

TECHNICAL NOTES:

The data reported in this publication reflect the results of a survey mandated under Chapter 106.30 of the Wisconsin Statutes for all registered nurses (RNs) in Wisconsin. The survey was conducted as an element in the biannual license renewal requirement for the year 2018. The mandate was communicated to nurses through numerous venues and organizations, as well as to employers.

Two forms of the *Wisconsin 2018 RN Workforce Survey* were utilized, an online and paper version. The responses from both formats totaled 90,143. Data summarized in this overview include only responses from the online survey (n=88,932). It does not include responses from the paper survey (n=1,211) or responses of RNs who neither lived nor worked in the state of Wisconsin (n=8,293). **The results summarized in this overview (n=79,750) are based only on data from the online responses after exclusionary criteria were applied to remove any questionable or misleading data. This was done in order to strengthen the validity of the data and to focus on RNs who live and/or work in Wisconsin.**

The 2018 survey instrument was constructed and processed by the Wisconsin Department of Workforce Development. Members of the Data Collaborative of the Wisconsin Council on Medical Education and Workforce (WCMEW) and experts from nursing organizations contributed to the survey design and questions. The survey was administered by the Wisconsin Department of Safety and Professional Services.

The survey encompasses multiple characteristics of the RN workforce and contains data elements of the National Nursing Workforce Minimum Dataset: Supply, as developed by The National Forum of State Nursing Workforce Centers, www.nursingworkforcecenters.org.

Detailed analysis of the *Wisconsin 2018 RN Workforce Survey* was carried out by nurse researchers from the University of Wisconsin-Madison, School of Nursing: Susan J. Zahner, DrPH, MPH, RN, FAAN; Barbara Pinekenstein, DNP, RN-BC, FAAN; PhD students: Jennifer Kowalkowski, MS, MPH, RN, Project Assistant and Sarah Brzozowski, MBA, BSN, RN, NEA-BC. The statistician for the project was Jeffrey B. Henriques, PhD. For complete reports and more information on the nursing workforce and nursing education in Wisconsin go to www.wicenterfornursing.org.

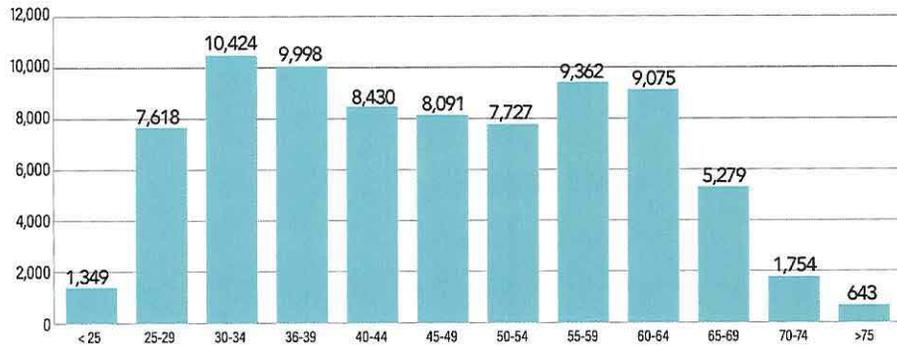
On behalf of the Wisconsin Center for Nursing and the many partners involved with the design, implementation, and analysis of the *Wisconsin 2018 RN Workforce Survey*, we wish to thank all who assisted with the survey and the nurses of Wisconsin for completing the survey. The cooperation and dedication of all involved will aid policy makers and others in assuring a sufficient, competent, and diverse nursing workforce for the people of Wisconsin.

To receive additional copies of this publication, send your request to info@wicenterfornursing.org.

Wisconsin 2018 RN Workforce Survey

3/14/19 BON Open Session
Handout for WNA (1 of 2)

2018 Wisconsin registered nurses by age (n=79,750)



Data Source: Labor Market Information, Wisconsin Department of Workforce Development, 2018.



