South Carolina One Voice One Plan Future of Nursing Action Coalition

ANNUAL REPORT

2011-2012

Prepared by: Action Coalition Co-leads

Eileene Shake, DNP, RN, NEA-BC & Susan Outen, MSN, RN

Contributors to Content Include Taskforce Leaders & Co-leaders:

Taskforce 1 - Stephanie Burgess, PhD, APRN, BC, FAANP & Cindy Rohman, RN, MS, CNAAN, BC

Taskforce 2 - Nancy Duffy, DNP, RN, CNE & Marilyn Schaffner, PhD, RN, CGRN

Taskforce 3 - Eileene Shake, DNP, RN, NEA-BC

Taskforce 4 - Maggie Johnson, DNP, APRN, BC & Susan Williams, PhD, RN
Introduction

This is the first annual report for the South Carolina One Voice One Plan Future of Nursing Action Coalition. The Action Coalition was selected in September 2011 by the Future of Nursing: *Campaign for Action*, coordinated through the Center to Champion Nursing in America, an initiative of AARP, The AARP Foundation and the Robert Wood Johnson Foundation. Letters of support to apply to become an Action Coalition were provided by members from the South Carolina One Voice One Plan Consortium. The purpose of the Action Coalition is to help ensure high-quality, patient centered health care, and to support improving access to care for citizens in South Carolina (SC), by implementing the Institute of Medicine’s (IOM) recommendations for the Future of Nursing.

The co-leaders for the SC OVOP FON Action Coalition include the USC Center for Nursing Leadership and the South Carolina Hospital Association. The SC OVOP FON Action Coalition structure is composed of four taskforces with a leader and co-leader for each taskforce, and a steering committee (SC OVOP Executive Committee). There are currently over 100 members in the Action Coalition. Over the past year, each taskforce has been working on specific charges focused on the IOM Future of Nursing report key messages and recommendations. This report includes the charges, activities, accomplishments, and challenges to overcome to move the IOM implementation plan forward.

Included in this report are updates on each of the task forces’ activities, data tables, and maps. Other items included in this report are a proposed schematic of a logo for the Action Coalition and a screen shot of the project software (Base Camp) which is being used by the taskforces to communicate and participate in project development electronically (Appendix A). This allows for members from across the state to participate virtually decreasing the barrier of needing to attend frequent meetings to move the projects forward. All the items in this report are presented to the steering committee members to inform them of the Action Coalitions progress and challenges over the first year.
Action Coalition Taskforce 1 Report

Charge: Support the committee assigned by the SC Board of Nursing charged with writing a white paper defining where the state is today with regard to APRN scope-of-practice.

Activities to date:
SCNA APRN Chapter convened Coalition and is meeting with Key APRN groups across the state to determine next steps. SCNA APRN Chapter conducted online survey monkey to determine ARPNS barriers to care and access. It is important to note the SC Board of Nursing has made it clear that neither the board nor its committees will engage in the business of lobbying. The APRN White Paper and its recommendations for increasing access and removing barriers were handed off to the APRN Professional Organizations.

What is needed to move forward/Challenges to overcome:
Tremendous opposition by the Medical Community to expand SOP for APRNs.

Next Steps:
Meet with Key APRN Groups

Charge: Building on this white paper, and involving other key stakeholders throughout the state, creates a detailed strategic plan to remove scope-of-practice barriers. Include an action timeline and identify necessary resources.

Activities to date:
The APRN Chapter continues to meet with key APRN groups.

Charge: Working with the Office of Healthcare Workforce Research for Nursing, identify the different types residency programs for new APRNs already in place in South Carolina.

Activities to date:
Residency Programs are incorporated into the APRN education programs at this time.

Charges to be addressed in 2013:

- Charge: Research nationwide APRN residency programs and summarize best practice models identified. Provide this report to the One Voice One Plan executive committee for review and distribution in the summer of 2012.
- Charge: Create a clear and unified definition of APRN residency programs.
Action Coalition Taskforce 2 Report

Charge: Facilitate a series of conversations between the Deans & Directors (include key stakeholders as well, i.e. CHE, BON, State Tech), to discuss how articulation between all nursing programs can move from traditional models to new and different solutions for tomorrow’s workforce needs. Create a report from these meetings to present to the One Voice One Plan Executive Committee in the summer of 2012.

