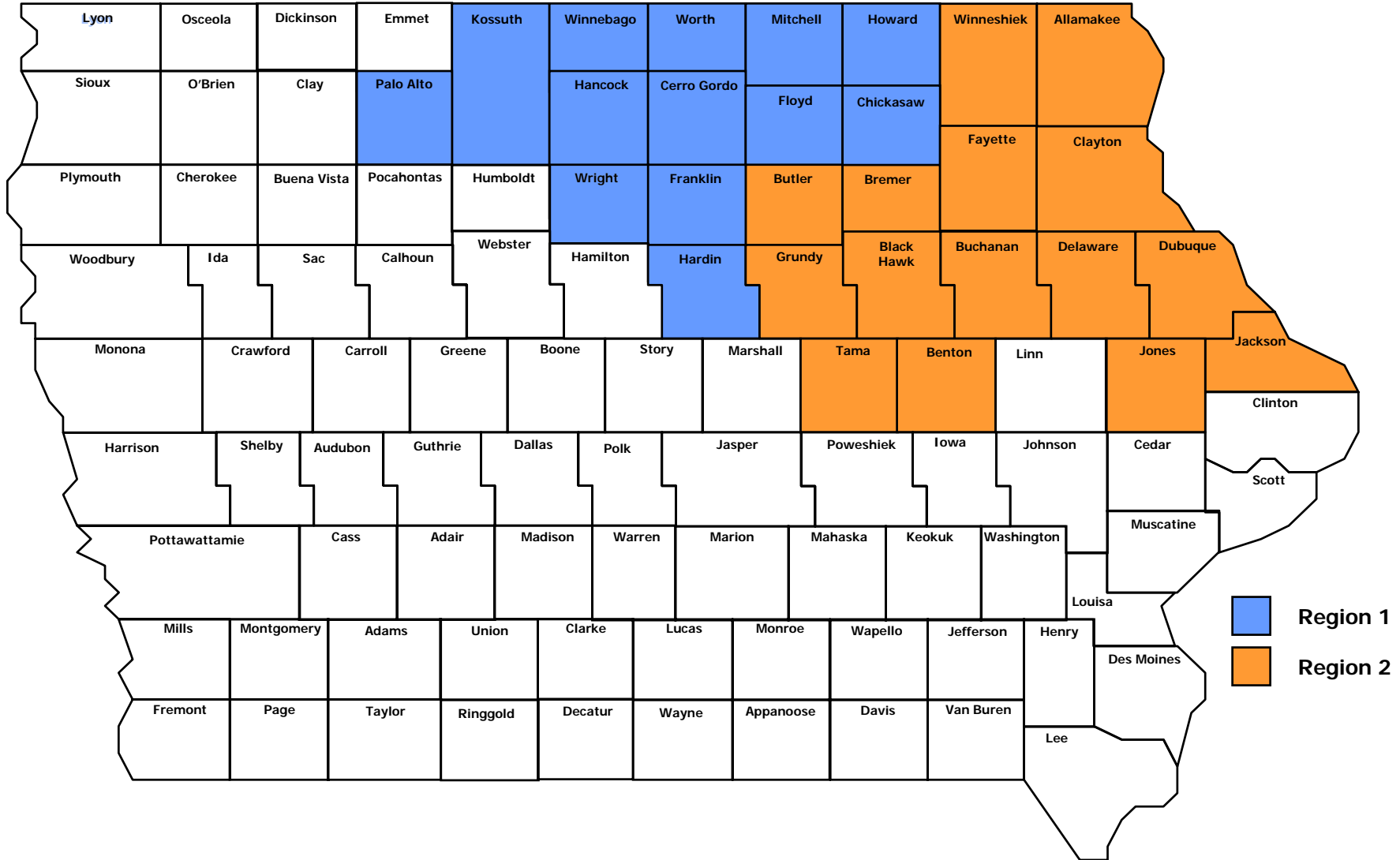


REGISTERED NURSE TRACKING PILOT PROJECT

Project Counties



Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

— Project Critical Path —

October 2004 – August 2005

WORK PERFORMANCE	2004			2005								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Identify Potential RN Employers in Region Two	█											
Regional Site Visits to Large Employers	█											
Recruit/Train Staff	█			█								
Maintenance of Data for Region One	█											
Refine Plan for Sustained Operations and Expansion	█											
Meeting with Advisory Group			█			█				█		
Data Collection for Region Two			█									
Employer Demand Survey								█				
Produce Output Reports & Graphics												█

Regional Registered Nurse Tracking Pilot Project

Advisory Group

Thursday, December 9, 2004

Iowa Hospital Association, 100 East Grand, Des Moines

1:00 – 3:00 p.m.

Agenda

- I. Welcome and Introductions
- II. Agenda and Participant List (Tab I)
- III. Minutes from September 16, 2004 (Tab II)
- IV. Progress
 - a. Region 1 (Tab III)
 - b. Region 2 (Tab IV)
 1. Recruit/Train Staff
 2. Identify Potential Employers
 3. Visits to Large Employers
 4. Data Collection
- V. Advanced Practice Nurse Tracking System (Tab V)
- VI. Continuation/Expansion of the Project
- VII. Next Meeting Date and Location

Regional Registered Nurse Tracking Pilot Project

Advisory Group Meeting

December 9, 2004

<p>Advisory Group Members Present: Tony Dietsch Linda Goeldner Diane Huber Lorinda Inman Gail Meyer Donna Orton Absent: Judith Hausner</p>	<p>Center for Health Workforce Planning Staff Present Eileen Gloor Jeanine Moody</p> <p>OSCEP Staff Present: Carol Alexander Theresa Dunkin Carole Kron Linda Thiesen Karla Duwa</p>	<p>Called to order: 1:00 PM Adjourned: 2:15 PM Location: Iowa Hospital Association 100 E Grand Avenue Des Moines IA 50309 Prepared by: Karla Duwa</p>
<p>AGENDA</p>	<p>DISCUSSION</p>	<p>ACTION/DEADLINE/WHO</p>
<p>Welcome and Introductions</p>	<p>C. Alexander welcomed the attendees and thanked them for coming. Introductions were made.</p>	
<p>Minutes</p>	<p>The minutes from the September 16, 2004 meeting were approved as written.</p>	
<p>Progress</p> <p>A. Region One</p>	<p>T. Dunkin and J. Moody announced that the Region One final report would be available on the IDPH website soon. T. Dunkin proceeded to explain the results of the additional survey questions that potentially inactive RNs from Region One were asked. Out of 976 RNs, 195 were found as professionally inactive. G. Meyer asked how many of these inactives were related to age. T. Dunkin reported that all worksites in Region One would be resurveyed</p>	<p>OSCEP will refine survey of Inactive Nurses to ask about retirement.</p> <p>Region One will be resurveyed in March 2005.</p>

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
	<p>via telephone, for maintenance purposes. C. Alexander reported that there would also be an annual demand survey completed for both regions in the coming year.</p>	
<p>B. Region Two</p> <p>1. Recruit/Train Staff</p> <p>2. Identify Potential Employers</p> <p>3. Visits to Large Employers</p>	<p>T. Dunkin explained the recruiting/training of staff process to date. Carole Kron was hired as Project Coordinator. Clerk III search still in process.</p> <p>C. Kron explained the progress to date for Region Two. Process refinements have been made prior to starting data collection for Region Two. A letter has been sent to small volume employers. Staff are making direct phone calls to each worksite to get information. Faxing continues to be an option with each employer site. C. Kron reported 663 potential employer worksites, of which 553 are small volume employers. 258 of the small volume employers have been called at this point. 60 surveys have been completed by phone/fax. 168 nurses have been identified. Staff is waiting on 53 surveys. 95 employer worksites have reported no RNs.</p> <p>C. Kron reported approximately 100 large volume employers in Region Two, of which 20 are hospitals. She asked for ideas on opportunities for presentation to these employers.</p> <p>T. Dunkin added that a press release for Region Two was sent out.</p>	<p>G. Meyer suggested District C meetings – monthly meeting on the 1st Friday of each month. Suggested contacting Art Spies to arrange. This meeting would include CEOs, CFOs, nurses, etc.</p>

