensure; and (3) It increases public trust in NCSBN’s ability to promote public protection.

To access articles NCSBN has been featured in, contact the NCSBN Marketing & Communications department at [communications@ncsbn.org](mailto:communications@ncsbn.org).

## Fourth Quarter at a Glance

Number of Articles: 223

Number of Potential Viewers:  
64,366,874

## Table 1. Media Categories

Advanced Practice Regulation
Criminal Background Checks
Discipline
Education Research (Articles regarding research and/or scholarly work)
Foreign Nurse (Entry to Practice)
Nurse Licensure Compact (NLC)
NCSBN Item Writers (news about a person who serves on an NCSBN committee or the NCSBN Board of Directors)
Nursing Programs (Articles regarding NCLEX® passing rates of nursing education programs and other localized nursing education stories)
Nursing Shortage
Professional Boundaries
Regulation
TERCAP®
Testing

Figure 1. Number of Articles Per Month

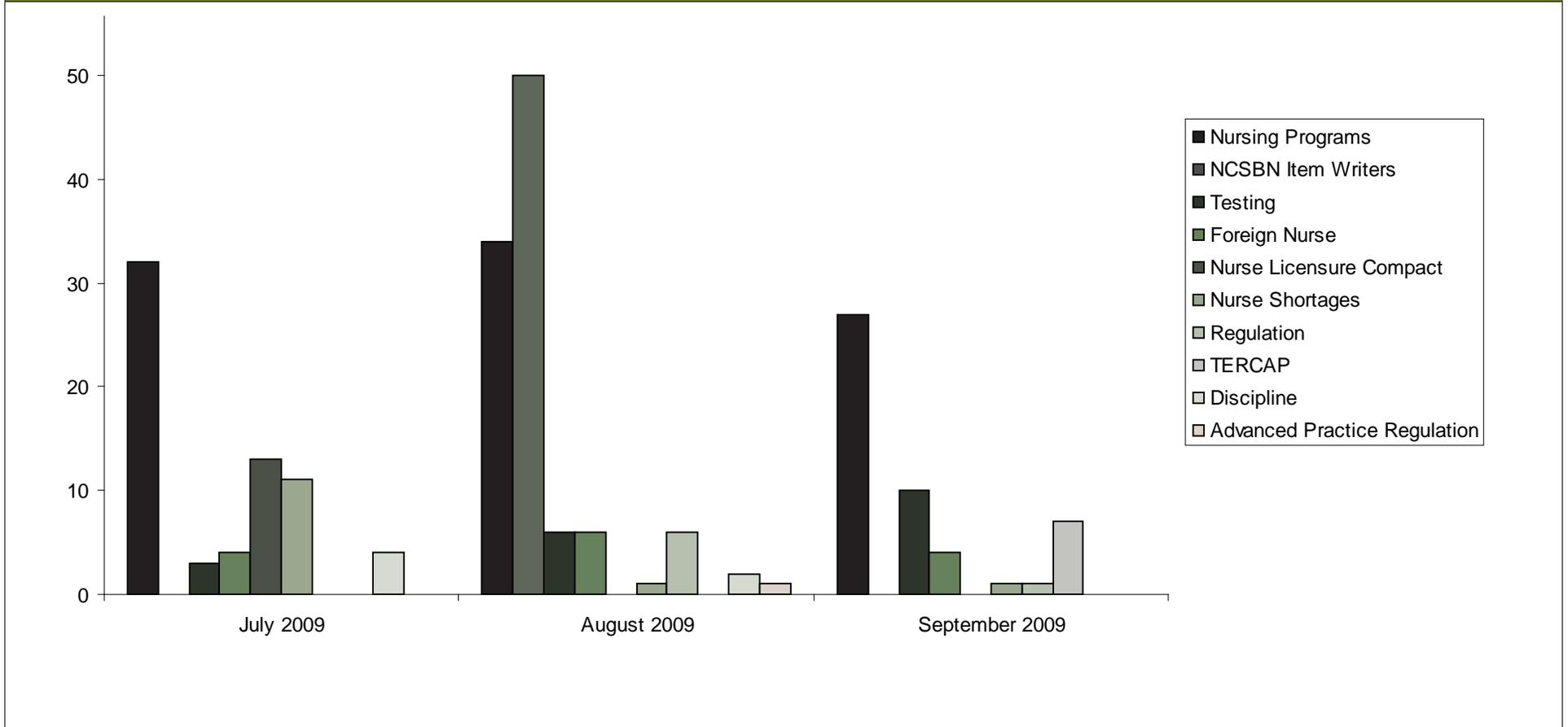


Figure 2. Article Placement by Continent

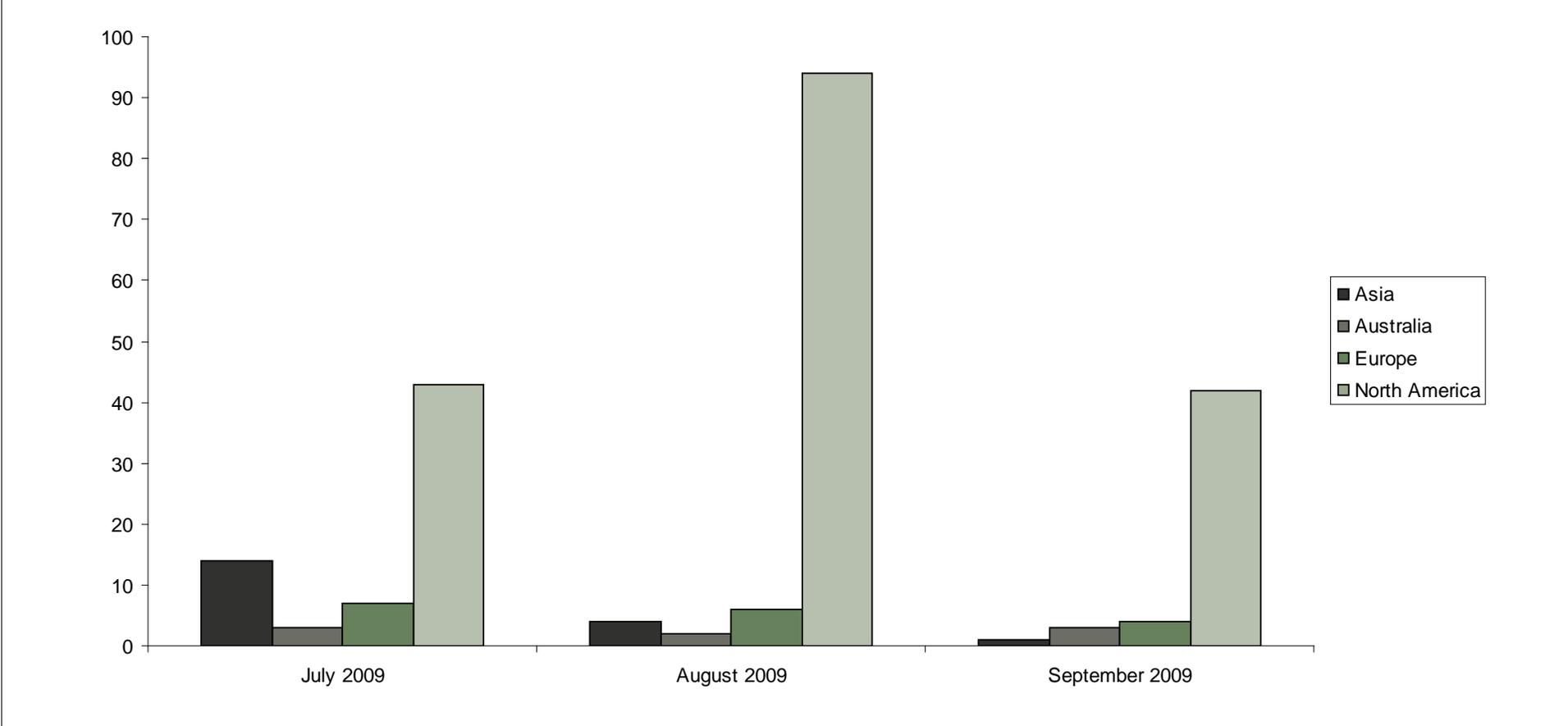
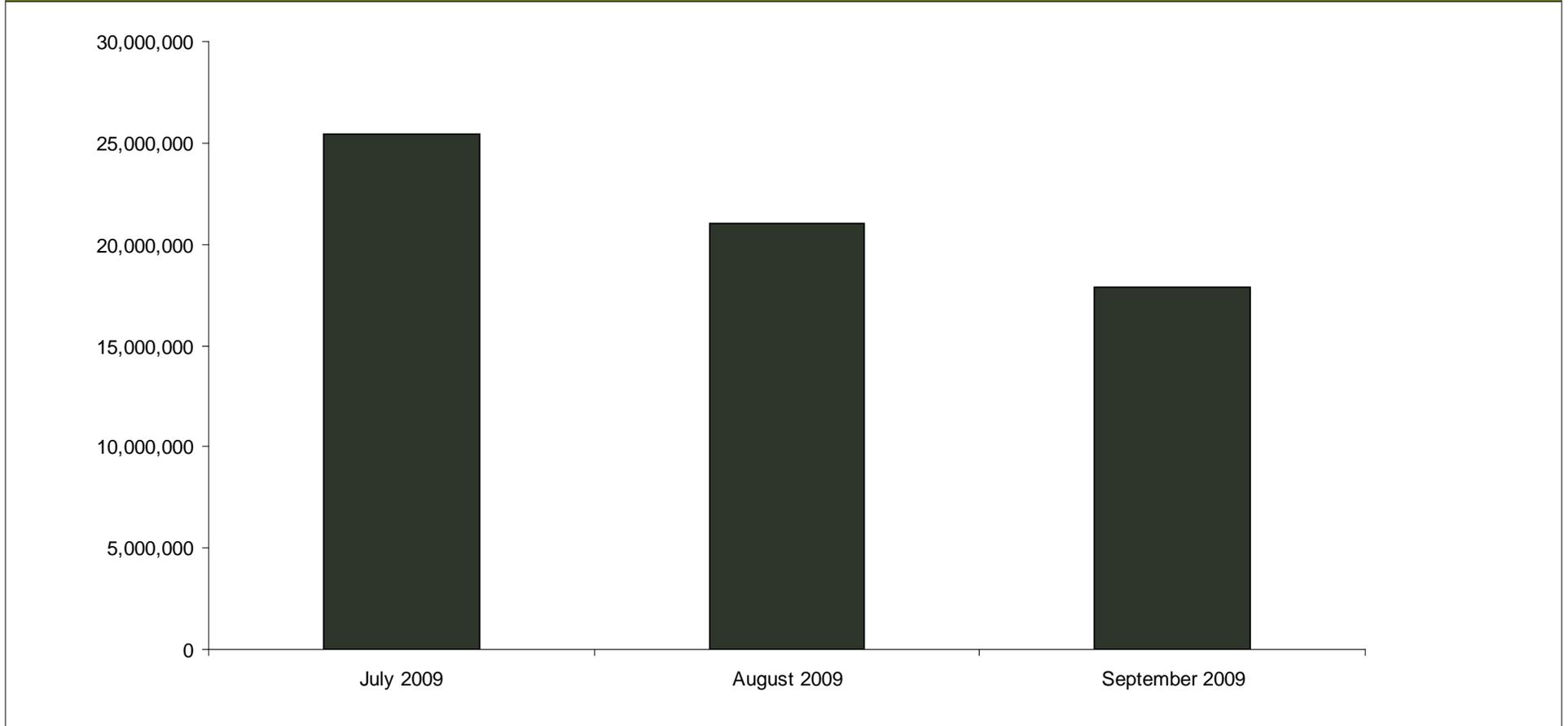


