THE NURSING SHORTAGE AND ITS IMPLICATIONS FOR CASE MANAGEMENT:

Safeguarding patient safety and maintaining high standards in the face of a national crisis

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“The nursing shortage sweeping the United States may be worse than even the medical community expected. By the year 2008, another 450,000 nurses may be needed to meet demand, according to government projections.”
Dr. Sanjay Gupta

The nation has faced nursing shortages in the past, but the current nursing deficit threatens to be very different. The difference this time around is that American nurses are aging at the same time nursing school admissions have reached an all-time low and the nation’s patients are getting sicker. In effect, the current crunch is both a supply and a demand problem. At the very time that the demand for experienced nurses in key specialties is rising due to an aging population, older nurses are reaching retirement age and young people are not entering the profession to fill their positions.

Case managers nationwide already have observed an erosion of quality health care in terms of safety, outcomes, and patient satisfaction directly attributable to the nursing shortage. As professionals, case managers have a strong responsibility to advocate for those individuals who are now or, who will in the future be, recipients of that health care delivery system. Without an adequate supply of RNs, not only do case management plans become difficult to implement, but patients themselves are sometimes placed in jeopardy due to a lack of qualified professionals to deliver necessary care. This situation will deepen as it becomes necessary to turn to less qualified providers to put case management plans into motion.

American consumers also recognize the threat to their health and safety caused by the nursing shortage. A recent poll of 1,000 Americans commissioned by the Sigma Theta Tau International, a nursing honor society, found that more than 50% of those surveyed felt that the quality of health care is affected “a great deal” by the nursing shortage. Only 4% of those surveyed felt that the quality of health care was not affected “at all” by the nursing shortage.

The West South Central United States, which includes the states of Arkansas, Louisiana, Texas and Oklahoma, has the lowest concentration of RNs per population. Therefore, industry watchers predict the nursing shortage will be felt first and hardest in that section of the country. However, clear evidence that the nursing shortage is both real and gaining momentum nationwide is mounting on many fronts beginning with a sharp decline in nursing school admissions and graduates that has caused several nursing schools to close their doors.

In the state of Georgia alone the number of nursing graduates taking the nursing exam dropped from 2,062 in 1997 to 1,130 in 2000. Further, there was an overall 13.6% decline in the total number of nursing school graduates between 1995 and 1999. In 1999, enrollment in BSN programs fell 4.6%, according to the American Association of Colleges of Nursing. Not only are fewer individuals entering nursing programs, but the average age of new RN graduates is 31. As individuals enter the profession at an older age, they will have fewer years to work than past generations of nurses which means there are no signs of the nursing shortage lessening any time soon.

Further, the Division of Nursing of the Bureau of Health Professions in Rockville, MD, predicts demand for full-time equivalent RNs will begin to exceed supply as early as 2010. The present average age of employed RNs is 43.3 years,
with RNs who are less than 30 years old representing only 10% of the total nurse workforce. The U.S. Department of Labor Statistics reports that jobs for RNs will grow 23% by 2008 – a rate faster than the average for all other occupations tracked by the bureau.

**IMPLICATIONS FOR CASE MANAGEMENT**

Clearly, the impending nursing shortage has grave implications for the quality of direct patient care. However, it also directly influences who will provide case management services in the near future. Although case management has always been a multidisciplinary health care profession, more than 60% of the respondents to the American Health Consultants/Case Management Society of America (CMSA) 2000 Case Management Caseload Survey were RNs. In addition, 32.6% of survey respondents reported earning a bachelor’s or master’s level preparation in a health care profession and the vast majority of those reported earning those degrees in nursing. Further, currently between 85% and 90% of CMSA members and conference attendees are RNs. As nursing school enrollment continues to decline nationwide, case managers must look closely at their own professional identities and ask themselves who will fill their shoes when it comes time for them to retire, if current trends in nursing school graduates continue.