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
<p>4. Data Collection</p>	<p>C. Kron reported that an Eastern Iowa VNA was uncooperative because they thought the phone call was relating to the nurse draft. The Group was asked if they had any information about a nurse draft.</p>	<p>L. Inman volunteered assistance for identifying nurses at uncooperative sites. OSCEP should let her know early on so that she (IBON) can identify the staff at these facilities.</p> <p>G. Meyer suggested that OSCEP try addressing the Association that the facility may be a member of.</p>
<p>Advanced Practice Nurse Tracking System</p>	<p>C. Alexander announced that the APN tracking system was started and an Advisory Group was created at that time and met for the first time in February 2002. C. Alexander explained the logic of having a single advisory group oversee all nurse tracking.</p> <p>L. Thiesen reported on the APN data. L. Inman stated that OSCEP's numbers do not match IBON numbers. IBON lists close to 1500 APNs (rather than 844). L. Thiesen explained that OSCEP numbers do not count the APNs not currently working or the PRN APNs. D. Huber suggested an email to Ed Thompson, CRNA program for cross-reference on data verification.</p>	<p>Advisory Group agreed to include the APN Tracking System in its oversight.</p>
<p>Continuation/Expansion of the Project</p>	<p>C. Alexander mentioned continuation of the project. E. Gloor mentioned that monetary diversification is needed to support a five-year plan. As more regions of Iowa are added, this will gain priority with the state. D. Huber asked about help from Harkin/Grassley's office. <u>E. Gloor stated that OSCEP might need to make the decision makers aware of the data and its potential uses. Especially important to present and market the data with practical examples of people using the data.</u></p>	<p>Contact Melanie Dreher, Dean, UI College of Nursing – bring her attention to this resource. G. Meyer suggested that CEOs need to get this info (with a copy to nurse execs). D. Orton suggested Linda Upmeyer, Nurses Associations, and Deans get the info</p>

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
		also. L. Goeldner suggested Workforce Development (T. Dietsch). D. Huber suggested presenting to IHA (they know Roger Tracy). G. Meyer suggested INL in the spring of 2005 to present. Attendance there is approximately 250-300.
Next Meeting Date and Location	Next meeting was approved by all for Thursday, March 24, 2005; 1:00-3:00pm at the Iowa Hospital Association.	

Regional Registered Nurse Tracking Pilot Project

Advisory Group

Thursday, March 24, 2005

Iowa Hospital Association, 100 East Grand, Des Moines

1:00 – 3:00 p.m.

Agenda

- I. Welcome and Introductions
- II. Minutes from December 9, 2004
- III. Progress
 - A. Recruit/Train Staff
 - B. Identify Potential Employers
 - C. Site/Organization Visits
 - D. Data Collection
- IV. Continuation/Expansion of the Project
- V. Advanced Practice Nurse Tracking System
- VI. Next Meeting Date and Location

Regional Registered Nurse Tracking Pilot Project
 Advisory Group Meeting
 March 24, 2005

<p>Advisory Group Members Present: Linda Goeldner Judith Hausner Diane Huber Lorinda Inman Gail Meyer Donna Orton Guest: Patsy Shores Absent: Tony Dietsch</p>	<p>Center for Health Workforce Planning Staff Present Eileen Gloor Jeanine Moody</p> <p>OSCEP Staff Present: Carol Alexander Theresa Dunkin Carole Kron Linda Thiesen Karla Duwa</p>	<p>Called to order: 1:00 PM Adjourned: 2:20 PM Location: Iowa Hospital Association 100 E Grand Avenue, Ste 100 Des Moines, IA 50309 Prepared by: Karla Duwa</p>
AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
Welcome and Introductions	C. Alexander welcomed the attendees and thanked them for coming. Patsy Shores, INA's lobbyist, was introduced to the group.	
Minutes	The minutes from the December 9, 2004 meeting were approved as written.	
<p>Progress</p> <p>A. Recruit/Train Staff</p>	T. Dunkin explained the staff recruiting/training process to date. In addition to the Project Coordinator, Clerk II, and two student clerks, a temporary Clerk III was hired at the end of February.	

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
	<p>(54%). The first group of nurses that did not respond received another survey. Return rate on resurveying is 74%. OSCEP is sending surveys out every 2-3 weeks on average to newly identified nurses. There is a mailing of 530 going out next week.</p> <p>The maintenance/update for Region One began on March 8. 154 calls have been made to small employers, and 82 are left to make. Surveys were mailed to the 26 large employers and 14 have been returned.</p> <p>The refining of the “Inactive Nurse Survey” will be finished and that survey will go out soon. C. Kron asked the Advisory group for any other suggestions on the survey before it is sent out.</p> <p>C. Kron presented the group with a copy of the demand survey. The group was asked how they might want to use the data that is collected. E. Gloor stated that it will be used for the Nursing Shortage Designation when the data from the entire state of Iowa is complete. She reported that the department of Economics at ISU is already using the information for labor/market analysis. Patricia Keyhoe at 3R Net is also using the information. L. Goeldner added that there is currently a resolution in the senate to find nurse workforce shortages in hospitals.</p> <p>The nursing workforce age was discussed in detail. The statistics of the aging nursing workforce are particularly daunting because the number of prospective nurses in training is far short of the number needed to replace the nurses</p>	<p>D. Huber suggested that the #4 question be moved up as #2 on the survey. There was discussion on whether the reason for leaving the nursing profession needs to be included on the survey. E. Gloor and C. Alexander suggested that this could be a follow-up survey. E. Gloor offered to send some sample questions that they use on other surveys.</p> <p>E. Gloor suggested that a document be created that states what the information is and who uses it. She will send an example to the Advisory Group.</p> <p>G. Meyer stated that age is becoming a very important factor and she would like to see data with breakdowns on age of nurses.</p>

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
	<p>who will be retiring in the near future (age 40 and up). D. Orton added that these prospective nurses are also not as qualified as they need to be. She gave an example of this at NIACC – out of approximately 300 applicants, approximately 50 were qualified to start the program.</p> <p>J. Hausner discussed the grant that she is working on to establish a program to provide training for pre-nursing students. She has not yet found any college or program that has ever provided this service.</p>	
<p>IV. Continuation/Expansion of the Project</p>	<p>E. Gloor reported good news to the group regarding continuation and expansion of the project. Senator Harkin’s office has agreed to support the project at the \$230,000 level. C. Alexander stated that funding as part of the federal bioterrorism efforts may still be a long-term possibility. She also mentioned that OSCEP will schedule a meeting with Dean Dreher of the UI College of Nursing. Roger Tracy suggested the possibility of funding from a consortium consisting of Wellmark, John Deere and Farm Bureau.</p> <p>The current Region Two end-date has been extended from July 31 to August 31, 2005, thanks to the help of E. Gloor and J. Moody.</p>	<p>It was suggested that OSCEP prepare a portfolio with letters of support from various hospitals, colleges, etc. (e.g. Allen).</p>
<p>V. Advanced Practice Nurse Tracking System</p>	<p>L. Thiesen reported on the difference in the APN numbers between what OSCEP has collected and what IBON reported. The discrepancy was due to OSCEP limiting their request to Iowa licensees only.</p>	<p>OSCEP has received the entire board list and will survey all APNs living in contiguous states to confirm and update those working in Iowa.</p>

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
Next Meeting Date and Location	Next meeting was approved by all for Thursday, June 30, 2005; 1:00-3:00 p.m. at the Iowa Hospital Association (Education Room).	

