



BOARD OF NURSING

Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
July 14, 2016

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of actions and deliberation of the Board.

9:00 A.M.

Or immediately following the Nursing Legislation and Rules Committee meeting.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-4)**
- B. Approval of the Minutes of June 9, 2016 (5-11)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Board Member – Term Expiration Date
 - a. Paul Abegglen – 7/1/2019
 - b. Jodi Johnson – 7/1/2019
 - c. Maria Joseph – 7/1/2013
 - d. Sheryl Krause – 7/1/ 2018
 - e. Jeffrey Miller – 7/1/2016 (*Reappointed, not yet confirmed*)
 - f. Peter Kallio – 7/1/ 2018
 - g. Lillian Nolan – 7/1/2019
 - h. Luann Skarlupka – 7/1/2017
 - i. Cheryl Streeter – 7/1/2017
- D. Legislative and Administrative Rule Matters – Discussion and Consideration (12-30)**
 - 1) Adopt Clearinghouse Rule 15-067 Relating to Grounds for Denial
 - 2) Adopt Clearinghouse Rule 15-099 Relating to Renewal and Standards of Practice
 - 3) Adopt Clearinghouse Rule 16-020 Relating to Advance Practice Nurse Prescribers
 - 4) Proposals for Repealing N 3 Relating to Examining Councils
 - 5) Update on Legislation and Pending or Possible Rulemaking Projects
- E. Education and Examination Matters – Discussion and Consideration**

- F. **Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration**
- 1) Hospital to Hospital (H2H) Meeting – July 22, 2016 – Ladysmith, WI **(31-32)**
 - 2) National Council of State Boards of Nursing (NCSBN) 2016 NCLEX Conference – September 12, 2016 – Philadelphia, PA **(33-35)**
 - 3) Pearson VUE 2016 Fall Member Board Review of NCLEX Items – October 3-21, 2016 **(36-44)**
- G. **Information Item(s) – Discussion and Consideration**
- 1) Wisconsin LPN Workforce Survey - 2015 Report **(45-76)**
 - 2) Wisconsin Health Care Workforce - 2015 Report **(77-103)**
- H. Discussion and Consideration of Items Received After Preparation of the Agenda
- 1) Introductions, Announcements, and Recognition
 - 2) Election of Board Officers
 - 3) Appointment of Board Liaison(s)
 - 4) Informational Item(s)
 - 5) Division of Legal Services and Compliance Matters
 - 6) Education and Examination Matters
 - 7) Credentialing Matters
 - 8) Practice Matters
 - 9) Legislation / Administrative Rule Matters
 - 10) Liaison Report(s)
 - 11) Presentations of Petition(s) for Summary Suspension
 - 12) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 13) Presentation of Final Decision and Order(s)
 - 14) Speaking Engagement(s), Travel, or Public Relations Request(s)
- I. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

- J. **Deliberation on Division of Legal Services and Compliance (DLSC) Matters**
- 1) **Attorney Amanda Florek**
 - a. *Proposed Stipulations, Final Decisions and Orders*
 1. 15 NUR 378 and 15 NUR 439 (T.L.H.) **(104-116)**
 2. 15 NUR 599 (J.M.S.) **(117-123)**
 3. 16 NUR 091 (E.S.J.) **(124-129)**
 - b. *Proposed Stipulations, Final Decisions and Remedial Education Orders*
 1. 15 NUR 661 (J.R.) **(130-135)**

- 2) **Attorney Kim Kluck**
 - a. *Administrative Warnings*
 1. 16 NUR 005 (K.P.A.) **(136-137)**
 2. 16 NUR 064 (J.R.B.) **(138-139)**
 3. 16 NUR 101 (J.E.A.) **(140-141)**
 4. 16 NUR 295 (W.M.Y.) **(142-143)**
 - b. *Proposed Stipulations, Final Decisions and Orders*
 1. 16 NUR 273 (M.L.W.) **(144-150)**
- 3) **Case Closures**
- 4) **Monitoring (151-263)**
 - a. Cassandra Conrath Bellin, R.N. – Reduction in Drug and Alcohol Screens **(153-175)**
 - b. Julie Harley, L.P.N. – Reduction in Drug and Alcohol Screens **(176-186)**
 - c. Ross Huber, R.N. – Reduction in Drug and Alcohol Screens **(187-206)**
 - d. Patricia Pokallus, R.N. – Reduction in Screens, Access to Controlled Substances, and Job Approval **(207-233)**
 - e. Kathleen Preston, L.P.N. – Full Licensure **(234-254)**
 - f. Angela Subjek, R.N. – Reduction in Screens **(255-263)**

K. Deliberation on Proposed Final Decision(s) and Order(s) in the Matter of Disciplinary Proceedings Against:

- 1) Jana L. Blair, R.N., Respondent (DHA Case # SPS-16-0029)(DLSC Case # 15 NUR 416) **(264-275)**
- 2) Nickea C. Connolly, R.N., Respondent (DHA Case # SPS-16-0015)(DLSC Case # 15 NUR 562) **(276-283)**
- 3) Sarah A. Trebbe, R.N., Respondent (DHA Case # SPS-16-0025)(DLSC Case # 15 NUR 115) **(284-291)**

L. Deliberation on Credentialing Matters

M. Deliberation of Items Received After Preparation of the Agenda

- 1) Professional Assistance Procedure (PAP) Matters
- 2) Division of Legal Services and Compliance Matters
- 3) Monitoring Matters
- 4) Credentialing Matters
- 5) Education and Examination Matters
- 6) Administrative Warnings
- 7) Review of Administrative Warnings
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Proposed Final Decisions and Orders
- 10) Orders Fixing Costs/Matters Related to Costs
- 11) Petitions for Summary Suspension
- 12) Petitions for Designation of Hearing Examiner
- 13) Petitions for Re-hearings
- 14) Appearances from Requests Received or Renewed
- 15) Motions

N. Consult with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

O. **Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**
1) **Newsletter**

P. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

The next scheduled meeting is September 8, 2016.

**BOARD OF NURSING
MEETING MINUTES
JUNE 9, 2016**

PRESENT: Paul Abegglen, Peter Kallio, Jodi Johnson, Maria Joseph, Sheryl Krause, Jeffrey Miller, Lillian Nolan, Luann Skarlupka (*via GoToMeeting*), Cheryl Streeter

STAFF: Dan Williams, Executive Director; Nilajah Hardin, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Jeffrey Miller called the meeting to order at 8:00 a.m. A quorum was confirmed.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- *Remove Item: M 1. "Kaylee Kowalchyk – Conviction Review"*

MOTION: Peter Kallio moved, seconded by Jodi Johnson, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 12, 2016

MOTION: Cheryl Streeter moved, seconded by Peter Kallio, to approve the minutes of May 12, 2016 as published. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Request for Authorization to Admit Students to a Nursing School

Lakeshore Technical College

MOTION: Sheryl Krause moved, seconded by Maria Joseph, to approve the request of Lakeshore Technical College for authorization to admit students to a Nursing School. Motion carried unanimously.

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to acknowledge and thank Kathi Calabresa from Lakeshore Technical College for her appearance before the Board. Motion carried unanimously.

Analysis of NCLEX Pass Rates and Plan of Remediation

Bryant & Stratton College

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to acknowledge receipt of Bryant & Stratton College's plan to meet the NCLEX first time taker pass rate standards. Motion carried unanimously.

MOTION: Jodi Johnson moved, seconded by Paul Abegglen, to acknowledge and thank Linda Krueger from Bryant & Stratton College for her appearance before the Board. Motion carried unanimously.

Herzing University - Madison

MOTION: Cheryl Streeter moved, seconded by Sheryl Krause, to acknowledge receipt of Herzing University - Madison's plan to meet the NCLEX first time taker pass rate standards. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge and thank Jennifer Kowalkowski and Bill Vincent from Herzing University - Madison for their appearance before the Board. Motion carried unanimously.

Marian University

MOTION: Paul Abegglen moved, seconded by Jodi Johnson, to acknowledge receipt of Marian University's plan to meet the NCLEX first time taker pass rate standards. Motion carried unanimously.

MOTION: Sheryl Krause moved, seconded by Maria Joseph, to acknowledge and thank Linda Matheson and Katie Hughes from Marian University for their appearance before the Board. Motion carried unanimously.

Rasmussen College - Wausau

MOTION: Cheryl Streeter moved, seconded by Paul Abegglen, to acknowledge receipt of Rasmussen College - Wausau's plan to meet the NCLEX first time taker pass rate standards. Motion carried unanimously.

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to acknowledge and thank Kari Luoma from Rasmussen College - Wausau for her appearance before the Board. Motion carried unanimously.

Herzing University – Brookfield-Kenosha

MOTION: Sheryl Krause moved, seconded by Luann Skarlupka, to deny the acceptance of Herzing University – Brookfield-Kenosha's plan to meet the NCLEX first time taker pass rate standards. **Reason for Denial:** Failure to meet the requirements as stated in Wis. Admin. Code § N 1. Motion carried unanimously.

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to authorize site visits to Herzing University – Brookfield-Kenosha prior to August 15, 2016. Motion carried unanimously.

MOTION: Cheryl Streeter moved, seconded by Sheryl Krause, to acknowledge and thank Debra Ziebarth and Michelle Metzger from Herzing University – Brookfield-Kenosha for their appearance before the Board. Motion carried unanimously.

2016 BOARD REVIEW OF WEBSITE POSITION STATEMENTS

MOTION: Peter Kallio moved, seconded by Jodi Johnson, to remove Board of Nursing Position Statement "Pain Management" from the DSPS website. Motion carried unanimously.

MOTION: Sheryl Krause moved, seconded by Jodi Johnson, to remove Board of Nursing Position Statement “Patient Abandonment” from the DSPS website. Motion carried unanimously.

MOTION: Cheryl Streeter moved, seconded by Sheryl Krause, to remove Board of Nursing Position Statement “Use of Social Media by Nurses” from the DSPS website. Motion carried unanimously.

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to remove Board of Nursing Position Statement “Telephone Triage” from the DSPS website. Motion carried unanimously.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATIONS REQUEST(S)

National Council of State Boards of Nursing (NCSBN) 2016 Annual Meeting – August 17-19, 2016 – Chicago, IL

MOTION: Cheryl Streeter moved, seconded by Maria Joseph, to designate Jeffrey Miller and Peter Kallio, as the Board’s delegates, and Dan Williams as alternate, to attend the National Council of State Boards of Nursing (NCSBN) 2016 Annual Meeting on August 17-19, 216 in Chicago, IL and to authorize travel. Motion carried unanimously.

CLOSED SESSION

MOTION: Paul Abegglen moved, seconded by Jodi Johnson, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Jeffrey Miller, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes; Jodi Johnson-yes; Maria Joseph-yes; Peter Kallio-yes; Sheryl Krause-yes; Jeffrey Miller-yes; Lillian Nolan-yes; Luann Skarlupka-yes; and Cheryl Streeter-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:33 a.m.

RECONVENE TO OPEN SESSION

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 12:16 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to affirm all motions made in closed session. Motion carried unanimously.

CREENTIALING MATTERS

Bisola Salako - Education Review

MOTION: Lillan Nolan moved, seconded by Sheryl Krause, to find that the applicant, Bisola Salako, is not eligible for admission to take the NCLEX as the Board is unable to verify her graduation and was unable to substantiate her official transcripts per Wis. Stat. § 441.10 and Wis. Admin. Code §§ N 2.12 (2) and 2.12 (3)(b). Motion carried unanimously.

MOTION: Cheryl Streeter moved, seconded by Peter Kallio, to authorize the Chair to draft a letter to the Illinois Board of Nursing regarding Great Paragon Healthcare Inc. Motion carried unanimously.

APPEARANCE: ADMINISTRATIVE WARNING REVIEW

WARN00000484 - DLSC Case # 15 NUR 612 – D.R.

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to affirm the Administrative Warning in the matter of DLSC case number 15 NUR 612 (D.R.). Motion carried. Recused: Sheryl Krause

(Sheryl Krause recused herself and left the room for deliberation, and voting in the matter concerning WARN00000484 - DLSC Case # 15 NUR 612 – D.R.)

ORDER(S) FIXING COSTS

Stephanie Y. Gaines, L.P.N., Respondent (ORDER0004686)(DHA case # SPS-15-0086)(DLSC case # 14 NUR 497)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Stephanie Y. Gaines, L.P.N., Respondent (ORDER0004686)(DHA case # SPS-15-0086)(DLSC case # 14 NUR 497). Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Attorney Amanda Florek

Administrative Warnings

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to issue an Administrative Warning in the following matters:

1. 16 NUR 053 (D.L.M.)
2. 16 NUR 105 (G.A.K.)
3. 16 NUR 129 (P.J.M.)
4. 16 NUR 210 (J.P.Q.)

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

MOTION: Cheryl Streeter moved, seconded by Jodi Johnson, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. 15 NUR 183 (A.M.B.)
2. 15 NUR 382 (M.C.G.)
3. 15 NUR 458 (M.E.M.)
4. 15 NUR 476 (C.R.B.)
5. 15 NUR 590 (Q.R.K.)
6. 16 NUR 076 (K.A.S.)

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Remedial Education Orders

16 NUR 105 – A.M.Q.

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Remedial Education Order in the matter of disciplinary proceedings against Anna M. Quintana, R.N., DLSC case number 16 NUR 105. Motion carried unanimously.

DLSC Attorney Kim Kluck

Administrative Warnings

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to issue an Administrative Warning in the following matters:

1. 16 NUR 133 (A.L.R.)
2. 16 NUR 137 (V.I.K.)

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

MOTION: Cheryl Streeter moved, seconded by Maria Joseph, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against:

1. 15 NUR 681 (D.J.G.)
2. 16 NUR 065 (L.L.C.)

Motion carried unanimously.

Case Closures

MOTION: Peter Kallio moved, seconded by Sheryl Krause, to close the DLSC cases for the reasons outlined below:

1. 16 NUR 135 – No Violation
2. 15 NUR 271 – Prosecutorial Discretion (P2)
3. 16 NUR 125 – Insufficient Evidence
4. 16 NUR 207 – No Violation
5. 16 NUR 126 – No Violation
6. 16 NUR 163 – Prosecutorial Discretion (P2)
7. 15 NUR 403 – Insufficient Evidence
8. 16 NUR 145 - Prosecutorial Discretion (P2)

9. 16 NUR 044 - Prosecutorial Discretion (P7)
 10. 16 NUR 093 - Prosecutorial Discretion (P7)
 11. 15 NUR 667 - No Violation
 12. 16 NUR 067 - Prosecutorial Discretion (P3)
 13. 16 NUR 153 – No Violation
- Motion carried unanimously.

Monitoring

Kathy Berry, R.N. – Requesting Several Modifications

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to grant the request of Kathy Berry, R.N. for a reduction in drug and alcohol tests to 14 per year and one annual hair test and termination of AA/NA meeting attendance. The Board denies the request of Kathy Berry, R.N. for termination of direct supervision and the ability to work in home health. **Reason for Denial:** Respondent needs to practice nursing under the current conditions of the Board Order (09/04/2008) before the Board will consider amending other requirements. Motion carried unanimously.

Nichole Degroot, R.N. – Requesting Reduction in Drug Screens

MOTION: Cheryl Streeter moved, seconded by Jodi Johnson, to grant the request of Nichole Degroot, R.N. for a reduction in drug screens to 28 and one annual hair test. Motion carried unanimously.

Christine Hamilton, R.N. – Requesting Full Licensure

MOTION: Sheryl Krause moved, seconded by Peter Kallio, to grant the request of Christine Hamilton, R.N. for full licensure. Motion carried unanimously.

Stacey Medved, R.N. – Requesting Several Modifications

MOTION: Cheryl Streeter moved, seconded by Peter Kallio, to deny the request of Stacey Medved, R.N. for termination of treatment sessions, termination of AA/NA log, and a reduction in drug and alcohol tests. **Reason for Denial:** Respondent needs to provide a treater report and a recommendation from the current treatment provider dated after June 1, 2016 before the Board will consider amending requirements. Respondent needs to fully comply with the complete terms of the Board Order (02/12/2015). Motion carried unanimously.

Peter Meekma, L.P.N. – Requesting Reduction in Drug and Alcohol Screens

MOTION: Jodi Johnson moved, seconded by Cheryl Streeter, to grant the request of Peter Meekma, L.P.N. for a reduction in drug and alcohol screens to 36 per year. Motion carried unanimously.

Donna Wiegert, R.N. – Requesting Reduction in Drug Screens

MOTION: Peter Kallio moved, seconded by Cheryl Streeter, to grant the request of Donna Wiegert, R.N. for a reduction in drug screens to 25 per year and one annual hair test. Motion carried unanimously.

Laura Wood, R.N. – Requesting Full Licensure

MOTION: Cheryl Streeter moved, seconded by Jodi Johnson, to deny the request of Laura Wood, R.N. for full licensure. **Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Board Order (05/08/2014). Respondent may petition the Board after six months of full compliance with the Board Order. Motion carried unanimously.

PROPOSED FINAL DECISION(S) AND ORDER(S)

Amber S. Ochoa, R.N., Respondent (DHA case # SPS-16-0018)(DLSC case # 14 NUR 618) and Objections

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Amber S. Lichtwalt (f/k/a Ochoa), R.N., Respondent (DHA case # SPS-16-0018)(DLSC case # 14 NUR 618), with the following variances: 1) the Board finds that because the Respondent renewed her license during the pendency of this action, the appropriate discipline is to suspend the Respondent's license pending receipt of a Board-approved AODA assessment. Upon receipt of the assessment, the Board may determine whether to take action on the suspension, and may determine under what terms and conditions Respondent may practice professional nursing; and 2) the Board varies the authority relied upon for determining Costs. Respondent shall pay all recoverable costs in this matter in an amount to be established pursuant to Wis. Admin. Code § SPS 2.18. Motion carried. Recused: Jeffrey Miller

MOTION: Peter Kallio moved, seconded by Paul Abegglen, to authorize Sheryl Krause to review and approve the Order with Variance in the matter of disciplinary proceedings against Amber S. Lichtwalt (f/k/a Ochoa), R.N., Respondent (DHA case # SPS-16-0018)(DLSC case # 14 NUR 618). Motion carried. Recused: Jeffrey Miller

(Jeffrey Miller recused himself and left the room for deliberation, and voting in the matter concerning Amber S. Ochoa, R.N., Respondent (DHA case # SPS-16-0018)(DLSC case # 14 NUR 618).)

ADJOURNMENT

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:32 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 29 June 2016	
		Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 14 July 2016	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Adopt CR 15-067 Relating to Grounds for Denial 2. Adopt CR 15-099 Relating to Renewal and Standards of Practice 3. Adopt CR 16-020 Relating to Advance Practice Nurse Prescribers 4. Proposal for Repealing N 3 Relating to Examining Councils 5. Update on Pending and Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>29 June 2016</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 15-067)

ORDER

An order of the Board of Nursing to amend N 7.01 (2) and N 7.03 (intro) relating to grounds for denying a credential.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 441.07

Statutory authority: ss. 15.08 (5) (b) and 441.01 (3), Stats.

Explanation of agency authority:

The board shall promulgate rules for the guidance of the profession and define and enforce professional conduct and unethical practices not inconsistent with the law relating to nursing.

The board shall approve all rules for the administration of chapter 441, Stats. in accordance with chapter 227, Stats.

Related statute or rule: Ch. N 7

Plain language analysis:

This rule clarifies that ch. N 7 also provides grounds for denying an initial license or certificate. 2013 Act 114 amended s. 441.07, Stats to give authority to the board to deny an initial license or certificate subject. This rule updates s. N 7.01 (2) and N 7.03 (intro) to reflect that change in authority.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois specifies unethical or unprofessional conduct is grounds for discipline as well as grounds for refusing to issue a license.

Iowa: Iowa does not specify that the grounds for discipline are the same for denying an initial license.

Michigan: Michigan does not specify that the grounds for discipline are the same for denying an initial license.

Minnesota: Minnesota specifies the grounds for discipline are the same grounds for denying an initial license.

Summary of factual data and analytical methodologies:

The board incorporated the authority to deny an initial license into rules of conduct chapter.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for economic comments for 14 days and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Jeff.Weigand@wisconsin.gov, or by calling (608) 267-2435.

TEXT OF RULE

SECTION 1. N 7.01(2) is amended to read:

N 7.01 (2) The intent of the board of nursing in adopting this chapter is to specify grounds for denying an initial license or certificate or limiting, suspending, revoking, or denying renewal of a license or certificate or for reprimanding a licensee or certificate holder.

SECTION 2. N 7.03 (intro) is amended to read:

N 7.03 Grounds for denying renewal or disciplinary action. The grounds for denying ~~renewal~~ or taking disciplinary action on a license or certificate are any of the following:

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Member of the Board
Board of Nursing

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 15-099)

ORDER

An order of the Board of Nursing to repeal ch. N 5 and N 6.02 (4); to renumber N 6.02 (1); to amend N 6.02 (11) and (12), 6.03 (2) and (3), 6.04 (1), 6.04 (2) (intro), 6.04 (2) (b) and 6.04 (3) (intro), (a) and (b); to repeal and recreate N 6.02 (5) and 6.04 (3) (c); to create N 2 Subchapter V, N 6.02 (1) and 6.02 (10m), relating to renewal, reinstatement and standards of practice.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 441.01 (7), 441.001 (3) and (4), Stats.

Statutory authority: ss. 15.08 (5) (b), and 441.01 (3), Stats.

Explanation of agency authority:

Each examining board shall promulgate rules for its own guidance and for the guidance of the profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular profession. s. 15.08 (5) (b)

The board may establish minimum standards or schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227. s. 441.01(3), Stats.

Related statute or rule: n/a

Plain language analysis:

The Board updated the current renewal chapter to reflect current practices and remove outdated references. The Board also updated the standards of practice chapter to current nursing practice standards.