Case management has evolved as a multidisciplinary specialty practice with qualified and dedicated case managers originating from a variety of health care disciplines including nursing, social work, and rehabilitation counseling. Recently, the CMSA through the development of its core curriculum for case management published by Lippincott, Williams, & Wilkins established the first national, standardized, basic knowledge and skill set for case managers, paving the way for qualified health care professionals with education and training in a variety of disciplines to prepare for entry into case management. In addition, a small number of college and university systems, including the University of New Hampshire and the Detroit College of Business, have developed bachelors’ level preparation for case managers which are not tied to a specific health care discipline in addition to the course work in case management available through many schools of nursing and social work.

Yet, even as many qualified allied health care professionals may prepare to fill case management positions left empty by the deepening nursing shortage, gaps in specialized direct patient care may remain harder to fill. Case managers must resist the natural tendency to accept less than adequate care for their patients and less than adequate preparation of nursing professionals in the face of the nursing shortage. Professional associations, including CMSA, must maintain their stringent standards established to protect consumers by assuring that only qualified health care professionals provide and monitor patient care services.

Case managers must anticipate and plan now to lessen the far reaching impact of the deepening nursing shortage on who provides both case management and direct patient care services in the absence of an adequate professional nursing workforce. As gaps caused by the nursing shortage continue to widen across the care continuum, case managers must take appropriate steps to fill them in order to safeguard the integrity of their case management plans. In effect, case managers must become an even stronger link along the care continuum to oversee the efficient implementation of treatment plans and at the same time become instrumental in developing innovative solutions to fill those care gaps which are already emerging.

The largest concentration of nurses (59%) is in the hospital systems which means that the nation’s acute care facilities represent the first health care setting to feel the impact of the nursing shortage. It is evident that decreased nurse staffing ratios in the hospital
setting compromises patient care. Case managers should be alert for any indications that nursing staff shortages in the nation's hospitals are compromising the quality of care their patients receive and be prepared to find creative case management solutions to fill gaps in health care services, as needed.

CMSA urges case managers to remain watchful for the following trends in the hospitals that provide care to their patients:

- decreased patient education in the hospital;
- decreased care coordination both inside the hospital and in discharge planning;
- increased percentage of clinical complications;
- increased nursing/medical error rate;
- decreased patient satisfaction;
- decreased clinical outcomes.

As the nursing shortage deepens, other care settings will be impacted by the lack of qualified RNs to deliver and supervise patient care. Case managers arrange for patients to receive care in their own homes, in rehabilitation facilities and clinics and skilled nursing facilities. As the nursing shortage hits these alternative settings, case managers must develop new and innovative relationships with community resources to prevent dangerous fragmentation of care.

**WHAT IS DRIVING THE CURRENT CRISIS?**

In addition to vigilantly watching for signs that the nursing shortage is impacting the care their patients receive, case managers nationwide must support efforts to actively recruit new nurses in their communities. The first step to reversing the current crisis is to develop an understanding of the factors leading to the current decline in nursing school enrollment and nursing staff recruitment and retention.

National nursing associations, including the American Nurses Association (ANA) and the American Organization of Nurse Executives (AONE) both based in Washington, D.C., formed a coalition called the Tri-Council and released "Strategies to Reverse the New Nursing Shortage," a white paper which defines and makes recommendations for countering the current nursing crisis.

Recommendations advanced in the Tri-Council white paper include:

- developing career progression initiatives for nurses that move nursing graduates to graduate studies more rapidly;
- identifying the range of options available to nurses within their profession aside from entry-level positions;
- establishing an education and practice system which promotes more equitable compensation for nurses;
- reaching out to youth through counselors, youth organizations, schools and community groups to encourage young people to seek degrees in nursing;
- rewarding experienced nurses for serving as mentors and preceptors to young people entering the profession or pursuing nursing studies;
- establishing appropriate management structures within the health care system to ensure adequate staffing and providing nurses with autonomy over their practices;
- advocating for better identification and protection of registered nursing services within Medicare, Medicaid and other reimbursement systems to reserve nursing skills for qualified nurses rather than delegating nursing tasks to unlicenced, lesser qualified personnel;
- evaluating the possibility of using technological advances to enhance the capacity of a reduced nursing workforce.