Regional Registered Nurse Tracking Pilot Project

Advisory Group

Thursday, June 30, 2005

Iowa Hospital Association, 100 East Grand, Des Moines

1:00 – 3:00 p.m.

Agenda

- I. Welcome and Introductions
- II. Minutes from March 24, 2005
- III. Progress
 - A. Midpoint Progress Report (May 31, 2005)
 - B. Data Collection Status
 - C. Demand Survey
 - D. Inactive/Retired Survey
 - E. Time Table
 - F. Presentations
- IV. Continuation/Expansion of the Project
 - A. Letters of Support
 - B. Meeting with College of Nursing
 - C. HRSA Grant Application Status
- V. Advanced Practice Nurse Tracking System
- VI. Next Meeting

Regional Registered Nurse Tracking Pilot Project
 Advisory Group Meeting
 June 30, 2005

<p>Advisory Group Members Present: Tony Dietsch Linda Goeldner Diane Huber Donna Orton Absent: Judith Hausner Lorinda Inman Gail Meyer</p>	<p>Center for Health Workforce Planning Staff Present Eileen Gloor</p> <p>OSCEP Staff Present: Carol Alexander Theresa Dunkin Carole Kron Linda Thiesen</p>	<p>Called to order: 1:00 PM Adjourned: 2:45 PM Location: Iowa Hospital Association 100 E Grand Avenue, Ste 100 Des Moines, IA 50309 Prepared by: Linda Thiesen</p>
<p>AGENDA</p>	<p>DISCUSSION</p>	<p>ACTION/DEADLINE/WHO</p>
<p>I. Welcome</p>	<p>C. Alexander welcomed the attendees and thanked them for coming.</p>	
<p>II. Minutes</p>	<p>The minutes from the March 24, 2005 meeting were approved as written.</p>	
<p>Announcement</p>	<p>C. Alexander announced Judith Hausner's resignation from the group, citing distance and time as constraints restricting her participation. A copy of Ms. Hausner's letter of resignation was distributed.</p>	<p>E. Gloor has asked Ms. Hausner for recommendation(s) for a replacement, but has not yet received a response.</p>
<p>III. Progress</p> <p>A. Midpoint Progress</p>	<p>C. Kron reported on the progress to date for Region Two. A copy of the Midpoint Progress Report (May 31, 2005) was distributed.</p>	

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
<p>B. Data Collection Status</p> <p>C. Demand Survey</p> <p>D. Inactive/Retired Survey</p> <p>E. Time Table</p> <p>F. Presentations</p>	<p>To date, 3558 individual RN surveys for Region II have been received. The response/return rate is 74% including second mailings and phone calls to initial non-respondents.</p> <p>Demand surveys were sent to 574 employers on June 6. 364 (66% response) have been returned to date. Approximately 75% of the respondents reported no openings for RNs. A second request will be mailed and then telephone calls will be made to non-respondents.</p> <p>Any RNs who were not identified through employers surveys in the database but are included in the IBON database are classified as “Inactive.” Surveys were mailed to these RNs on June 20th. Response to date includes 153 currently not working or retired and 25 identified as active RNs. A number of “Out of Region” employers in MN, WI, Cedar Rapids and Iowa City have also been identified.</p> <p>A no-cost contract extension of one month was approved. The revised contract completion date is August 31, 2005.</p> <p>OSCEP reported that presentations have been helpful for data collection in future regions as well as the current regions.</p> <p>The IHA district meetings are a particularly important venue. OSCEP will continue to present at these meetings when possible. Three presentations are scheduled for July: Critical Access Hospital meeting, Center for Health</p>	<p>Use of a postcard or simple inquiry to follow up each year on inactives or retirees who continue to maintain active license, although currently employed RNs are top priority.</p> <p>Request for a one page “bullet summary” of the value of this information to the state for use in presentations and discussions.</p> <p>E. Gloor will provide C. Kron with contact information for Dana Petrowski at the Long-Term Care Association.</p>

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
	<p>Workforce Planning Advisory Committee Meeting, and the Governor's Conference on Public Health.</p>	
<p>IV. Continuation/Expansion of the Project</p> <p>A. Letters of Support</p> <p>B. Meeting with College of Nursing</p> <p>C. HRSA Grant Application Status and possible additional funding sources</p>	<p>Three letters of support have been received. Linda Goeldner will provide one for the INA.</p> <p>D. Huber suggested contacting Dean Dreher to suggest a letter of support from her.</p> <p>OSCEP had a very good meeting with Dean Dreher. The Dean offered student help for political action and grant writing.</p> <p>The Department of Agriculture has been identified as a possible funding source.</p> <p>D. Huber suggested county level private funding sources, along with the need to identify benefits of this project to each county. For example, the Hall Foundation in Linn County. The request should identify research component, etc.</p>	<p>Wellmark, Farm Bureau, and John Deere are also potential funding sources. OSCEP continues to investigate potential funding sources.</p>
<p>V. Advanced Practice Nurse Tracking System</p>	<p>L. Thiesen reported on the current status of APN database. OSCEP has been working to identify those who live out of state, but work in Iowa.</p>	

AGENDA	DISCUSSION	ACTION/DEADLINE/WHO
<p>VI. Next Meeting Date and Location</p>	<p>Next meeting was approved by all for Wednesday, September 28, 2005; 12:30-3:00 p.m. at the Iowa Hospital Association (Education Room).*</p> <p>*Note: The meeting location has been changed to the Ola Babcock State Library – Blue Room.</p>	

University of Iowa News Release

Nov. 22, 2004

UI, IDPH To Track Nurse Workforce In 15 Iowa Counties

The University of Iowa, in collaboration with the Iowa Department of Public Health (IDPH), will collect data on the nurse workforce in a 15-county region in eastern Iowa.

The effort, called the Regional Registered Nurse Tracking Pilot Project, will gather information on currently licensed registered nurses in these counties, including demographics, education and the work settings in which the nurses provide patient care or other services. The goal of the project is to accurately determine the supply of, and demand for, nurses in all work settings in the target area.

The pilot project will focus on nurses currently working in Allamakee, Benton, Black Hawk, Bremer, Buchanan, Butler, Clayton, Delaware, Dubuque, Fayette, Grundy, Jackson, Jones, Tama and Winneshiek counties.

The Office of Statewide Clinical Education Programs (OSCEP) in the UI Roy J. and Lucille A. Carver College of Medicine is conducting the project under a \$220,000 contract with the IDPH, which is using grant support from the federal Health Resources and Services Administration. This is the second year of project. Last year, OSCEP collected nurse workforce information for a 13-county region in north-central Iowa. That effort will be sustained during this second phase of the project. Part of what is being tested is the feasibility to sustain the past tracking effort while expanding the work to a new region.

OSCEP, which also currently tracks all dentists, pharmacists, physicians, physician assistants and nurse practitioners in Iowa, will work with nurses, hospitals, clinics, area agencies and other nursing employers in the 15 counties to gather the information.

"Iowa still stands alone when it comes to tracking health professionals as a workforce at the state level," said Roger Tracy, assistant dean in the UI Roy J. and Lucille A. Carver College of Medicine. "Other states have not yet made the investments of effort, technology and financial resources to develop tools that support workforce planning."

The IDPH Center for Health Workforce Planning will use the data to learn more about Iowa's working nurses, identify immediate workforce shortages and communicate findings to legislators, nursing leaders, educators and employers. The center also will play a central role in seeking funds to sustain and expand nurse tracking across the entire state.