Sections 1 and 2 repeals the current chapter 5 relating to renewal and creates a new subchapter in Chapter 2. The placement of the renewal and reinstatement provisions as a subsection of the

chapter on licensure makes sense as it relates to licensure. This section clarifies that a person who has an expired license may not reapply for a new credential under the initial application process. A person renewing a license within 5 years is required to pay a renewal fee, any late fees and the workforce survey fee and complete the workforce survey. A person renewing after 5 years is required to pay the renewal fee, late fee, and workforce survey fee and evidence of employment requiring a nursing license within the last five years or complete a nursing refresher course. A person who failed to renew a credential within 5 years with unmet disciplinary requirements or has a license which has been surrendered or revoked may apply for reinstatement by showing evidence of rehabilitation or change in circumstances, completing any unfilled disciplinary requirements and if the person has not had an active license in the past five years complete the requirements for renewal beyond 5 years. If a license has been revoked, the person's license may not be reinstated earlier than one year following revocation.

Section 3 rennumbers the definition of "basic nursing care" in order to make room alphabetically for a new definition.

Section 4 creates a definition for "advanced practice nurse prescriber". An advanced practice nurse prescriber is a registered nurse who holds an advanced practice nurse prescriber certificate.

Section 5 repeals the definition of "delegated medical act".

Section 6 repeals the definition of "delegated nursing act" and creates a definition of "delegated act". A delegated act is an act delegated to a registered nurse or license practical nurse.

Section 7 creates a definition of "provider". A provider is a physician, podiatrist, dentist, optometrist or advanced practice nurse prescriber.

Section 8 updates the definitions to reflect a R.N. or L.P.N. includes those who have the privilege to practice in Wisconsin under the Nurse Licensure Compact.

Sections 9 and 10 updates the delegated acts terminology by removing the references to medical and nursing acts, uses the term provider instead of listing the various professions and updates the formatting to current drafting style.

Section 11 updates to current drafting style by adding "do all of the following:"

Section 12 updates the delegated acts terminology.

Section 13 updates to current drafting style.

Section 14 repeals and recreates, a provision for an LPN to accept the charge nurse position in a nursing home only if prepared to do so based upon education, training and experience. The rewording of this provision is to provide more clarity.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: A license within 5 years of expiration is renewed by paying a fee and completion of 20 hours of continuing education. After 5 years a license is renewed by evidence of active practice in another state and completion of an approved licensure examination. A LPN accepts delegated acts from a RN, APN, or a physician assistant, physician, dentist or podiatrist. A delegated act, to or by an RN, is not distinguished as a medical or nursing delegated act. Practice as a RN means the full scope of nursing for which the registered nurse is properly trained.

Iowa: A license is renewed by paying a fee, attesting that Iowa is the primary state of residence and completion of continuing education and mandatory reporter training. RN minimum standards do not include practices ascribed to the advanced registered nurse practitioner. In executing the medical regimen prescribed, the RN shall notify the physician. A RN may delegate nursing tasks. An LPN shall perform services under the supervision of a RN or physician and may not perform any activity requiring the knowledge and skill ascribed to a RN.

Michigan: A license is renewed by payment of paying fees and completion of continuing education. Only a RN may delegate nursing acts, functions or tasks.

Minnesota: A license is renewed by paying a fee and completion of continuing education. Minnesota has a definition of delegation referring to the transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation. A LPN performs nursing standards at the direction of a registered nurse, advanced practice registered nurse or other licensed health care provider. A RN performs nursing standards recognized by the board. A RN receives delegations from a licensed health care provider and delegates nursing tasks. There is not a definition for health care provider.

Summary of factual data and analytical methodologies:

The Board conducted a comprehensive review and updated the renewal and standards of practice chapters in order to bring them up-to-date with current practice.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for economic comments and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

TEXT OF RULE

SECTION 1. Subchapter V of N 2 is created to read:

SUBCHAPTER V
RENEWAL

N 2.40 Renewal. (1) GENERAL. A person with an expired credential may not reapply for a credential using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the credential within 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and any applicable late renewal fee.
- (b) Pay a nursing workforce survey fee.
- (c) Complete the nursing workforce survey to the satisfaction of the board.

(3) RENEWAL AFTER 5 YEARS. This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and the late renewal fee.
- (b) Pay a nursing workforce survey fee.
- (c) Complete the nursing workforce survey to the satisfaction of the board.
- (d) Meet one of the following requirements:
 - 1. Documentation of employment requiring a nursing license within the last five years.
 - 2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

NOTE: The licensee may request the Board grant a limited license for the sole purpose of completing a nurse refresher course.

N 2.41 Reinstatement. A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

(1) Evidence of completion of the requirements in s. N 2.40(3) if the license has not been active within 5 years.

- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

SECTION 2. Chapter N 5 is repealed.

SECTION 3. N 6.02 (1) is renumbered to N 6.02 (1m).

SECTION 4. N 6.02(1) is created to read:

N 6.02 (1) “Advanced practice nurse prescriber” means a registered nurse who holds an advanced practice nurse prescriber certificate under 441.16, Stats.

SECTION 5. N 6.02 (4) is repealed.

SECTION 6. N 6.02 (5) is repealed and recreated to read:

N 6.02 (5) “Delegated act” means acts delegated to a registered nurse or licensed practical nurse.

SECTION 7. N 6.02 (10m) is created to read:

N 6.02 (10m) “Provider” means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.

SECTION 8. N 6.02 (11) and (12) are amended to read:

N 6.02 (11) “R.N.” means a registered nurse licensed under ch. 441, Stats. or a nurse who has a privilege to practice in Wisconsin under s. 441.50, Stats.

(12) “L.P.N.” means a licensed practical nurse licensed under ch. 441, Stats. or a nurse who has a privilege to practice in Wisconsin under s. 441.50, Stats.

SECTION 9. N 6.03 (2) and (3) are amended to read:

N 6.03 (2) PERFORMANCE OF DELEGATED MEDICAL ACTS. In the performance of delegated ~~medical~~ acts an R.N. shall do all of the following:

- (a) Accept only those delegated ~~medical~~ acts for which there are protocols or written or verbal orders;
- (b) Accept only those delegated ~~medical~~ acts for which the R.N. is competent to perform based on his or her nursing education, training or experience;
- (c) Consult with a physician, podiatrist, dentist, or optometrist provider in cases where the R.N. knows or should know a delegated ~~medical~~ act may harm a patient; ~~and,~~
- (d) Perform delegated ~~medical~~ acts under the general supervision or direction of a physician, podiatrist, dentist or optometrist provider.

(3) SUPERVISION AND DIRECTION OF DELEGATED-NURSING ACTS. In the supervision and direction of delegated ~~nursing~~ acts an R.N. shall do all of the following:

- (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;_
- (b) Provide direction and assistance to those supervised;_
- (c) Observe and monitor the activities of those supervised; ~~and;_~~
- (d) Evaluate the effectiveness of acts performed under supervision.

SECTION 10. N 6.04 (1) is amended to read:

N 6.04 Standards of practice for licensed practical nursing. (1) PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS. In the performance of acts in basic patient situations, the L.P.N., shall, under the general supervision of an R.N. or the direction of a ~~physician, podiatrist, dentist or optometrist~~ provider:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform;_
- (b) Provide basic nursing care;_
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient;_
- (d) Consult with ~~an R.N., physician, podiatrist, dentist, optometrist~~ a provider in cases where an L.P.N. knows or should know a delegated ~~nursing or medical~~ act may harm a patient; ~~and;_~~
- (e) Perform the following other acts when applicable:
 1. Assist with the collection of data;_
 2. Assist with the development and revision of a nursing care plan;_
 3. Reinforce the teaching provided by an R.N., ~~physician, podiatrist, dentist~~ or ~~optometrist~~ provider and provide basic health care instruction; ~~or;_~~
 4. Participate with other health team members in meeting basic patient needs.

SECTION 11. N 6.04 (2) (intro) is amended to read:

N 6.04 (2) PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

SECTION 12. N 6.04 (2) (b) is amended to read:

N 6.04 (2) (b) Perform delegated ~~nursing or medical~~ acts beyond basic nursing care under the direct supervision of an R.N., ~~physician, podiatrist, dentist or optometrist~~ a provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

SECTION 13. N 6.04 (3) (intro), (a) and (b) are amended to read:

N 6.04 (3) ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

- (a) Follow written protocols and procedures developed and approved by an R.N.;_

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.; ~~and,~~

SECTION 14. N 6.04 (3) (c) is repealed and recreated to read:

N 6.04 (3) (c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

SECTION 15. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Member of the Board
Board of Nursing

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING : ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 16-020)

ORDER

An order of the Board of Nursing to repeal N 8.04 and 8.05 (2); to renumber and amend N 8.03 (1); to amend N 8.02 (1) (c), 8.02 (4), 8.03 (intro.), 8.03 (2) to (5), 8.05 (1), 8.06 (3) (c), 8.06 (5), 8.07 (2), 8.09 (2), 8.10 (title) and 8.10 (4) to (7); and to create N 8.03 (1) and 8.045 relating to advanced practice nurse prescribers.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 441.16, Stats.

Statutory authority: ss. 15.08 (5) (b) and 441.16 (3), Stats.

Explanation of agency authority:

The Board shall promulgate rules for its own guidance and for the guidance of the profession and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the profession. [s. 15.08 (5) (b), Stats.]

The Board shall promulgate rules necessary to administer s. 441.16, including rules for all of the following:

- Establishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.
- Establish the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.
- Defining the scope of practice within which an advanced practice nurse may issue prescription orders.
- Specifying the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse.
- Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education and a requirement to complete the

nursing workforce survey and submit the fee required under s. 441.01 (7). [s. 441.16 (3), Stats]

Related statute or rule: n/a

Plain language analysis:

Section 1 adds a doctoral degree in nursing or a related health field as a qualifying degree. The Board recognizes that some schools are offering doctoral degrees in lieu of master's degrees and did not want those obtaining a higher degree to be ineligible for the certificate.

Section 2 modifies the definition of "clinical pharmacology or therapeutics" by changing the phrase "likelihood of success" to "efficacy" in order to be clearer and more accurate.

Sections 3, 4, 5, 6 and 7 consolidate the qualifications required for the certification and the application requirements into one section. Language to accommodate this consolidation has been updated. The degree required is updated to recognize a doctoral degree in addition to the master's degree. The applicant is required to have obtained 45 contact hours in clinical pharmacology or therapeutics 5 years, instead of 3 years, preceding the application in order to accommodate graduates from programs which offer the pharmacology course early in the curriculum sequence rather than requiring the applicant to repeat the course creating unnecessary delay and expense.

Section 8 creates renewal provisions. In order to renew an advance practice nurse prescriber certificate the certificate holder must pay a renewal fee, complete the nursing workforce survey, certify completion of the continuing education and provide evidence of current certification by an approved certifying body of nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.

Sections 9 and 10 updates the continuing education requirements. A nurse prescriber shall complete 16 contact hours during the biennium. The Sections remove the provisions allowing for an average minimum number per year which is then reported on a schedule consistent with the national certifying body. The Board is requiring continuing education to be completed each biennium. In addition, two of those contact hours shall be in responsible prescribing of controlled substances. The Board is requiring the specific hours in responsible prescribing of controlled substances due to the current prescription drug addiction public health crisis.

Section 11 clarifies that attention deficit hyperactivity disorder is included in hyperkinesis.

Section 12 updates language for the advance practice nurse prescriber to provide upon request evidence of the advance practice nurse prescriber certification.

Section 13 updates language to allow prescriptions to be submitted electronically as permitted by state and federal law and removes the outdated typewritten provision. It also updates language to require the drug enforcement agency number of the license.

Section 14 removes the mileage limitation but clarifies the dispensing of drugs is at the treatment facility.

Sections 15 and 16 update language. The word “care” replaces “case” which is more reflective of current practice. One reference to advanced practice nurses is corrected to state advanced practice nurse prescribers. The Board removed the provision relating to notification to advanced practice nurses of mutual educational opportunities and available communication networks. The provisions regarding tests which may be ordered by an advanced practice nurse prescriber have been updated and clarified. The language regarding the collaborative relationship has been updated to reflect the standard language of “training, education and experience” instead of “professional expertise” and to remove the requirement that the physician document this relationship in recognition that the Board does not have jurisdiction over a physician.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois licenses nurses at three levels: licensed practice nurse, registered nurse and advance practice nurse. Illinois requires an advanced practice nurse to additionally hold a separate license for the prescribing of controlled substances. In Illinois a collaborating physician may delegate prescriptive authority to a nurse holding an advanced practice nurse license. An APN who has been given controlled substances prescriptive authority shall be required to obtain an Illinois mid-level practitioner controlled substances license. The requirements for obtaining a mid-level practitioner controlled substances license are to be a physician assistant or advanced practice nurse with an active license in good standing; provide the license number and controlled substances license number of the delegating or collaborating physician or podiatrist; written notice of delegation of prescriptive authority signed by the physician or podiatrist including the schedule of controlled substances or the specific Schedule II controlled substances that the mid-level practitioner may dispense or prescribe; and if license is issued with Schedule II authority, the advance practice nurse must have taken at least 45 hours of graduate contact hours in pharmacology. The mid-level practitioner controlled substances license requires 5 hours annually of continuing education in pharmacology. The mid-level practitioner controlled substances license only allows prescribing and dispensing of controlled substances the collaborating physician prescribes.

Iowa: Iowa licenses nurses at three levels: licensed practice nurse, registered nurse and advance registered nurse practitioner. The advanced registered nurse prescriber has a scope of practice which includes prescriptive authority. There is no equivalent certification in Iowa to the Wisconsin advance practice nurse prescriber certificate.

Michigan: Michigan licenses nurses at two levels: licensed practice nurse and registered nurse. Michigan has specialty certifications for a nurse anesthetist, nurse midwife and nurse practitioner. A physician who supervises a nurse practitioner or nurse midwife may delegate the prescribing of non-controlled prescriptions and Schedules 3-5 controlled substances if the delegating physician establishes a written authorization. A delegating physician may delegate the prescription of Schedule 2 controlled substances only if the nurse practitioner or nurse

midwife is practicing in a surgical outpatient facility, hospital and hospice with the patient being located within the facility. There is no equivalent certification in Michigan to the Wisconsin advance practice nurse prescriber certificate.

Minnesota: Effective January 1, 2015, Minnesota licenses nurses at three levels: licensed practice nurse, registered nurse and advanced practice registered nurse. The advanced practice registered nurse has a scope of practice which includes prescriptive authority. There is no equivalent certification in Minnesota to the Wisconsin advance practice nurse prescriber certificate.

Summary of factual data and analytical methodologies:

The Board reviewed their rules and consulted with stakeholders.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

This rule was posted for a period of 14 days for economic comments and none were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

TEXT OF RULE

SECTION 1. N 8.02 (1) (c) is amended to read:

N 8.02 (1) (c) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master's or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

SECTION 2. N 8.02 (4) is amended to read:

N 8.02 (4) "Clinical pharmacology or therapeutics" means the identification of individual and classes of drugs, their indications and contraindications, their ~~likelihood of success~~ efficacy, their side-effects and their interactions, as well as, clinical judgment skills and decision-making, based on thorough interviewing, history-taking, physical assessment, test selection and interpretation,

pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.

SECTION 3. N 8.03 (intro) is amended to read:

N 8.03 ~~Qualifications for certification~~ Certification as an advanced practice nurse prescriber. An applicant for initial certification ~~to issue prescription orders~~ as an advanced practice nurse prescriber shall be granted a certificate by the board if the applicant complies with all of the following:

SECTION 4. N 8.03 (1) is renumbered to N 8.03 (1m) and amended to read:

N 8.03 (1m) ~~Has~~ Provides evidence of holding a current license to practice as a professional nurse in this state or ~~has~~ a current license to practice professional nursing in another state which has adopted the nurse licensure compact.

SECTION 5. N 8.03 (1) is created to read:

N 8.03 (1) Submits an application form and the fee under s. 440.05(1), Stats.

SECTION 6. N 8.03 (2) to (5) are amended to read:

N 8.03 (2) ~~Is currently certified~~ Provides evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.

(3) ~~For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, holds~~ Provides evidence of a master's or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency organization approved by the state board of education in the state in which the college or university is located Council for Higher Education Accreditation. This subsection does not apply to those who received national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist before July 1, 1998.

(4) ~~Has completed at least~~ Provides evidence of completion of 45 contact hours in clinical pharmacology ~~or~~ therapeutics within ~~3~~ 5 years preceding the application for a certificate ~~to issue prescription orders.~~

(5) ~~Has passed~~ Evidence of passing a jurisprudence examination for advanced practice nurse prescribers.

SECTION 7. N 8.04 is repealed.

SECTION 8. N 8.045 is created to read:

N 8.045 Renewal. A person holding an advanced practice nurse prescriber may renew the certificate by doing all of the following:

- (1) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats., the workforce survey fee, and any applicable late renewal fee.
- (2) Complete the nursing workforce survey to the satisfaction of the board.
- (3) Certify completion of the continuing education required under N 8.05.
- (4) Provide evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist.

SECTION 9. N 8.05 (1) is amended to read:

N 8.05 Continuing education. (1) Every advanced practice nurse prescriber shall ~~submit to the board evidence of having completed an average of at least 8 complete 16 contact hours per year~~ biennium in clinical pharmacology/ or therapeutics relevant to the advanced practice nurse prescriber's area of practice, including at least 2 contact hours in responsible prescribing of controlled substances.

SECTION 10. N 8.05 (2) is repealed.

SECTION 11. N 8.06 (3) (c) is amended to read:

N 8.06 (3) (c) Treatment of hyperkinesis, including attention deficit hyperactivity disorder.

SECTION 12. N 8.06 (5) is amended to read:

N 8.06 (5) Shall, ~~in prescribing or ordering a drug for administration by a registered nurse or licensed practical nurse under s. 441.16 (3) (cm), Stats.~~ upon request, present evidence to the nurse ~~and~~ or to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

SECTION 13. N 8.07 (2) is amended to read:

N 8.07 (2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be ~~typewritten~~ submitted electronically as permitted by state and federal law, and shall contain the practitioner's ~~controlled substances~~ drug enforcement agency number.

SECTION 14. N 8.09 (2) is amended to read:

N 8.09 (2) An advanced practice nurse prescriber may dispense drugs to a patient ~~if at the treatment facility at which the patient is treated is located at least 30 miles from the nearest pharmacy.~~

SECTION 15. N 8.10 (title) is amended to read:

N 8.10 Case Care management and collaboration with other health care professionals.

SECTION 16. N 8.10 (4) to (7) are amended to read:

N 8.10 (4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating ease-care management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice ~~nurses~~ nurse prescribers, physicians, and other health care professionals, ~~including notification to advanced practice nurses of mutual educational opportunities and available communication networks.~~

(6) ~~To promote case management, the~~ The advanced practice nurse prescriber may order treatment, therapeutics, laboratory and testing, ~~radiographs or electrocardiograms~~ appropriate to his or her area of competence as established by his or her education, training, or experience, to provide care management.

(7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's ~~professional expertise~~ training, education, and experience. The advanced practice nurse prescriber ~~and the physician must~~ shall document this relationship.

SECTION 17. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Member of the Board
Board of Nursing

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Board of Nursing to repeal ch. N 3.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: Section 203p of 2015 Act 55 repealed s. 15.407(3), Stats.
Section 4416g of 2015 Act 55 repealed s. 441.05, Stats.

Statutory authority: 441.01 (3), Stats.

Explanation of agency authority:

The board shall approve all rules for the administration of this chapter in accordance with ch. 227 [441.01 (3), Stats]

Related statute or rule: N/A

Plain language analysis:

Section 441.05, Stats. had authorized the creation of examining councils for registered nurses and licensed practical nurses in order to prepare or select written examination questions and administer examinations as part of the licensure requirements. This statute was obsolete with the current licensing practice of the requiring candidates to pass a national examination.

2015 Act 55 repealed the statutory creation and authorization for the examining councils. This rule repeals the administrative code chapter, N 3, governing Board of Nursing examining councils in order to reflect current statutes.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois does not have examining councils under the Board of Nursing.

Iowa: Iowa does not have examining councils under the Board of Nursing.

Michigan: Michigan does not have examining councils under the Board of Nursing.

Minnesota: Minnesota does not have examining councils under the Board of Nursing.

Summary of factual data and analytical methodologies:

The Board is repealing the chapter to conform to the statutes.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jeff.Weigand@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to Sharon.Henes@wisconsin.gov. Comments must be received on or before October 13, 2016 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapter N 1 is repealed.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Hospital to Hospital (H2H) Meeting

Friday, July 22, 2016

**Rusk County Memorial Hospital
900 College Avenue W, Ladysmith
Riverside Room (Lower Level)**

Program Summary:

In less than a decade hospitalist programs have become essential to all hospitals in the recruitment and retention of other providers. Rural hospitals who lack hospitalist programs are at a distinct recruitment/retention disadvantage as older physicians age out of practice and new young physicians come to expect this service before joining your team. Learn how you can remove practice, policy and payment barriers that will allow you to start up an all-APNP or mixed model hospitalist program or to modify your existing program to achieve high clinical standards of care, improve patient, staff and provider satisfaction, and retain or expand market share. This program will examine continuous process improvements and learnings from several Wisconsin rural hospitals with burgeoning and experienced hospitalists programs that will advance the ANPN hospitalist profession and will meet the triple aim within your rural healthcare system.

Objectives include an understanding of:

1. How an all APNP or mixed APNP/MD model programs can be adapted to meet the needs of various hospitals and circumstances
2. How to remove barriers and enhance opportunities for engaging providers and staff professionals in the start up or modification of a successful APNP program
3. Metrics that demonstrate successful clinical quality, patient safety, satisfaction and professional engagement outcomes
4. How practice, policy and payment challenges can be overcome to enhance the development of the APNP profession, helping rural healthcare systems to remain competitive.

AGENDA

- 10:00 AM Welcome – Charisse Oland, CEO, Rusk County Memorial Hospital
- Overview of RCMH and our “quadfecta” (hospitalists, ED, Fresh Eyes, Clinic). How the APNP hospitalist program “saved” the operations.
- 11:00 AM Panel 1: Hospitalists and Collaborator MDs
- Models of care. What works? What are some barriers?