Activities to date:

1) Review and update of the Statewide Articulation Agreement conducted by CHE and SCDDNE.
   a. The emphasis on the concept of 60 hours of pre-requisites as meeting the majority of BSN completion requirements for all degree granting institutions.
   b. Removal of the limitation that courses had to be taken within the past ten years
   c. Verification of current RN to BSN options in South Carolina (See table in Appendix B)
      i. LPN to RN Programs offered at 13 institutions
      ii. RN to BSN Programs offered at 11 institutions
      iii. Seamless transition exists in SC (Examples)
         1. USC Upstate/GTC, TTT and CSU and Clemson LPN to Professor
   d. The location of the transfer guide is http://www.che.sc.gov/AcademicAffairs/TRANSFER/Transfer.htm
      i. With all hyperlinks in the document active.

2) As part of an effort to facilitate RN to BSN completion, the ADN Peer Group presented a proposal to Chief Academic Officers for State Tech system (CAO) Group to increase Associate Degree Curriculum from 68 hours to 74. This would allow students to meet BSN pre-requisites while in their AD Program of Study.
   a. The proposal was recently denied with a report/explanation scheduled for presentation to SCDDNE meeting on Aug 19, 2012 by Janet Fuller (Tri-County Tech College).
   b. The denial to increase program length means that pre-requisite courses for BSN completion will not be part of the plan of study and thus ineligible for financial aid. Wanda Baker (Greenville Tech) is scheduled to report on Financial Aid Guidelines and Impact on Community College Students at the SCDDNE meeting on Aug 19, 2012.

3) Report development and status of BSN in Ten (ACON Sub-committee) presented to SC Board of Nursing on July 26, 2012 by Nancy Duffy (MUSC) as Chair of SCDDNE and Team 2 Action Coalition Leader.
4) Communication Activities
   a. Final revision and verification scheduled for Articulation Agreement SCDDNE meeting on Aug 19, 2012.
   b. Publicize revised Articulation Agreement
   c. Discussion and action plan for denial of hours increase from 68-74 at SCDDNE meeting on Aug 19, 2012.
   d. Update communicated (email) to coalition members July 2012. There was an attachment in the email that included:
      i. Description of BSN in Ten
      ii. Background and support
      iii. RN Demand
      iv. BSN Healthcare Outcomes
      v. Synopsis of SC Action Coalition
      vi. Identification of membership within the Education, Policy and Clinical Service cohorts for Team 2.
      vii. Next steps for Education, Policy and Clinical Service for Team 2
      viii. Status of nursing education in SC
   e. Update scheduled for September 2012

5) What was learned:
   a. What appears as simple is complex.
   b. Eighty percent of AD prepared nurses do not demonstrate an interest in higher learning. Thus, the potential RN to BSN applicant pool in SC for 2011 was 3700 and no qualified applicant was denied admission to in state programs.
   c. There is a lack of coordinated response as to why the BSN is the preferred level of entry in nursing.

What is needed to move forward/ Challenges to overcome:

1) Support and expertise needed beyond voluntary commitments for the next steps noted below.

Next Steps:

1) Change will require organized lobbying efforts
2) Development of:
   a. Boilerplate messages why the BSN is preferred
   b. Templates for letters to Presidents of Community Colleges in SC regarding need for AD curriculum change.
3) Greater understanding of why there is limited interest in higher degrees for the AD nurse.
Charge: Working with the Office of Healthcare Workforce Research for Nursing, create projection models, which will realistically show the impact of increased enrollments should articulation agreements actually be reached. (For example, if we were able to have 1,000 qualified students ready for BSN enrollments, would we actually be able to accommodate them?). Included in these models would be the impact on the practice environment. (For example, if these same 1,000 new BSN nurses were graduated, would they be employable upon graduation?) Supply and demand modeling will include articulation scenarios for the Deans and Directors consideration as they discuss the issues.

