Hello everyone,
As the 2014 calendar year comes to end, I am hoping that your winter holiday season is safe and healthy. Please take a moment to review the included items:

Professional Development

TODAY:

American Family Children's Hospital is hosting a presentation TODAY, **December 8th from 4:00-5:00**

Efforts at Bending the Curve: Tackling the Problem of Pediatric Frequent Fliers

Michael Harris
Oregon Health & Science University Professor
Pediatrics and Staff Psychologist in the Harold Schnitzer Diabetes Health Center
One of the primary challenges of healthcare reform involves "bending the cost curve" in Medicaid and Medicare. In Medicaid, 4% utilize 50% of the heath care resources. Of the resources utilized by the 4%, emergency department visits for non-emergency issues and avoidable hospitalizations account for a disproportionate amount of the healthcare costs. Many across the country have focused their efforts on addressing the reduction of unnecessary ED visits and repeated hospitalizations. NICH, or Novel Interventions in Children's Healthcare, is one of those efforts. NICH was developed by Dr. Michael A. Harris, a pediatric psychologist that targets the triple aim of improving health, improving care, and reducing costs in children who are the highest utilizers of healthcare resources.

To date, after participating in NICH, the outcome data have shown:

50% reduction in ED visits
70% reduction in hospital day stays
50% reduction in healthcare costs

The aim of Dr. Harris's talk is to discuss NICH and the impact it has had on reducing ED visits and repeated hospitalizations.
http://www.med.wisc.edu/files/smph/docs/news_and_events/efforts-at-bending-the-curve-tackling-the-problem-of-pediatric-frequent-fliers.pdf

Live stream will be available at **http://live.videos.med.wisc.edu/**

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NASBE WEBINAR SERIES

Strengthening State Policy to Keep Schoolchildren Safe from Anaphylaxis

December 9, 2014, 3 pm EDT (2PM CT)

An increasing number of children in the United States suffer from food allergies. According to a report from the Centers for Disease Control and Prevention (CDC), the number of children with food allergies rose about 50 percent between 1997 and 2011. Nearly 6 million U.S. children, or 8 percent, have allergies, and young children are affected most. Anaphylaxis is a sudden, life-threatening allergic reaction whose incidence in the United States has risen.

In 2013 the National Association of State Boards of Education (NASBE) launched an initiative to help state boards of education develop student health policies regarding anaphylaxis and epinephrine access and use. NASBE published *Anaphylaxis and Schools: Developing Policies for Treating Students with Severe Allergic Reactions*, a guide that explains the issue and sets the stage for policy development. This year, NASBE developed four policy handbooks to help Connecticut, North Carolina, New York, and Oregon improve their policies.

Two leading agencies, the Asthma and Allergy Foundation of America (AAFA) and Allergy & Asthma Network (AAN), will present on how states can develop a comprehensive approach to strengthen their anaphylaxis and epinephrine policies.

Speakers: Charlotte W. Collins, J.D., Senior Vice President of Policy and Programs for the Asthma and Allergy Foundation of America (AAFA); **Kimberly Turner, Esq.,** General Counsel and Director of Government Affairs for Allergy & Asthma Network (AAN).

Register now for this important event. (http://www.eventbrite.com/e/strengthening-state-policy-to-keep-schoolchildren-safe-from-anaphylaxis-tickets-14486354075)

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January 28th, 2015 Barriers to Vaccinations, Dodgeville

Wally Orzechowski who is the executive director of the Southwestern Wisconsin Community Action Program (SWCAP) has kindly offered to host a focus group listening session in Dodgeville.

The meeting will be held in Dodgeville at 12:00 PM on January 28, 2015. If you would like to attend, please contact Ann Lewandowski: alewandowski@rwhc.com

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Psychiatry & Behavioral Health Conference - April 23-24, 2015 at Marshfield Clinic, 1000 North Oak Ave., Marshfield, WI

This year Marshfield Clinic will host nationally known professionals Joseph C. Napoli, MD, DABPN, DLFAPA and Elizabeth Dexter-Mazza, Psy.D.
Dr. Napoli will present: Individual, Organization and Community Resilience: The Human Dimension; Calling upon Your Resilience When Bad Things Happen: Self-Care and Safety; What I Wish I Knew When The Disaster Struck and Psychological First Aid Primer.
Dr. Dexter-Mazza will present: Gaining Control of Out of Control Behaviors: An Introduction to Treating Difficult Clients Using Dialectical Behavior (DBT)
Target audience: physicians, psychiatrists, psychologists, residents, nurse practitioners, physician assistants, registered nurses, school psychologists, guidance counselors, social workers, school administration, teachers, and other interested professionals.
Registration: Allied Health and Other Professionals $75 for both days or $40/day. Physicians $100 for both days or $65/day.

For further information:
Heather Roth
Continuing Medical Education Specialist
Marshfield Clinic | 1000 North Oak Avenue, Marshfield, WI 54449
Phone: 715.389.7648 | Fax: 715.389.3770 | Email: roth.heather@marshfieldclinic.org

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Job Positions:

Sheboygan Area School District-- School Nurse:

Full-time position:

http://services.education.wisc.edu/wecan/pub/vacancy.cfm?ID=69735

If questions please contact:
Lori Hamilton RN, BSN
District School Nurse
2302 David Avenue
Sheboygan, WI 53081
Phone 920.459.3372
Fax 920.459.3589

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Covering Kids & Families has 1 to 2 positions open for Health Insurance Literacy Outreach Specialists to work on grant-funded projects in Wisconsin communities focused on health insurance literacy, including financial aspects of health insurance.

We're seeking someone with two or more years of experience in conducting health and/or social service education, building community partnerships, writing for diverse audiences, and

project management. Understanding of health care and health insurance required. Existing experience with or understanding of Medicaid and the Affordable Care Act preferred.

Applications due no later than: December 15, 2014, and we hope to welcome new staff members around December 22.

Learn more about this opportunity at UW Madison's employment website: http://www.ohr.wisc.edu/WebListing/Unclassified/PVLSummary.aspx?pvl_num=81487.