STORY SOURCE: University of Iowa Health Science Relations, 5135 Westlawn, Iowa City, Iowa 52242-1178

REGISTERED NURSES*

Employer Survey Summary

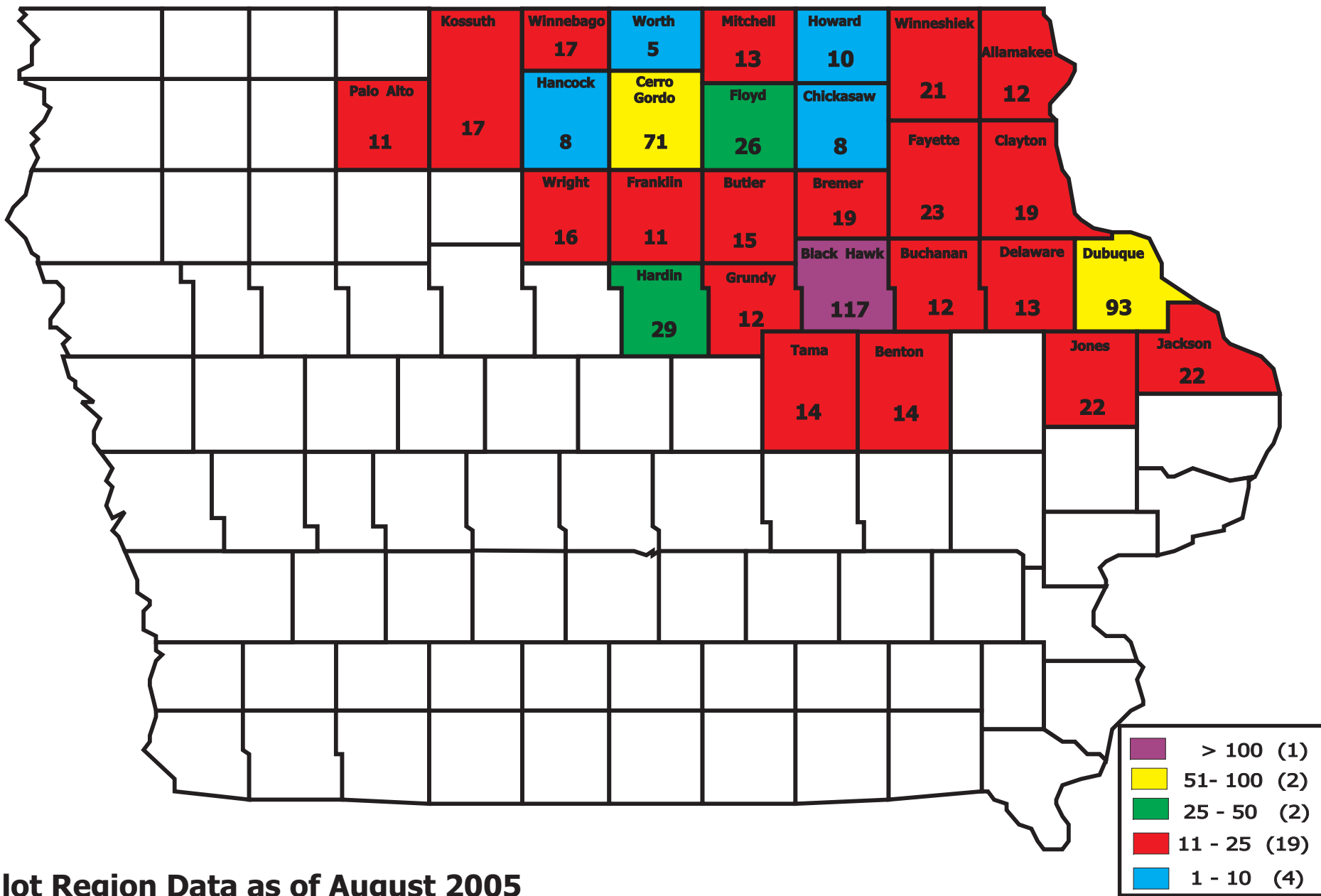
RNs Working in Pilot Regions as of August 2005 = 5703

Number of Worksites that Employ RNs = 670

*** Pilot Region Data as of August 2005**

(21)

REGISTERED NURSES* Worksites by County (670)



* Pilot Region Data as of August 2005

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

REGISTERED NURSE EMPLOYERS*

— Worksite Type vs. Community Size—

Worksite Type

Worksites by Community Size

	<1,000	1,000–4,999	5,000-9,999	10,000-49,999	50,000-75,000
Hospital	0	15	12	4	5
Medical Office/Clinic	14	47	26	34	63
Nursing Home/Long Term Care	16	59	32	12	22
Public/Community/County Health/Home Care	4	23	13	6	12
School/Student Health Facility	17	44	17	7	4
Teaching Institution/Program	1	2	4	4	5
Other	11	13	14	8	19
Community Mental Health Center	0	8	4	1	7
Industry/Occupational Medicine	0	4	5	5	12
Insurance Company/Case Management	0	5	3	2	4
State	3	3	2	1	2
Federal/VA	0	0	0	1	2
Dental Office	0	0	1	0	1
HMO	0	0	0	0	3
Urgent Care	0	0	1	0	1
Totals	66	223	134	85	162

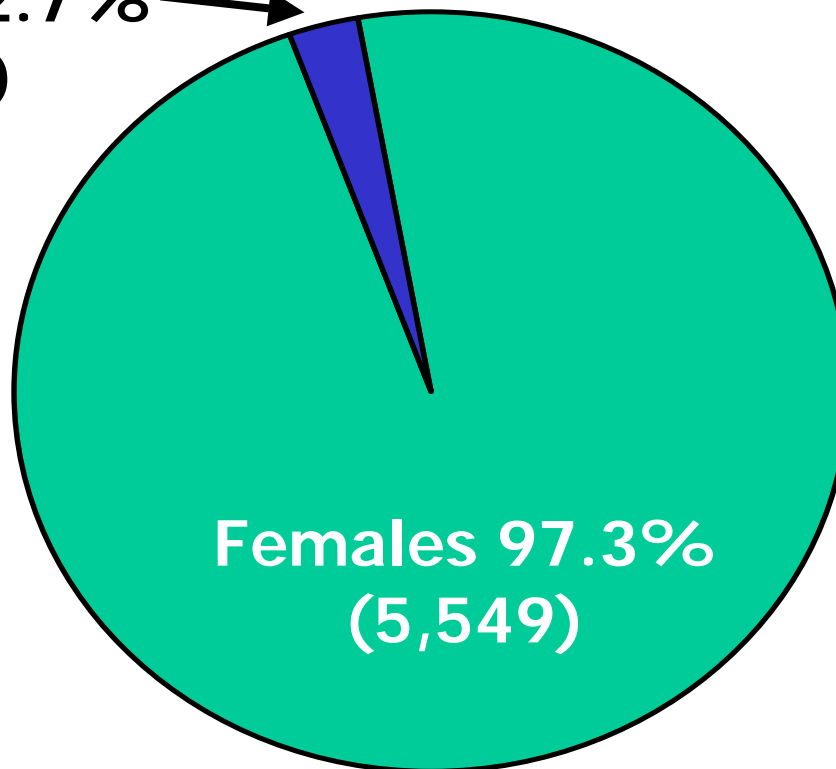
*Pilot Region Data as of August 2005

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

REGISTERED NURSE POPULATION*

— Distribution by Gender —

Males = 2.7%
(154)

