

Nursing Agenda – Section 6 – Scope of Nursing Practice

Issue 6.1: The integrity and standards of professional nursing practice in Michigan must be maintained.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<p>6.1.1: The integrity of professional nursing practice must be maintained to ensure patient safety and high-quality care.</p> <p>[See Nursing Agenda Section 4, Nursing Education]</p>	<p>CNE, Board, COMON, MCN, nursing organizations, nursing schools/colleges, Legislature, Executive</p>	<p>Ensure that only licensed nurses define Nursing & Nursing Practice in Michigan.</p> <ul style="list-style-type: none"> ▪ Establish an official “Nursing Credentials & Terminology Commission” (NCTC) under the Office of the Chief Nurse Executive, the Michigan Board of Nursing, and the MCN; provide representation on the Commission for all professional nursing education and practice organizations. ▪ Establish the NCTC & its successor entity, as the entity chartered to define Nursing Credentials & Terminology in Michigan. ▪ Within the framework of the Public Health Code (as amended) and national standards, work with the NCTC to establish terminology for categories of nursing and the credentials that attach to each category [RN, LPN, APN, etc.]. <ul style="list-style-type: none"> ○ Educate nurses, the public and policy-makers on nursing terminology & credentials [RN, LPN, APN, etc.]. ○ Educate nurses, the public & policy-makers on nursing advanced degrees & continuing education (CE). A degree is not the end of education; nurses are always learning.¹ 	<p>By 2006</p> <p>By 2006</p> <p>By 2008</p> <p>By 2009</p>	<p>Commission on Nursing Credentials and Terminology is in place.</p> <p>Commission’s charter as the entity empowered to define Nursing in Michigan is in place.</p> <p>Categories/credentials for Nursing are in place.</p> <p>Nurses, public & policy-makers receive education on nursing terminology & credentials, and on nursing education & CE.</p>

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	Who	Does What	When	
	CNE, Board, COMON, MCN, nursing organizations, nursing schools/colleges, Legislature, Executive	<ul style="list-style-type: none"> ▪ Frame and propose amendments to the Public Health Code as necessary to support nursing terminology and credentialing, with attention to the requirements of patient safety, high-quality patient care, and cost-effectiveness. A Nursing Practice Act may be needed². <ul style="list-style-type: none"> ○ Work with Legislature and Executive to ensure passage and signing of PHC amendments. 	By 2009 By 2009 By 2009	Public Health Code Amendments are reviewed and changed as necessary. Nursing Practice Act is under consideration. Public Health Code Amendments are under consideration.
6.1.1: (cont.)	CNE, Board, COMON, MCN, nursing organizations, nursing schools/colleges Legislature, Executive	<ul style="list-style-type: none"> ▪ Work with the Deans of Nursing Schools & Colleges to develop timelines for bringing nursing education and degrees into compliance with the terminology and credentialing standards developed by the Commission. 	By 2010	Nursing schools & colleges agree on timelines to bring nursing education and degree categories into compliance with Commission standards.
		<ul style="list-style-type: none"> ▪ Support and continue the work of the Board in assessing/reviewing the national Nursing Licensure Compact, which has implications for licensure, education, and discipline. Ensure periodic review of the status of the Nursing Licensure Compact and the associated benefits/detriments for Michigan 	By 2006	Board has completed assessment & review of the Compact. A course of action is proposed. Periodic status review is scheduled.

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	Who	Does What	When	
6.1.2: The quality of care provided by professional nurses in Michigan must be maintained.	CNE, Board, COMON, MCN, nursing organizations, nursing schools/colleges, consultants, Legislature, Executive	Ensure that educational and professional standards are maintained.		
		<ul style="list-style-type: none"> ▪ Establish a Nursing Education and Professional Standards Commission (NEPSC) under the CNE, Nursing Board, and MCN; ensure representation for nursing educators and professional nursing practice organizations on the Commission. 	By 2006	NEPSC is in place.
		<ul style="list-style-type: none"> ▪ Establish the NEPSC, and its successor entity, as the entity chartered to define nursing education and practice standards, using nationally recognized Professional Standards of Practice. 	By 2006	Commission’s charter as the entity empowered to define Nursing Education & Practice in Michigan is in place.
		<ul style="list-style-type: none"> ▪ Review and strengthen nursing education programs & practice standards, with emphasis on high-quality patient-centered care, evidence-based care, preventive care & national models. <ul style="list-style-type: none"> ○ Frame/propose amendments to the Public Health Code as necessary to support revised nursing education & practice standards; a Nursing Practice Act may be needed.³ ○ Recommend that all Michigan nursing schools & colleges shift to national accreditation of nursing programs. ○ Work with Legislature and Executive to ensure passage and signing of PHC amendments. ○ Set national accreditation timeline for nursing schools & colleges, and assist with strategies to meet timeline by 2012 ○ Set timeline for implementation of revised nursing practice standards by 2010. 	By 2008	Strengthened nursing education & practice standards are in place. Nursing Practice Act is under consideration.
			By 2009	PHC amendments are under consideration.
			By 2009	Timeline for shift to a) national accreditation & b) revised practice standards is in place.