Lauren Cnare
Communications Specialist/Licensed Navigator
Covering Kids & Families
608-261-1455 (o) and 608-235-9179 (c)
Web: ckfwi.org

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Johnson & Johnson School Health Leadership Program – Deadline December 10

The **Johnson & Johnson School Health Leadership Program** is a prestigious, FREE professional development program for school nurses and their colleagues. Teams of school Nurses and an executive sponsor will receive knowledge, skills, and mentoring designed to empower school nurses to be leaders within their community's educational and health services teams. Participants will graduate as Johnson & Johnson School Health Fellows with the ability to effect positive health change in their communities.
Deadline is December 10th. Create your team and apply for the Summer 2015 Institutes at: http://education.alcoholstudies.rutgers.edu/jjshlp

Martha Dewey Bergren DNS RN NCSN APHN-BC FNASN FAAN Director, Advanced Population Health Nursing College of Nursing, Room 958
845 S Damen Ave Mailcode 802
Chicago IL 60612
312 996 4370
bergren@uic.edu

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RESOURCES

SAFESCHOOLS MEDICATION ADMINISTRATION PROGRAM:

The Wisconsin version of Medication Administration Basics and Glucagon are now part of the copyrighted *SafeSchools* online program that some districts have purchased, and have been reviewed for use by school districts in Wisconsin. There will be further Wisconsin versions coming out in the near future. These particular module rewrites have been completed by Julie Pompos, RN, School Nurse in Mineral Point. We thank Julie for helping to provide another option of training for school districts. If you have any questions about the program you can contact Julie at julie.pompos@mp.k12.wi.us or Bette.

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Grant funding for school-based restorative dental care now available

The Wisconsin Department of Health Services' Oral Health Program was awarded grant funding through the Health Resources and Services Administration (HRSA) to support school-based restorative dental services in dental health professional shortage areas (DHPSA). Grant funding is available to support six new school-based restorative programs through Aug. 31, 2016. Two new school-based restorative programs will be awarded funding for the 2014-15 school year, with eligibility for a second year of funding. Funds can be used to purchase portable dental equipment, supplies, and to provide compensation for case management and data collection. Click here http://image.exct.net/lib/fef51678726100/d/1/DHS%20Grant%20Opp.pdf for more information.

CONTACT Marisa Voelker for more information: marisa.voelker@dhs.wisconsin.gov

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Attention All School-based Asthma Programs!

Start your application now for the 2015 **U.S. EPA National Environmental Leadership Award in Asthma Management**! Since 2005, 32 health plans, healthcare providers and communities in action have received this Award – the nation's highest honor for programs delivering excellent environmental asthma management as part of their comprehensive asthma care services.

Apply by going to: http://www.asthmacommunitynetwork.org/awards/apply

Deadline: January 30, 2015, 11:59 p.m. EST

School-based programs are encouraged to submit an application under the **Communities in Action** category!

Apply today if your program:

- Addresses environmental triggers as part of a comprehensive asthma program.
- Promotes healthy learning environments in schools through an established indoor air quality management plan that improves the lives of those with asthma.

- Fosters high-performing collaborations with a diverse set of partners to improve asthma management in schools.
- Demonstrates results in improved academic performance based on asthma control strategies implemented in the school.
- Works with the community to increase awareness about asthma's impact on students and how to effectively control it.
- Promotes healthy learning environments in schools through an established indoor air quality management plan that improve the lives of those with asthma.

Visit **AsthmaCommunityNetwork.org/Awards** for more information and helpful resources.
Do you have questions? Check out the **FAQs**.
Contact Us! Email **EPALeadershipAwards@AsthmaCommunityNetwork.org**.

For Wisconsin questions you can contact: Victoria Rydberg at Victoria.rydberg@dpi.wi.gov

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CHIA PROJECT

Community Health Improvement in Action (CHIA) reissues the invitation to join its Community of Practice as a funded-partner community. The deadline to submit an application is December 22, 2014.

Local health departments or hospitals in 60 Wisconsin counties are working to reduce unhealthy and risky alcohol use as a priority of their most recent CHIPP or hospital CHNA... Are you one of them? We invite you to join the conversation as a funded partner.

Not just an alcohol project
CHIA aims to build skills in implementing and evaluating community health improvement initiatives. These skills will be applied to the focus area of unhealthy and risky alcohol use, but will be applicable to other health focus areas as well.

Expert-facilitated learning
National and statewide experts will help your community move forward in creating lasting systems, policy, and environmental change.

No complicated budgets
Instead of submitting a budget, Funded-Partner Communities will be reimbursed for completion of deliverables (e.g., attend a webinar and complete a quick, 3- 5 question survey and receive $50).

You don't have to do it all
The lead applicant applies on behalf of the entire coalition or community. Community partners are encouraged to help the lead applicant complete the deliverables. The lead applicant agency need not complete all the required deliverables alone.

Any non-profit or governmental partner can apply

Non-profits and governmental entities are all eligible to be the applicant agency on behalf of their coalition or community. The lead applicant could be a local health department, a human services department, a hospital, an AODA coalition, a school district, United Way, UW-Extension, or another community partner working to improve health.

To download the revised RFA and application, or for CHIA updates, visit us at the CHIA webpage. (http://www.walhdab.org/CommunityHealthImprovementinActionCHIAProject.htm)

For more information, please contact Sara Jesse at sara.jesse@badgerbay.co or (608) 432-3042.

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Wisconsin Center for Nursing, Inc (WCN) has released an important new report from the results of a recent inventory survey (see attached).

Implementation of the IOM Future of Nursing Report: A Wisconsin Profile was accomplished with the work of many dedicated individuals within the Wisconsin Action Coalition. Many thanks go to members of the Advisory Council for guidance in developing the survey, the Rural Wisconsin Health Cooperative for their assistance in creating the survey link & compiling results, and members of the WCN Board of Directors who analyzed the findings & developed this significant report.

We can all be very proud of the work that is being done in Wisconsin. This report clearly identifies the movement to implement the IOM Report is alive and well in our state! Please help us share this report by distributing widely in your schools and organizations. Thank you for your dedication to this effort!

info@wicenterfornursing.org

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From the Obama Administration:

Native Youth Report (Dec. 2014)

http://www.scribd.com/doc/249198290/2014-11-29-Native-Youth-Report

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The "***Wisconsin Public Schools at a Glance***" document has been updated to reflect the most current information about schools, students, and staff, including attendance and graduation rates, performance on the WSAS, and more. As a one-page flyer, Wisconsin Public Schools at a Glance is intended to provide data on some of the most frequently asked questions about public schools in the state.