At a Glance Information

	Total valid online survey respondents	% of applicable respondents
Total survey response n = 90,143*	79,750	100
Gender (n=79,750)		
Female	73,805	92.5
Male	5,945	7.5
Age distribution (n=79,750)		
Less than 25	1,349	1.7
25-34	18,042	22.6
35-44	18,428	23.1
45-54	15,818	19.8
55-64	18,437	23.1
65 and older	7,676	9.6
Race/Ethnicity (n=79,750)		
White	75,118	94.2
Black/African American	1,562	2.0
Hispanic	1,587	2.0
Asian	1,417	1.8
Other	1,653	2.1
Highest degree held in nursing (n=79,750)		
Diploma in Nursing	4,121	5.2
Associate degree in Nursing	27,617	34.6
Bachelor Degree in Nursing	37,884	47.5
Master degree in Nursing	8,811	11.0
Doctorate of Nursing Practice	720	0.9
Doctorate of Nursing Science/Nursing Doctorate	31	0.0
PhD in Nursing	259	0.3
 Holds at least one current national board certification	19,386 / 24.3% (n=79,750)	
 Earned most recent nursing degree in Wisconsin	59,179 / 74.2% (n=79,750)	
Employment status (n=79,750)		
Actively working as a nurse	68,132	85.4
Actively working in health care, not nursing	2,115	2.7
Actively working in another field	1,105	1.4
Unemployed, seeking work in nursing	993	1.2
Unemployed, seeking work in another field	130	0.2
Unemployed, not seeking work	1,844	2.3
Retired	5,431	6.8
Age 55 & over by work setting (27.9%)	55 & over (%)	Average Age
Academic education	806 43.7	51
Ambulatory care	3,748 29.4	46
Home health	1,234 34.6	48
Hospital	7,281 21.3	42
Nursing home/extended care	2,120 36.5	48
Public/community health	955 39.0	49
Other	2,198 42.2	50

Wisconsin Labor Market

	Total valid online survey respondents	% of applicable respondents
Registered nurse workforce (n=79,750)		
Working in healthcare	70,247	88.1
Working in healthcare in Wisconsin	62,642	78.5
Primary place of work in current Wisconsin labor market (n=63,680)		
Academic education	1,761	2.8
Ambulatory care	12,403	19.5
Home health	3,451	5.4
Hospital	33,165	52.1
Nursing home/extended care	5,638	8.9
Public/community health	2,382	3.7
Other	4,880	7.7
Serves in a Leadership Position	761 / 1.0%	
Governance Boards	226 / 0.3%	
Public Officials	226 / 0.3%	
(n=79,750)		
Nursing positions at primary place of work in Wisconsin (n=63,680)		
Staff Nurse	39,572	62.1
Case Manager	5,664	8.9
Nurse Manager	4,313	6.8
Advanced Practice Nurse	4,797	7.5
Administrator	863	1.4
Nurse Executive	682	1.1
Nursing Faculty	1,111	1.7
Other	6,678	10.5
Plans to leave Direct Patient Care (DPC) in Wisconsin (n=50,062)		
Less than 2 years	3,260	6.5
2-4 years	7,060	14.1
5-9 years	10,102	20.2
10 or more years	28,255	56.4
Current DPC providers in Wisconsin	50,062 / 78.6%	
(n=63,680)		
Certified as APN prescriber in Wisconsin	3,682 / 67.6%	
(n=5,448)		
Working in role requiring an APN in Wisconsin	4,850 / 7.6%	
(n=63,680)		
Advanced Practice Nurse (APN) Workforce (n=79,750)		
Certified to practice as APN	5,623	7.1
Certified to practice as APN and working in Wisconsin	4,847	6.1
Advanced Practice Nurses in Wisconsin with master's or higher (n=4,491)		
Nurse Practitioner	2,771	61.7
Clinical Nurse Specialist	226	5.0
Certified Nurse Midwife	140	3.1
Certified Registered Nurse Anesthetist	307	6.8
Advanced Practice Nurse Prescriber	3,324	74.5

*Online responses = 88,932 Paper responses = 1,211

Online responses from RN's who do not live or work in Wisconsin = 8,293

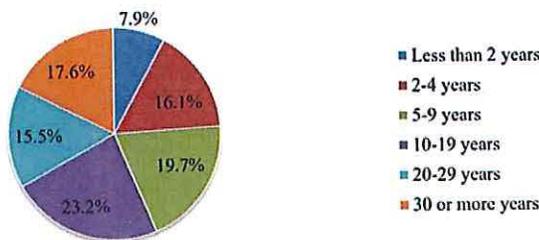
Data Source: Labor Market Information, Wisconsin Department of Workforce Development, 2018

PRESERVE THE NURSING WORKFORCE SURVEY

What is happening?