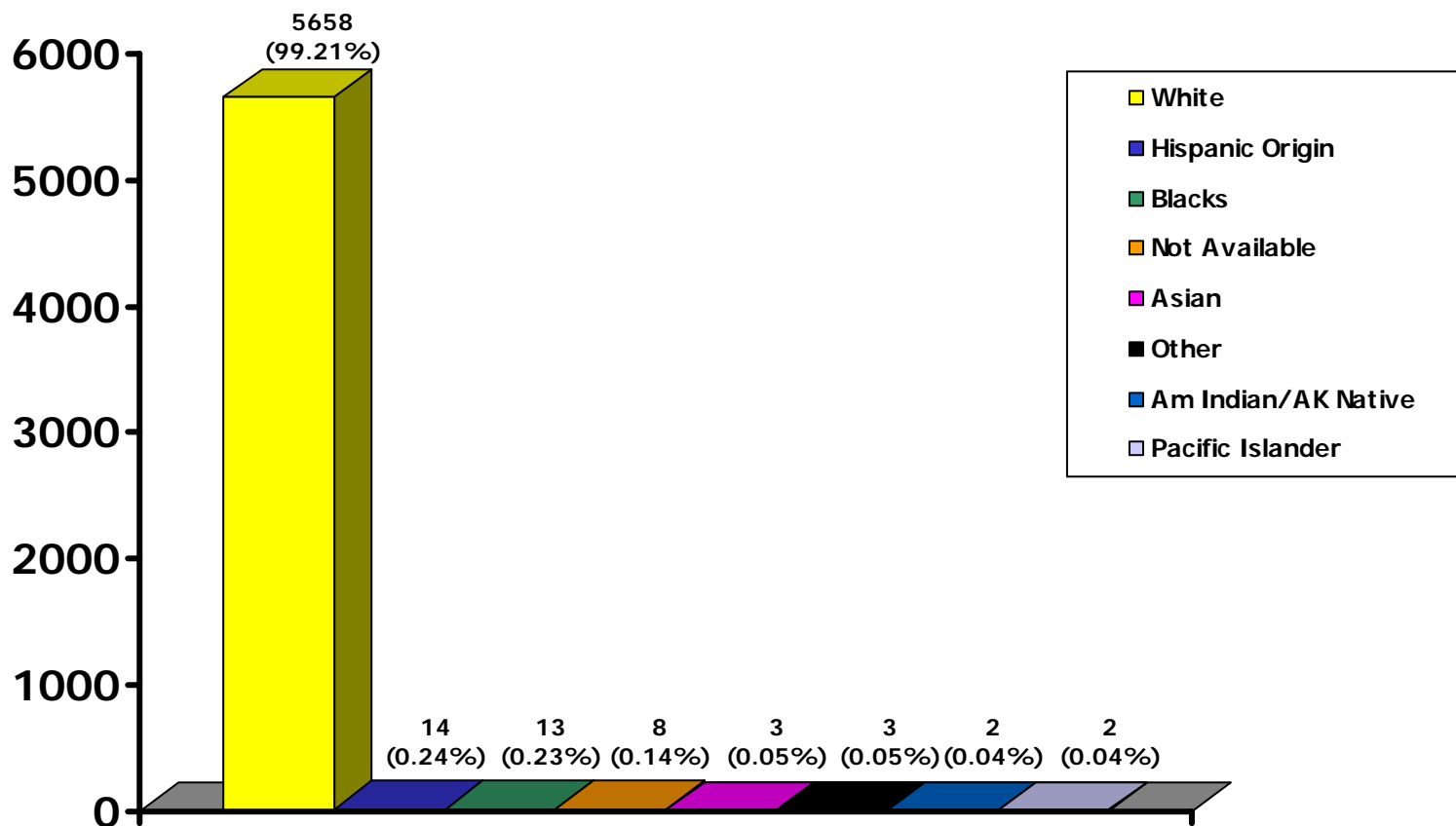


Total = 5,703

***Pilot Region Data as of August 2005**

REGISTERED NURSE POPULATION*

Ethnic Origin



* Pilot Region Data as of August 2005

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

REGISTERED NURSE POPULATION*

— Basic RN Degree —

<u>Degree</u>	<u>Number</u>	<u>Percent</u>
Associate Nursing Degree	3012	52.8
Baccalaureate	1000	17.5
Diploma	1378	24.2
Professional Masters Or Higher	153	2.7
Unknown	<u>160</u>	<u>2.8</u>
Total	5703	100.0%

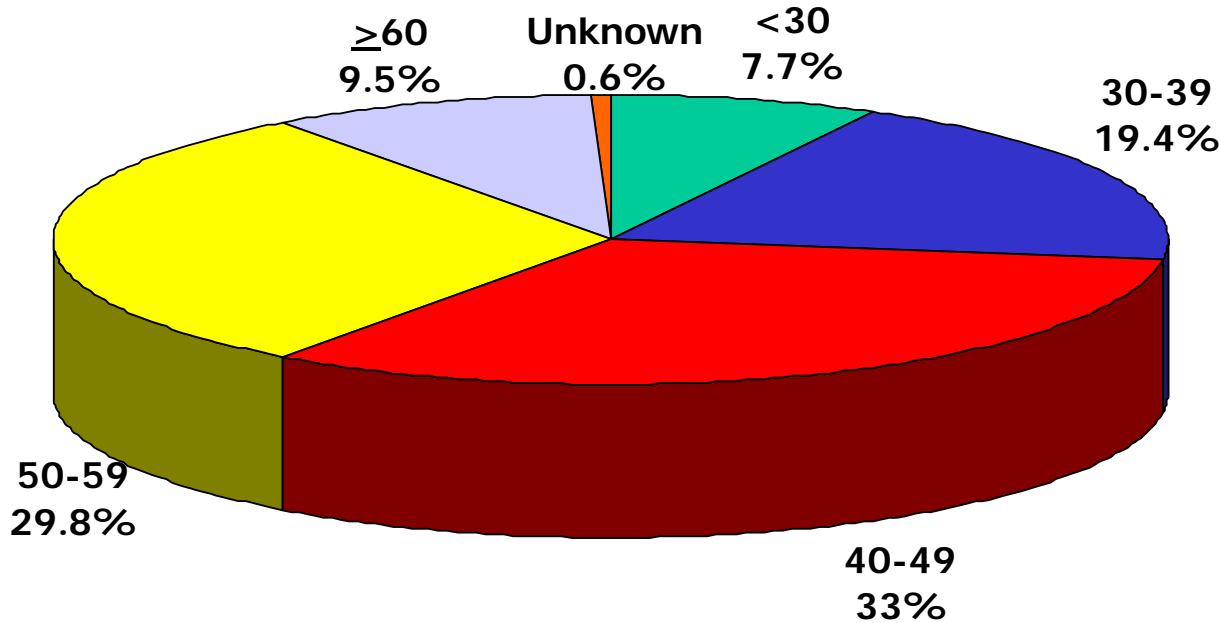
***Pilot Region Data as of August 2005**

(27)