The URL for the December 2014 version of the flyer is http://news.dpi.wi.gov/sites/default/files/imce/eis/pdf/schools_at_a_glance.pdf.

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Wisconsin Center for Nursing

Implementation of the IOM Future of Nursing Report:

A Wisconsin Profile

A report developed in partnership with the Wisconsin Action Coalition and the Wisconsin Center for Nursing, Inc.

Authors:

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www.wicenterfornursing.org

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This report was supported by a Robert Wood Johnson Foundation® State Implementation Program grant #70696, *Taking the LEAD for Nursing in Wisconsin: Leadership, Educational Advancement & Diversity.*

Acknowledgements

Welcome to a landmark report from the Wisconsin Action Coalition: *Implementation of the IOM Future of Nursing Report: A Wisconsin Profile.* The Wisconsin Action Coalition is co-led by the Wisconsin Center for Nursing, Inc. (WCN), the state's nursing workforce center, and the Rural Wisconsin Health Cooperative (RWHC), a collaborative network of thirty-nine rural acute, general medical-surgical hospitals.

This report is based upon responses to the Wisconsin Inventory, a distinctive tool used to assess the implementation of recommendations from the 2011 IOM Report, *The Future of Nursing: Leading Change, Advancing Health*, as well as progress on issues identified in a recent historical report by WCN, *The Wisconsin Nursing Workforce: Status and Recommendations* (WCN, 2013b). The Inventory was accomplished with participation by many partners throughout the state, including those from nursing education, hospitals and clinic systems, community/public health agencies, school districts, and others from a wide variety of settings.

We are grateful to members of the Wisconsin Action Coalition Advisory Council who served on the subcommittee for the Inventory project: Tim Size, Executive Director, RWHC; Silvana Richardson, PhD, RN, Dean & Professor, Viterbo University School of Nursing; and Mary Gulbrandsen, MSN, RN, Executive Director, Fund for Wisconsin Scholars. Their guidance was invaluable in the development of the Inventory tool. We would also like to thank RWHC for the provision of the survey link and assistance in conducting the Inventory and compiling the results.

WCN also extends sincere appreciation to members of the WCN Board of Directors who compiled the report and authored the findings: Yvonne Eide, MS, RN; Patricia Keller, MSN, RN, NEA-BC; Brent MacWilliams, PhD, RN, ANP-BC; Barbara Pinekenstein, MSN, RN-BC, CPHIMS; Josie Veal, PhD, RN, FNP-BC; and WCN Executive Director Judith Hansen, MS, RN.

Although we believe these findings are indicative of what is occurring in our state, there are likely to be many more such programs than are shown in the report. The Inventory represents a pioneering effort to assess the impact of implementing the 2011 IOM Report and *The Wisconsin Nursing Workforce: Status and Recommendations* (WCN, 2013b) and can serve as an exemplar to other state Action Coalitions.

Implementation of the IOM Future of Nursing Report: A Wisconsin Profile provides a snapshot of work underway in Wisconsin and is intended for use by educators, health systems, and other key stakeholders to inform, assess, and implement strategies to address the recommendations.

On behalf of the WCN Board of Directors, we are proud to present this unique report to Wisconsin, as well as share it with our colleagues in other states, as we endeavor to work together to advance these recommendations in both our state and the nation.

Sincerely,

Carolyn Krause, PhD, RN
President – WCN Board of Directors

Implementation of the IOM Future of Nursing Report: A Wisconsin Profile

Introduction

The concept of assessing the implementation of the landmark 2011 Institute of Medicine (IOM) Report: *The Future of Nursing: Leading Change, Advancing Health* in Wisconsin began at the *Campaign for Action Summit 2013: Transforming Health Care through Nursing* event held in Washington, DC in February, 2013. The Wisconsin team included the co-leads from the Wisconsin Action Coalition, Judith Hansen, Executive Director, Wisconsin Center for Nursing, Inc. (WCN); Tim Size, Executive Director, Rural Wisconsin Health Cooperative (RWHC); and others. The goal of this Summit was to accelerate on-the-ground movement for the *Future of Nursing ™ Campaign for Action*.

During the Summit activities, Wisconsin team members raised thought-provoking questions, such as: *What is the status of 2011 IOM Report implementation currently in our state? If we do not know, how might we best assess it?*

From these robust discussions, the concept of a Wisconsin Inventory emerged. The team decided to align a potential survey with the 2011 IOM Report. This plan of action exemplified how to meet the end goal of the national Summit for our state.

The formal launch of the Wisconsin Action Coalition took place on May 29, 2013. Forty nursing leaders from clinical practice and academia, along with health system leaders and other key stakeholders, participated in this meeting. The group supported the concept of gathering information through an inventory. There was unanimous agreement that the 2011 IOM Report recommendations provided the perfect framework for this project and a subcommittee was formed to develop the questions based upon recommendations from the report.

The Wisconsin Inventory was released to the field in late summer, 2013. Participants were invited to describe how their organizations supported the recommendations of 2011 IOM Report. In order to obtain input from all the sectors where nurses work, the subcommittee asked statewide organizations to invite their members to complete the Inventory. These organizations included the Wisconsin Hospital Association (WHA), Administrators of Nursing Education in Wisconsin (ANEW), Wisconsin Nurses Coalition (WNC), Wisconsin Association of Local Health Departments and Boards, Wisconsin Association of School Nurses (WASN), Wisconsin Health & Homecare Association, Wisconsin Center for Nursing (WCN) Board of Directors, Wisconsin Longterm Care Association, Rural Wisconsin Health Cooperative (RWHC), Wisconsin Medical Society, Wisconsin Medical Group Management Association, Wisconsin Minority Nurses Associations, as well as numerous other partners and key stakeholders.