A legislative proposal to make the mandatory nursing workforce survey voluntary. In the past, a voluntary survey resulted in poor return rates. This occurs because of multiple RN professional roles and practice that occurs in a variety of settings. A voluntary survey does not provide statistical data that evaluates the supply of, demand for, and turnover among nurses in the state. Moreover, it insufficiently assesses whether there are regional shortages and/or shortages of nurses in specialty areas.

How much longer do you plan to work providing direct patient care?



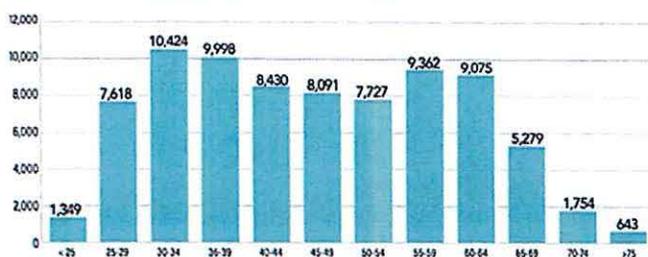
What is the importance of this data?

This data tells us:

- How many RNs and LPNs practice in Wisconsin
- Where nurses are working (i.e. actively in nursing, actively in health care, unemployed, etc.)
- Demographic information about the workplace (i.e. race, sex, age)
- Education level of the workforce (i.e. associate degree, bachelor's degree, etc.)
- Where the nurses are working (i.e. extended care, hospital, home health, public health, etc.)
- And more!

This information is used by educators, health systems, governmental agencies, workforce planners and policy-makers to implement strategies to address emerging nursing workforce challenges.

2018 Wisconsin registered nurses by age (n=79,750)



Why is this an issue?

In the past, Wisconsin has offered the survey in a voluntary format, which resulted in poor return rates and data that did not provide a total picture of the nursing workforce. By design, voluntary surveys are not random and therefore may produce data that is not statistically relevant. For example, nurses from Milwaukee or specialty nurses only responding.

A nursing shortage is already descending upon Wisconsin. The information from the mandatory workforce survey is used to quantify the threat of the shortage and adapt to changes in the workforce. The mandatory workforce survey has been used to inform recruitment, retention, and employment strategies for the nursing workforce.

NURSING WORKFORCE SUMMARY



What is the solution?

It is anticipated that a bill will be re-introduced at the upcoming legislative session. Working with legislators to vote NO on the new legislative version will be a vital step to preserving this survey.

What you can do!

Meet with your legislators! Write letters to your representatives! Learn more about this issue by contacting WNA, WCN or exploring their websites.

WNA: www.wisconsinnurses.org

WCN: www.wisconsincenterfornursing.org

<https://docs.legis.wisconsin.gov/statutes/statutes/106/II/30>



TO: Peter Kallio, Chairperson and Members of the Wisconsin State Board of Nursing
FROM: Gina Bryan, Chairperson, Wisconsin APRN Coalition
DATE: March 14, 2019
RE: 2019 APRN Modernization Act

The Wisconsin APRN Coalition is comprised of the four nursing associations representing Advanced Practice Nurses. The APRN Coalition Steering Committee consists of the Wisconsin Affiliate of the American College of Nurse-Midwives, Wisconsin Association of Clinical Nurse Specialist, Wisconsin Association of Nurse Anesthetists and the Wisconsin Nurses Association of Nurse Practitioners. These four committed associations have been working on the development of legislation that supports patients access to timely, effective and quality care using the adopted National APRN Consensus Model. Thank you for allowing us to provide an update our legislative proposal.

The APRN Coalition reviewed purpose of the newly introduced legislative proposal AB 658/SB 497, *The APRN Modernization Act* at the November 9, 2017 Board of Nursing Meeting. Board of Nursing members and staff relayed their concerns about the legislative bill. At the November 21, 2017 the Board of Nursing Meeting adopted a position of what needed to be added to the bill in order to gain Board of Nursing support.

Our purpose today is to share the most recent proposal LRB-0429/1, with a specific focus on where the Board of Nursing recommendations can be found and other language that may be of interest.