- 12:30 PM Lunch
- 1:00 PM Panel 2: Policy and Payment – Next Steps to Develop the Practice
- Rules and regulations. Scope of practice. Legislative issues – how to remove barriers and enhance educational opportunities
- 2:00 PM Wrap Up
- Financial and clinical indicators of success. Patient satisfaction scores. Staff satisfaction. Acuity level of patients. Finances.
- 2:30 PM Tour of Facility (optional)

Session 1 Panelists:

Dr. John Almquist, Medical Director, Collaborator, Eagle River telemedicine program
Dr. Estaban Miller, CMO, Collaborator, Black River Falls (tentative)
Dr. Linda Klein, CMO
Dr. Kim Moldenhauer, RCMH Hospitalist
Jenifer Deziel, APNP Hospitalist, Black River Falls

Session 2 Panelists:

Steve Rush, APNP, WHA Vice President for Workforce and Clinical Practice
Dr. Jeff Miller, Chair, Wisconsin Board of Nursing/Hospitalist, Froedtert ???
Clint Miller, DON Spooner Health System
Amanda Shimko, RN, RCMH Interim Director of Nursing
Jennifer Friday, APNP Hospitalist??, RCMH
Theresa Hutzler, APNP Hospitalist, Spooner

Other rural hospitals with APNP programs include Baldwin (APNS 7P-7A and MD hospitalists days. They open their new hospital this weekend and cannot attend); Mike Sanders, Pres/CEO Monroe Clinic (1 APNP/6 MDs); Lisa Schnedler, Pres/CEO Upland Hills, Dodgeville (4 nights/week 9P to 7A).



Information

Register Now

Summary

Invitation

Fees

Agenda

Attendees

Staff

Travel Information

Hotel Reservations

FAQs

AGENDA

Agenda is subject to change.

[\[-\] Hide Description](#)

[Sunday, September 11, 2016](#) | [Monday, September 12, 2016](#)

Optional

Sunday, September 11, 2016

3:00 pm - 6:00 pm **Registration**

Monday, September 12, 2016

7:30 am - 8:30 am **Continental Breakfast**

7:30 am **Registration**

8:30 am - 8:45 am **Welcome**

8:45 am - 10:15 am **NCLEX Overview: Psychometrics and Test Development**

The NCLEX is a psychometrically sound, standardized exam developed to measure the minimal competency required to practice safe, entry-level nursing. To achieve these objectives, the exam is developed using a multilayered process that includes an evidence-based content outline, item development using nursing content expert volunteers, several reviews and industry-standard examination principles. This session will describe the methods used to achieve the quality examination development, maintenance and measurement the profession of nursing has come to rely on and trust.

10:15 am - 10:30 am **Break**

10:30 am - 11:15 am **NCLEX Operations Overview: Administration and Online Resources**

The NCSBN Examinations Department not only develops the NCLEX but also provides daily operational and customer service support on the administration of the NCLEX for candidates, educators, boards of nursing and regulatory bodies. During this session, we will explore the NCLEX registration process as well as the online resources NCSBN has available to educators and students. This session will highlight what

candidates should expect before, during and after the exam.

11:15 am - 12:00 pm **Q&A Session**

12:00 pm - 1:15 pm **Lunch**

1:15 pm - 2:15 pm **Research on Nursing Decision-Making: In-Depth Cognitive Model**

The processes of nursing clinical judgment and decision-making remain prevalent aspects of client safety. Entry-level nurses are often required to make sound clinical judgments in today's fast-paced, technology-driven health care environments. NCSBN has explored the research supporting these processes and how they impact the nursing profession. This session will explore NCSBN's continued work surrounding nursing clinical judgment and clinical-decision making.

2:15 pm - 2:30 pm **Break**

2:30 pm - 3:00 pm **PN Practice Analysis Overview**

The periodic performance of practice analysis studies assists NCSBN in evaluating the validity of the test plan that guides the content distribution of the NCLEX. Because changes can occur in nursing practice, practice analysis studies are conducted on a three-year cycle. This session will provide an overview of the 2015 NCLEX-PN Practice Analysis results, highlighting several noteworthy, entry-level nursing trends and a new entry-level nurse definition.

3:00 pm - 4:00 pm **Afternoon Breakout Sessions**

Each session will run simultaneously.

3:00 pm - 4:00 pm **NCLEX Variety Pack**

3:00 – 3:30 pm: What is a Logit?

This session will provide a basic introduction to the logit, a unit of measurement used to report relative differences between candidate ability estimates and item difficulties. The logit scale includes the NCLEX passing standard (or cut point), candidates' abilities (or scores) and item difficulties.

3:30 – 3:45 pm: NCLEX Operations: Security

NCSBN ensures the fair and secure delivery of the NCLEX by administering the exam under strict supervision and security measures. This session will highlight the security measures NCSBN has put in place for the NCLEX, including incidents that occur at testing centers as well as our confidentiality agreement with both students and educators.

3:45 – 4:00 pm: Testing Accommodations

In this session, you will learn about the testing accommodation process, including the roles of the candidate, NCSBN, Pearson VUE, boards of nursing and regulatory bodies.

3:00 pm - 4:00 pm **Using the NCLEX Test Plan for Student Preparation**

The NCLEX is developed to assess the minimal competency required to practice safe, effective entry-level nursing. As each NCLEX item is developed, it is linked directly to the current edition of the NCLEX Test Plan. Nursing programs often inquire how their curriculum correlates to the test plan. In this session, learn how to use the NCLEX Test Plan as a tool to help students prepare for the NCLEX.

4:00 pm - 4:30 pm **Final Questions and Closing**

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From: [Jacklyn Currier](#)
To: [MB Executive Officers](#); [NCLEX Ops Contacts](#)
Cc: [Jennifer Gallagher](#); [Melissa Cunningham](#)
Subject: Registration Open! 2016 Fall Member Board Review of NCLEX Items
Date: Tuesday, July 05, 2016 11:21:07 AM
Attachments: [BON_RB_PPC_list_FY17.pdf](#)
[MB Registration Spreadsheet Fall FY17.xlsx](#)

Dear Executive Officers and Operations Team Members:

The Examinations department and Pearson VUE are pleased to announce that registration for the fall Member Board Review is now available. This review will allow member boards the opportunity to review NCLEX-RN and NCLEX-PN items from the current and previous quarters through simulated computerized adaptive examinations.

The Review will take place from **October 3 – 21, 2016.**

How to register:

- Please designate one lead contact who will fill out the attached spreadsheet for all those participating from the member board. The lead contact only needs to fill out his/her information once under “Lead Contact Information.” However, if the lead contact will also be participating in the Review, please also include his/her information under “Participant Contact Information.”
- You will need to determine your top three dates and locations for the Review. As a reminder, all participants from a single member board must review on the same date, at the same time and location. The dates available are Monday-Friday, October 3 – 21, 2016. For your reference, **attached is a PDF of all the testing centers sorted by city, state and country.**
- Participants will have the option to review NCLEX-RN and/or NCLEX-PN items from both the current and previous quarters. The items you are eligible to review depends on your board type.

The deadline for registration is Friday, July 22nd at 5PM CST. Please fill out the attached spreadsheet and return to me electronically as an Excel file by this date and time.

Once your registration is complete, a confirmation email will follow from Pearson VUE within the next couple of weeks with additional review information.

Please visit the [Frequently Asked Questions about the BON/RB Reviews of NCLEX Items](#) and Chapter 13 of the [Member Board Manual](#) for additional information on the Review.

Please let me know if you have any questions.

We look forward to your participation!

Jacklyn Currier | Operations Coordinator, Examinations | 312.525.3700 (D) | jcurrier@ncsbn.org

National Council of State Boards of Nursing (NCSBN) | 111 E. Wacker Drive, Ste. 2900, Chicago, IL
60601-4277
312.525.3600 (P) | 312.279.1032 (F) | www.ncsbn.org

Our Mission

The National Council of State Boards of Nursing (NCSBN) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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Pearson Professional Center Locations: City, State, Country

Building Name	Address 1	Address 2	City	State	Zip	Country
Denali Towers North Building	2550 Denali Street	Suite 511	Anchorage	AK	99503	USA
Two Chase Corporate Center	Two Chase Corporate Drive	Suite 20	Birmingham	AL	35244	USA
AmSouth Bank Decatur Main Building	401 Lee Street	Suite 602	Decatur	AL	35602	USA
Carmel Plaza	2623 Montgomery Hwy.	Suite 4	Dothan	AL	36303	USA
Executive Center I	900 Western America Circle	Suite 212	Mobile	AL	36609	USA
	4001 Carmichael Road	Suite 440	Montgomery	AL	36106	USA
John Brown University Center	1401 South Waldron Road	Suite 208	Fort Smith	AR	72903	USA
	10816 Executive Center Drive	Suite 209	Little Rock	AR	72211	USA
Landmark Building	210 North State Line	Suite B100	Texarkana	AR	71854	USA
Pago Plaza	P.O. Box AC	Suite 222	Pago Pago	AS	96799	USA
	2121 West Chandler Blvd	Suite 209	Chandler	AZ	85224	USA
	2501 West Dunlap Avenue	Suite 260	Phoenix	AZ	85021	USA
Anaheim Corporate Plaza	2190 Towne Center Place	Suite 300	Anaheim	CA	92806	USA
	2001 Junipero Serra Blvd.	Suite 530	Daly City	CA	94014	USA
	4820 Business Center Drive	Suite 150	Fairfield	CA	94534	USA
	7555 North Palm Avenue	Suite 205	Fresno	CA	93711	USA
South Bay Centre	1515 West 190th Street	Suite 405	Gardena	CA	90248	USA
	23792 Rockfield Blvd.	Suite 200	Lake Forest	CA	92630	USA
Trans Pacific Centre	1000 Broadway	Suite 470	Oakland	CA	94607	USA
Centrelake Plaza	3401 Centrelake Drive	Suite 675	Ontario	CA	91761	USA
Union Bank Bldg	70 South Lake Avenue	Suite 840	Pasadena	CA	91101	USA
	2190 Larkspur Lane	Suite 400	Redding	CA	96002	USA
	1690 Barton Road	Suite 102	Redlands	CA	92373	USA
	3010 Lava Ridge Court	Suite 170	Roseville	CA	95661	USA
	8950 Cal Center Drive	Suite 215	Sacramento	CA	95826	USA
	11770 Bernardo Plaza Court	Suite 463	San Diego	CA	92128	USA
	140 East Via Verde	Suite 110	San Dimas	CA	91773	USA
	201 Filbert Street	Suite 200	San Francisco	CA	94133	USA
Koll Lyon Plaza	1551 McCarthy Blvd	Suite 108	San Jose (Milpitas)	CA	95035	USA
	570 Rancheros Drive	Suite 110	San Marcos	CA	92069	USA
Gill Office Building	1010 South Broadway	Suite F	Santa Maria	CA	93454	USA
	5300 West Tulare Avenue	Suite 108	Visalia	CA	93277	USA
Westlake Corporate Centre	875 Westlake Blvd.	Suite 106	WestLake Village	CA	91361	USA
The Triad	5660 Greenwood Plaza Blvd	Suite 510	Greenwood Village	CO	80111	USA
Lake Arbor Plaza	9101 Harlan Street	Suite 220	Westminster	CO	80030	USA
	20 Glover Ave.	Suite 19	Norwalk	CT	06850	USA
Signature 91 Building	35 Thorpe Avenue	Suite 105	Wallingford	CT	06492	USA
Putnam Park	100 Great Meadow Road	Suite 404	Wethersfield	CT	06109	USA
	1615 L Street NW	Suite 410	Washington	DC	20036	USA
The Kays Building	1012 College Road	Suite 104	Dover	DE	19904	USA
	111 Continental Drive	Suite 109	Newark	DE	19713	USA
Premier Point South	237 South Westmonte Drive	Suite 305	Altamonte Springs	FL	32714	USA
	1191 East Newport Center Drive	Suite PHA (3rd floor, Penthouse A)	Deerfield Beach	FL	33442	USA
	2815 NW 13th Street	Suite 101	Gainesville	FL	32609	USA
Spring Lake Business Center	8659 Baypine Road	Suite 305	Jacksonville	FL	32256	USA

Union Planters Plaza	8615-8617 South Dixie Highway		Miami	FL	33143	USA
1707 Orlando Central Parkway, LLC	1707 Orlando Central Parkway	Suite 300	Orlando	FL	32809	USA
Royal Palm At Southpoint	1000 South Pine Island Road	Suite 260	Plantation	FL	33324	USA
Sheridan Professional Office Complex	7369 Sheridan St	Suite 204	Pembroke Pines	FL	33024	USA
M & I Bank Building	1777 Tamiami Trail	Suite 508	Port Charlotte	FL	33948	USA
	877 Executive Center Drive	Suite 350	St. Petersburg	FL	33702	USA
	2286-2 Wednesday Street		Tallahassee	FL	32308	USA
	2410 Westgate Blvd.	Suite 102	Albany	GA	31707	USA
Perimeter Center West	1117 Perimeter Center West	Suite E-311	Atlanta	GA	30338	USA
	239 Village Center Parkway	Suite 280	Atlanta (Stockbridge)	GA	30281	USA
Augusta Riverfront Center	One 10th Street	Suite 640	Augusta	GA	30901	USA
	6055 Lakeside Commons Drive	Suite 110	Macon	GA	31210	USA
Georgetown Center	785 King George Blvd.	Building 1, Suite C	Savannah	GA	31419	USA
UIU Building	267 South Marine Drive	Suite 2E	Tamuning	GU	96913	USA
	1441 Kapiolani Blvd	Suite 204	Honolulu	HI	96814	USA
	327 2nd St.	Suite 370	Coralville	IA	52241	USA
Northwest Bank & Trust Company	100 East Kimberly Road	Suite 401	Davenport	IA	52806	USA
	4300 South Lakeport	Suite 204	Sioux City	IA	51106	USA
Colony Park Office Building	3737 Woodland Avenue	Suite 340	West Des Moines	IA	50266	USA
Falcon Court	9183 West Blackeagle Drive		Boise	ID	83709	USA
	2100 East Lake-Cook Road	Suite 115	Buffalo Grove	IL	60089	USA
	200 West Adams Street	Suite 1105	Chicago	IL	60606	USA
	103 Airway Drive	Suite 1	Marion	IL	62959	USA
Norwoods Professional Bldg	4507 N. Sterling Ave	Suite 302	Peoria	IL	61615	USA
	1827 Walden Office Square	Suite 540	Schaumburg	IL	60173	USA
	3000 Professional Drive	Lower Level, Suite C	Springfield	IL	62703	USA
Bank of Evansville	4424 Vogel Road	Suite 402	Evansville	IN	47715	USA
Dupont Office Center Bldg 2	9921 Dupont Circle Drive West	Suite 140	Fort Wayne	IN	46825	USA
Pyramids at College Park	3500 DePauw Blvd.	Bldg 2, 8th Floor, Suite 2080	Indianapolis	IN	46268	USA
	2629 Waterfront Parkway East Drive	Suite 100	Indianapolis	IN	46214	USA
	8585 Broadway	Suite 745	Merrillville	IN	46410	USA
	630 Wabash Ave	Suite 221	Terre Haute	IN	47807	USA
Hadley Center	205 East 7th Street	Suite 237	Hays	KS	67601	USA
	8700 Indian Creek Pkwy	Suite 120	Overland Park	KS	66210	USA
Gage Office Center Suites	4125 SW Gage Center Drive	Suite 201	Topeka	KS	66604	USA
Equity Financial Center	7701 East Kellogg	Suite 750	Wichita	KS	67207	USA
	2720 Old Rosebud Lane	Suite 180	Lexington	KY	40509	USA
Corporate Atrium Bldg	5555 Hilton Ave	Suite 430	Baton Rouge	LA	70808	USA
Latter Center West	2800 Veterans Blvd.	Suite 256	Metairie	LA	70002	USA
Pierremont Office Park III	920 Pierremont Road	Suite 212	Shreveport	LA	71106	USA
	295 Devonshire Street	Suite 210	Boston	MA	02110	USA
Park Square	31 St. James Avenue	Suite 725	Boston	MA	02116	USA
Monarch Place	One Monarch Place	Suite 1110	Springfield	MA	01144	USA
	20 Williams Street	Suite 210	Wellesley	MA	02481	USA
Park Office Tower	255 Park Avenue	Suite 300	Worcester	MA	01609	USA
	3108 Lord Baltimore Drive	Suite 103	Baltimore	MD	21244	USA

East-West Towers	4350 East West Highway	Suite 525	Bethesda	MD	20814	USA
Woodmere II	9891 Broken Land Parkway	Suite 108	Columbia	MD	21046	USA
	927 Eastern Shore Dr	Suite A	Salisbury	MD	21804	USA
	10 Ridgewood Drive	Suite 2	Bangor	ME	04401	USA
	201 Main Street	Suite 4A	Westbrook	ME	04092	USA
Burlington Office Center I	325 E. Eisenhower Parkway	Suite 3-A	Ann Arbor	MI	48108	USA
Waters Building	161 Ottawa NW	Suite 410	Grand Rapids	MI	49503	USA
	3390 Pine Tree Road	Suite 101	Lansing	MI	48911	USA
Rublein Building	290 Rublein Street	Suite B	Marquette	MI	49855	USA
Traveler Tower I	26555 Evergreen Rd.	Suite 850	Southfield	MI	48076	USA
City Center	888 W. Big Beaver Rd.	Suite 490	Troy	MI	48084	USA
Norman Pointe	5601 Green Valley Drive	Suite 150	Bloomington	MN	55437	USA
Triad Building	7101 Northland Circle	Suite 102	Brooklyn Park	MN	55428	USA
Washington Dr Executive Center	3459 Washington Drive	Suite 107	Eagan	MN	55122	USA
North Shore Bank Place	4815 West Arrowhead Road	Suite 100	Hermantown	MN	55811	USA
Greenview Office Building	1544 Greenview Drive SW	Suite 200	Rochester	MN	55902	USA
	2610 University Avenue	Suite 400	St. Paul	MN	55114	USA
	1700 East Point	Suite 203	Columbia	MO	65203	USA
Ward Parkway Corporate Centre	9200 Ward Parkway	Suite 101	Kansas City	MO	64114	USA
	4240 Blue Ridge Blvd	Suite 705	Kansas City	MO	64133	USA
Eleven Eleven Building	2833 East Battlefield	Suite 106	Springfield	MO	65804	USA
Center Forty Building	1600 South Brentwood Boulevard	Suite 120	St. Louis	MO	63144	USA
	10805 Sunset Office Drive	Suite 402	St. Louis	MO	63127	USA
Del Sol Building	P.O. Box 505140, Garapan	Suite 102	Saipan	MP	96950	USA
Woodlands Office Park	1755 Lelia Drive	Suite 404	Jackson	MS	39211	USA
	431 W. Main Street	Suite 340	Tupelo	MS	38801	USA
Transwestern 1 Building	404 North 31st St	Suite 230	Billings	MT	59101	USA
Arcade Building	111 N. Last Chance Gulch	Suite 4K	Helena	MT	59601	USA
One Town Square	One Town Square Boulevard	Suite 350	Asheville	NC	28803	USA
Charlotte Park	4601 Charlotte Park Dr	Suite 340	Charlotte	NC	28217	USA
Quorum Office Park	7520 East Independence Blvd	Suite 250	Charlotte	NC	28227	USA
Meridian Corporate Center	2520 Meridian Parkway	Suite 475	Durham	NC	27713	USA
	1105-B Corporate Dr	Suite B	Greenville	NC	27858	USA
CEI Building	8024 Glenwood Ave	Suite 107	Raleigh	NC	27612	USA
Market Street Central	2709 Market Street	Suite 206	Wilmington	NC	28405	USA
Stratford Oaks	514 South Stratford Road	Suite 100	Winston-Salem	NC	27104	USA
Capital Square Office Park	4501 Coleman Street	Suite 201	Bismarck	ND	58502	USA
	3170 43rd St. South	Suite 102	Fargo	ND	58104	USA
44 Corporate Place Office Park	300 North 44th Street	Suite 104	Lincoln	NE	68503	USA
Nebraskaland Bank Building	121 North Dewey	Suite 212	North Platte	NE	69101	USA
Omni Corporate Park	10832 Old Mill Road	Suite 4	Omaha	NE	68154	USA
Capital Plaza	2 Capital Plaza	3rd Floor	Concord	NH	03301	USA
Guarantee Trust Building	1125 Atlantic Avenue	Suite 107	Atlantic City	NJ	08401	USA
	525 Washington Blvd	Suite 1610	Jersey City	NJ	07310	USA
	1099 Wall Street West	Suite 140	Lyndhurst	NJ	07071	USA
Princeton Forrestal Village	100 Village Drive	Suite 210	Princeton	NJ	08540	USA