The report that follows presents the results of the Inventory, and was compiled by members of a core team from WCN Board of Directors. One hundred and twenty-one (N=121) responses were returned, which included over 500 qualitative comments. Respondents represented all five geographical phone area codes of the state and included responses from nursing education programs, hospital and clinic systems, residential long term care facilities, community/public health agencies, school districts, nursing associations and a variety of other organizations

In addition to the 2011 IOM Report, *The Wisconsin Nursing Workforce: Status and Recommendations* (WCN, 2013b) was considered in the analysis of the results. The report, which will be known as the *Wisconsin Nursing Workforce Report* throughout this document, identifies key Wisconsin issues and makes recommendations using a format adopted from the IOM Report. The *Wisconsin Nursing Workforce Report* is used by educators, health systems, governmental agencies, workforce planners, and policymakers to inform and implement strategies to mitigate emerging nursing workforce challenges in Wisconsin. It provides judicious information on the status of the nursing workforce and serves as a foundation to address projected nursing shortages which will impact the future of healthcare delivery. The level of interest and dedication to implementing the 2011 IOM Report and the *Wisconsin Nursing Workforce Report* recommendations is readily apparent and demonstrates that the movement is well underway in Wisconsin.

In the sections that follow, information is presented that reports key findings based upon each question from the Inventory.

TABLE 1

Organization Summary

Organization	Number	%
Hospitals & Clinic Systems (31)	51	42
Hospitals (16)		
Clinics (4)		
Nursing Education	43	36
Residential Long Term Care	5	4
Public Health Departments	5	4
School Districts	3	2
Nursing Association	2	2
Other	12	10
Total	**121**	**100**

TABLE 2

Wisconsin IOM Inventory Results (answers in the affirmative)

Question	Hospitals/ Clinics	Nursing Education	Other organizations	All Responses
	n=51	n=43	n=27	n=121
Is your organization taking action to remove scope-of-practice barriers?	63%	70%	41%	60%
Is your organization taking action to expand opportunities for nurses to lead and diffuse collaborative improvement efforts?	80%	56%	52%	65%
Is your organization taking action to implement nurse residency programs?	76%	30%	11%	45%
Is your organization taking action to increase the proportion of nurses with a baccalaureate degree to 80% by 2020?	80%	88%	48%	76%
Is your organization taking action to double the number of nurses with a doctorate by 2020?	31%	56%	19%	37%
Is your organization taking action to ensure that nurses engage in lifelong learning?	78%	88%	78%	82%
Is your organization taking action to prepare and enable nurses to lead change to advance health?	76%	70%	59%	70%
Is your organization taking action to build an infrastructure for the collection & analysis of inter-professional health care workforce data?	47%	74%	30%	53%
Is your organization taking action to enhance models of inter-professional education and practice?	39%	70%	19%	45%
Is your organization taking action to increase nursing diversity?	59%	86%	41%	64%

Is your organization taking action to remove scope-of-practice barriers?

Sixty percent of the respondents in the Wisconsin Inventory acknowledged that their organizations were taking action to remove scope-of-practice barriers. Analysis of the data specific to remove scope-of-practice barriers revealed the following themes: education and involvement of students in legislative activities, expansion of practice policies, promotion of academic progression, and promotion of legislation to remove clinical practice restrictions.

Respondents from academic institutions identified the need for nursing leadership and legislative action to make curriculum revisions. Several respondents specifically mentioned they use the 2011 IOM Report in nursing curricula at all levels, as well as involving students in legislative activities. For example, one respondent reported using the IOM Report as the class textbook. Several organizations planned legislative activities, such as taking nursing students to the Wisconsin Nurses Association (WNA) legislative session, *Nurses Day at the Capitol,* each year. Other examples of actions included encouraging students to write to their legislator, gathering input for a legislative hearing, and educating students in legislative activities.

Within the theme of promoting legislation to remove restrictions, comments ranged from sharing information on legislation with staff and encouraging staff to lead efforts to support the state bill for advanced practice registered nurses (APRNs). Respondents from clinical practice settings indicated interest in determining ways for nurses to function at the highest level of education by implementing nursing protocols that allow for increased use of nursing judgment, educating others on how APRNs could be used to the full extent of their license, and redesigning primary care practices to use APRNs to the full extent of their practice.

63%

of hospitals and clinics were redesigning roles and removing regulatory barriers so nurses could practice to the full extent of their education and training.

A number of respondents commented on actions to promote academic progression, including linkages between Associate Degree Nursing (ADN) programs and Bachelor of Science in Nursing (BSN) programs, as well as BSN to Doctorate in Nursing Practice (DNP) and/or Doctorate in Philosophy (PhD). A promising practice noted in some clinical practice settings was the expectation that all nurses obtain a BSN within a specific timeframe after hiring.

The Inventory results support actions that address:

WISCONSIN ISSUE: There is a shortage of APRNs to meet current and future health needs.

WISCONSIN ISSUE: Barriers exist that prevent APRNs from practicing to full extent of education and certification.

IOM Recommendation 1: Remove scope-of-practice barriers.

The Inventory results indicate that Wisconsin healthcare organizations are redesigning roles for nurses and removing regulatory barriers to the scope-of-practice for APRNs, so they practice to the full extent of their education and training.

Is your organization taking action to expand opportunities for nurses to lead and diffuse collaborative improvement efforts?

Seventy-nine (65%) respondents to the Wisconsin Inventory reported that their organizations were currently taking action to expand opportunities for nurses to lead and diffuse collaborative improvement efforts. Two themes were evident in the comments: (a) leading development of innovative, patient-centered care models, and (b) developing educational curricula that promote collaborative improvement efforts.

In clinical practice settings, many respondents described nursing care model redesign projects, leading quality improvement projects, and developing nurse-managed programs. Examples included registered nurses (RNs) in roles as care coordinators in primary care practices, clinical nurse specialists working across departments to implement care improvement initiatives, case managers, care navigators and hospitalist nurse practitioners (NPs) in clinics with their own primary care practices. There were also nurse-led programs in such areas as stroke management, anticoagulation therapy, and wound care.