Figure 3. Potential Viewership





## The NCSBN Board of Directors voted to raise the passing standard for the NCLEX-RN Examination at its meeting on Dec. 10, 2009

12/15/2009

### The NCSBN Board of Directors voted to raise the passing standard for the NCLEX-RN Examination at its meeting on Dec. 10, 2009

Media Contact: Dawn M. Kappel  
Director, Marketing and Communications  
312.525.3667 direct  
312.279.1034 fax  
[dkappel@ncsbn.org](mailto:dkappel@ncsbn.org)

#### FOR IMMEDIATE RELEASE

CHICAGO - The National Council of State Boards of Nursing, Inc. (NCSBN) voted on Dec. 10, 2009, to raise the passing standard for the NCLEX-RN Examination (the National Council Licensure Examination for Registered Nurses). The new passing standard is -0.16 logits on the NCLEX-RN logistic scale, 0.05 logits higher than the previous standard of -0.21. The new passing standard will take effect on April 1, 2010, in conjunction with the 2010 NCLEX-RN Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than was required in 2007, when NCSBN implemented the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of nine nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A PDF of the 2010 NCLEX-RN Test Plan is available free of charge from the NCSBN Web site [https://www.ncsbn.org/2010\\_NCLEX\\_RN\\_TestPlan.pdf](https://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf).

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Media inquiries may be directed to the contact listed above. Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at 1.866.293.9600 or [nclexinfo@ncsbn.org](mailto:nclexinfo@ncsbn.org).

The definition of a logit may be found on NCSBN's Web site at  
[https://www.ncsbn.org/02\\_18\\_05\\_brief.pdf](https://www.ncsbn.org/02_18_05_brief.pdf).

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