REGISTERED NURSE POPULATION* Attachment 13a

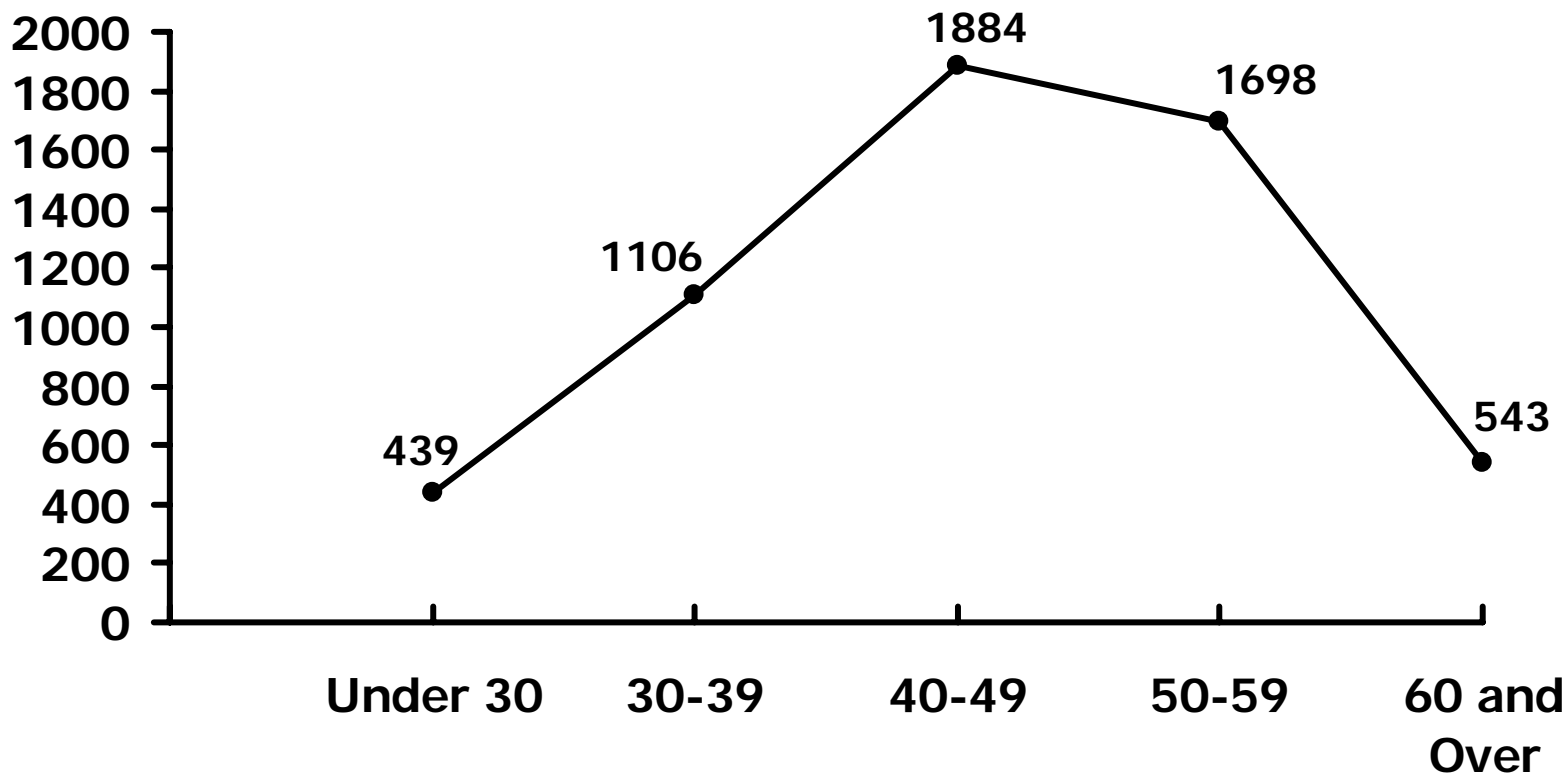
Age Distribution

<u>Age Category</u>	<u>No.</u>	<u>%</u>	<u>Cumulative %</u>
< 30	439	7.7%	7.7%
30-39	1106	19.4%	27.1%
40-49	1884	33.0%	60.1%
50-59	1698	29.8%	89.9%
≥ 60	543	9.5%	99.4%
Unknown	33	0.6%	100.0%
Total	5703	100.0%	



*Pilot Region Data as of August 2005

REGISTERED NURSE POPULATION* Age Distribution



* Pilot Region Data as of August 2005

REGISTERED NURSE POPULATION*

Age Distribution

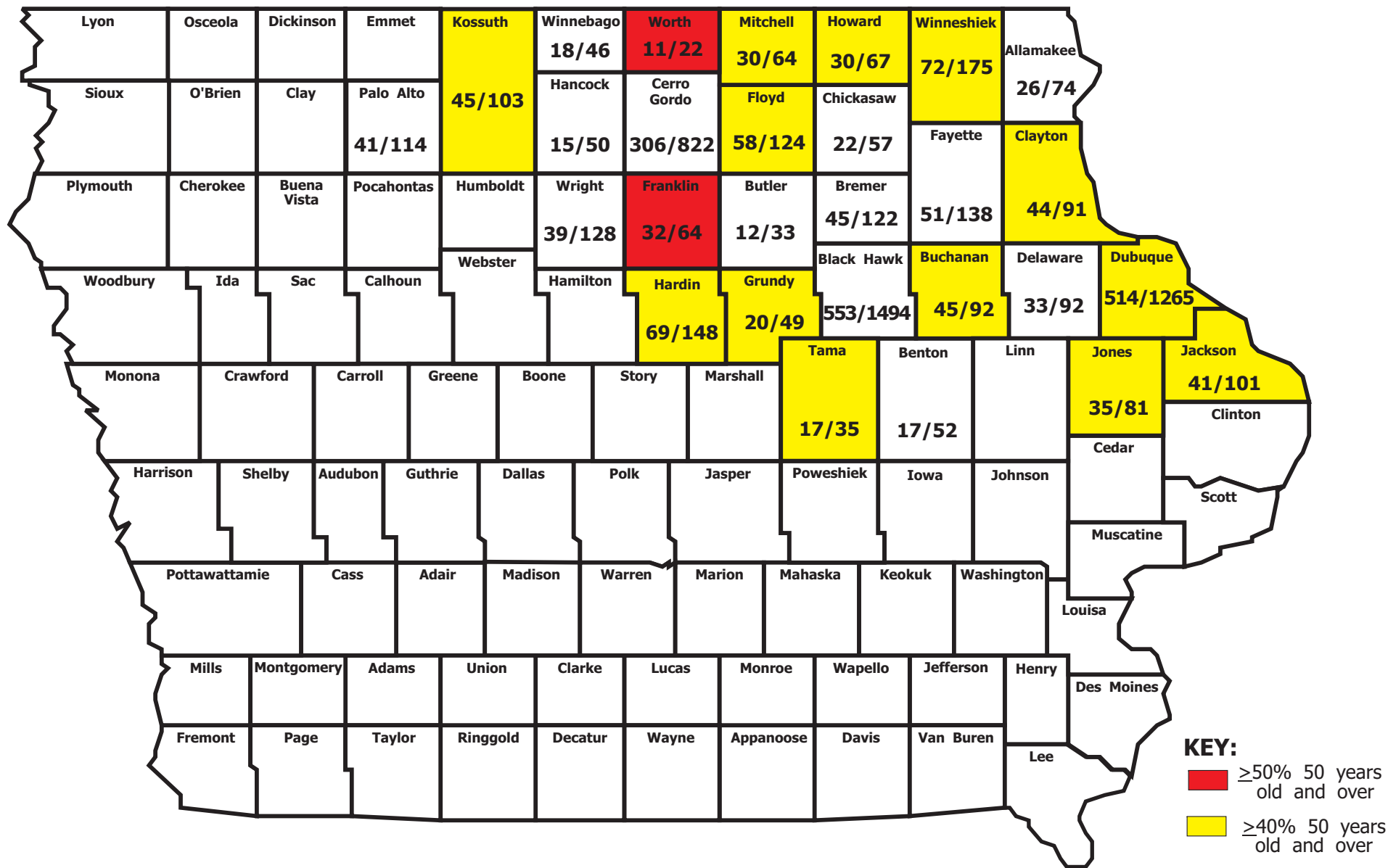
Male vs. Female

<u>Age Category</u>	<u>Male</u>	<u>Percent</u>	<u>Female</u>	<u>Percent</u>
Under 30	5	3.2%	434	7.8%
30-39	32	20.8	1074	19.3
40-49	59	38.3	1825	32.9
50-59	51	33.1	1647	29.7
60+	7	4.6	536	9.7
Unknown	<u>0</u>	<u>0.0</u>	<u>33</u>	<u>0.6</u>
Totals	154	100.0%	5549	100.0%

*Pilot Region Data as of August 2005

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

DISTRIBUTION OF REGISTERED NURSES* — Age 50 and Over —



1st number ≥ 50 years of age / 2nd number = total in county
*Pilot Region Data as of August 2005

KEY:
■ ≥50% 50 years old and over
■ ≥40% 50 years old and over

REGISTERED NURSE POPULATION*

Employment Status

— Full-Time vs. Part-Time Effort —

<u>Status</u>	<u>Number</u>	<u>Percent</u>
Full-Time	4086	71.6%
Part-Time	1413	24.8
Unknown	<u>204</u>	<u>3.6</u>
Total	5703	100.0%