Board of Nursing Recommendations

1. BON Recommendation:

Replace the references to prescription authorization, i.e. "APNP certified" provided in the bill with references to a permit for advance practice registered nurses to issue prescription orders, of which the Board of Nursing could grant, deny, or limit.

Response:

Language changed to *Advanced Practice Registered Nurse who holds a permit to issue prescription orders under s, 441.09 (2)*

Sections amended: pg. 7. Section 9 lines 2-3; pg. 7, Section 10 lines 9 – 10; pg. 7. Section 12 lines 18-19; pg. 10. Section 21 lines 20-21; pg. 18. Section 36 line 7; pg. 18. Section 37 lines 15-16; pg. 19. Section 38 lines 3-4; pg.20. Section 43 lines 12-13; pg. 20. Section 44 lines 16-17 and 20-21; pg. 21. Section 48 lines 17-18; pg.29. Section 64 lines 18-19; pg. 36. Section 70 lines 1-2; pg. 36. Section 73 lines 8; pg. 40-41. Section 91 lines 24-26; pg.40. Section 91 line 5; pg. 41. Section 91 lines 10-11; pg. 43. Section 92 line 1; Section 92 line 10 -12; pg. 44. Section 92 line 8. 10, 13, 16, 20 and 25; pg. 45. Section 92 line 1; pg. 47. Section 92 lines 10-11, 16-17, and 19-20; pg. 49. Section 100 line 3-4; pg. 50. Section 108 lines 15-16; pg.53. Section 114 lines 16-18 and 20-21; pg. 55. Section 121 lines 6-8; pg. 55. Section 122 lines 11-13; pg. 56. Section 128 line 25; pg. 57 Section 126 lines 1, 3-6 and 7-8.

2. BON Recommendation:

Delete the language that provides for a scope of practice for nurse-midwifery.

Response:

Language removed.

3. BON Recommendation:

Delete the word “enhanced” when connected to the language that references “enhanced nurse licensure compact”.

Response:

The word “enhanced” was struck throughout the draft. pg. 4. Section 1 line 2; pg. 40, Section 89 line 3; pg. 48. Section 93 line 16; pg. 50. Section 105 lines 1 and 3.

4. BON Recommendation:

Clarify that Wisconsin’s nurse licensure compact language adopts nationally agreed upon standardize language rather than how it currently reads.

Response

Struck the words “under s. 441.51” on page 40. Section 89, line 2.

5. BON Recommendation:

Replace the references to prescription authorization with references to an additional permit for an advance practice registered nurse to issue prescription orders, of which the Board of Nursing could grant, deny, or limit.

Response:

Language changes made on pg. 40. Section 91 lines 22 – 25 and continues on pg. 41. Section 91 lines 1 – 11.

6. BON Recommendation:

Specific continuing education requirements are more appropriately placed in administrative rule, rather than in state statute.

Response:

Language authorizes the board to promulgate rules regarding the continuing education requirements for APRNs.

pg. 46. Section 92 line 20-21

7. BON Recommendation:

Use the following language: “MALPRACTICE LIABILITY INSURANCE. Except for a person whose employer has in effect malpractice liability insurance that provides coverage for the person in the amounts specified under s. 655.23 (4), no person may practice advanced practice registered nursing unless he or she at all times has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board. An advanced practice registered nurse shall submit evidence of that coverage to the board when applying for an initial license under this section or a renewal of a license under this section. An advanced practice registered nurse shall also submit such evidence to the board upon request of the board.”

Response:

The above language was inserted and found on pgs.46 through 47. Section 92 lines 22 – 25 and continuation on lines 1 – 5.

8. BON Recommendation:

Reference to BON authority to promulgate rules, “delete ‘the authorization to’ and substitute ‘within which an advanced practice registered nurse may’.”

Response

The above language was inserted on pg. 47. Section 92 line 10

9. BON Recommendation:

Refers to Limitation on APRNs who prescribe, “delete ‘authorized’ and substitute ‘permitted’”.

Response

Above language inserted and can be found on pg. 57. Section 128 line 2.

10. BON Recommendation

Refers to BON authority related to the following: A. “Establishing procedures for maintaining a permit to issue prescription orders, including requirements for continuing education.

B. Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice registered nurse shall at all times have in effect. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.”.