Respondents from nursing education described several innovative practice models. In a community-based program, nursing students, in collaboration with students from other disciplines, addressed the needs of an underserved urban population. This program model described assessing family needs, utilizing culturally appropriate teaching strategies, and completing research to improve health outcomes. One college of nursing operates two community nursing centers where students gain experience in programs driven by community needs. In another example, students had an opportunity to redesign healthcare delivery and promote wellness. Finally, a rural hospital piloted a program led by homecare nurses in collaboration with medical surgical nurses to develop discharge instructions based upon the patient's needs in their home setting.

Wisconsin nurses **lead innovation** in patient-centered and community-based care models.

The Inventory results reveal progress in addressing:

WISCONSIN ISSUE: There is a need to redesign the healthcare delivery system and assure interprofessional coordination of care.

IOM Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.

There is strong recognition of the need to redesign the healthcare delivery system in Wisconsin, and to assure interprofessional coordination of care. Emerging curricula includes interprofessional/interdisciplinary learning. Clinical practice settings reported efforts led by nurses that involved other disciplines, development of community-based care, and care coordination at various levels.

Is your organization taking action to implement nurse residency programs?

Fifty-five (45%) respondents reported their organizations have taken steps to implement a nurse residency program. Fifteen respondents specifically identified or named nurse residency programs, including the Rural Wisconsin Health Cooperative Residency (RWHC, 2014), Aurora Health Care in partnership with Marquette University (2014a), and the Marquette University Supporting Onboard and Retention of Rural Nurses program (2014b). One program was specifically designed for the recruitment of Spanish-speaking nurses. The length of the residency programs, as well as the initiation window, varied depending on the student's progression. For example, some programs started during the last semester of nursing school, while other programs began once the nurse was employed as a new graduate. There was mention of immersion clinical programs and nurse externships for students while enrolled in the nursing program for specialty nursing areas. Lastly, there were responses related to nursing capstone experiences in which students function as nurse externs.

The Inventory results identify progress in addressing:

WISCONSIN ISSUE: Retention of new graduates is essential for an adequate workforce to improve patient safety and decrease healthcare costs.

IOM Recommendation 3: Implement nurse residency programs.

The utilization and importance of nurse residency programs within clinical practice settings is apparent in the results of the Inventory.

76%

of hospital and clinic respondents were taking action to implement nurse residencies.

Is your organization taking action to increase the proportion of nurses with a baccalaureate degree to 80% by 2020?

Ninety-two (76%) of the respondents to the Inventory reported that their organizations were already taking action to increase the proportion of nurses with a baccalaureate degree to 80% by 2020. Respondents provided comments about the usefulness of the *BSN@ Home* program, which has strengthened academic/ practice partnerships through online learning. (University of Wisconsin System, [UWS], 2014a). According to the responses, organizations were taking steps to encourage academic progression by establishing clear expectations for baccalaureate education within a set timeframe after hiring. Some respondents reported that their organizations had implemented preferential hiring options for BSN graduates. A wide variety of actions to support academic progression were identified, including articulation agreements between the Wisconsin State Technical College System and universities, dual enrollment options, and tuition reimbursement benefits.

76%

of organizations were taking action to increase the proportion of nurses with a baccalaureate degree.

Respondents also identified several Wisconsin initiatives which provide avenues to increase the proportion of nurses with a baccalaureate degree. The UW System is the first public university system in the nation to offer the Flex Option for RN to BSN degree completion. This competency-based, self-paced learning option allows students to receive credit only upon the demonstration of clearly defined competencies required of BSN-prepared nurses. Students may combine the Flex Option assessments with in-person and online courses, allowing a customized approach to academic progression (UWS, 2014b). Aurora Health Care has a Minority Nurse Scholarship Program which provides up to $15,000 in loan forgiveness for a 3-year commitment post-graduation. The Veterans Administration Learning Opportunities Residency (VALOR) Program gives baccalaureate nursing students who have completed their junior year the opportunity to develop clinical skills at a Veterans Administration-approved healthcare facility (U.S. Department of Veterans Affairs, 2014). This program provides a competitive salary, which starts three salary grades above the typical new graduate starting salary, for successful completion of residency.

The Inventory results demonstrate a wide variety of activities in support of academic progression for:

WISCONSIN ISSUE: With 53.5% of Wisconsin nurses currently having a BSN degree or higher, there is a need to increase the educational capacity of BSN completion programs to support seamless academic progression options to meet the goal of 80% BSN by 2020.

IOM Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

The Inventory demonstrates that Wisconsin has multiple pathways and opportunities to facilitate BSN completion towards the 80% goal.

Is your organization taking action to double the number of nurses with doctorates by 2020?

Forty-five (37%) respondents to the Wisconsin Inventory reported that their organizations were already taking action to double the number of nurses with a doctorate by 2020. Respondents commented that there were greater opportunities for doctoral education, attributed to an increase in number of DNP programs in Wisconsin, tuition reimbursement, flexible scheduling, and loan forgiveness programs. In addition, some schools of nursing have adjusted faculty workloads to encourage doctoral completion. Several respondents described efforts to support diversity recruitment of educators through minority scholarship programs. One respondent commented that a cohort of nurse executives was completing an online DNP program, demonstrating their personal and professional support for the IOM recommendation. Several respondents commented that organizations, including a rural access hospital, offered to be clinical placement sites and preceptors for DNP students.

What started out as a grant in one school of nursing to identify, recruit, and retain nurse educators resulted in an economic incentive grant for four schools of nursing. The *Nurses for Wisconsin: Learn.Teach.Lead.* grant provides $3,218,703 for 2013-2015 to support 34 pre-doctoral fellowships, 16 post-doctoral fellowships, and 40 loan forgiveness grants at UW-Eau Claire, UW-Milwaukee, UW-Madison, and UW-Oshkosh. This grant is one way in which Wisconsin is investing in nurses to help them advance their degrees in preparation to teach at UW System (UW-Eau Claire, 2014) nursing programs. The participants make a 3-year commitment to a faculty position in exchange for tuition, fees, a stipend, and benefits.

The *Learn.Teach.Lead.* grant provides

$3,218,703

for 2013-2015 to support doctoral education.

The Inventory results show actions supporting:

WISCONSIN ISSUE: To assure an adequate faculty supply, Wisconsin will need to double the number of nurses with doctoral degrees by 2020.

IOM Recommendation 5: Double the number of nurses with a doctorate by 2020.