The state of Texas passed
the Nursing Shortage Reduction Act in June 2001 which addresses nursing education issues advanced by the Tri-Council paper. The act allocates $27 million over a two-year period for nursing education. The money is divided between community colleges, four-year public colleges and universities and health science center schools of nursing. The act also provides $800,000 in RN financial aid.

The action taken by the Texas legislature is certainly a step in the right direction. However, providing support and funding for nursing education only addresses one of many factors contributing to the current crisis. The Tri-Council paper and other resources in the literature cite a general lack of prestige associated with the nursing profession coupled with low pay and long hours. In addition, changes in the health care delivery system have opened up more diverse opportunities with better working conditions available to qualified applicants, including RNs. Finally, nurses who entered the profession with a strong commitment to help others are discouraged by a sense of powerlessness to change a failing health care delivery system and frustrated by restrictions and limitations on patient care brought on by the managed care industry.

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<th>REVERSING A DANGEROUS TREND</th>
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<td>CMSA recognizes the value of the recommendations of the Tri-Council and efforts such as those by the state of Texas, yet at the same time, the CMSA recognizes that due to their unique role as patient advocates across the care continuum, case managers must go even further to reverse the nursing shortage in their own communities and to safeguard the quality of patient care until the current crisis is alleviated.</td>
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<td>CMSA recommends that case managers consider the following measures:</td>
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<td>- Partner with groups such as the ANA, large hospital systems and regional health organizations to improve the image of nursing among young people.</td>
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<td>- Work actively to encourage colleagues in non-nursing allied health fields to explore case management as an alternative career path within the scope of their professional expertise.</td>
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<td>- Take an active role in local, state, regional and national efforts to address the nursing shortage and other problems within the health care delivery system, including national policy meetings.</td>
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<td>- Assume that every piece of health care legislation impacts our patients and the way case managers provide services and add their voices to the national debate on health care quality issues such as the nursing shortage, the Patient's Bill of Rights, Health Insurance Portability and Accountability (HIPAA), Medicare reform and Prospective Payment Systems (PPS) legislation.</td>
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<td>- Spend more time developing their screening and assessment skills to more accurately determine the future needs of patients and adequately plan to meet them.</td>
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<td>- Extend the period of time that they monitor patients in the outpatient setting to assure that case management plans are appropriately implemented and treatment goals are met.</td>
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<td>- Work with their organizations now to develop the information systems that will make long-term monitoring of patients in the outpatient setting possible.</td>
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<td>- Help patients and their family members take a more active role in safeguarding the health care services they receive by helping them find community resources that fill service gaps in the health care delivery system.</td>
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<td>- Educate patients and their family members about their need to be alert while navigating the health care system.</td>
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<td>- Assist patients and their family members to form and ask appropriate questions about their treatment options, read appropriate and accurate resources, and take an active role in their health care.</td>
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Develop programs to train and support family caregivers who fill gaps in patient care services in the outpatient setting.

As a practical matter, families and community lay support programs are rapidly becoming vital to providing care that increases the likelihood of good outcomes. Case managers nationwide have already observed a sharp increase in nonprofessional, technical personnel, such as personal care assistants, nursing technicians, and other para professionals, at the bedside instead of nursing professionals. Case managers must educate consumers, physicians and health care administrators, in terms they will understand, whether those terms relate to improved quality of care, dollars saved, or improved business operations, about the contributions of nurses and case managers.