1543 Building	1543 State Route 27	Lower Level Basement	Somerset	NJ	08873	USA
The Bank of Albuquerque Bldg.	2500 Louisiana Blvd. NE	Suite LL1-B	Albuquerque	NM	87110	USA
	101 Convention Center Drive	Suite 330	Las Vegas	NV	89109	USA
Corporate Point	5250 South Virginia	Suite 301	Reno	NV	89502	USA
	1365 Washington Avenue	Suite 107	Albany	NY	12206	USA
(Down under Manhattan Bridge Overpass)	45 Main Street	Suite 706	Brooklyn	NY	11201	USA
	6700 Kirkville Road	Suite 204	East Syracuse	NY	13057	USA
	421-423 East Main Street	Suite 100	Endicott	NY	13760	USA
Forest Hills Tower	118-35 Queens Boulevard	Suite 1260	Forest Hills	NY	11375	USA
	2950 Express Drive South	Suite 145	Islandia	NY	11722	USA
	1979 Marcus Avenue	Suite 205	Lake Success (Queens)	NY	11042	USA
	19 West 44th Street	Suite 306	New York	NY	10036	USA
	19 West 44th Street	Suite 507	New York	NY	10037	USA
	31 West 34th Street	Suite 1001	New York (Herald Square)	NY	10001	USA
	100 William Street	Suite 1200	New York (Lower Manhattan)	NY	10038	USA
The Design Center	3445 Winton Place	Suite 238	Rochester	NY	14623	USA
The Corporate Commons of Staten Island	2 Teleport Drive, South Avenue	Suite 100	Staten Island	NY	10311	USA
	122 Business Park Drive	Suite 4	Utica	NY	13502	USA
	18564 US Route 11	Suite 7	Watertown	NY	13601	USA
Cross West Office Center	399 Knollwood Road	Suite 218	White Plains	NY	10603	USA
Centerpointe Corporate Park	400 Essjay Road	Suite 250	Williamsville	NY	14221	USA
Ridge Hill	73 Market Street	Suite 374	Yonkers	NY	10710	USA
Lakepointe Office	3201 Enterprise Parkway	Suite 10 Basement	Beachwood	OH	44122	USA
	355 E. Campus View Blvd.	Suite 140	Columbus	OH	43235	USA
	202 Montrose West	Suite 300	Copley Township	OH	44321	USA
Office Center	700 Taylor Road	Suite 180	Gahanna	OH	43230	USA
	4770 Duke Drive	Suite 385	Mason (Cincinnati)	OH	45040	USA
Metro Woods Building	1789 Indian Wood Circle	Suite 120	Maumee	OH	43537	USA
Point West II Office Building	3033 Kettering Boulevard	Suite 320	Moraine (Dayton)	OH	45439	USA
	2001 Crocker Road	Suite 350	Westlake	OH	44145	USA
Trails Office Park	3000 South Berry	Suite 200	Norman	OK	73072	USA
	5100 N. Brookline	Suite 282	Oklahoma City	OK	73112	USA
	7136 South Yale	Suite 418	Tulsa	OK	74136	USA
Park Plaza West - Building 3	10700 SW Beaverton Hillsdale Highway	Suite 595	Beaverton	OR	97005	USA
	3560 Excel Drive	Suite 105	Medford	OR	97504	USA
Fox Tower	805 SW Broadway	Suite 420	Portland	OR	97205	USA
The VA Outpatient Clinic	1660 Oak Street SE	Suite 250	Salem	OR	97301	USA
Commerce Corporate Center II	5100 Tilghman Street	Suite B-30	Allentown	PA	18104	USA
Edgewood Plaza	3123 West 12th Street	Suite D	Erie	PA	16505	USA
	3970 Crums Mill Rd	Suite 202	Harrisburg	PA	17112	USA
	150 South Warner Street	Suite 400	King of Prussia	PA	19406	USA
	205 Granite Run Drive	Suite 130	Lancaster	PA	17601	USA

	1880 John F Kennedy (JFK) Blvd	Suite 1001	Philadelphia	PA	19103	USA
	1500 Ardmore Boulevard	Suite 401	Pittsburgh	PA	15221	USA
Penn Center West	Penn Center West II, Building 2	Suite 109	Pittsburgh	PA	15276	USA
	502 West Germantown Pike	Suite 415	Plymouth Meeting	PA	19462	USA
Stadium Office Park	330 Montage Mountain Rd	Suite 102	Scranton	PA	18507	USA
Heritage Warrington Center	865 Easton Road	Suite 280	Warrington	PA	18976	USA
	95 West Beau Street	Suite 106	Washington (Pittsburgh)	PA	15301	USA
Metro Center Boulevard	301 Metro Center Boulevard	Suite 103	Warwick	RI	02886	USA
	200 Center Point Circle	Suite 350	Columbia	SC	29210	USA
Halton Commons Office Park	301-D Halton Road		Greenville	SC	29606	USA
Rivergate Center II	4975 LaCross Road	Suite 255	North Charleston	SC	29406	USA
	101 West 69th Street	Suite 104	Sioux Falls	SD	57103	USA
The Parklane Building	5200 Maryland Way	Suite 360	Brentwood	TN	37027	USA
	121 Boone Ridge Drive	Suite 1006	Johnson City	TN	37604	USA
Keystone Center	135 Fox Road	Suite C	Knoxville	TN	37922	USA
Primacy II	6055 Primacy Parkway	Suite 130	Memphis	TN	38119	USA
	2670 Union Ave. Extended	Suite 820	Memphis (Midtown)	TN	38112	USA
Riverview Office Building	545 Mainstream Drive	Suite 410	Nashville	TN	37228	USA
	500 Chestnut Street	Suite 856	Abilene	TX	79602	USA
	1616 S. Kentucky	Suite C305	Amarillo	TX	79102	USA
	505 East Huntland Drive	Suite 330	Austin	TX	78752	USA
	1701 Directors Blvd	Suite 350	Austin	TX	78744	USA
Prosperity Bank Building	6800 West Loop South	Suite 405	Bellaire	TX	77401	USA
International Business Park	4100 Midway Road	Suite 1000	Carrollton	TX	75007	USA
Corona South Building	4646 Corona Drive	Suite 175	Corpus Christi	TX	78411	USA
12801 North Central	12801 North Central Expressway	Suite 820	Dallas	TX	75243	USA
4110 Rio Bravo	4110 Rio Bravo Drive	Suite 222	El Paso	TX	79902	USA
Bank of America Bldg	222 East Van Buren	Suite 610	Harlingen	TX	78550	USA
8876 Gulf Freeway Building	8876 Gulf Freeway	Suite 220	Houston	TX	77017	USA
	14425 Torrey Chase	Suite 240	Houston	TX	77014	USA
	500 Grapevine Hwy.	Suite 401	Hurst	TX	76054	USA
Wells Fargo Center	1500 Broadway Street	Suite 1113	Lubbock	TX	79401	USA
	3300 North A Street	Building 4-228	Midland	TX	79705	USA
	10000 San Pedro	Suite 175	San Antonio	TX	78216	USA
	6100 Bandera Rd	Suite 407	San Antonio	TX	78238	USA
Sugar Land Towne Center	2245 Texas Drive	Suite 190	Sugar Land	TX	77478	USA
	909 East Southeast Loop 323	Suite 625	Tyler	TX	75701	USA
	1105 Wooded Acres	Suite 406	Waco	TX	76710	USA
	1551 South Renaissance Towne Drive	Suite 560	Bountiful	UT	84010	USA
	11820 South State Street	Suite 300	Draper	UT	84020	USA
Business Depot Ogden	1150 South Depot Drive	Suite 130	Ogden	UT	84404	USA
	1900 North Beauregard Street	Suite 12	Alexandria	VA	22311	USA
Heritage Bank/ Cambridge College Bldg	1403 Greenbrier Parkway	Suite 530	Chesapeake	VA	23320	USA
	5640 Cox Road	Suite 160	Glen Allen	VA	23060	USA
	424 Graves Mill Road	Building 200, Suite A	Lynchburg	VA	24502	USA
	825 Diligence Drive	Suite 120	Newport News	VA	23606	USA

	7202 Glen Forest Drive	Suite 303	Richmond	VA	23226	USA
Northpark Business Center	6701 Peters Creek Road	Suite 108	Roanoke	VA	24019	USA
	8391 Old Courthouse Road	Suite 201	Vienna	VA	22182	USA
Nisky Center	Suite 730	East Wing	St Thomas	VI	00802	USA
	30 Kimball Avenue	Suite 202	South Burlington	VT	05403	USA
Oaksdale Center Building E	1300 S. W. 7th Street	Suite 113	Renton	WA	98055	USA
Seattle Northgate	10700 Meridian Avenue North	Suite 407	Seattle	WA	98133	USA
Mullan Centre	1410 North Mullan	Suite 203	Spokane	WA	99206	USA
	1701 Creekside Loop	Suite 110	Yakima	WA	98902	USA
Bishops Woods Center	13555 Bishops Court	Suite L10	Brookfield	WI	53005	USA
	3610 Oakwood Mall Drive	Suite 102	Eau Claire	WI	54701	USA
	6905 Green Bay Road	Suite 203	Kenosha	WI	53142	USA
Prairie Trail Office Suites II	8517 Excelsior Drive	Suite 202	Madison	WI	53717	USA
	435 North Water St	Suite 600	Milwaukee	WI	53202	USA
BB&T Square	300 Summers Street	Suite 430	Charleston	WV	25301	USA
The Jackson and Kelly Building	150 Clay Street	Suite 420	Morgantown	WV	26505	USA
Aspen Creek Building	800 Werner Court	Suite 310	Casper	WY	82601	USA
	300 La Trobe Street	Level 14	Melbourne	VIC	3000	AUS
	10 Bridge Street	Level 2	Sydney	NSW	2000	AUS
Marlborough Mall Professional Building	433 Marlborough Way NE	Suite 440	Calgary	AB	T2A 7E7	CAN
Mumford Professional Centre	6960 Mumford Road	Suite 220	Halifax	NS	B3L 4P1	CAN
McMasters Innovation Park	175 Longwood Road South	Suite 411A	Hamilton	ON	L8P 0A1	CAN
	1069 Wellington Road South	Suite 222	London	ON	N6E 1W4	CAN
The Tower at Midtown	201 1st Ave. So.	Suite 1001	Saskatoon	SK	S7K 1L9	CAN
Guildford Landmark	15127 100th Avenue	Suite 406	Surrey	BC	V3R 0N9	CAN
Sterling Lyon Building	1020 Lorimer Blvd.	Suite 309	Winnipeg	MB	R3P 1C7	CAN
Commerce Court Building	4190 Loughead Hwy	Suite 103	Burnaby	BC	V5C 6A7	CAN
HSBC Building	10055 106th St. NW	Suite 540	Edmonton	AB	T5J 2Y2	CAN
	7705 17th Ave		Montreal	QC	H2A 2S4	CAN
	11 Holland Ave	Suite 512	Ottawa	ON	K1Y 4S1	CAN
	21 St Clair Ave E	Suite 501	Toronto	ON	M4T 1L9	CAN
	1 Eva Road	Suite 400	Toronto (West)	ON	M9C 4Z5	CAN
	190 High Holborn		London		WC1V 7BH	GBR
China Overseas Building	139 Hennessy Road, Wanchai Office B	18/F	Hong Kong			HKG
	#45, 3rd Floor, Trade Center	Dickenson Road	Bangalore	KAR	560042	IND
	6th Floor, Nelson Chambers 'E' Block	115, Nelson Manickam Road, Aminijikarai	Chennai	TAM	600029	IND
Pochampalli House	1-10-72/A/.2, 3rd Floor	S P Road, Begumpet	Hyderabad	AND	500016	IND
Building no.9,1st Floor	Solitaire Corporate Park,167 Andheri	J B Nagar Link Rd,Chakala,Andheri(East)	Mumbai	MAH	400093	IND

Yousuf Sarai Community Centre	4th Floor, Building No.18, Ramnath House	Above HDFC Bank	New Delhi	DEL	110049	IND
The Imperial Tower, 18F	1-1-1, Uchisaiwai-cho		Chiyoda-Ku	TKY	100-0011	JPN
12F Osaka Dai-Ichi Seimei Bldg	1-8-17 Umeda, Kita-ku		Osaka-shi	OSK	530-0001	JPN
Delegacion Alvaro Obregon	Calle Antonio Dovali Jaime No. 70, Torre B, Piso 6	Col Zedec Santa Fe	Mexico City	DF	1210	MEX
27th Floor, Trident Tower	312 Senator Gil Puyat Avenue	Makati City	Manila		1227	PHL
DASE Building	475 Calle C, Suite 502	Urb Los Frailes	Guaynabo		00969	PR
Union Century Building	Hsin-Yi District, 12F-3, No 163, Sec. 1 Keelung Road	12F Room 3	Taipei City		11070	TWN

Wisconsin

LPN Workforce Survey 2015 Report



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Wisconsin Center
for Nursing

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WCN greatly appreciates the dedicated volunteer researcher, Josie Veal PhD., RN, APNP, Associate Dean, Milwaukee Area Technical College, School of Health Sciences, and the contributions of her institution, Milwaukee Area Technical College, and statistician Jeffrey B. Henriques, PhD, Department of Psychology, University of Wisconsin, Madison.

Their work on this critical report provides comprehensive information on the status of the LPN workforce in Wisconsin and recommends strategies to address future nursing shortages.

Many partner organizations provided expertise in the design, development and delivery of the survey. In particular, the work being done by members of the Data Collaborative of the Wisconsin Council on Medical Education & Workforce (WCMEW), was not only instrumental to the creation of the original survey design in 2011, but also resulted in improvements to the *2015 Wisconsin LPN Survey*.

We are grateful to the Wisconsin Department of Safety and Professional Services for making the survey accessible to the thousands of LPNs in our state, and the Wisconsin Department of Workforce Development, without whose assistance, our work would not be possible. We also wish to thank Wisconsin LPNs for completing the survey, and the care they provide to patients and their families.

Finally, we would like to acknowledge and express our gratitude to the many schools and organizations that will utilize this information to advance nursing education and practice to assure a sufficient, competent and diverse nursing workforce for the people of Wisconsin.

Thank you,

Pat Keller, MSN, RN, NEA-BC
President – WCN Board of Directors

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Executive Summary

Wisconsin nurses are required by state legislature (Chapter 106.30) to complete biennial license renewal along with the mandatory completion of the Wisconsin LPN Workforce Survey. The Wisconsin Department of Workforce Development constructed and collected the data, since 2011. All participants were provided with the purpose, methodology, and given the option to complete the survey electronically or by paper format. The total responses from both formats included 12,987 nurses. After data cleaning using exclusionary criteria, the results summarized are based on 11, 158 online responses.

Section I: Introduction

Data from the 2015 Nursing Workforce survey were analyzed.

Section II: State Data Key Findings

Demographics

- There was a slight increase in the percentage of males, nurses' proficiency in another language, and the number of Hispanic, Latino or Spanish nurses. The workforce remains predominately female.
- Largest group practicing LPNs are between the ages of 55 to 64 years old, mean age is 49 years
- Highest reported languages, other than English are Spanish and American Sign Language
- Wisconsin (2014) census data mirror image the population of licensed practical nurses practicing within the nursing workforce

Recommendations

- Collaboration efforts for recruitment and retention strategies should include professional diverse nursing organizations and partnerships with the American Assembly of Men in Nursing.
- Healthcare and educational systems are encouraged to offer opportunities for LPNs to learn and enhance their language proficiency within a healthcare context.
- Policy makers and nursing organizations should continue ongoing monitoring of state trends within the nursing workforce to better prepare for workforce funding, identification of workforce gaps and highlight the need for a diverse pipeline of licensed practical nurses.

Licensure & Education

- Rolling total of eligible first time candidates for Wisconsin board approved LPN programs have declined from 2012 (21,883) to 2nd quarter 2014 (11,190).
- In 2013 and 2015, consistently 23% of the LPN workforce has indicated a plan to pursue further nursing education within two years. However, the highest ranked barriers to pursuing education are cost of lost work and benefits and cost of tuition, materials, and books.
- The highest degree earned for Wisconsin LPNs, is the diploma in nursing ($n= 10,506, 94.2\%$).

- The workforce data from 2011 to 2015, indicate a decline in the number of LPNs that enrolled in associate degree programs.

Recommendations

- Research is needed within the WCTS system to identify trends and correlations among associate degree nursing program students, who are eligible to sit for the LPN licensure exam after the first year of technical courses. This research is helpful to identify the students who sit for the LPN licensure exam and beginning practice as a LPN and determine the timing in continuation of the RN degree.
- Policy makers, nurse leaders, and interdisciplinary health care teams should closely monitor the number of initial and renewal licensure for the LPN population to ensure a viable supply of LPNs within the nursing workforce.
- Explore bridge programs, which lead to the LPN credential for students currently enrolled in health care certificate programs.
- Identify a regional and/or statewide strategy to increase awareness of nursing career opportunities for the license practical nurse.
- Consider online methodology for the theory component of the curriculum; this may benefit working adults and individuals in rural areas in Wisconsin. Create seamless articulation agreements (general education requirements) among schools that do offer the practical nursing program. Ensure that these agreements are visible to potential students within the state.
- Develop and measure the longitudinal effectiveness of funding strategies across multiple entities (state, local, healthcare and educational systems) to reduce barriers to educational attainment.
- Collaborate with economist and business professionals in healthcare to identify the best economical practices for increasing the population of LPNs in the nursing workforce.
- Partner with public and private educational institutions, to develop shared curriculums for general education credits for high schools with existing science, technology, engineering, math (STEM) program and/or health based programs, such as nursing assistant.

Employment

- The Wisconsin LPN workforce hourly wage for 75% of the sample ranged from \$14.75 to \$23.99.
- 2013 and 2015, seventy five percent of Wisconsin licensed practical nurses are actively working as a nurse.
- There was an increase in the percentage of retired licensed practical nurses, between 2013 and 2015. During 2012-2014, a progressive decline exists for the number of newly licensed nurses.
- The three most significant factors for career decisions were: level of personal satisfaction/collegial relationship (22.4%), family/personal issues, and pay (13.8%).

- 56% of LPNs plan to work in their present employment on average for the next 10 to 19 years. These nurses have approximately 9.78 years in their current primary position with an average of 18.39 years of experience.
- The primary function for 85% of LPNs is providing direct patient care (DPC). The LPN average number of years providing DPC is 16.7 years. However, over the next 10 years, approximately 49% of these nurses will leave the bedside providing direct primary care.
- In 2013 and 2015 the majority of LPNs reported geriatric and/or gerontology specialization (48%).
- 30% of unemployed LPNs plan to seek or return to nursing employment while 51% of unemployed nurses were undecided regarding their intentions for employment.

Recommendations

- Retain and hire LPNs, by offering compensation factors that mirror those valued by this population.
 - Job promotion
 - Flexible Hours
 - Compensation/Flex Time offered for education advancement
- Develop collaboration agreements with accredited LPN programs to offer instruction of curriculum and clinical components on site for hospital employees.
- Prepare a highly skilled and trained LPN workforce and augment hands on development of nursing skills in educational programs. Consider non-traditional clinical settings, in addition to the traditional long term care settings
- Influence the culture within the workplace by identifying unique characteristics of the LPN population at the organizational level. LPNs identified career decisions based on satisfaction with these factors: level of personal satisfaction, collegial relationship, family/personal issues and pay.
- Gather key healthcare, economist, and policy experts, to develop a Wisconsin statewide multiregional forecast model to predict supply and demand regionally and statewide (Bienemy, 2015).

Section III: DHS Regional Data Key Findings

Demographics

- Median age is lowest in the southern and northeast regions (47 years) and highest in the western region (52 years).
- The northeast region has the highest percent of females (95.8%) and the western region has the highest percentage of males (6.8%).
- Language proficiency is highest in the southeast region (10.2%) and lowest in the northern region (5.3%).
- In 2013 and 2015, the percentages of Black or African American (17.6%) and Hispanic/Latino, or Spanish ethnicity were highest in the southeastern region (3.7%).

Employment

- Across each region, over 92% of the nurses work as an LPN, while statewide only 75% of these nurses work as an LPN.
- Nurses living in the northeast region reported the lowest percentage of retirements (0.4%). Unemployment rates for nurses seeking employment are >1% across the regions and 3% statewide. Statewide, 6.3% are unemployed and 7% are retired.
- Statewide, LPNs have provided an average of 16.7 years of direct patient care; however the Northern region has the average time for LPNs providing direct patient care as 17.7 years. Statewide and across each region, over 80% of all LPNs provide direct patient care.
- The primary work settings for LPNs in Wisconsin are extended care and ambulatory care

Education

- The highest percentage of enrollment in associate degree nursing programs is in the southern region (13.9%) and the highest enrollment in bachelor of nursing programs is in the southeast region (2.3%). Statewide, 22.7% of LPN plan to pursue further education in nursing by 2017.
- LPNs planning to enroll in further education in the next two years vary from 21.5% in the northern region to 27% in the southeast region.

Section IV: Emergency Preparedness Key Findings

- In Wisconsin, 65% of LPN have received training in emergency preparedness training.
- Statewide, there is <1% LPN membership in the Medical Reserve Corps (MRC) and Wisconsin Emergency Assistance Registry is voluntary

I. Introduction

It remains critical that the nursing workforce in Wisconsin meet the needs of health consumers across the state at multiple levels within the health care delivery system. The Affordable Care Act provision for access to care for all Americans has significant implications in regards to the need for healthcare professionals. The licensed practical nurse (LPN) has a role in caring for clients; and thus there is projected career growth of 25%, according to the Bureau of Labor Statistics (2014). The LPN is needed to assist with implementation of health care reform, decreasing health care disparities, and addressing the care needs of clients in urban, metropolitan and rural areas.

Wisconsin nurses are required by state legislature (Chapter 106.30) to complete biennial license renewal along with the mandatory completion of the Wisconsin LPN Workforce Survey. The Wisconsin Department of Workforce Development constructed and collects the data, since 2011. Through collaboration with the Wisconsin Center for Nursing, key questions, analysis and recommendations for pertinent nursing workforce information are developed and disseminated.

The Wisconsin Center for Nursing sponsored this analysis in partnership with the State of Wisconsin Department of Workforce Development (DWD). This study was reviewed and granted exempt status by the Milwaukee Area Technical College Institutional Review Board.

A. Data Management

Sample & Method

The sample was comprised of nurses who completed the 2015 Wisconsin Licensed Workforce Survey and renewed their license in 2015. All participants were provided with the purpose, methodology, and given the option to complete the survey electronically or by paper format. The total responses from both formats included 12,987 nurses. After data cleaning using exclusionary criteria, the results summarized are based on 11, 158 responses. Experts from nursing organizations and members of the Wisconsin Healthcare Workforce Development contributed to the survey design. The 53-item instrument collected data regarding licensing, education, training, employment, and future educational goals. The survey is inclusive of components of the National Nursing Workforce Minimum Forum of State Nursing Workforce Centers (nursingworkforcecenters.org).