Currently, less than 1% of Wisconsin nurses hold a doctorate degree in nursing (WCN, 2013b). Based on the responses to this question, there were multiple activities occurring in Wisconsin to increase the number of nurses with doctorates. Overall, 37% of the responses indicate that actions were in place to support this recommendation. Examples ranged from general organizational support for tuition reimbursement and flexible scheduling to more specific examples, such as the *Learn.Teach.Lead.* grant described earlier. Similar to national trends, there were significant efforts to increase doctoral enrollment in Wisconsin with both new programs and online access.

Is your organization taking action to ensure that nurses engage in lifelong learning?

It is noteworthy that ninety-nine (82%) of the respondents to the Inventory indicated that their organizations ensure that nurses were engaged in lifelong learning. Respondents commented that funding is in place for continuing education with varying degrees of tuition reimbursement or scholarships for educational advancement. One respondent commented that their organization provides reimbursement up to 75% of the cost of tuition. Among clinical practice settings, the majority of comments indicated that lifelong learning was often integrated into the organizational structure through policy and mission, vision, and values.

Learning opportunities included the provision of on-site sessions, off-site training, as well as internet-based learning. Two respondents reported that their organizations require a specific number of continuing education credits annually. Several respondents commented that their organizations encouraged certification by offering continuing education sessions required for certification. One respondent from a rural hospital described a model through which RNs could advance along three paths: clinical, education, or leadership. Each path includes specific tracks. For example, the clinical path includes tracks for certification, evidence-based practice, and patient safety. One comment described how joint appointments between healthcare institutions and academic programs support nursing education by having practicing nurses teach. This strategy helps nurse educators maintain their income and increases the number of clinical instructors.

82%
of all responses indicate
nurses were engaged in lifelong learning.

Within academic settings, lifelong learning was set as an expectation, according to one respondent. Among educators, there was a common thread throughout nursing education programs supporting lifelong learning. Examples included providing funding for professional development and research; releasing faculty members one day each week for practice, scholarship, or professional development; using community partnerships and academic-practice linkages as sources of professional development; and providing regular in-services for new teaching modalities.

The Inventory results indicate that work is underway to support:

WISCONSIN ISSUE: There is a need to increase educational capacity to meet projected demands for nurses within rapidly changing systems and population demographics.

IOM Recommendation 6: Ensure that nurses engage in lifelong learning.

Respondents to the Inventory described how academic and clinical practice settings are taking action to support lifelong learning. The Inventory results demonstrate that many important strategies to address this were already in place in Wisconsin, such as dedicated models for educational advancement, employer tuition programs, and innovative partnerships.

Is your organization taking action to prepare and enable nurses to lead change to advance health?

The results in the Wisconsin Inventory reveal that 85 respondents (70%) indicated that work was taking place in their organizations to prepare nurses to lead change. Respondents commented that there were opportunities for both leadership training and serving in leadership roles. For example, respondents reported that additional educational programs for Doctorate of Nursing Practice (DNP) and Clinical Nursing Leader (CNL) were becoming available. Additional types of programs included teaching leadership concepts in undergraduate programs, graduate programs, and through statewide professional nursing associations, minority nursing associations, and healthcare organizations.

The presence of nurse leaders on boards was frequently reported in the comments to this question. Board participation was reported on local, county, and state level board, but several respondents noted that few nurses were in hospital executive level positions or on health system boards. Budget constraints were cited as a challenge to nursing leadership development. However, through collaborative efforts of professional nursing associations and other healthcare organizations, leadership training is readily available. These organizations include the Wisconsin Organization of Nurse Executives (WONE), Wisconsin League for Nursing (WLN), minority nursing associations, Rural Wisconsin Healthcare Cooperative (RWHC), and Aurora Healthcare. As one program example, WONE partners with WCN to host a three day *Nursing Leadership Academy,* twice yearly in different regions of the state. Finally, other activities reported to support leadership development included mentorship programs, placing new graduates on advisory councils, and participating in partnerships for healthy communities initiatives.

The Inventory results indicate that action is being taken to address:

WISCONSIN ISSUE: There is a need to redesign the healthcare delivery system and assure interprofessional coordination of care.

IOM Recommendation 7: Prepare and enable nurses to lead change to advance health.

Inventory respondents gave examples of how action has been taken, as well as opportunities for enhancement in the preparation of nurse leaders.

Is your organization taking action to build an infrastructure for the collection & analysis of interprofessional healthcare workforce data?

Sixty-four (53%) responded to the Inventory that their organizations were taking steps to build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.

Common themes emerged from nursing education, which reflected that data collection usually centered on alumni surveys. Individual schools survey graduates about their employment, satisfaction, and retention rates. A few respondents commented that their organizations were developing more interdisciplinary educational content, and as part of that, employment surveys would be conducted as follow-up to these interprofessional educational efforts. Typical time frames for follow-up surveys were reported as being done at one year after graduation and repeated at three and/or five year intervals. Two respondents reported tying data collection to community needs assessment.

Respondents from clinical practice settings had a wide range of comments. Nursing workforce data in some organizations were collected by human resource departments, institutional surveys, and workforce investment boards. One respondent commented that a first-time survey of their nursing workforce was used to assess educational preparation and areas of competency. Several respondents reported tying data collection to community strategic planning and needs assessment to improve the health of their communities. One respondent reported that a school district collected health service data on a daily, monthly, and yearly basis. These data were presented to the school board as indicators to support the critical need for ongoing student health services. One nursing education program indicated they looked at their student enrollment and capacity relative to the needs of the community.

One respondent described a regional workforce alliance between academic and clinical practice partners, and it is known that there are several of these regional alliances well-established in Wisconsin. Comments were made regarding the benefits of mandatory requirement under Wisconsin Statutes Chapter 106.30 for the state nursing workforce to be surveyed at the time of licensure renewal every two years. Two comments were related to data collection measuring diversity in the workforce. One respondent commented that collecting workforce data is a goal for the future.

The Inventory results show action to implement:

WISCONSIN ISSUE: There is a need to enhance nursing and other healthcare workforce data collection and workforce planning.

IOM Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data.

The Inventory results suggest progress has been made in assessing the nursing workforce and data collection about other healthcare professionals.