Response

Above language for A. inserted and can be found on pg. 47. Section 92 lines 8 – 11. Above language for B. inserted and can be found on pg. 47. Section 92 lines 24 -25 and pg. 48 lines 1 – 2.

11. BON Recommendation

Delete delegation of the practice of podiatry for an advance practice registered nurse. Background: A podiatrist does not have the same type of supervisory relationship with an advanced practice registered nurse that it does with a physician assistant. Advanced practice registered nurses do not engage in professional practice under the supervision and direction of a podiatrist.

Response

Language was contained in 441.16. 441.16 has been repealed.

Other language that may be of interest

Adherence to professional standards. The following language was inserted, “An APRN shall adhere to professional standards when managing situations that are beyond the APRN.s expertise.

Rationale for insertion: Instances have been reported that patients of APRNs are being sent to emergency departments without notification. We want to make sure that if instances like this exist it is unacceptable and unprofessional. This language can be found on page 46. Section 92 lines 7 – 9.

Clarification of APRN Delegation. There has been confusion about the ability of APRNs to delegate. We agreed with the Wisconsin Hospital Association that clarity was needed. The following language was inserted, “An APRN licensed under this section may delegate a task or order to another clinically trained health care worker if the task or order is within the scope of the APRN’s practice, the APRN is competent to perform the task or issue the order, and the APRN has reasonable evidence that the health care worker is minimally competent to perform the task or issue the order under the circumstances.”

The APRN Coalition is proud of our legislative draft and look forward to the Board of Nursing indicating their support.

CURRENT STATE STATUTE

1,168



ADVANCED PRACTICE
NURSE PRESCRIBER

3,682



FUTURE STATE STATUTE

APRN
4,850





ADVANCED PRACTICE REGISTERED NURSE

NATIONAL BOARD CERTIFIED | WI LICENSE

Certified Nurse
Midwife

Clinical Nurse
Specialist

Certified Registered
Nurse Anesthetist

Nurse
Practitioner

REQUIREMENTS



National
Board Certification
In One of the
Four Roles



Graduate Degree
In Nursing in one
Of the Four Roles



Graduated from
An Accredited
Nursing Program



Complete 45 Contact
Hours in Clinical
Pharmacology /
Therapeutics as a
Condition of National
Board Certification



Complete 16 Hours of
Continuing Education
Every Two Years to Renew
(2 Hr Prescribing Opioids)



Register with the WI
State Board of Nursing
Of Intent to be a
Prescriber



Has Medical Malpractice
Insurance Coverage



APRN MODERNIZATION ACT

*Education Accreditation
Certification Licensure*

Goal of Legislation: Wisconsin's Nurse Practice Act, State Statute Chapter 441, will better reflect the legal practice of Advanced Practice Nursing in Wisconsin using the agreed upon principles and terminology being adopted nationally. In Wisconsin the goal is to amend the current title, Advanced Practice Nurse (APN) and Advanced Practice Nurse Prescriber (APNP) and move to Advanced Practice Registered Nurse (APRN).

Who are Advanced Practice Registered Nurses: APRNs are Registered Nurses who have acquired, through graduate-level education, advanced clinical knowledge and skills to provide direct patient care.

There are four distinct types of Advanced Practice Registered Nurses:

- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)

Recommendations

Wisconsin State Statute Chapter 441 will be modernized to reflect a national consensus model being adopted across the country. To modernize Wisconsin's Nurse Practice Act, State Statute Chapter 441; the following principles will be applied:

- Add a definition for Advanced Practice Registered Nurse (APRN)
- Provide formal licensure for advanced practice registered nurses (APRN), recognizing the four different practice roles listed above
- Repeal 441.15 – Nurse Midwife Practice Act
- Repeal 441.16 – Prescription Privileges for Advanced Practice Nurses
- Identify specific criteria to be licensed as an Advanced Practice Registered Nurse:
 - national board certification
 - Master's Degree or higher in an APRN role; and
 - graduate from a school of nursing with national accreditation.
- Create the conditions for an APRN to prescribe
- Provide technical amendments to replace Advanced Practice Nurse Prescriber (APNP) with APRN.