Data Cleaning

This report was a study of the LPN workforce in Wisconsin, which is inclusive of LPNs living and working in Wisconsin and LPNs who maintain licensure in Wisconsin. To strengthen the validity of the data analyzed, the following exclusion criteria was utilized for this data set: LPN's who a) did not work or live in Wisconsin; b) report LPN prior to first degree or certification; c) provided direct patient care for six or more years prior to first degree; d) received first degree or certification received prior to age 16; e) provided direct patient care prior to age 16; f) provided direct care for six or more years prior to first license; h) reports currently working more than 10 jobs; i) obtained first Wisconsin license prior to age 16; j) first US license prior to age 16; h) reported speaking more than four other languages; i) worked more than 84 hours a week in primary job; j) worked more than 72 hours in a week secondary job; and k) worked more than 92 hours a week in both jobs. Data in figures and tables are the number and

percentage of valid responses. When the responses in the cell are five or fewer, an asterisk (*) was used to ensure confidentiality of respondents.

Limitations

This analysis will present current data and review historical trends of data available from the Wisconsin LPN workforce. The analysis presented in this report does have some limitations. To provide validity to the findings, some responses were excluded using a consistent method for data management. The 53-item survey was available in two formats, electronic and paper format. The researcher acknowledges that differing formats can potentially produce differing patterns or responses and there is the potential for survey fatigue related to the questions and format of the survey tool. The timing of the format and the mandatory nature of completion in order to fulfill licensure requirements may also contribute to inaccurate data. Input was received regarding key questions for the LPN workforce and data cleaning methods have been utilized to reduce some of these limitations.

B. Organization of Report

Section I

The introduction section describes the purpose, organization of the report, and data management procedures utilized for the analysis.

Section II.

Section II analysis includes an overview of the Wisconsin licensed practical nurse workforce. Contents include the demographical data, licensure, educational trends, and employment patterns. The number of valid responses varies based on valid responses collected during data collection. Rows may not total 100%, if small cells were suppressed. To ensure confidentiality, when the number of respondents in a cell was too small, an asterisk is noted.

Section III

Section III analysis highlights the Wisconsin licensed practical nurse workforce data, organized by Department of Health Services (DHS) regions. Contents include the demographical data including language diversity, licensure, educational trends, and employment patterns.

Section IV

Section IV provides information regarding emergency preparedness patterns for licensed practical nurses, both statewide and by DHS region. Data provided identifies the number of LPNs that are members of the Medical Reserve Corps (MRC) and the Wisconsin Emergency Volunteer Registry (WEAVR).

Recommendations follow at the end of each section.

II. State of Wisconsin Licensed Practical Nurse Workforce Results

A. Demographics of LPN Workforce

Key Demographic Questions:

What are the demographic characteristics of the LPN population? What are the racial/ethnic demographics by gender of the LPN population?

What is the age distribution of the LPN workforce?

Does the LPN workforce demographics reflect the demographics of the Wisconsin population?

The Wisconsin LPN workforce remains primarily female and Caucasian. The LPN workforce (Table II.1) reflects a slight increase in the percentage of males ($n= 576$, 5.2%), nurses' proficiency in another language ($n= 886$, 7.9%), and the number of Hispanic, Latino or Spanish ethnicity nurses ($n= 243$, 2.2%). The mean age is the same as in 2013 for the workforce (49 years) with the largest group of nurses between the ages of 55 to 64 years old (Figure II.1). In regards to language proficiency of LPNs communicating with clients in Wisconsin, the two highest reported languages are Spanish ($n= 465$, 4.2%) and American Sign Language. There has been a progressive decline in the percentage of American Indian or Alaska Native LPNs from 2011-2015. The 2015-licensed practical nursing workforce does not mirror the gender but is aligned closely in regards to the racial/ethnicity of residents living in Wisconsin (Table II.2). The Wisconsin census (2014) figures reflect a mirror image of the population of practical nurses practicing within the state. PN graduates are the nursing profession's pipeline to building diversity in the nursing workforce (National League for Nursing, 2014).

Figure II.1
Licensed Practical Nurses by Age

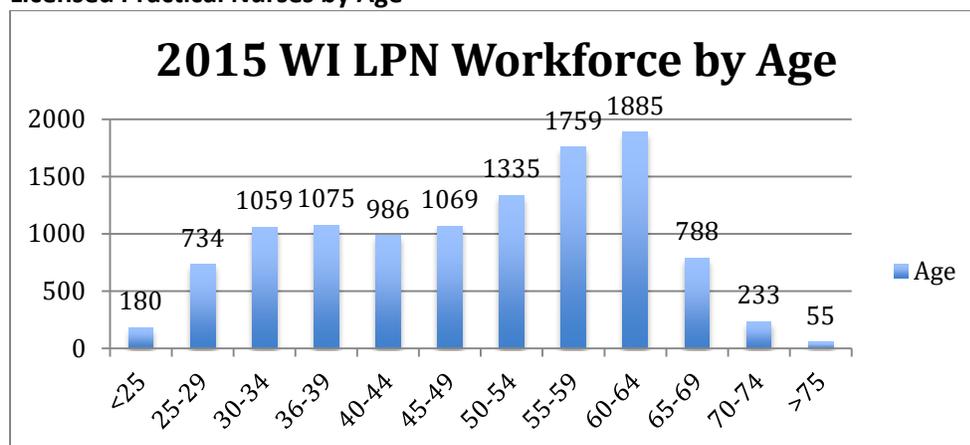


Table II.1
LPN Workforce in State of Wisconsin

Residence and Work Status (N)				
Resides in Wisconsin	10,921			
Resides outside Wisconsin	237			
Works in Wisconsin	8,390			
Works outside Wisconsin	212			
Descriptive Data				
Mean Age of the LPN Workforce	49 years			
Gender	2015 N	2015 %	2013 %	2011 %
o Female	10,582	94.8	95.6	95.5
o Male	576	5.2	4.4	4.5
Race/Ethnicity				
White	10,085	90.4	91.0	91.1
Black or African American	665	6.0	6.3	6.1
Hispanic, Latino, or Spanish Ethnicity	243	2.2	1.9	1.8
Asian	141	1.3	1.3	1.0
American Indian or Alaska Native	45	0.4	1.0	1.1*
Native Hawaiian or Other Pacific Islander	7	0.1	0.1	0.1
Two or more races	215	1.9	1.4	1.5
Proficient in Another Language				
No	10,272	92	92.2	94.7
Yes	886	7.9	7.8	4.8

* 2011 variable label was "Hawaiian"

Table II.2
Demographic Table: 2015 LPN Workforce, 2013 LPN Workforce, 2014 Wisconsin Census Data

	2015 LPN Workforce N	2015 LPN Workforce %	2013 LPN Workforce %	2014 Wisconsin Census Data %*
Gender				
Female	10,582	94.8	95.6	50.3
Male	576	5.2	4.4	49.2
Race/Ethnicity				
White	10,085	90.4	91.0	87.8
Black	665	6.0	6.3	6.6
Hispanic, Latino, or Spanish Ethnicity	243	2.2	1.9	6.5
Asian	141	1.3	1.3	2.6
American Indian or Alaska Native	45	0.4	1.0	1.1
Native Hawaiian or Other Pacific Islander	7	0.1	0.1	Not available
Other (Two or More Races)	215	1.9	1.4	1.8

*U.S. Department of Commerce, U.S. Census Bureau. (2014). *State and county quickfacts*.

Table 11.3
2015 Demographics (Race) by Gender (n= 11, 158)

	Female %	Male %
White	95.3	4.7
Black or African American	92.2	7.8
Hispanic, Latino or Spanish Ethnicity	90.1	9.9
Asian	88.7	11.3
American Indian or Alaska Native	93.3	*
Native Hawaiian or Other Pacific Islander	100	*
Two or More Races	87.9	5.2

*Cells too small to count

Demographic Recommendations

- There remains a need to educate more licensed practical nurses, given the mean age of the nursing workforce. Collaboration efforts for recruitment and retention strategies should include professional diverse nursing organizations and partnerships with the American Assembly of Men in Nursing.
- Within educational systems and healthcare settings, there remains a need for continual increase in a diversity of the practical nurse population, in particular race/ethnicity and gender.
- Healthcare and educational systems are encouraged to offer opportunities for LPNs to learn and enhance their language proficiency within a healthcare context.
 - Given the fluidity of the demographics and language diversity within the United States and the need for diversity within the nursing discipline, nurses providing direct client care who are capable of speaking multiple languages, can be an asset in reducing in congruent messages in the delivery of health care services.
- Policy makers and nursing organizations should continue ongoing monitoring of state trends within the nursing workforce to better prepare for workforce funding, workforce gaps and highlight the need for a diverse pipeline of licensed practical nurses.

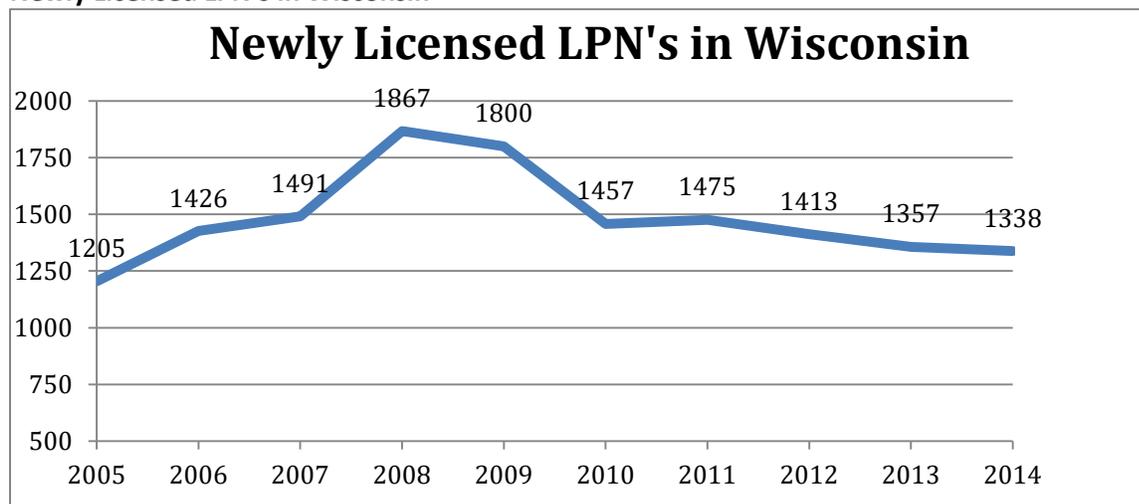
B. Licensure

Key Questions:

How many LPNs are newly licensed in Wisconsin? Does Wisconsin have enough licensed practical nurses to care for Wisconsin consumers?

The Wisconsin Technical College System (WTCS) offers the stand-alone practical nursing program at approximately five colleges. The WTCS programs have state aligned curriculums for all sixteen nursing programs; this provision allows students enrolled in the associate degree nursing program to sit for the National Council Licensure Examination for Practical Nurses after completion of the first year of the technical courses. Despite public and private educational offerings to train practical nurses, since 2011 the state has seen a decline in the number of newly licensed LPN's in Wisconsin. The rolling total of eligible first time candidates for Wisconsin board approved LPN programs have declined from 2012 (21,883) to 2nd quarter 2014 (11,190) (Wisconsin Department of Health and Professional Services, 2013). Between years 2012-2013, there were 56 fewer newly licensed nurses and from 2012-2014 this gap increased to 75 fewer newly licensed nurses, this translates to fewer licensed practical nurses providing direct client care (Figure II.2). To ensure the healthcare workforce maintains sufficient staffing to meet population healthcare needs, the current supply of LPN will not address the future needs of health care consumers in Wisconsin.

Figure II.2
Newly Licensed LPN's in Wisconsin



Licensure Recommendations

Licensure trends indicate a continual decline in the numbers of LPNs seeking new licenses.

- Establish a seamless LPN career pipeline within existing health and non-health care professional programs.
- Explore bridge programs which lead to the LPN credential for students currently enrolled in health care certificate programs

- Conduct research within the WCTS system to identify trends and correlations among associate degree nursing program to identify the students who sit for the LPN licensure exam and beginning practice as a LPN.
 - Although nurses enrolled in the associate degree nursing program within the WCTS can take the practical nursing board exam, it is possible that these students are waiting to take the boards until the completion of the associate degree nursing program. Variables that may contribute to students not taking the PN board examination include: a) timing of the exam (between or during an academic semester); b) perceived inability to maintain academic success and work as a LPN (academic Success); c) time constraints; d) cost of the exam; and e) inconsistent messaging to explain relevancy of this licensure for nurses pursuing an associate degree in nursing.
- Policy makers, nurse leaders, and interdisciplinary health care teams should closely monitor the number of initial and renewal licensure for the LPN population to ensure a viable supply of LPNs within the nursing workforce.

C. Education Patterns

Key Questions:

What educational patterns exist in the LPN population? What are the barriers to pursuing further education?

There was a decrease in the percentage of LPN with no identified plans for further education in nursing ($n= 7,188, 64.4\%$) and an increase in the number of LPNs interested in pursuing further nursing education ($n= 2,533, 22.7\%$) within two years (Table II.4). In 2013 and 2015, consistently 23% of the LPN workforce has indicated a plan to pursue further nursing education within two years. However, the highest ranked barriers to pursuing education are cost of lost work and benefits and cost of tuition, materials, and books (Table II.5). Given that these variables remain as challenges for practical nurses ($n= 10, 818; 61\%$) within Wisconsin who understand academic expectations, it can be seen as a challenge for future non-health students interested in pursuing education in nursing. The highest degree earned for Wisconsin LPNs, is the diploma in nursing ($n= 10, 5016, 94.2\%$). The biannual workforce data from 2011 to 2015 indicate a decline in the number of LPNs that enroll in an associate degree program. This decline merits further analysis, it could possibly be attributed to less LPNs in the workforce and the aging demographics of the workforce (Table II.4).

Table II.4
Plans for Further Education in Nursing

	2015 LPN Workforce Survey n (%)	2013 LPN Workforce Survey n (%)	2011 LPN Workforce Survey n (%)
Enrolled in associate's degree nursing program	1,264 (11.3%)	1,314 (11.7%)	1,663 (12.29%)
Enrolled in bachelor's degree nursing program	131 (1.2%)	96 (0.9%)	156 (1.15%)
Enrolled in graduate degree nursing program	*	*	*
Enrolled in non-degree specialty certification	37 (0.3%)	60 (0.5%)	67 (0.50%)
Plan to pursue further nursing education in the next two years	2,533 (22.7%)	2,608 (23.3%)	2,476 (18.3%)
No plans for additional nursing education	7,188 (64.4%)	7,110 (63.5%)	9,160 (97.7%)

* Cells too small to report or not reported to protect anonymity

Table II.5
Highest Nursing Degree & Barriers to Further Education

	n=	%
Highest Nursing Degree		
Diploma in Nursing	10,506	94.2
Associate Degree in Nursing	640	5.7
Bachelor Degree in Nursing	10	0.1
Master Degree in Nursing	*	*
Doctorate in Nursing	*	*
Barriers to Further Education **		
None	3096	17.7
Commuting distance to educational program	358	2.1
Cost of lost work time & benefits	3843	22.0
Cost of tuition, materials, book, etc.	3879	22.2
Family/Personal reasons	2721	15.6
Lack of flexibility in work schedule	1240	7.1
Limited access to online learning or other online resources	225	1.3
Scheduling of educational programs offered	456	2.6
Concern about my ability to succeed in college	718	4.1
Other, not listed	920	5.3

* Cells too small to report **Two responses could be selected

Education Recommendations

- Identify regional and/or statewide strategies to increase awareness of nursing career opportunities for the license practical nurse.
 - Measure the longitudinal effectiveness of this strategy: enrollment in practical nursing programs and number of resulting new licenses sought through the state.

- Consider online methodology for the theory component of the curriculum; this may benefit working adults. Create articulation agreements (general education requirements) among schools, which do not offer practical nursing programs. Ensure that these agreements are visible to potential students within the state.
 - Establish cohort groups upon admission to the college to promote retention and academic success.
- Develop and measure the longitudinal effectiveness of funding strategies across multiple entities (state, local, healthcare systems & educational systems) to reduce barriers to education attainment.
- Collaborate with economist and business professionals in healthcare to identify the best economical practices for increasing the population of LPNs in the nursing workforce.
- Partner with public and private educational institutions, to develop shared curriculums for general education credits for high schools with existing science, technology, engineering, math (STEM) program and/or health based programs, such as nursing assistant. Develop bridge programs which lead to the LPN credential for students currently enrolled in health care certificate programs

C. Employment Patterns

Key Questions:

What is the employment status of LPNs and intentions among unemployed LPNs?

What are the reasons for employment change, career decisions, and future employment?

What is the current status of LPNs providing direct primary care?

What are the skills based certifications, areas of specialization and expertise for the LPN workforce?

Seventy five percent ($n= 8, 353$) of Wisconsin licensed practical nurses are actively working as a nurse (Table II.6). There was an increase in the percentage of retired licensed practical nurses, between 2013 and 2015. There are approximately 19% of nurses who are not retired and they are not actively working as a LPN.

**Table II.6
Employment Status, Principal Job**

	2015 <i>n= 11,158</i>	2015 %	2013 <i>n= 11,195</i>	2013 %
Actively working as a nurse	8353	74.9	8423	75
Actively working in health care not nursing	765	6.9	730	6.5
Actively working in another field	502	4.5	472	4.2
Unemployed, seeking work in nursing	340	3.0	488	4.4
Unemployed, seeking work in another field	36	0.3	58	0.5
Unemployed, not seeking work	365	3.3	364	3.3
Retired	797	7.1	660	5.9

Table II.7 describes the intentions of LPN's who are currently unemployed and the employment change over the past year for Wisconsin LPNs. Of these 2,554 nurses, 30% plan to seek or return to nursing employment while an even higher percentage ($n= 51\%$, 1,317) of these nurses were undecided regarding their intentions for employment. For 2013 and 2015, most LPNs experienced no employment change over the past year. The cited reasons for employment changes were a new position ($n= 1,504$, 13.5%), no longer working as LPN ($n= 467$, 4.2%) or now employed as an LPN ($n= 332$, 3%). The most important factors for change in employment was retirement and seeking more convenient hours.

Table II.7
Intentions of Unemployed LPNs & Employment Change Factors

Intentions of LPN's who are Currently Unemployed	2015 <i>n</i>= 2,554 (%)	2013 <i>n</i>= 2,593 (%)
Currently seeking employment in nursing	400 (15.7)	533 (20.6)
Plan to return to nursing in the future	388 (15.2)	365 (14.1)
Retired/Unable to return to nursing	334 (13.1)	280 (10.8)
Definitely will not return to nursing, but not retired	115 (1.0)	120 (4.6)
Undecided	1317 (51.6)	1,295 (49.9)
Employment Change Over the Past Year	2015 <i>n</i>= 11,158 (%)	2013 <i>n</i>= 11,195 (%)
No change in employment status	7,322 (65.6)	7,467 (66.7)
Yes, changed number of hours worked	1,087 (9.7)	1,140 (10.2)
New position with the same employer	458 (4.1)	403 (3.6)
New position with the different employer	1,046 (9.4)	841 (7.5)
Was not previously working as LPN, but am now in LPN job role	332 (3.0)	377 (3.4)
Was working as LPN, but am no longer working as LPN	467 (4.2)	537 (4.8)
Other	446 (4.0)	430 (3.8)

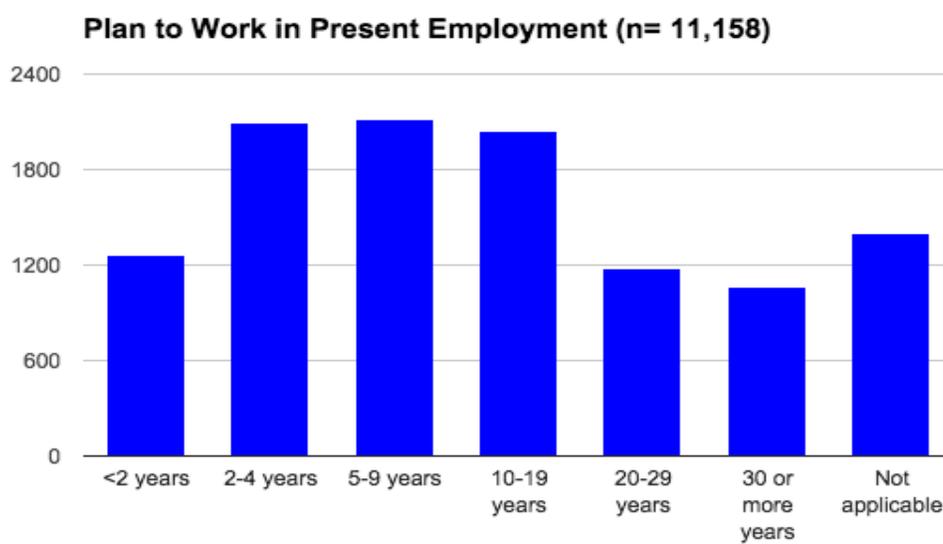
The ten most frequently cited reasons for employment changes are highlighted in table II.8. The highest factors were seeking more convenient hours (4.3%), retirement (4.2%), and dissatisfaction (4.1%).

Table II.8
Most Important Factors for Change in Employment (*n*= 11,158)

	<i>n</i>=	%
Retired	471	4.2
Childcare Responsibilities	225	2.0
Other Family Responsibilities	265	2.4
Salary/medical or retirement benefits	397	3.6
Laid off	153	1.4
Change in spouse/partner situation	104	0.9
Change in financial status	194	1.7
Relocation	195	1.7
Promotion/career advancement	373	3.3
Change in health status	281	2.5
Seeking more convenient hours	477	4.3
Dissatisfaction with previous position	454	4.1
Not applicable	6838	61.3

Figure II.3 illustrates that 56% of nurses plan to work in their present employment on average for the next 10 to 19 years. These nurses have approximately 9.78 years in their current primary position with an average of 18.39 years of experience. This is beneficial for newly trained nurses, which have the opportunity to learn from these nurses that have remained employed with the same employer over several years.