Is your organization taking action to enhance models of interprofessional education and practice?

Nearly half of the respondents (45%) to the Wisconsin Inventory reported that their organization had implemented interprofessional education and practice strategies. Respondents from nursing education commented that interprofessional education included interprofessional service learning and clinical simulation. The professions involved include nursing, occupational therapy, physical therapy, pharmacy, medicine, medical assistants, police science, social welfare, psychology, health informatics, engineering, business, emergency medical services, respiratory therapy, dental, and radiographic programs. The goal of this activity is to teach students how to use the strengths of each profession to support patient care.

Interprofessional education included **interprofessional service learning** and **clinical simulation** according to responses from 70% in nursing education.

Respondents from clinical practice settings commented that interprofessional work is supported through both in-service education and practice. In some organizations, all clinical staff received general orientation sessions, together with the goal of team building from the time of hire. In addition, educational sessions are open to staff from all professions. Respondents stated that having interprofessional education sessions encouraged all members of the team to appreciate and support the role of each discipline in the care of their patients. This education supports the use of interprofessional teams for care coordination. In public health departments, many program teams include nurses, physicians, epidemiologists, and health educators.

The results of the Inventory indicate steps to support:

WISCONSIN ISSUE: There is a need to redesign the healthcare delivery system and assure interprofessional coordination of care.

IOM Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.

There were comments describing how healthcare organizations and nursing education programs were collaborating with other members of the healthcare team to improve practice environments and healthcare delivery systems.

Is your organization taking action to increase nursing diversity?

Nearly two-thirds of respondents (64%) indicated that their organizations were taking action to increase diversity. Among responses from nursing education, this percentage increased to 86%. The actions included having dedicated positions for diversity enhancement, established clubs in nursing schools for minority and non-traditional students, and increased minority staff as part of the strategic organizational plan and recruitment/hiring practices. One example was an 'English Language Learner' program for nursing assistants at the technical college level. Respondents indicated the importance of participating in career fairs at ethnically and racially diverse middle and high schools. There were also positive comments for professional nursing conferences on diversity to support underrepresented nurses, such as through the National Black Nurses Association, and the WCN statewide diversity conference, "Cultivating a Diverse Nursing Workforce," held in June, 2013.

Specific grant funded efforts to increase diversity were also described such as the *Nurse Endeavor Program* at the University of Wisconsin-Milwaukee (2014). This intentional program taps into the current applicant pool and select participants for cohorts of students who meet two out of three criteria: first generation college, low income and underrepresented populations. The cohort is then supported throughout the nursing education process.

In addition, respondents reported that nursing students in their academic organizations received diversity education within the curricula and across clinical placements using National Standards for Culturally and Linguistically Appropriate Services in Health Care: health literacy, nursing diversity, cross-cultural diversity/living in a diverse world, and interdisciplinary intercultural communication scholarship.

86%
of respondents from nursing education were taking action to increase diversity.

Organizations also reported required diversity training, which addresses cultural competence in healthcare and the needs of lesbian, gay, bi-sexual, and transgender populations. Several respondents felt the diversity initiatives needed improvement, or had been unsuccessful related to attempts at hiring nurses with more diverse backgrounds.

The Inventory results indicate that much work still needs to be done to address:

WISCONSIN ISSUE: The nursing workforce in Wisconsin does not mirror the diversity in the state population.

IOM Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80% by 2020; increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

The Wisconsin nursing workforce lacks diversity in terms of gender, race, and ethnicity on all levels, and these deficits exist across the state. In 2013, the WCN Diversity Taskforce examined strategies that promoted nursing diversity through environmental scans of diversity initiatives within the state. The formal report, *Enhancing Diversity in the Nursing Workforce: A Report by the Wisconsin Center for Nursing Diversity Taskforce* (WCN, 2013a), indicates that multiple nursing diversity initiatives are taking place in Wisconsin. However, gaps may remain because of the absence of formalized approaches across the state, including the need for standardized diversity data collection. There has been an ongoing call-to-action for implementation of programs which eliminate barriers and provide longitudinal strategies across educational programs, within the clinical practice setting, and in leadership positions.

Summary

The Wisconsin Inventory and its resulting report, *Implementation of the IOM Future of Nursing Report: A Wisconsin Profile* indicate that numerous actions are being taken to implement all of the 2011 IOM Report recommendations and address the issues identified in the *Wisconsin Nursing Workforce Report* (WCN, 2013b). Overall, more than 75% of respondents reported that their organizations were taking action to increase the proportion of nurses with a baccalaureate degree to 80% by 2020, and to ensure that nurses engage in lifelong learning.

Eighty-six percent of respondents from nursing education reported their organizations were taking action to increase nursing diversity, which is the pipeline for a more diverse nursing workforce in the future to better reflect the patient population being served. Seventy-six percent of respondents from hospitals and clinics reported their organizations were taking action to implement nurse residency programs, which will help increase the retention of new graduates, and provide safe and high quality healthcare for Wisconsin residents. Educational and workforce partnerships, such as the Rural Wisconsin Health Cooperative residency program, which serves as an educational bridge to practice, appear to be best practice (RWHC, 2014).

In Wisconsin, there is a shortage of nurse practitioners, and in addition, barriers exist that prevent APRNs practicing to the full extent of their education and licensure. The Inventory indicates that the many organizations are taking action to remove scope-of-practice barriers through education and involvement of students in legislative activities, expansion of practice policies, promotion of academic progression, and promotion of legislation to remove clinical practice restrictions. For example, Wisconsin nurses are implementing nursing protocols that allow for increased use of nursing judgment which fosters solidarity and independence, and nursing educators are using the "remove scope-of-practice barriers" recommendation as a learning tool to empower students and help enhance professional identity. To address the shortage and barriers faced by nurse practitioners in Wisconsin, there is a need for legislative updates and changes that will allow APRNs to practice to the full extent of their education and licensure.