**PRESERVING THE ROLE OF THE CASE MANAGER**

In addition, as health care organizations are hit by economic hardships and personnel shortfalls caused by the shortage of qualified nurses in the workforce, case managers must be watchful for attempts to reorganize their own job descriptions and responsibilities which may increase their professional liability and decrease the quality of their case management outcomes.

Early trends already reported by CMSA members include:

- delegation of clerical responsibilities to case managers;
- delegation of patient contact interactions to non case managers;
- increased case management caseloads;
- increased scope of clinical conditions for which CMs are responsible.

Many of the trends observed by working case managers have disturbing implications for case management outcomes. For example, patient interaction is at the heart of the case management process and delegation of this key role potentially robs the case manager of the opportunity to assess, monitor, and provide counsel to the patient as required by the CMSA *Standards of Practice for Case Management*. In addition, this delegation further fragments the care the patient receives.

As case managers observe these trends in their own organizations, the CMSA recommends that they take proactive measures to safeguard their own positions within their organizations, lessen their professional liability and maintain desirable work conditions.

**Those measures include:**

- Using clerical assistance wisely to extend their professional time.
- Refusing to allow delegation of case manager/patient interactions.
- Advising their director when/if their caseload extends their capacity to serve professionally within the CMSA’s *Standards of Practice for Case Management*.
- Accepting work only within the field of practice, or health care discipline, for which they possess expertise and appropriate professional licensure and seek direction from other more experienced professionals within their organization, as necessary.
- Staying networked closely with other case managers within their local and national community to monitor trends and plan appropriate responses together.

**WHAT IS THE CMSA DOING DURING THIS CRISIS?**

The CMSA recognizes that all aspects of national health care policy impact the practice of case management, case management outcomes and the quality of patient care. As the premier professional organization for case managers, the CMSA is actively taking appropriate measures to address the nursing shortage and other issues which affect the daily
work of case managers in all practice settings, as well as measures designed to advance current understanding of variables that impact case management outcomes.

In the past year those measures included:

- working with several states, including Vermont, Oklahoma, Florida, Pennsylvania, Texas and Connecticut, to shape the legislative and regulatory role prescribed for case managers.
- working with the former Health Care Financing Administration (HCFA), recently renamed Centers for Medicare and Medicaid Services, on its demonstration projects to evaluate the outcomes achieved through care coordination and case management.
- working with the U.S. Department of Defense to shape the definition and use of case management for all branches of the U.S. Military.
- working with URAC in implementing its Case Management Accreditation Standards.
- working collaboratively with the Commission for Case Management Certification, the American Board of Occupational Health Nurses and the American Nurses Credentialing Center to support the case management credentialing process.
- working with health care publishers to support the development of quality case management literature for educational purposes.
- working with Advance for Subacute Care to conduct an annual case management salary survey.
- working with American Health Consultants to complete the first national case management caseload survey and collaborated with the publisher on a white paper which analyzes the survey data by practice setting.

Throughout its history, CMSA has been dedicated to the advancement of case management in the health care delivery system and the protection of working conditions of case managers. With those goals in mind, CMSA established the Council for Case Management Accountability (CCMA) to measure direct case management outcomes, set national standards for measuring those outcomes and to establish a national database accessible for case management outcomes. In addition, the CMSA hosts and cosponsors several professional conferences which provide continuing education opportunities to help for case managers to increase their skill sets and meet requirements for maintaining their professional licensures and credentials.

CMSA recently accelerated its efforts to reach out via coalitions with other professional associations to influence health policy and increase its visibility on the national scene. Through CMSA case managers can take an active role in implementing changes that safeguard the quality of patient care and advance the practice of case management. CMSA urges case managers to consider taking an active role in these activities which are shaping the future of case management by becoming active participants in one or more of the 73 local CMSA Chapters or by joining the national board of directors or one of its active task forces. Leadership Interest forms for the national board of CMSA may be made through October 31 and can be found in the July-August issue of *The Case Manager* and on the CMSA web site at www.cmsa.org.
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