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6.1.3: Nursing Practice currently includes many non-nursing tasks & fails to include many appropriate nursing tasks.	CNE, Board, MCN, NEPS Commission, MHA, nurse employers, nursing organizations, nursing schools/colleges, consultants	Promote appropriate expansion and delegation of nursing practice ⁴ .		
		<ul style="list-style-type: none"> ▪ NEPS Commission annually to identify appropriate areas of expansion for Nursing Practice, particularly for Advanced Practice Nurses. <ul style="list-style-type: none"> ○ Work with MHA, Public Health and other nurse-employers to identify such areas, and the training, credentials & standards that accompany such expansion. ○ Educate employers, nurses, other health professionals, and the public on changes in Scope of Practice. 	By 2007	Nursing Practice expansion areas are identified and promulgated annually.
		<ul style="list-style-type: none"> ▪ NEPS Commission annually to identify appropriate areas of delegation for Nurses at each level of defined Terminology. <ul style="list-style-type: none"> ○ Work with MHA, Public Health, and other nurse-employers to identify appropriate delegation (to other staff) of tasks, and the training, credentials & standards required for those receiving & performing such tasks. 	By 2007	Education on changes in Nursing Scope of Practice is available.
		<ul style="list-style-type: none"> ○ Educate employers, nurses, other health professionals, and the public on changes in Scope of Practice. ○ Ensure provision of appropriate educational content on delegation for student nurses and practicing nurses. 	By 2008	Nursing Practice delegation areas are identified and promulgated annually.
			By 2008	Education on changes in Nursing Scope of Practice is available.
			By 2008	Education on delegation is available.

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Issue 6.2: Funding & regulatory systems must be improved to maintain the integrity & standards of professional nursing practice in Michigan.

Issue	Recommended Action			Action Indicator
	Who	Does What	When	
<p>6.2.1: Maintaining the integrity & standards of professional nursing practice in Michigan requires increased financial resources and improved regulatory services.</p> <p>At present, data acquisition, planning, & action on nursing workforce issues, (scope of practice, work environment, regulation, and discipline) are slow and difficult to access due to funding deficiencies, institutional fragmentation, and confused lines of authority.</p>	<p>CNE, Board, MDCH, COMON, MCN, MHA, nursing organizations, nursing schools/colleges, consultants, Legislature, Executive</p>	<p>Provide value-added services for nurses & patients in Michigan by increasing the current nurse licensure assessment to leverage opportunities for additional other funds. Examples of value-added services include:</p> <ul style="list-style-type: none"> ▪ Support the rapid preparation of additional nursing faculty to increase the capacity of existing nursing education programs in Michigan. [See Section 4, Nursing Education.] ▪ Support the development and implementation of nursing work design innovations and improvements in the nursing work environment. ▪ Support the development and implementation of the Retired Nurses Corp. ▪ Support the development and maintenance of a CNE website to both receive and disseminate information relevant to nursing policy. ▪ Ensure that regulation efficiently supports nursing practice and nursing education (i.e., improve responsiveness, awareness, and staffing). ▪ Support development & implementation of the NCT & NEPS commissions (see Sections 6.1.1 & 6.1.2) to strengthen and improve nursing. ▪ Support development & implementation of a <i>Nursing/Public Health Code Task Force</i> to review sections of the PHC directly or indirectly impacting nursing, and recommend changes (see below). 	<p>By 2007</p>	<p>Value-added services for nurses are funded through licensure & other funds.</p>

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6.2.1: (cont.)	CNE, Board, MDCH, COMON, MCN, MHA, nursing organizations, nursing schools/colleges, consultants, Legislature, Executive	Review purpose, structure, & functions of the MDCH Bureau of Health Professions & the Board of Nursing with respect to the needs of nurses & nursing.	By 2007	Nursing regulatory & disciplinary tasks are concentrated in a single nursing profession focus within MDCH. Information & action availability increases.
		<ul style="list-style-type: none"> ▪ Strengthen & empower nursing representation within the Bureau, and/or shift nursing regulatory tasks to the office of the CNE. ▪ Concentrate nursing regulatory & disciplinary tasks in the MDCH nursing profession focus, whether that is within the Bureau or in the CNE office. 	By 2007	
		<ul style="list-style-type: none"> ▪ Ensure appropriate staffing, policies, procedures, and partners for the nursing profession focus of the MDCH [CNE or Bureau of Health Professions] to deal with Scope of Practice questions from nurses, the public, nursing schools/colleges, and employers: <ul style="list-style-type: none"> ○ Provide information & direction to Nursing Education programs. ○ Provide information & direction to nurses, employers, public health & public. 	By 2007	Report is issued on education role of State Board of Nursing
		<ul style="list-style-type: none"> ▪ Identify the appropriate role of the State Board of Nursing with respect to approval of nursing education programs. ▪ Review State Board of Nursing policies & procedures with respect to licensure.⁵ ▪ Convene a special <i>Nursing/Public Health Code Task Force</i> to a) recommend changes in the PHC to bring it up to date on nursing practice, best practices, & national models; b) develop the framework for a Nursing Practice Act, including Scope of Practice. 	By 2007	Public Health Code nursing changes are recommended. Nursing Practice Act under consideration.

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¹ The NCTC should encourage membership and participation in professional nursing organizations by identifying those organizations carrying CEU credits towards Michigan licensure requirements.

² See National Council of State Boards of Nursing model Nursing Practice Act. See Article II, Scope of Nursing Practice and Chapter 2, Standards of Nursing Practice. (http://www.ncsbn.org/regulation/nursingpractice_nursing_practice_model_act_and_rules.asp).

³ Wellness care in clinical settings should include patient health assessments and patient health education provided by licensed, credentialed, professional nurses.

⁴ See: Klein, T.A., Scope of practice and the Nurse Practitioner: Regulation, competency, expansion, and evolution. *Topics in Advanced Practice Nursing e-Journal* 5(2); 2005. Medscape.

⁵ The legitimacy of dual RN & LPN licensure should be reviewed.