The 2011 IOM Report recommendations support seamless academic progression options to achieve the goal of 80% of the nursing workforce with a BSN or higher by 2020. Currently, 53.5% of nurses working in Wisconsin have a BSN or higher degree (WCN, 2013b), which is similar to national data trends on the nursing workforce. There appears to be an emerging expectation from within many practice settings that all nurses obtain a BSN within a specific timeframe after hiring. This supports the need for ongoing and enhanced facilitation of academic progression. Articulation agreements between community colleges and universities, dual enrollment options, and tuition reimbursement benefits were identified as current strategies to create progression without limiting access to Associate Degree Nursing programs, which are frequently the educational access point for diverse students.

The *BSN@Home* program is a consortium approach in the University of Wisconsin System (2014a), which allows for online completion of most courses and one regional class at a UW school. This avenue may increase enrollment and completion through increased flexibility for working professionals and nurses in rural communities. There is ongoing communication in Wisconsin on a variety of activities which promote BSN completion, including an online database of options for interested students. This database, developed by the Wisconsin Hospital Association, is linked to the WCN website, which also includes links to all nursing program websites. In addition to RN-BSN degree completion programs, Wisconsin also has a variety of RN-MSN options.

A key factor in redesigning nursing practice in a transformed healthcare system is an adequate supply of nurses at the baccalaureate level and beyond. To accomplish this, Wisconsin needs to increase the number of nurses with advanced degrees, including doctorates. A highly-educated workforce will result in safer, more patient-centric and value-based care, as well as a shift to prevention and wellness, care-coordination of chronic conditions, transitional care, and palliative care.

Doubling the number of nurses with a doctorate by 2020 is a goal for both Wisconsin and the nation (IOM, 2011; WCN, 2013b). Currently, less than 1% of Wisconsin nurses hold a doctorate degree in nursing (WCN, 2013b). Over one-third of respondents indicated that actions are in place to support this recommendation, which could reflect the increasing demand for nurse practitioners. Tuition reimbursement and flexible scheduling coupled with new adult learner focused programs, online access, and community partnerships, have all been identified as strategies to address this significant shortfall in doctorally-prepared nurses.

Sixty-five percent of the respondents reported that their organizations were taking action to expand opportunities for nurses to lead and diffuse collaborative improvement efforts in the development of innovative, patient-centered and community-based models of care. Nursing educators reported development of curricula to promote collaborative improvement efforts.

The results in the Wisconsin Inventory revealed that 85 respondents (70%) indicated that organizations were preparing nurses to lead change by providing opportunities for leadership training, increasing the numbers of nurse leaders on boards, and encouraging collaborative efforts with professional nursing associations and other healthcare organizations. Eighty-two percent of the respondents indicated their organizations were already ensuring that nurses were engaged in lifelong learning and that lifelong learning was policy and mission-based. The Inventory results demonstrate that many important strategies to address this were already in place in Wisconsin, such as dedicated models for educational advancement, employer tuition programs, and innovative partnerships.

Organizations are taking steps to build an infrastructure for the collection and analysis of interprofessional healthcare workforce data in Wisconsin. WCN has taken the lead role in analyzing data provided through statutorily mandated re-licensure surveys, in partnership with the Wisconsin Department of Workforce Development and dedicated nursing researchers. Most data collection from academic settings is centered around alumni surveys and focused on employment, satisfaction, and retention rates. Nursing workforce data is also being collected by human resource departments, through institutional surveys, and workforce investment boards.

Although progress has been made in creating awareness and dedicated efforts to enhance diversity, the Wisconsin nursing workforce continues to lack diversity on all levels related to gender, race, and ethnicity. This is also true to a large degree among faculty members. There has been an ongoing call-to-action for implementation of programs which eliminate barriers and provide longitudinal strategies across educational programs, within practice settings, and in leadership positions.

The critical need for standardized approaches to assessing and measuring diversity in organizations and academic settings has also been emphasized, in view of rapidly changing demographics. Increasing the diversity of the nursing workforce to reflect the changing population of Wisconsin will assure access to healthcare and improve outcomes for all. The efforts currently going on in Wisconsin related to all data collection, including diversity, could be greatly strengthened through a statewide unified, systematic, and established process for all healthcare professionals. This is recommended in the *Wisconsin Nursing Workforce Report* (WCN, 2013b), and by groups working toward this goal, such as the Wisconsin Healthcare Workforce Data Collaborative.

The 2011 IOM Report recommendations call for actions to support nurses' completion of a transition to clinical practice programs, such as residency programs, after they have completed a pre-licensure or graduate program, or when transitioning to a new clinical arena. Since 2005, there has been an ongoing process to develop and implement nurse residency programs with partnerships among academic and clinical settings. There remains a need for implementation of transition strategies for nurses who are beyond the entry level in their nursing career. A greater focus on residency in community-based settings may also be warranted.

A new style of leadership is called for in the 2011 IOM Report, one that is collaborative and in full partnership with other professions to improve quality and patient outcomes. As healthcare delivery changes and care shifts to the community, the concepts of population health and community-based care will require careful consideration. The IOM Report envisions this leadership style as one in which all members of the team collaborate to improve practice and quality, with nurses leading initiatives on the front lines to create new practice models, revising curriculum changes, improving models for practice, and influencing policy decisions (IOM, 2011).

Transformational leadership will be necessary to address the changes in healthcare systems in the near future, and it is critical that nurses take active leadership roles in these endeavors. Leadership competencies must be integrated into nursing education, and the utility of these competencies can extend beyond the confines of their jobs for collaborative efforts as board members of health and educational systems, communities, and business and political arenas (IOM, 2011).

The impressive response to the Wisconsin Inventory project demonstrates that significant work is already in progress, but more work needs to be done. Collaborative efforts must continue with considerable determination to maintain this momentum. The level of interest and dedication to implementing the recommendations from the 2011 IOM Report and *Wisconsin Nursing Workforce Report* (WCN, 2013b.) is readily apparent and demonstrates that the movement is well underway in Wisconsin. In partnership with others, nurses can lead the way to improve the health of the people of Wisconsin.

The authors concluded that based upon overall inventory results, the highest indicators for continuing work in Wisconsin were actions dedicated to:

- **Doubling** the number of nurses with a doctorate by 2020.
- **Implementing** more nurse residency programs, including community-based residencies.
- **Increasing** diversity in the nursing workforce and nursing faculty.
- **Enhancing** models of interprofessional education and practice.
- **Standardizing** data collection for all healthcare professionals

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