*Pilot Region Data as of August 2005

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

REGISTERED NURSE POPULATION*

— Worksite Type —

	<u>Number of RNs</u>	<u>Percent</u>
Hospital	3194	55.9%
Medical Office/Clinic	728	12.8%
Nursing Home/Long-Term Care	680	11.9%
Public/Community/County Health/Home Care	432	7.6%
School/Student Health Facility	174	3.1%
Teaching Institution/Program	166	2.9%
Other	102	1.8%
Community Mental Health Center	89	1.6%
Industry/Occupational Medicine	47	0.8%
Insurance Company/Case Management	39	0.7%
State	23	0.4%
Federal/VA	10	0.2%
Dental Office	7	0.1%
HMO Corp	7	0.1%
Urgent Care	<u>5</u>	<u>0.1%</u>
Total	5703	100.0%

***Pilot Region Data as of August 2005**

REGISTERED NURSE POPULATION*

— Worksite Type vs. Basic RN Degree —

<u>Worksite Type</u>	<u>Degree</u>				
	Diploma	Associates	Baccalaureate	Professional Masters or Higher	Unknown
Hospital	725	1758	571	63	77
Medical Office/Clinic	226	324	120	31	27
Nursing Home/Long-Term Care	128	454	68	6	24
Public/Community/County Health/Home Care	111	226	79	7	9
School/Student Health Facility	56	50	59	6	3
Teaching Institution/Program	32	35	52	35	12
Other	35	45	17	1	4
Community Mental Health Center	24	55	8	1	1
Industry/Occupational Medicine	16	29	1	0	1
Insurance Company/Case Management	13	11	15	0	0
State	4	14	2	1	2
Federal/VA	0	4	4	2	0
Dental Office	1	2	4	0	0
HMO	5	2	0	0	0
Urgent Care	2	3	0	0	0
Totals	1378	3012	1000	153	160

*Pilot Region Data as of August 2005

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

REGISTERED NURSE POPULATION*

– Principal Professional Activity –

<u>Professional Activity</u>	<u>Number</u>	<u>Percent</u>
Direct Patient Care-Acute	2320	40.67
Direct Patient Care-Ambulatory/Outpatient	674	11.81
Administrative/Management	659	11.56
Direct Patient Care-Long-Term	499	8.75
Community/Home Health	435	7.63
Other	419	7.35
Nursing Education/Teaching	221	3.88
School/Student Health	181	3.17
Case Management	115	2.02
Occupational Health	69	1.21
Independent Practice	60	1.05
Not Available	30	0.53
Research	13	0.23
Temporary Agency	<u>8</u>	<u>0.14</u>
Total	5703	100.0 %

***Pilot Region Data as of August 2005**

Source: Office of Statewide Clinical Education Programs, UI College College of Medicine, August 2005

REGISTERED NURSE POPULATION*

— By Community Size —

<u>Population</u>	<u>Number of RNs</u>	<u>Percent</u>	<u>Cumulative Percent</u>
< 1,000	158	2.8 %	2.8 %
1,000 – 4,999	1130	19.8	22.6
5,000 – 9,999	951	16.7	39.3
10,000 – 49,999	977	17.1	56.4
50,000 – 74,999	<u>2487</u>	<u>43.6</u>	100.0
Total	5703	100.0 %	

***Pilot Region Data as of August 2005**

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

REGISTERED NURSE POPULATION*

Potentially Inactive RNs**

Survey Results

Professionally Active.....	935
In Region.....	481
Outside Region.....	311
Outside State.....	143
 Professionally Inactive.....	 423
Deceased.....	<u> 6</u>
Total.....	1364

*Pilot Region Data as of August 2005

** RNs in IBON database not identified through employer contacts

REGISTERED NURSE POPULATION*

Professionally Inactive

Left the Nursing Profession

	<u>Number</u>	<u>Percent</u>
Yes	275	65.0%
No	142	33.6%
No Response	<u>6</u>	<u>1.4%</u>
	423	100.0%

***Pilot Region Data as of August 2005**

Source: Office of Statewide Clinical Education Programs, UI Carver College of Medicine, August 2005

REGISTERED NURSE POPULATION*

Professionally Inactive

Planning to Return to the Nurse Workforce in the Next Year

	<u>Number</u>	<u>Percent</u>
Yes	43	10.2%
No	357	84.4%
No Response	<u>23</u>	<u>5.4%</u>
Total	423	100.0%

*Pilot Region Data as of August 2005

REGISTERED NURSE POPULATION*

Professionally Inactive RNs

Not Planning to Return to Workforce in the Next Year
But
Would Consider Returning if Nurse Re-Entry Program Available

	<u>Number</u>	<u>Percent</u>
Yes	59	16.5%
No	260	72.8%
No Response	<u>38</u>	<u>10.7%</u>
Total	357	100.0%

*Pilot Region Data as of August 2005

REGISTERED NURSE EMPLOYERS*

Demand Survey

Employers with Budgeted Openings

Openings = 131 worksites

No Openings = 390 worksites

No Response = 24 worksites

Total = 545 worksites**

***Pilot Region Data as of August 2005**

**** Represents employer groups that equal 670 individual worksites**

COMMUNITIES RECRUITING REGISTERED NURSES*

(61 Communities)