Issue

- Wisconsin's Nurse Practice Act, State Statute 441, is relatively silent when it comes to defining the role and responsibility of advanced practice registered nurses (APRNs).
- Legislation recognized advanced practice registered nurses in 1995 when subsets of these practitioners' were granted prescriptive authority. Wisconsin State Statute 441.16 was created to allow advanced practice nurses to prescribe medications under the conditions defined. APRNs practice beyond the realm of prescriber work. Clarity regarding their legal definition and role are needed.
- According to the a report of the U.S. Federal Trade Commission, APRNs play a critical role in alleviating provider shortages and expanding access to health care services for medically underserved populations.
- Currently in Wisconsin, Advanced Practice Registered Nurses cannot provide pharmacologic-related care without having a documented collaborative relationship with a physician. This has become an artificial barrier effectively giving one group of health care professionals the ability to restrict access to the market by another, competing group of health care professionals, thereby denying health care consumers the benefits of greater competition and access to care.

Facts About Wisconsin's Advanced Practice Registered Nurses (APRNs)

- APRNs are registered nurses who have acquired, through graduate-level education, advanced clinical

knowledge and skills to provide direct patient care.

- APRNs have advanced education, knowledge and skills to care for a specific population of patients, including adults, families, children and newborns and pregnant women.
- APRNs are educationally prepared to assess, diagnose, manage patient problems and perform procedures.
- APRNs provide services in a variety of settings, including hospitals, clinics, long term care, private offices and schools. Significantly, they are practicing in places where there is an increased demand for providers to meet the health needs of the communities they serve including psychiatric/mental health.
- The Department of Workforce Development reported that in 2016 there were 4,360 APRNs in Wisconsin, who are evenly distributed throughout the state. However, this is only 6.9% of the RN workforce, which is below the APRN national average of 11%.
- CNMs are the only APRNs that are licensed in Wisconsin. There are approximately 3,000 APRNs that have statutory authority to prescribe without further identification of their roles.
- Legislation is needed to recognize all APRNs through licensure.

Demand for APRNs is growing because:

- Advanced practice nurse employment has increased 150% since 2009*
- Primary care is focusing on patient-centered care coordination that requires prevention and health promotion services particularly for patients with chronic diseases. Nurse Practitioners and Clinical Nurse Specialists are found to be effective providers with excellent patient outcomes.
- Comprehensive women's health care across the life-span including obstetrics is increasingly the preferred method of health care delivery which is provided by Certified Nurse Midwives.
- The growth in Medicare eligible individuals in Wisconsin will increase from 13% (726,280) in 2005 to 22.3% (1,485,570) in 2035. This will require greater numbers of APRNs, to provide collaborative and coordinated team-based care in order to achieve quality health care outcomes and cost-efficiencies.
- The number of businesses offering on-site primary care and occupational health services benefits will continue to increase due to relevant, timely employee access to cost-effective and high-quality care provided by APRNs.
- Health care systems can attest to the benefits of utilizing APRNs in acute, primary, long-term care, occupational and other community settings.

Wisconsin State Statute Chapter 441, Board of Nursing. <https://docs.legis.wisconsin.gov/statutes/statutes/441>

Wisconsin State Statute Chapter 441.16, Prescription Privileges of Nurses.

<https://docs.legis.wisconsin.gov/statutes/statutes/441/1/16>

National Consensus Model for APRN Regulation. National Council of State Boards of Nursing. <https://www.ncsbn.org/421.htm>

Quality of primary care by advanced practice nurses: a systematic review. Int J Qual Health Care (2015) 27 (5): 396-404.

<https://academic.oup.com/intqhc/article-lookup/doi/10.1093/intqhc/mzv054>

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<https://www.ncsbn.org/APRNReadingList042616.pdf>

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http://www.wisconsincenterfornursing.org/documents/index_docs/2016_WI_RNSurvey_At%20a%20Glance%20Summary%20FINAL.pdf

Wisconsin Health Care Workforce 2016 Report. Wisconsin Hospital Association.

<http://www.wha.org/Data/Sites/1/pdf/2016WorkforceReport.pdf>

National Health Expenditure Projections 2016-2025, Forecast Summary. Office of the Actuary in the Centers for Medicare & Medicaid Services. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>

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https://www.wha.org/WisconsinHospitalAssociation/media/WHA-Reports/2018_Workforce_Report.pdf

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<https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolicypaper.pdf>