Figure II.3
Plans for Present Employment



For 2015, level of personal satisfaction/collegial relationship (22.4%), family/personal issues and pay (13.8%) were the three most significant factors for career decisions (Table II.9).

Table II.9
Most Important factor in Career Decision Today

	2015 <i>n</i> = 11,158 (%)	2013 <i>n</i> = 11,195 (%)
Retired/Not Working	745 (6.7)	756 (6.8)
Level of Personal Satisfaction/collegial relationships	2,494 (22.4)	2,497 (22.3)
Family/Personal issues	1,540 (13.8)	1,488 (13.3)
Pay	1,535 (13.8)	1,559 (13.9)
Medical benefits	757 (6.8)	885 (7.9)
Retirement Benefits	313 (2.8)	234 (2.1)
Hours/Shift Availability	1,726 (15.5)	1,732 (15.5)
Potential for advancement	456 (4.1)	523 (4.7)
Employer Supported Education Options	148 (1.3)	131 (1.2)
Worksite Location	446 (4.0)	526 (4.7)
Physical Work Requirements	213 (1.9)	191 (1.7)
Physical Disability	182 (1.6)	182 (1.6)
Other	603 (5.4)	491 (4.4)

Check all that apply

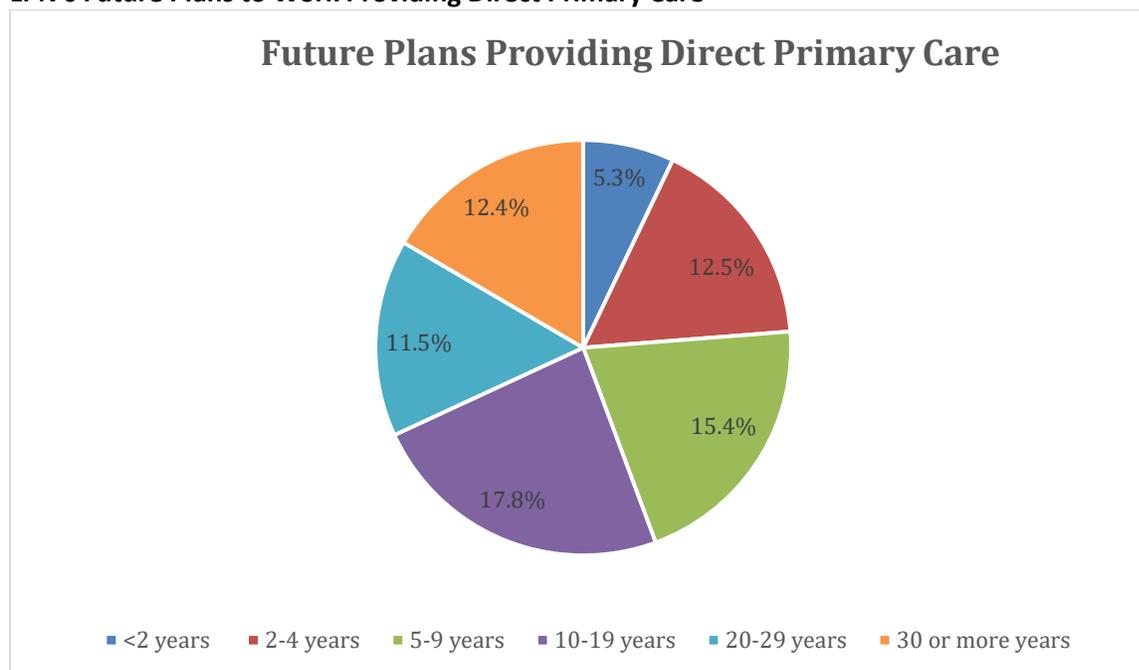
D. Direct Primary Care

The primary function for 85% of nurses who responded, provide direct patient care (Table II.10). Direct patient care is defined as in this survey as, "To administer nursing care one-on-one to patients, the ill, the disabled, or clients in the hospital, clinic or other patiently setting." The LPN average number of years providing DPC is 16.7 years. However, over the next 10 years, approximately 49% of these nurses will leave the bedside providing direct primary care (Figure II.4). The 2013 survey indicated that 40% of the workforce at that time, intended to leave the provision of direct come within a nine year window (Wisconsin Department of Health and Professional Services, 2013).

Table II. 10
Current Role, Primary Function is Direct Patient Care (DPC) (n= 8,604)

	n=	%
Yes	7388	85.9
No, limited DPC	422	4.9
No, Supervise DPC	160	1.9
No, Past DPC provided	462	5.4
No, provided limited DPC in past	69	0.8
No, never provided DPC	103	1.2

Figure II.4
LPN's Future Plans to Work Providing Direct Primary Care



E. Characteristics of Primary Job

Table II.11 describes employment status, category of primary and secondary job, and primary work settings. Most LPNs are regular employees with primary and secondary jobs within nursing and their primary positions are staffed as hourly full-time ($n= 5,100$; 45.7%) and hourly part time ($n= 2,443$; 21%).

Table II.11

Employment Status, Basis, Work Setting, and Job Category: LPNs Who Live and/or Work in Wisconsin

	<i>n</i> =	%
Employment Status (<i>n</i>= 8,604)		
Regular Employee	8069	72.3
Self-Employed	262	2.3
Temporary Employment Agency	118	1.1
Travel Nurse or Traveling Nurse Agency	55	0.5
Volunteer	100	0.9
Employment Basis for Primary Position (<i>n</i>= 8,604)		
Full Time, Salaried	579	5.2
Full Time, Hourly Wage	5100	45.7
Part Time, Salaried	71	0.6
Part Time, Hourly Wage	2343	21.0
Per Diem	412	3.7
Volunteer	99	0.9
Category that Best Describes Your Primary Job (<i>n</i>= 8,685)		
Nursing	7721	69.2
Health Related Services, Outside Nursing	455	4.1
Retail Sales and Services	22	0.2
Nurse Educator	33	0.3
Financial, Accounting, Insurance processing	60	0.5
Consulting	15	0.1
Other	298	2.7
Not Working	81	0.7
Primary Work Settings for Wisconsin LPNs (<i>n</i>= 8604)		
Hospital	820	9.5
Extended Care	3623	42.1
Ambulatory Care	2556	29.7
Home Health	603	7.0
Public Health	335	3.9
Academic Education	667	7.8
Category that Best Describes Your Secondary Job (<i>n</i>= 942)		
Nursing	814	7.3
Health Related Services, Outside Nursing	71	0.6
Retail Sales and Services	8	0.1
Nurse Educator	*	*
Financial, Accounting, Insurance processing	*	*
Consulting	*	*
Other	42	8.4

* Cells too small to report or not reported to protect anonymity

F. Specialization and Certifications

The LPN workforce has specialized education and training (Table II.12). In 2013 and 2015 the majority of licensed practical nurses reported geriatric and/or gerontology specialization ($n= 5,403$, 48%).

Table II.12
Areas of Specialization or Expertise, 2 years or more ($n= 11,158$)

	<i>n</i> =	%
Acute Care/Critical Care/Intensive Care	1,086	9.7
Adult Health	3,175	28.5
Addiction/AODA/Substance Abuse	659	5.9
Anesthesia	43	0.4
Cardiac Care	803	7.2
Community Health	723	6.5
Corrections	483	4.3
Clinical Expertise (none)	1,147	10.3
Clinical Expertise (none of the above areas)	1,626	14.6
Dialysis/Renal	431	3.9
Emergency/Trauma	617	5.5
Family Health	1,917	17.2
Geriatrics/Gerontology	5,403	48.8
Hospice/Palliative Care	2,334	20.9
Home Health	1,988	17.8
Labor and Delivery	326	2.9
Maternal Child Health	355	3.2
Medical-Surgical	1845	16.5
Neonatal Care	160	1.4
Obstetrics/Gynecology	738	6.6
Oncology	401	3.6
Occupational Health	413	3.7
Psychiatric/Mental Health	1273	11.4
Pediatrics	1359	12.2
Public Health	234	2.1
Respiratory Care	769	6.9
Rehabilitation	1605	14.4
Surgery/Pre-op/Post-op/PACU	682	6.1
School Nurse	355	3.2
Women's Health	716	6.4

Figure II. 5
Skill Based Certifications



Compensation

Compensation information included salary and available benefits. The Wisconsin LPN workforce, hourly wage for 75% of the sample ranged from \$14.75 to \$23.99 dollars per hour (Figure II.6). LPNs were instructed to identify compensation components of their principal job (Figure II.7).

Figure II.6
Approximate Hourly Wage

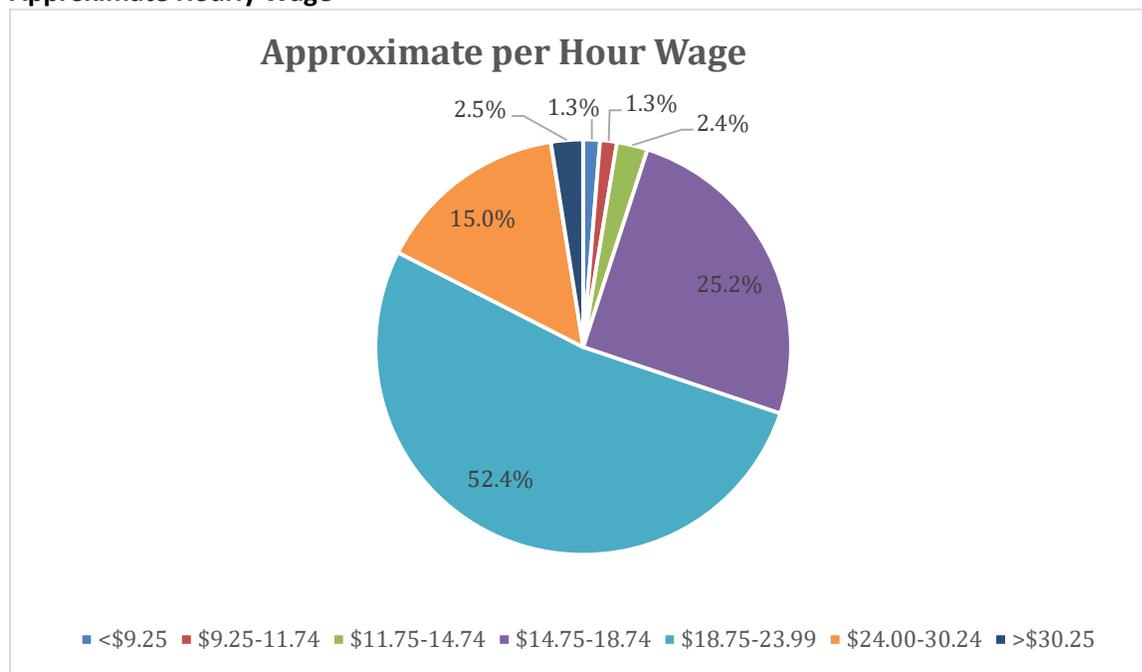
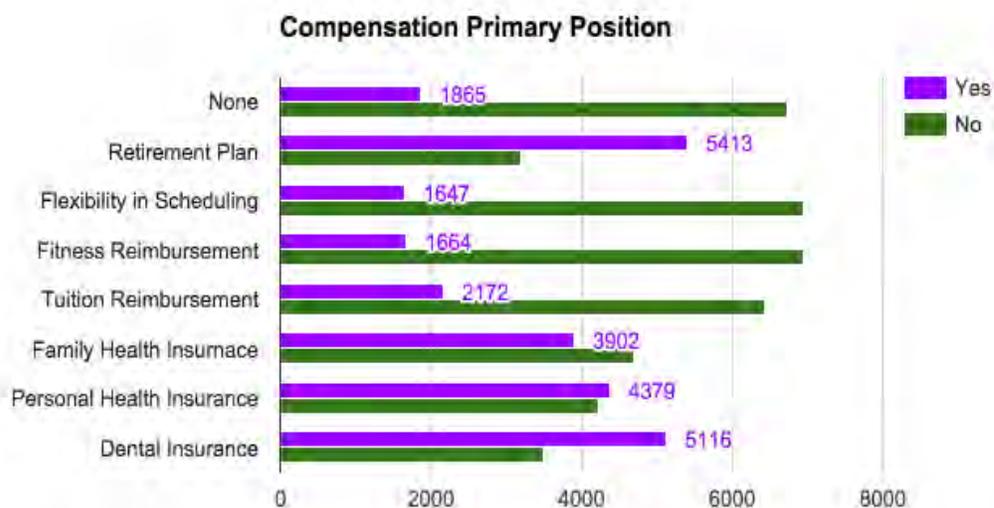


Figure II.7
Compensation Primary Job (n= 11,158)



Employment Recommendations

- 30% of unemployed LPNs plan to seek or return to nursing employment while 51% of unemployed nurses were undecided regarding their intentions for employment. Employers have the opportunity to retain nurses if compensation factors mirror those values by this population.
 - Job promotion
 - Flexible Hours
 - Compensation/Flex Time offered for education advancement
- Gather key healthcare, economist, and policy experts to develop a statewide multiregional Forecast Model to predict supply and demand regionally and statewide (Bienemy, 2015)
- Create collaboration agreements with accredited nursing programs to offer instruction of curriculum and clinical components on site for hospital employees.
- Employers have the opportunity to influence the culture within the workplace. Identify unique characteristics of the LPN population at the organizational level. LPNs have identified career decisions are based on satisfaction with these factors: level of personal satisfaction, collegial relationship, family/personal issues and pay.

Data from the regions may not total the state level data. Based on the survey sequencing, not all nurses were asked all questions related to the variables, meaning questions were posed based on prior answers. An asterisk was used in small cells and allows for anonymity and confidentiality among these respondents.

A. Demographic of LPN Workforce by Region

Table III.1 presents the Wisconsin LPN workforce demographic information, organized by DHS regions. The median age is lowest in the southern and northeast regions (47 years) and highest in the western region (52 years). Statewide, the median age of LPN's is 49 years. The northeast region has the highest percent of females ($n= 2,187$, 95.8) and the western region has the highest percentage of males ($n= 37$, 6.8%).

Table III.1

Demographic Information for Department of Health Services Regions Compared with State of Wisconsin (State $n= 11, 158$; Regional $n= 8,376$)

	State $n = 11,158$		Southern $n = 1,585$		Southeast $n = 2,748$		Northeast $n = 2,283$		Western $n = 547$		Northern $n = 1,213$	
	n	%	n	%	n	%	n	%	n	%	n	%
Descriptive Data												
Median Age	49		47		51		47		52		50	
Gender												
Female	10,582	94.8	1,504	94.9	2,596	94.5	2,187	95.8	510	93.2	1,158	95.5
Male	576	5.2	81	5.1	152	5.5	96	4.2	37	6.8	55	4.5
Race/Ethnicity **												
White	10,085	90.4	1,483	93.6	2,132	77.6	2,183	95.6	529	96.7	1,179	97.2
Black or African American	665	6.0	40	2.5	484	17.6	16	0.7	*	*	9	0.7
Asian	141	1.3	22	1.4	41	1.5	32	1.4	6	1.1	10	0.8
American Indian Or Alaska Native	45	0.4	*	*	6	0.2	23	1.0	*	*	*	*
Native Hawaiian or Other Pacific Islander	7	0.1	*	*	*	*	*	*	*	*	*	*
Two or More Races	215	1.9	38	2.4	84	3.1	28	1.2	7	1.3	12	1.0
Hispanic, Latino or Spanish Ethnicity	243	2.2	38	2.4	102	3.7	37	1.6	*	*	10	0.8

* Cells too small to report or not reported to protect anonymity

** Participants instructed to select all that apply. Cells will not sum to total number.

Language proficiency is highest in the southeast region ($n= 279$, 10.2%) and lowest in the northern region ($n= 65$, 5.3%).

Table III.2

Number of Other Languages Spoken for Department of Health Services Regions Compared with State of Wisconsin (State $n= 11, 158$; Regional $n= 8,376$)

	State $n=11,158$		Southern $n= 1,585$		Southeast $n= 2,748$		Northeast $n= 2,283$		Western $n= 547$		Northern $n= 1,213$	
	n	%	n	%	n	%	n	%	n	%	n	%
Languages spoken other than English												
No other languages	10,272	92.1	1,453	91.7	2,465	89.7	2,122	92.9	501	91.6	1,148	94.6
One	780	7.0	116	7.3	250	9.1	142	6.2	39	7.1	59	4.9
Two	91	0.8	13	0.8	29	1.1	16	0.7	7	1.3	5	0.4
Three	12	0.1	*	*	*	*	*	*	*	*	*	*

* Cells too small to report or not reported to protect anonymity

B. Employment Patterns of LPNS in Wisconsin by Region

Across each region, over 92% of the nurses work as an LPN, while statewide only 75% of these nurses work as an LPN. Statewide, ($n= 705$, 6.3%) are unemployed and 7% are retired. Nurses living in the northeast region reported the lowest percentage of retirements ($n= 9$, 0.4%). Unemployment rates for nurses seeking employment are >1% across the regions and 3% statewide.

Table III.3

Employment Status of LPN's Who Live and/or Work in WI (Statewide: $n= 11,158$; Regional: $n= 8376$)

	State $n=11,158$		Southern $n= 1,585$		Southeast $n= 2,748$		Northeast $n= 2,283$		Western $n= 547$		Northern $n= 1,213$	
	n	%	n	%	n	%	n	%	n	%	n	%
Working as a LPN	8,353	74.9	1459	92.1	2,533	92.2	2,136	93.6	477	87.2	1,124	92.7
Working in healthcare, not nursing	765	6.9	85	5.4	145	5.3	100	4.4	48	8.8	52	4.3
Working in another field	502	4.5	24	1.5	26	0.9	25	1.1	10	1.8	15	1.2
Unemployed, seeking work in nursing	340	3.0	*	*	21	0.8	7	*	5	0.9	*	*
Unemployed, not seeking work	365	3.3	*	*	5	0.2	6	0.3	*	*	*	*
Retired	797	7.1	12	0.8	18	0.7	9	0.4	*	*	13	1.1

* Cells too small to report or not reported to protect anonymity

Table III.4 provides data on the LPNs experience in providing direct patient care. Statewide, LPNs have provided an average of 16.7 years of direct patient care; however the Northern region has the longest average time for LPNs providing direct patient care (17.7 years). Statewide and across each region, over 80% of all LPNs provide direct patient care.

Table III. 4
Provision of Direct Patient Care in Primary Nursing Position (State 8,604; Regional 8,376)

	State		Southern		Southeast		Northeast		Western		Northern	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Current LPN providing DPC	7,388	85.9	1,368	86.3	2,350	85.5	1,983	86.9	449	82.1	1,063	87.6
Limited DPC	422	4.9	82	5.2	132	4.8	107	4.7	36	6.6	52	4.3
Supervise DPC	160	1.9	23	1.5	62	2.3	38	1.7	12	2.2	18	1.5
Provided DPC in Past	462	5.4	88	5.6	150	5.5	108	4.7	33	6.0	63	5.2
Limited DPC in past	69	0.8	11	0.7	25	0.9	16	0.7	*	*	6	0.5
Never provided DPC	103	1.2	13	0.8	29	1.1	31	1.4	13	2.4	11	0.9
Years as LPN working DPC (mean)	16.7		15.2		17.0		13.7		16.0		17.7	

The primary work settings for over 55% of LPNs in Wisconsin are extended care and ambulatory care (Table III.5). These percentages are even higher across the state regions for employment in extended and ambulatory care.

Table III. 5
Primary Work Setting of LPN's Who Work in WI (State: *n* = 8,604; Regional: *n* = 8,376)

	State <i>n</i> = 8604		Southern <i>n</i> = 1585		Southeast <i>n</i> = 2748		Northeast <i>n</i> = 2283		Western <i>n</i> = 547		Northern <i>n</i> = 1213	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Primary Place of Employment												
Hospital	820	9.5	135	8.5	264	9.6	244	10.7	43	7.9	110	9.1
Extended Care	3,623	32.5	617	38.9	1,325	48.2	843	36.9	263	48.1	495	40.8
Ambulatory Care	2,556	22.9	532	33.6	594	21.6	813	35.6	144	26.3	416	34.3
Home Health	603	5.4	100	6.3	247	9.0	124	5.4	35	6.4	73	6.0
Public Health	335	3.0	61	3.8	127	4.6	92	4.0	17	3.1	31	2.6
Other	667	6.0	140	8.8	191	7.0	167	7.3	45	8.2	88	7.3

C. Education Patterns of LPNs in Wisconsin by Region

Table III.6 features information regarding the LPN workforce plans for future education. The highest percentage of A.DN enrollment is in the southern region ($n= 216$, 13.9%) and the highest enrollment for BSN is in the southeast region ($n= 64$, 2.3%). LPNs planning to enroll in further education in the next two years vary from 21.5% in the northern region to 27% in the southeast region. Across regions and statewide, the highest current nursing education enrollment is within the associate degree program. Statewide, 22.7% of LPN plan to pursue further education in nursing by 2017.

Table III. 6
Plans for Future Nursing Education (Statewide: $n = 11,158$; Regional: $n= 8,376$)

	State $n = 11,158$		Southern $n = 1,585$		Southeast $n = 2,748$		Northeast $n = 2,283$		Western $n = 547$		Northern $n = 1,213$	
	n	%	n	%	n	%	n	%	n	%	n	%
Enrolled in A.D.N. program	1,264	11.3	216	13.9	358	13.0	261	11.4	70	12.8	144	11.9
Enrolled in B.S.N. program	131	1.2	21	1.3	64	2.3	13	0.6	5	0.9	9	0.7
Enrolled in graduate degree program	5	*	*	*	*	*	*	*	*	*	*	*
Enrolled in non-degree specialty certification	37	0.3	12	0.8	11	0.4	*	*	*	*	*	*
Plan to enroll in further nursing education in the next two years	2,533	22.7	420	26.5	741	27.0	558	24.4	140	25.6	261	21.5
No plans for additional nursing education	7,188	64.4	915	57.7	1,571	57.2	1,447	63.4	330	60.3	799	65.9

* Cells too small to report or not reported to protect anonymity

** Participants instructed to select all that apply. Cells will not sum to total number

IV. Emergency Preparedness

In Wisconsin, 65% of LPN have received training in emergency preparedness training. These nurses responded to questions regarding emergency training, who provided the training, and if the emergency skills have been actively been utilized to provide care (Table IV. 1). Statewide, there is <1% LPN membership in the Medical Reserve Corps (MRC) and Wisconsin Emergency Assistance Registry is voluntary.