*289.8 Opportunities (231.38 FTEs) in 61 Communities

REGISTERED NURSE EMPLOYERS*

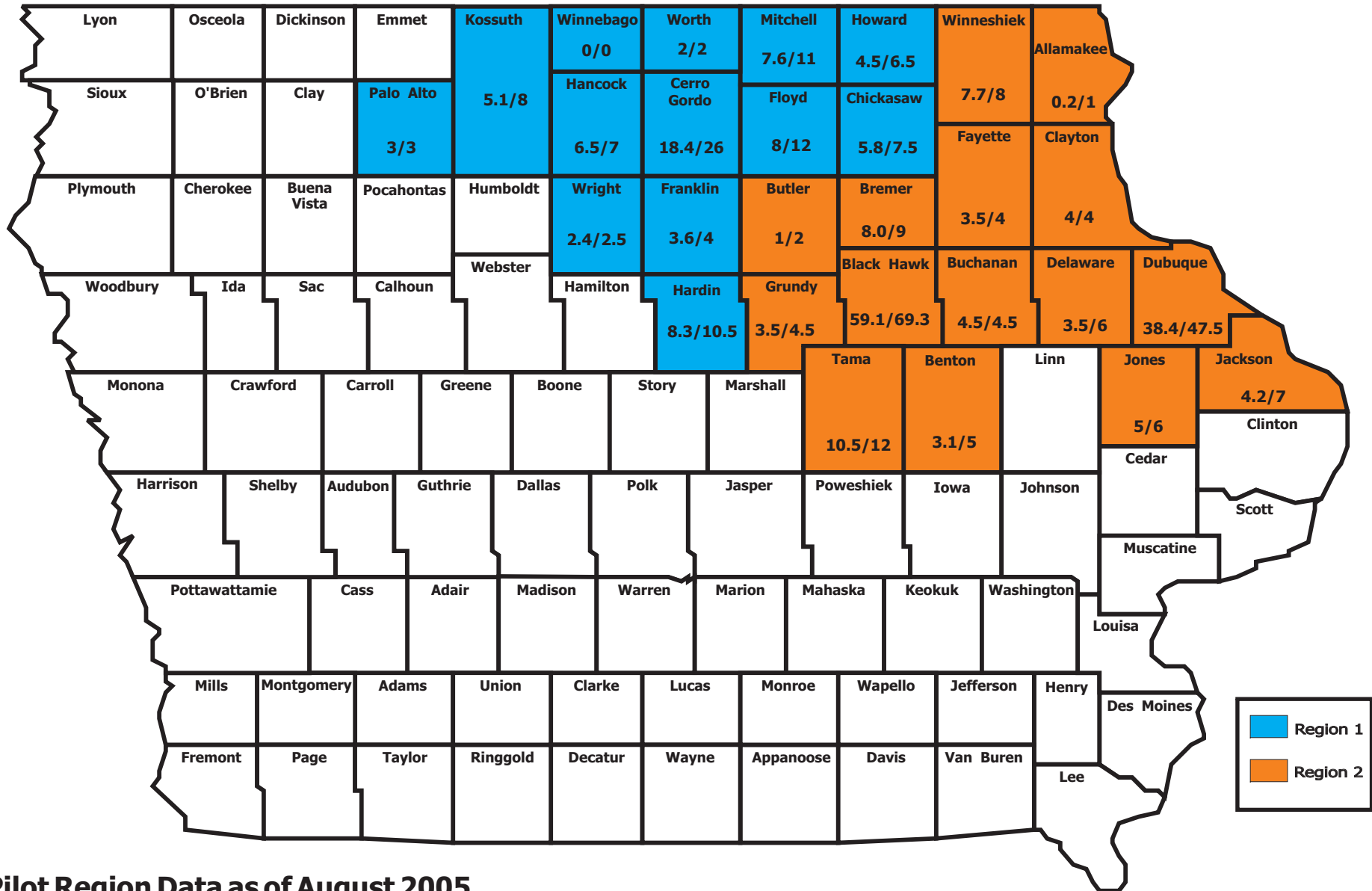
— Demand By Worksite/Employer Type—

<u>Worksite/Employer Type</u>	<u># of Employers</u>	<u>FTEs</u>	<u>RNs Needed</u>
Nursing Home/Long-term Care	52	77.2	85.0
Hospital	21	71.9	105.0
Medical Office/Clinic	15	17.7	21.5
Public/Community/County Health/Home Care	14	19.2	25.0
School/Student Health Facility	10	9.8	12.5
Teaching Institution/Program	5	9.5	13.0
Other	5	8.5	10.0
Community Mental Health	4	8.3	7.8
State	2	3.0	3.0
Insurance/Case Management	2	5.3	6.0
Industry/Occupational Medicine	<u>1</u>	<u>1.0</u>	<u>6.0</u>
Totals	131	231.4	289.8

***Pilot Region Data as of August 2005**

REGISTERED NURSES*

RN Job Opportunities by County**



*Pilot Region Data as of August 2005

**1st number represents FTEs/2nd number represents preferred number of RNs to fill FTEs

Joint Planning Session: IDPH-OSCEP
Friday, December 17, 2004
Office of Statewide Clinical Education Programs
11:00 – 12:30 p.m.

Participants

IDPH Eileen Gloor, Doreen Chamberlin, Carl Kulczyk

OSCEP Roger Tracy, Carol Alexander, Theresa Dunkin, Carole Kron

Agenda

- I. Goal Setting Roger

- II. Task List Group
 - 1. Identify sources/targets of support by category (state, federal, and private).
 - 2. Assign responsibilities between OSCEP and the Center for telephone and written contacts, including some shared contacts.
 - 3. Separate presentation or communication highlighting progress/experience to date.
 - 4. Write sample letters.
 - 5. Create a PowerPoint presentation for situations where it would be useful.
 - 6. Identify facilitators and supporters (Governor’s Office, congressional representatives, nursing leaders, etc.).
 - 7. Initiate contacts.

- III. Collaborative Action Plan Group

Joint Planning Session: IDPH-OSCEP

Tuesday, February 22, 2005

IDPH - 524 Lucas Building

Des Moines

10:00 a.m. – 12:00 p.m.

Participants

IDPH Eileen Gloor, Doreen Chamberlin, Carl Kulczyk

OSCEP Roger Tracy, Carol Alexander, Carole Kron

AGENDA

- I. Follow-up meetings:
 - a. Julie McMahon, Dr. Hansen,
and Claudia Corwin and John Carter (BT) Doreen
 - b. Valerie (NHSC)/Ted Boesen Carl

- II. Short Term Strategies Roger
 - a. Nurse Tracking Funding Letter
 - b. Action Plan

- III. Long Term Strategies Roger
 - a. Broader Outline (to be developed)
 - b. Other Funding Sources

DRAFT LETTER OF INQUIRY

The Center for Health Workforce Planning (the Center) in the Iowa Department of Public Health and the University of Iowa Carver College of Medicine are working in collaboration to secure funds for establishing a Model Statewide Registered Nurse Tracking System. The database will be a tool for the continuous tracking of RN supply and demand in Iowa.

As a model, it is designed for replication in other states or regions of states. The tracking system can be used to monitor nurse workforce supply; identify part-time or inactive nurses; recruit inactive nurses back into the workforce; and forecast demand for specific categories of nurses.

A grant from the federal Health Resources and Services Administration helped establish the Center for Health Workforce Planning in July 2002. The Center's efforts to forecast health workforce supply and demand is guided by a 25-member Advisory Committee representing health services, education, public health, and other key sectors of the health care industry.

The Office of Statewide Clinical Education Programs (OSCEP) is a division of collegiate administration in the Carver College of Medicine at the University of Iowa. OSCEP coordinates the College's community-based medical education programs. The Office also offers a range of services designed to support medical practitioners, including recruitment and placement, practice coverage, practice management consultations, and a contract review service.

To help advance and support educational programs and community services, OSCEP established a statewide physician tracking system in 1973, becoming the first (and still the only) state to continuously track all active physicians statewide. The system is used to routinely benchmark physician population characteristics and physician supply and demand, so trends can be easily monitored and reported.

The high utility of physician tracking functions prompted Iowa public policymakers and University leaders to invest additional human and financial resources in creating the Iowa Health Professions Inventory (IHPI). Essentially, the IHPI added dentists, pharmacists, physician assistants, and advance practice nurses to the continuous tracking, monitoring, and forecasting system. Iowa is the only state where systematic tracking of the health professions occurs on a continuous basis.

Tracking of the total registered nurse population was not undertaken due to the size (~38,000) of the RN population and the costs associated with such a large undertaking. The absence of RN tracking from Iowa's continuous inventory of health professionals is conspicuous, but it has taken the present concerns regarding the nurse workforce to cause nursing and public health leaders to re-focus on the values of systematic monitoring and forecasting in addressing nurse workforce supply and demand.

So, on July 1, 2003, the Iowa Department of Public Health and OSCEP began implementation of a Regional RN Tracking Pilot Project with a \$227,000 federal grant. The pilot project, funded through September 30, 2004, gathered data to profile all registered nurses — active and inactive — across a 13-county region in north central Iowa. The data includes demographics, educational background, work effort, and employer relationships on all of the region's licensed registered nurses and the settings in which they work. In addition to inventorying and profiling the RN supply, the project measured demand for additional nurses in the region by job category.

In support of the project an additional \$40,000 in federal funds was awarded to the Iowa Board of Nursing to enhance its data-sharing capacity.

The successful pilot led to a 10-month contract of \$220,000 to expand the project's geographic scope by 15 counties (for a total of 28), with tracking continuing in the original 13-county region. Now, as project work proceeds, we are seeking financial support to extend tracking incrementally to the entire state, and to replicate the Iowa model of health professions tracking in other states or regions of other states.

The Center will use nurse data to describe the Iowa nurse workforce demographically, identify shortages, and forecast future supply. Information will be shared with policymakers, nurse leaders, educational programs, and employers. Information will also be used in career counseling and recruitment efforts. The project is timely because national nurse supply and demand models are not designed to address all of the state-specific data needed to accurately define shortages, forecast supply, or precisely measure demand.

We would be pleased to submit a formal proposal and a three-year budget if this letter prompts sufficient interest.