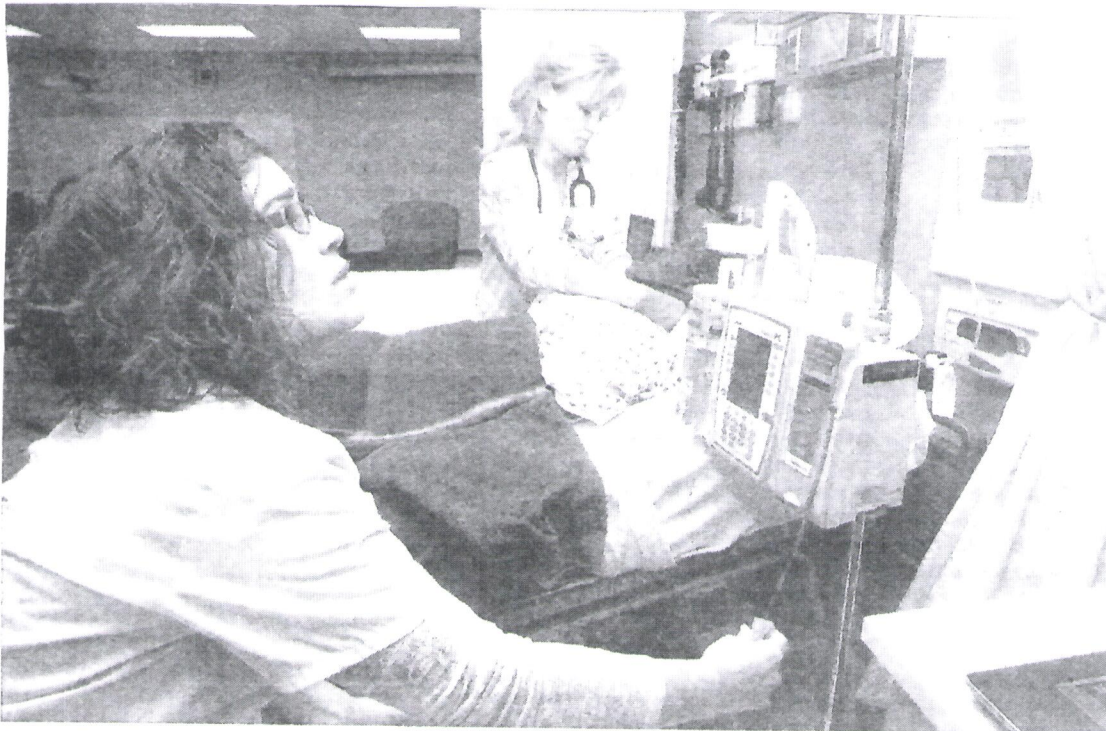


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Need increases for nurses in primary care



Alyssa Sticklen (left) and Lisa Allen work on a patient simulation mannequin at the Greentree Health Science Center in Middletown. The two students are working on their bachelor of science in nursing degrees at Miami University Middletown. NICK DAGGY / STAFF

By Hannah Poturalski
Staff Writer

More than a million registered nursing positions will need to be filled over the next six years, but officials say several barriers remain in place

for the education of qualified nurses.

Preliminary data released this month by the American Association of Colleges of Nursing – representing more than 700 baccalaureate and higher degree nursing programs in the U.S. and 33 here in Ohio – reports that 53,667 qualified applications were turned away from 610 entry-level baccalaureate nursing programs in 2013.

The primary barriers to accepting all qualified students are a shortage of faculty, clinical training sites and funding,

said Jane Kirschling, president of AACN.

“In the discipline, we’ve gone through periods of surplus and shortage,” Kirschling said, with the current shortage ongoing since the late 1990s.

The U.S. Bureau of Labor Statistics reports the employment of registered nurses is expected to grow 26 percent from 2010 to 2020, if the needed 1.2 million positions are to be filled.

“Growth will occur primarily because of technological ad-

vancements, permitting a greater number of health problems to be treated; an increased emphasis on preventive care; and the large, aging baby boomer population who will demand more health care services as they live longer and more active lives than previous generations,” according to the Bureau of Labor Statistics.

The Institute of Medicine’s Future of Nursing report from 2011 included the ambitious higher education goal of increasing the rate of baccalaureate-level nurses from 50 percent in 2010 to 80 percent by 2020.

“It’s a robust target; we’ll see if we make it by 2020,” Kirschling said.

Nanette Bentley, spokeswoman for Mercy Health, which operates Fairfield Hospital, said

there is a high demand for Ph.D.-level nurse care coordinators within the Mercy network to serve as the patient's point person for electronic communication, managing care and answering questions.

"We have a strong demand for experienced nurses," Bentley said. "The number of graduates is fine, but we see a lack in very specific experience. Highly educated, highly experienced nurses will be in a role to cover the GP (general practitioner) role."

The Association of American Medical Colleges reports that by 2015, there will be a deficit of 62,900 physicians. By 2025, that rate will be 130,000 physicians across all specialties.

Kirschling said there has been much research done over the past 20 years that supports an increased need for highly educated nurses, especially in the hospital

setting, to help address the primary-care physician shortage. Those roles would include nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives and clinical nurse specialists.

"With the Affordable Care Act and more people now having insurance, the demand for primary care is increasing," Kirschling said. "It's extremely important associates come back to get their bachelor's."

Kirschling said there has been growth in RN-to-BSN enrollment, with more than 300 programs across the nation now being offered in part or completely online.

"Accessibility is no longer a limiting factor," Kirschling said.

At the College of Nursing at University of Cincinnati, a "robust" online program has been created for prospective nurse practitioners to access

across the U.S., said Greer Glazer, dean of the College of Nursing. A similar program is offered at Miami University.

Glazer said the College of Nursing has 1,600 graduate students, and an additional 1,028 undergraduate students enrolled in nursing programs.

"We're helping deal with the primary care situation by increasing graduate numbers," Glazer said.

Glazer said the nursing curriculum has changed in recent years to have a stronger emphasis on organization and system leadership, evidence-based practice, policy and finance, and population health.

"The most important thing happening is acceptance of the nurse practitioner role as primary-care providers," Glazer said. "We don't have enough primary-care physicians to take care of the people who need health care."

The main differences

between the role of nurse practitioner and primary-care physician is that physicians diagnose and treat patients with more complex issues, while nurse practitioners focus more on health promotion and disease prevention while still diagnosing and treating minor and chronic illness, according to Glazer.

Registered nurse Angela Lowry, who works at Bethesda North Hospital in Montgomery, is a graduate student at UC in the nurse practitioner program for primary adult care. She will graduate in April after balancing the program over the past two years while maintaining full-time hours at work.

"There is such a physician shortage going on in primary care, we always talk about the nurse shortage, but we need more primary-care providers," Lowry said. "Nurse practitioners can really fill that void."

Lowry said the need for

nurse care coordinators is evident to her in her job. She said patients being discharged from the hospital are often "too sick to understand discharge instructions" and unable to "grasp their conditions and needs when they go home."

Lowry said the need to track patients after they leave the hospital is increasingly important as reimbursement rates for hospitals are tied to 30-day readmission rates. She said her nursing curriculum puts an emphasis on preventive care and lowering rehospitalization among patients with chronic conditions.

"I want to get out of the hospital and into a primary-care setting to follow up with patients and collaborate with doctors for better outcomes," Lowry said.