Table IV. 1

Demographic Information for Department of Health Services by Region of Residence Compared with State of Wisconsin for LPNs Who Live and/or Work in Wisconsin (State $n= 11, 158$; Regional $n= 8,376$)

	State $n = 11,158$		Southern $n = 1,585$		Southeast $n = 2,748$		Northeast $n = 2,283$		Western $n = 547$		Northern $n = 1,213$	
Received Training In emergency training preparedness, ICS or Hazardous Materials												
Yes, Employer	6,314	56.6	952	60.1	1,684	61.3	1,427	62.5	326	59.6	794	65.5
Yes, Voluntary Organization	468	4.2	64	4.0	94	3.4	95	4.2	31	5.7	56	4.6
Yes, Other	629	5.6	83	5.2	122	4.4	86	3.8	40	7.3	71	5.9
No	3,943	35.3	512	32.3	895	32.6	710	31.1	164	30.0	314	25.9
Have applied training in emergency responses **												
Yes, Participated in emergency exercises in 2 years	3,807	34.1	622	39.2	1,038	37.8	865	37.9	192	35.1	495	40.8
Yes, Responded to actual incident or disaster in last 2 years	424	3.8	84	5.3	119	4.3	73	3.2	28	5.1	41	3.4
No	7,062	63.3	905	57.1	1,633	59.4	1,371	60.1	332	60.7	687	56.6
Are you a member of:												
WEAVR	83	0.7	11	0.7	12	0.4	17	0.7	7	1.3	12	1.0
MRC	*	*	*	*	*	*	*	*	*	*	*	*

* Cells too small to report or not reported to protect anonymity

** Respondents allowed to choose more than one option. Does not sum total number of participants.

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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 licensed practical nurses (LPNs) in Wisconsin. The survey was conducted as an element in the biannual license renewal requirement for the year 2015. The mandate was communicated to nurses and to employers through numerous venues and organizations.

Two forms of the Wisconsin 2015 LPN Workforce Survey were utilized; an online version and a paper version. The responses during the enrollment period from both formats totaled 12,987. Online respondents submitted 11,750 of this total. **The results summarized in this overview (n=11,158) 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 LPNs who live and/or work in Wisconsin.**

The 2015 survey instrument was constructed and processed by the Wisconsin Department of Workforce Development, and reflects improvements in both the design and implementation over the first mandated nursing survey in 2011. Members of the Wisconsin Healthcare Workforce Data Collaborative and experts from nursing organizations contributed to the survey design. The survey was administered by the Wisconsin Department of Safety and Professional Services.

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

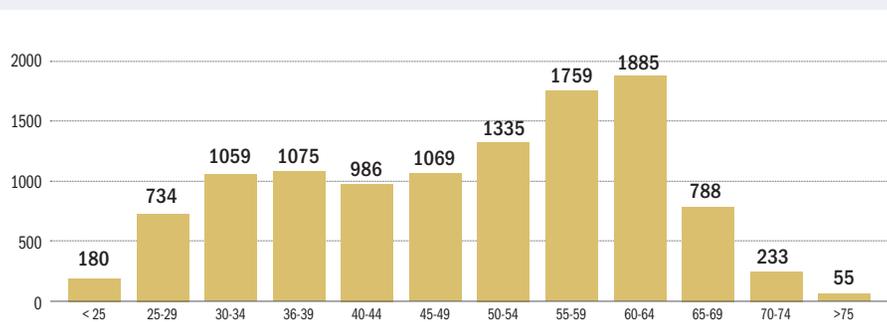
Detailed analysis of the Wisconsin 2015 LPN Workforce Survey and a comprehensive report was accomplished by Josie Veal, PhD, RN, APNP, volunteer nurse researcher for the Wisconsin Center for Nursing. The statistician for the project was Jeffrey Henriques, PhD. For the complete report, and information on the nursing workforce and nursing education in Wisconsin go to wicenterfornursing.org

On behalf of the Wisconsin Center for Nursing and the many partnerships involved with the design, implementation and analysis of the Wisconsin 2015 LPN Workforce Survey, we wish to thank all who assisted with the survey, and the nurses of Wisconsin for completing it. 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 2015 LPN Workforce Survey

Licensed Practical Nurses by Age (n=11,158)



Source: Wisconsin 2015 Licensed Practical Nurse Workforce Survey



At a Glance Information

Total valid online survey respondents % of Applicable respondents

Total Survey Response n = 12,987* **11,158** **100**

Gender (n=11,158)		
Female	10,582	94.8
Male	576	5.2

Race/ethnicity (n=11,158)**		
White	10,085	90.4
Black/African American	665	6.0
Hispanic	243	2.2
Asian	141	1.3
American Indian or Alaska Native	45	0.4
Native Hawaiian or Other Pacific Islander	7	0.1
Two or More Races	215	1.9

Age distribution (n=11,158)		
Less than 25	180	1.6
25-34	1,793	16.1
35-44	2,061	18.5
45-54	2,404	21.5
55-64	3,644	32.7
65 and older	1,076	9.6

Holds at least one current certification:
2,793 / 25.0%
Has training in emergency response:
7,215 / 64.7%
(n=11,158)

Number of years in current primary job: **9.78**
Average years of LPN experience: **18.39**
(n = 8604)

Employment status (n=11,158)		
Actively working as a nurse	8,353	74.9
Actively working in health care, not nursing	765	6.9
Actively working in another field	502	4.5
Unemployed, seeking work in nursing	340	3.0
Unemployed, seeking work in another field	36	0.3
Unemployed, not seeking work	365	3.3
Retired	797	7.1

Age 55 & over by work setting (36.9)		
Extended Care (Nursing Home, Assisted Living, etc.)	1,126	35.5
Ambulatory Care (Outpatient, Clinic, Surgical Center)	971	30.6
Hospital (Acute Care, AODA)	378	11.9
Home Health (Private Home)	274	8.6
Public Health/Community Health/School Health	122	3.8
Other	304	9.6

Wisconsin Labor Market

Total valid online survey respondents % of Applicable respondents

Primary place of work in Wisconsin (n=8,376)

Extended Care (Nursing Home, Assisted Living, etc.)	3,543	42.3
Ambulatory Care (Outpatient, Clinic, Surgical Center)	2,499	29.8
Hospital (Acute Care, AODA)	796	9.5
Home Health (Private Home)	579	6.9
Public Health/Community Health/School Health	328	3.9
Other	631	7.5

Provides direct patient care in primary job:
7,388 / 85.9%

Average number of years has provided direct patient care:
16.7
(n = 11,158)

Enrolled or planning to enroll in further nursing education in the next two years: **3,970 / 35.6%**

Plans to leave DPC in Wisconsin (n=7,213)

Less than 2 years	449	6.2
2-4 years	1,141	15.8
5-9 years	1,431	19.8
10-19 years	1,675	23.2
20-29 years	1,102	15.3
30 or more years	1,207	16.7

Has at least two jobs:
1,405 / 16.3%
(n = 8604)

Plans to leave direct care workforce in next 10 years: **3,709 / 50.2%**
(n = 7,388)

Highest degree held in nursing (n=11,158)

Diploma in Nursing	10,506	94.2
Associate Degree in Nursing	640	5.7
Bachelor Degree in Nursing or higher	12	0.1

Plans for further education in nursing (n=11,158)

Currently enrolled in an associate degree nursing program	1,264	11.3
Currently enrolled in a bachelor degree nursing program	131	1.2
Currently enrolled in a nursing graduate degree program	5	0.0
Currently enrolled in a non-degree certification program	37	0.3
Plan to pursue further nursing education in next two years	2,533	22.7
No plans for additional nursing education	7,188	64.4

*Online responses = 11,750 Paper responses = 1,237

Online surveys after data cleaning to promote validity of analysis = 11,158

**Respondents identified their race and ethnicity separately so the percentages exceed 100%

Source: Wisconsin 2015 Licensed Practical Nurse Workforce Survey



Wisconsin Health Care Workforce 2015 Report

Wisconsin Health Care Workforce 2015 Report



2015 Workforce Trends

United States Population Demographics

- The number of people older than 65 in the United States will double in the next 25 years, and the average life expectancy is expected to surpass 80 by 2030.
- It is projected that by the year 2020, about 25 percent of the workforce will be comprised of older workers (ages 55 and over) .

Wisconsin Population Demographics

- Wisconsin is aging at a faster rate than other states on average. Couple this with a decreasing birth rate in the state and a clear antecedent for a workforce shortage is identified. This shortage is predicted

Age Distribution – 2000 and 2010

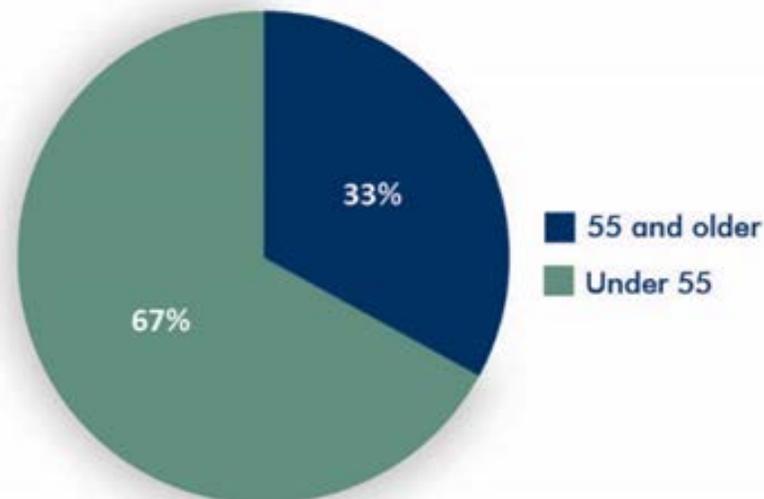
<u>Age Cohort</u>	<u>State of Wisconsin</u>		<u>United States</u>	
	<i>2000</i>	<i>2010</i>	<i>2000</i>	<i>2010</i>
Age 25 to 54	43.0%	40.8%	43.6%	41.2%
Age 16 to 64	64.4%	65.6%	64.8%	65.8%
Under 5	6.4%	6.3%	6.8%	6.5%
5 to 14	14.6%	13.1%	14.6%	13.3%
15 to 24	14.3%	13.8%	13.9%	14.1%
25 to 34	13.1%	12.7%	14.2%	13.3%
35 to 44	16.3%	12.8%	16.1%	13.3%
45 to 54	13.6%	15.4%	13.3%	14.6%
55 to 64	8.5%	12.3%	8.6%	11.8%
65 to 74	6.6%	7.0%	6.5%	7.0%
75 to 84	4.7%	4.5%	4.4%	4.2%
85 or More	1.8%	2.1%	1.5%	1.8%

Data Source: U.S. Census Bureau, 2010 Summary File 1

Wisconsin's Aging Population and the Impact on Health Care Workforce: Health Care Workers Continue to "Age in Place"

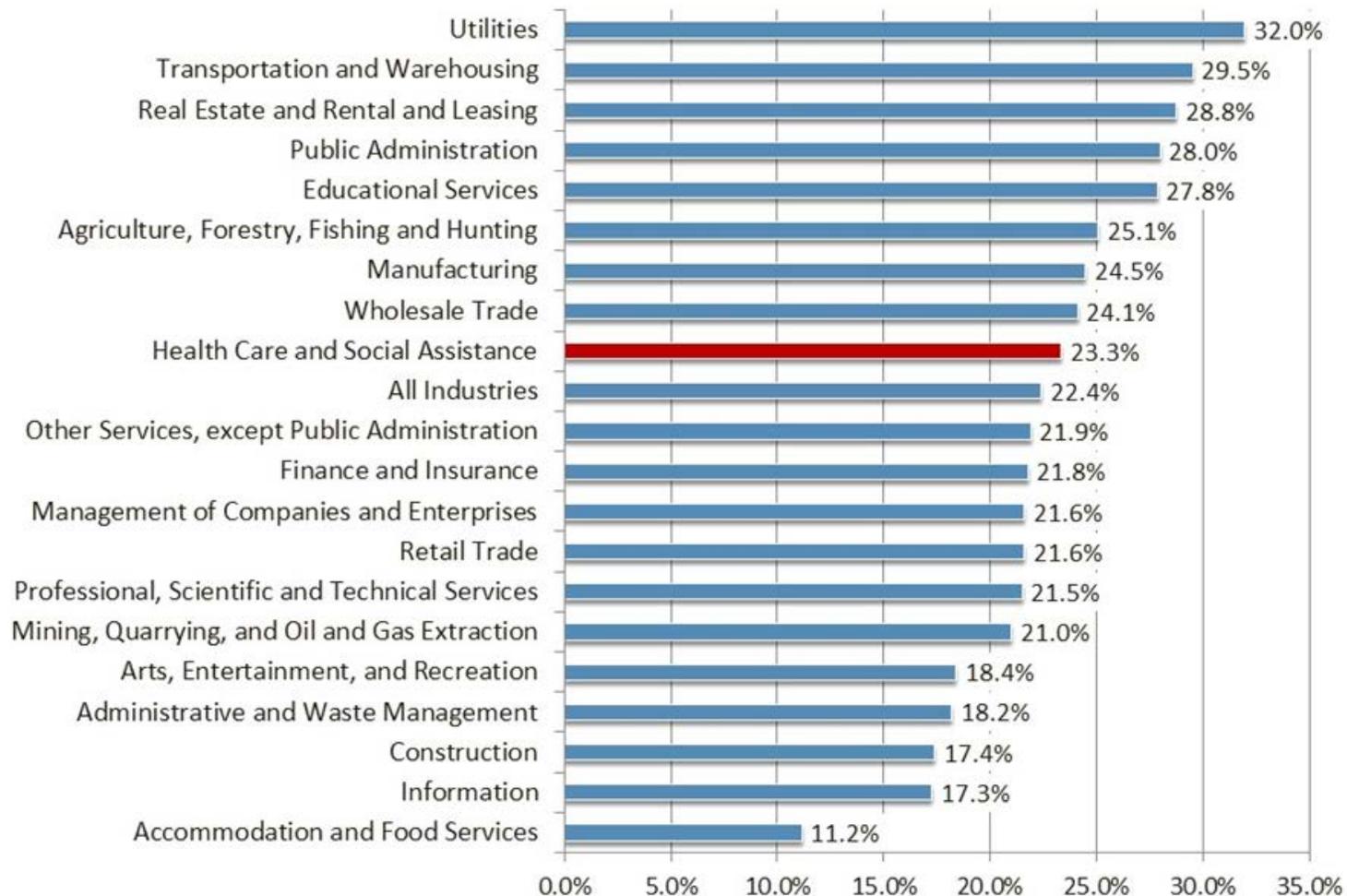
- Currently, many baby boomers are working into their 60s and beyond. In the Wisconsin nursing workforce, nearly 40 percent of RNs are over age 50 and more than 33 percent are older than 55.

2014 RN Age Distribution
in Wisconsin



Wisconsin has reached a critical level when it comes to aging workforce...

Percent of Employees Age 55 and Over by Industry Sector



Data Source: U.S. Census Bureau Local Employment Dynamics, Q2 2014

...especially in health care

Number of Employees Age 55 and Over by Industry Sector



Data Source: U.S. Census Bureau Local Employment Dynamics, Q2 2014

2015 data on select health care occupations in Wisconsin hospitals

Registered Nurses (RNs)

Statewide Vacancy Rates - Nursing

Source: WHA Personnel Surveys

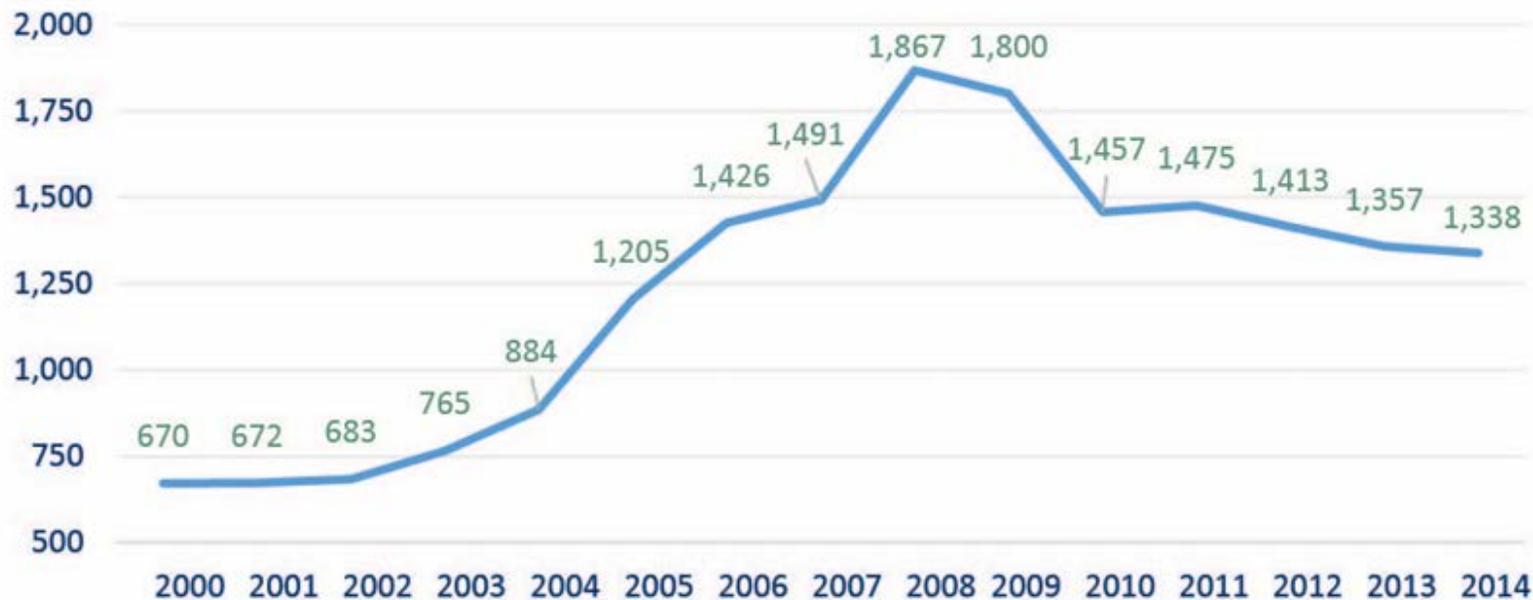


- Primary Work Setting for Wisconsin RNs (n = 62,405)
- Hospital 32,929 52.8%
- Ambulatory care 10,764 17.2%
- Nursing home/extended care 6,578 10.5%
- Home health 3,663 5.9%
- Public health or community health 2,375 3.8%
- Education 1,324 2.1%
- Other 4,772 7.6%

Licensed Practical Nurses (LPNs)

Newly-Licensed LPNs in Wisconsin

Source: Wisconsin Department of Safety and Professional Services

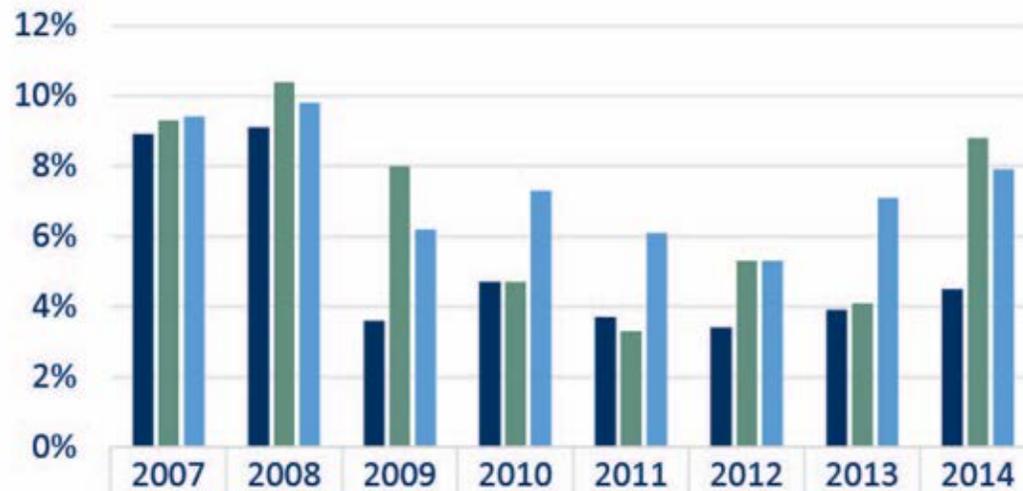


- Primary Work Settings for Wisconsin LPNs (n= 8604)
- Hospital 820 9.5%
- Extended Care 3623 42.1%
- Ambulatory Care 2556 29.7%
- Home Health 603 7.0%
- Public Health 335 3.9%

Certified Nurse Aides (CNAs)

Statewide Vacancy Rates - Nursing

Source: WHA Personnel Surveys

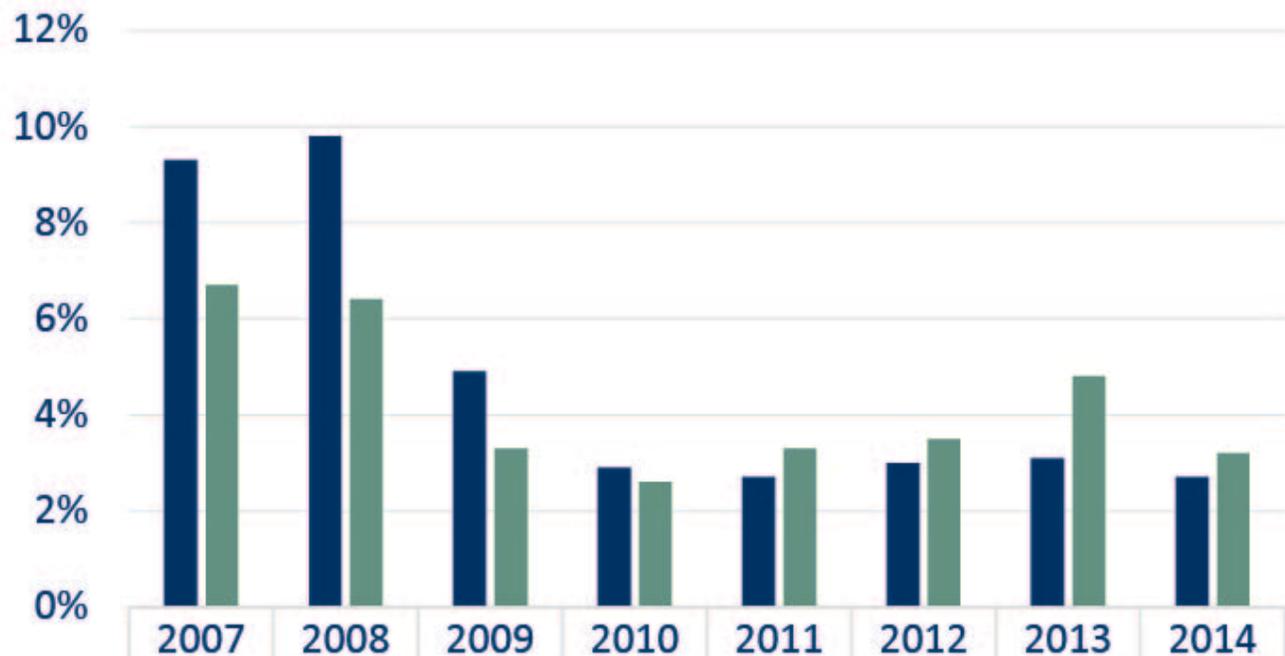


■ Registered Nurses	8.9%	9.1%	3.6%	4.7%	3.7%	3.4%	3.9%	4.5%
■ Licensed Practical Nurses	9.3%	10.4%	8.0%	4.7%	3.3%	5.3%	4.1%	8.8%
■ CNAs	9.4%	9.8%	6.2%	7.3%	6.1%	5.3%	7.1%	7.9%

Pharmacists and Pharmacy Tech/ Aides

Statewide Vacancy Rates - Pharmacy

Source: WHA Personnel Surveys

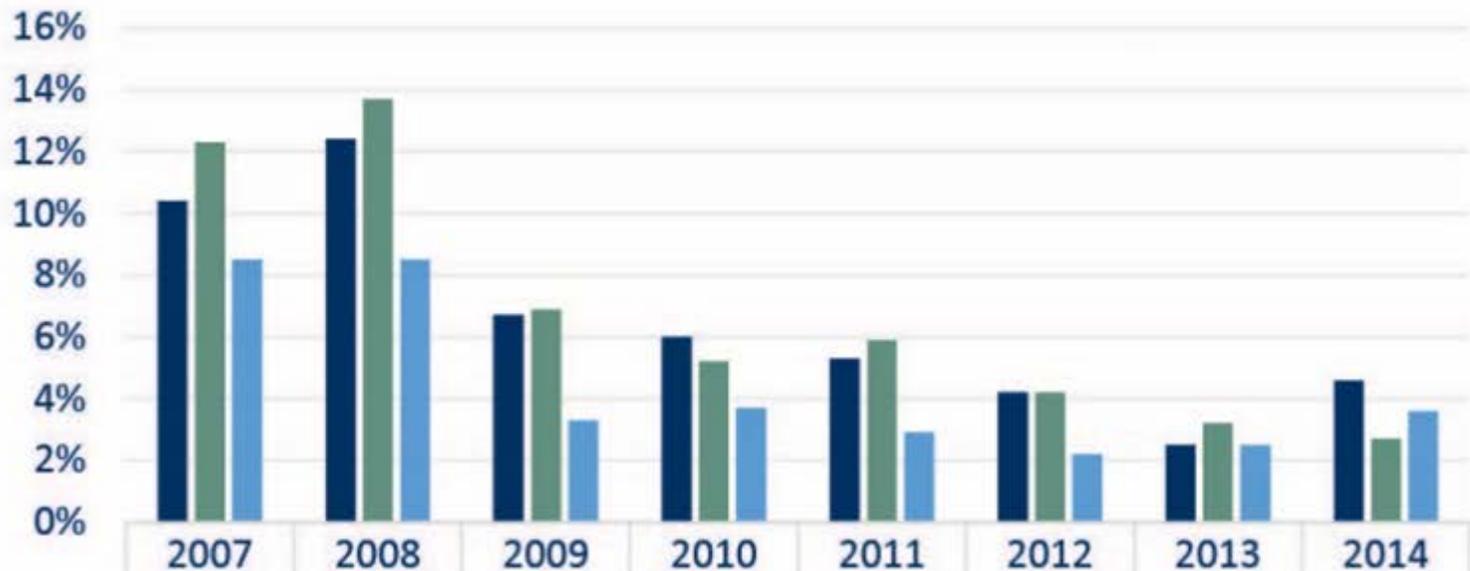


■ Pharmacists	9.3%	9.8%	4.9%	2.9%	2.7%	3.0%	3.1%	2.7%
■ Pharmacy Techs/Aides	6.7%	6.4%	3.3%	2.6%	3.3%	3.5%	4.8%	3.2%

Occupational Therapists (OTs), Physical Therapists (PTs) and Respiratory Therapists (RTs)

Statewide Vacancy Rates - Therapists

Source: WHA Personnel Surveys

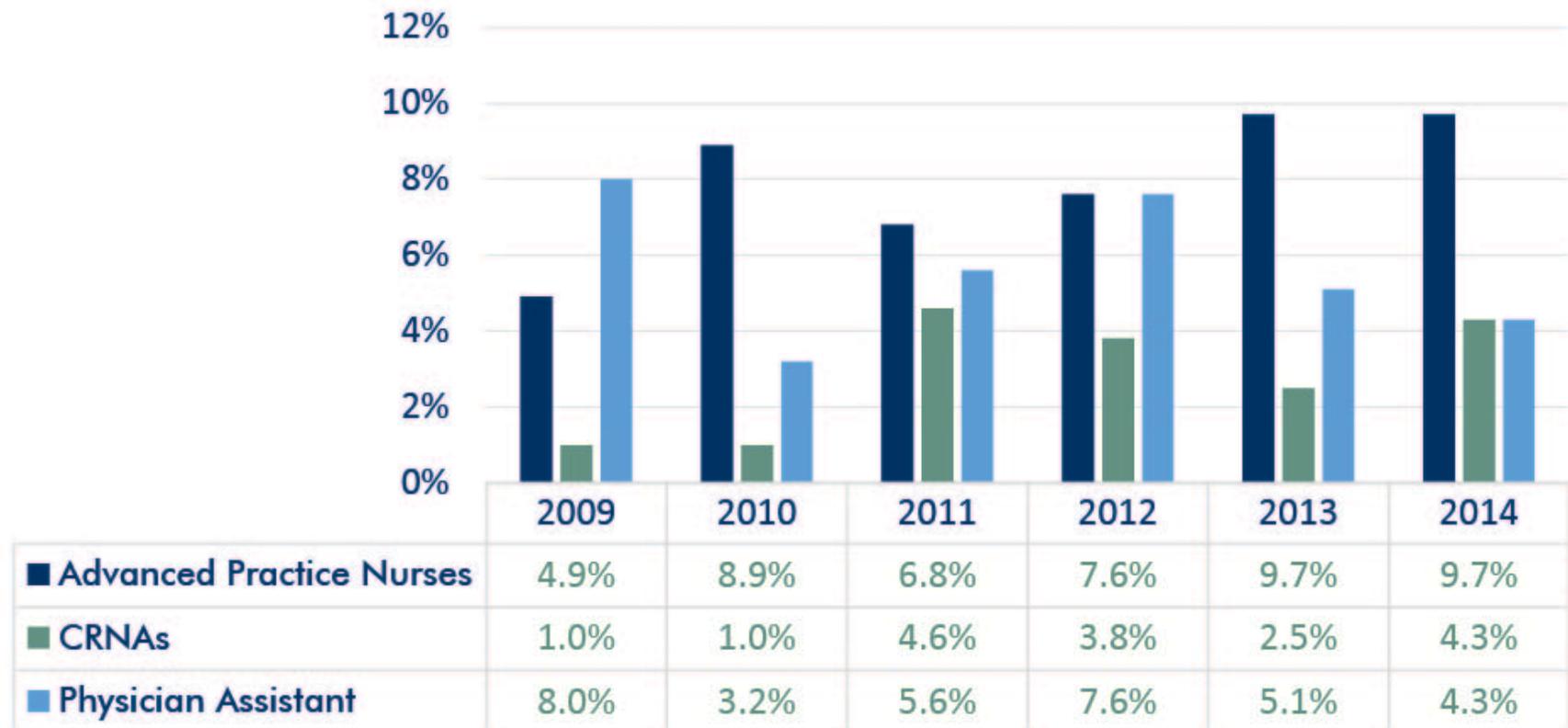


■ Occupational Therapists	10.4%	12.4%	6.7%	6.0%	5.3%	4.2%	2.5%	4.6%
■ Physical Therapists	12.3%	13.7%	6.9%	5.2%	5.9%	4.2%	3.2%	2.7%
■ Respiratory Therapists	8.5%	8.5%	3.3%	3.7%	2.9%	2.2%	2.5%	3.6%

Advanced Practice Clinicians (APCs) and Their Impact on Team-Based Care

Statewide Vacancy Rates - Advanced Practice Providers

Source: WHA Personnel Surveys



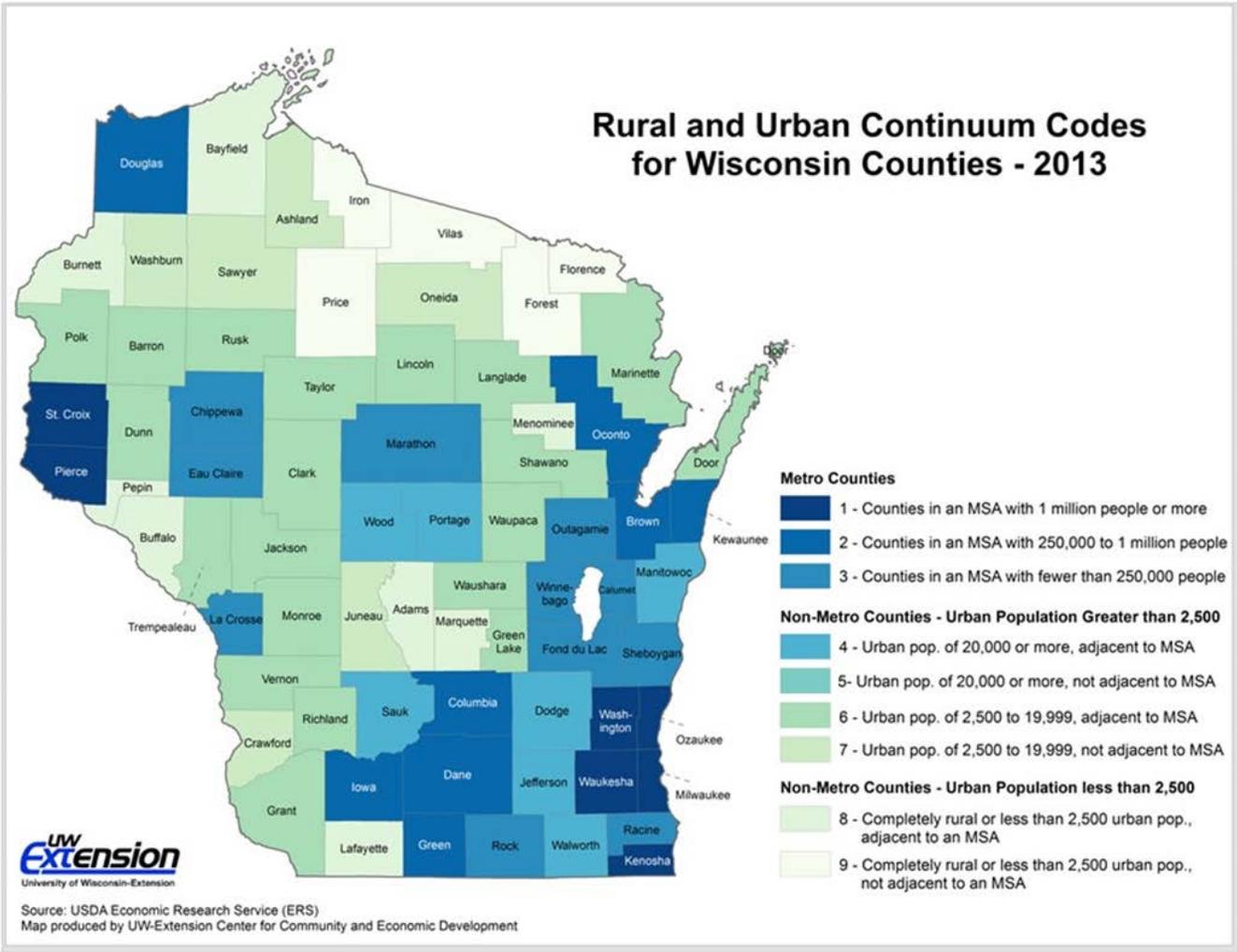
Urban Versus Non-Urban Comparison of Select Workforce Vacancies

Understanding Change Across Wisconsin *Rural-Urban Continuum Codes*

Code	Description
Metro Counties	
1	Counties in metro areas of 1 million population or more
2	Counties in metro areas of 250,000 to 1 million population
3	Counties in metro areas of fewer than 250,000 population
Non-Metro Counties	
4	Urban population of 20,000 or more, adjacent to a metro area
5	Urban population of 20,000 or more, not adjacent to a metro area
6	Urban population of 2,500 to 19,999, adjacent to a metro area
7	Urban population of 2,500 to 19,999, not adjacent to a metro area
8	Completely rural or less than 2,500 urban pop., adjacent to a metro area
9	Completely rural or less than 2,500 urban pop., not adjacent to a metro area

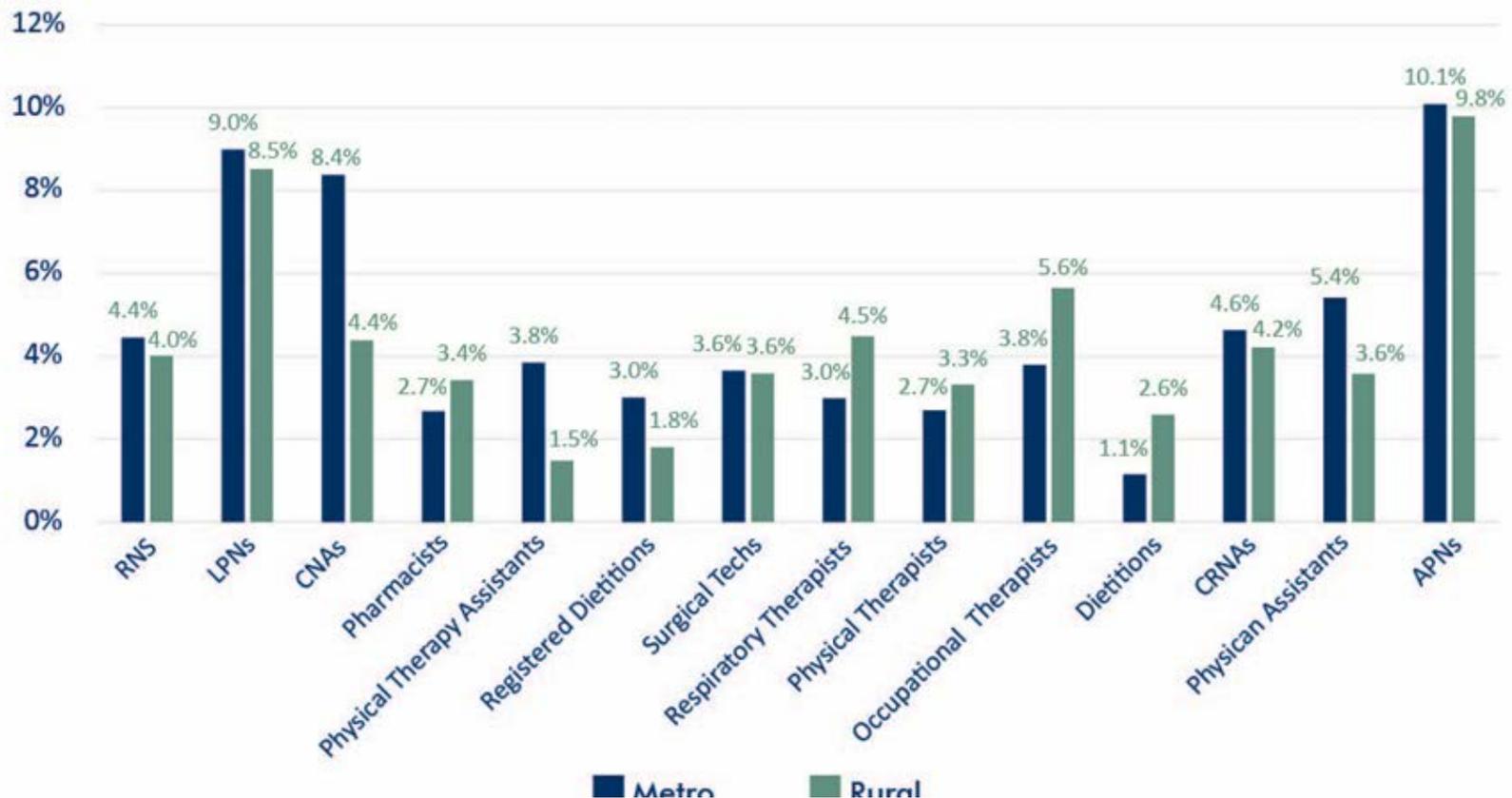
Source: USDA Economic Research Service

Rural and Urban Continuum Codes for Wisconsin Counties - 2013



When vacancy rates for metro (RUCC 1-3) versus rural (RUCC 4-9) are compared, a few occupations stand out.

Vacancy Rates: Metro vs Rural
RUCC Methodology



Team-Based Care and the Utilization of Both Emerging Roles and Expanded Responsibilities

- New models of team-based care are an effective way to promote coordinated care and to respond to existing workforce shortages and demographic changes.
- Team-based care remains front and center as an effective and value driven approach to addressing health care workforce needs.

- Wisconsin hospitals continue to transform patient care teams that are effective in recognizing the value the individual and shared contributions of each team member bring.
- A cornerstone of this transformed health system is a new level of collaboration across the health professions, including physicians, nurses, social workers, physician assistants, pharmacists, medical assistants and others.
- Emerging titles such as patient navigator, care manager, community health worker and health coach are increasingly being identified as important members of the health care team.



A 2014 national survey of 323 clinical and human resources leaders from health care found that health care employment advertisements and internal job postings today include many jobs that did not exist a few years ago

- Care coordinator, a key position for improving patient satisfaction and care quality, rated as the second most sought-after new position. Forty-one percent of respondents are currently recruiting or planning to recruit for care coordinators.
- New leadership roles trail recruitment numbers for new staff worker roles. 11 to 16 percent of survey respondents are currently recruiting for or plan to recruit for one or more of the new leadership positions.
- Among emerging leadership roles, chief experience officer drew the largest response, with 16 percent of respondents currently recruiting or planning to recruit.

Existing Roles with Expanded Responsibilities

- For many of the same reasons behind the emergence of new roles, many existing roles are now experiencing a need for expanded responsibilities. For example, the role of the advanced practice nurse is now being expanded to include the responsibility of providing hospitalist coverage in some Wisconsin hospitals.
- Total cost of care and bundled reimbursement models are also leading to the increased responsibility of emergency medicine personnel such as emergency medical technicians and paramedics. Some Wisconsin hospitals are piloting the use of paramedics in the community as a method of containing cost while still providing quality care.
- These new and innovative approaches to health care delivery deserve attention in the coming months and years.

WHA Summary

- Employment by Wisconsin hospitals remains strong. More than 107,000 individuals work in a Wisconsin hospital.
- In the future, Wisconsin health systems will be serving an aging population that will have higher incidences of aging-related conditions, as well as a growing population across the lifespan with chronic conditions.
- Rural areas in our state are aging at faster rates than our urban and suburban areas.
- In addition to these shifting dynamics, the health care workforce is also aging.
- The health care workforce in Wisconsin must be prepared to meet the increasingly complex medical needs of this state's residents and be able to meet those needs across the rural-urban continuum.

Action Items/Next Steps

- Pipeline issues – Continue to work with educational institutions in revising or creating curriculum that is reflective of employers needs – work that is ongoing with UW System advisor group, involvement with WDBSCW sector advisor group, Governor’s CWI sector talent development



Pipeline continued

- Workforce report reveals continued trends but also some reversal of trends, ie, LPN shortage
- Increased need for utilization of APCs within teams

Employers

- Assist and inform employers considering utilization of mid level providers in innovative ways, such as hospitalists
- WHA will continue working with members in identifying regulatory barriers to full implementation of team based care
 - Encourage the use of waiver provisions to test new and innovative approaches in delivery health care
 - Example, PEB waiver allows for the continued use of Tech-Check-Tech programs and established a means to potentially amend existing rules through this evidence based approach
- Emerging roles necessitated by continuum of care focus such as patient care navigator

Regulatory and legislative

- Legislative briefing on workforce
 - Current state of workforce shortages
 - Demonstrate the importance of aligning Medicaid payment policies with corresponding provider's permitted scope of practice and the existing reimbursement practices
 - Regulatory issues often hinder full utilization of team members than do scope of practice issues
- Explore more extensive data collection opportunities for health care professionals other than nursing. Nursing licensure survey provides rich and detailed data. Other health care providers do not have same data available.

Thank you

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