Activities to date:

1) A recap survey to determine perceived barriers and solutions for higher degree acquisition (focus on RN to BSN) was developed by Medical University Hospital Authority Department of Nursing and distributed to employed nurses in the spring of 2012. This was a pilot survey whose findings supported those in the literature, conflicting responsibility, cost and institutional rigidity (schedules) as barriers.
   a. The SC Nursing Action Coalition, The Office of Healthcare Workforce Research for Nursing and SCONL are working to obtain a representation of perceived barriers and solutions through a statewide distribution plan.

2) SCDDNE were concerned about an increase in the number of nursing education programs seeking approval from the SCBON. Of note, there are more proprietary AD Programs requesting approval than BSN. SC Regulation 91-11 states that the nursing program must have written agreements with affiliating being utilized to achieve program objectives.
   a. In April of 2012, a letter from SCDDNE to the SCBON and SC Organization of Nurse Leaders was sent requesting that the written guidelines be revised to require:
   b. Submission of contracts/letter of support adequate clinical experiences for the number of students in the program with specific capacity in the clinical specialties.
   c. The letter must be signed by the Chief Nursing Officer

3) Communication Activities:
   a. To date email communications among the collaborators in survey distribution.
   b. Update communicated (email) to coalition members July 2012
   c. Queried the entire Team 2 membership Aug 2012 for expertise with projection models. There is one member with projection model experience. It seems that this charge aligns more closely with the work of The Office of Healthcare Workforce Research for Nursing.
   d. Nancy Duffy, Team 2 Action Coalition Leader, presented a report to the SCBON on July 26, 2012. The report requested development of specific guidelines in order to enhance clinical education, moderate the readiness to practice gap for
new nurses and assure patient safety. The report was unanimously “accepted” by board members.

4) What was learned:
   a. There exists a potential applicant pool of 3700 RN to BSN students in SC.
   b. The reported capacity in existing RN to BSN programs is estimated at 350.
   c. No qualified RN to BSN applicant was denied admission to in-state programs in 2011.
   d. SC League for Nursing Fall 2011 survey indicated 25 FT faculty vacancies and 66 FT faculty retirements planned within the next 5 years.
   e. A June 4, 2012 letter from The Commission on Collegiate Nursing Education (CCNE) may negatively influence the development of new RN to BSN programs in SC. CCNE wrote: The purpose of this communication is to clarify that practice experiences are required for all types of baccalaureate nursing programs, including RN-BSN programs/tracks, as articulated in the Baccalaureate Essentials document.

What is needed to move forward/ Challenges to overcome:

1) Support and expertise needed beyond voluntary commitments for next steps noted below.

Next Steps

1) Implementation and analysis of pending electronic survey
2) Support and expertise with development of projection models that reflect SC status/data.

Charge: This task force will work with SCONL and statewide hospitals in designing incentive programs encouraging nurses to advance their education.

No action pending statewide data analysis from barriers and solutions survey.

Charge: Identify residency programs for new grad RN’s that are already in place in South Carolina and create a detailed list of these programs.

1) There are currently no CCNE accredited nurse residency programs in South Carolina.
2) SCONL members to be queried as to existence of program beyond orientation to support new nurse transition.
Charge: The IOM report recommends residency programs beyond the traditional uploading of new graduates and new employees; therefore, this task force will work with SCONL to survey state hospitals to determine if any such residencies exist. If so, those will be noted and highlighted in a report to the OVOP executive committee in the summer to 2012.

Next Steps:

Determine current state. Create a simple survey monkey to send out to the CNOs that assesses the numbers/types of residency programs giving four choices. This survey will give us the information and facilitate summarization of results.

Proposed Question

The IOM report recommends residency programs beyond tradition uploading of new graduates and new employees.

We want to assess if such programs exist in SC. Please answer the following question.

At our organization we provide the following residency programs:

- None
- UHC new graduate nurse residency program
- Home/organization-grown program that focuses on particular area/specialty e.g. residency for new nurse managers; residency for nurses transitioning from a general medical surgical unit to an ICU (please list) ________________________
- Other - describe ______________________________________________

Name of hospital/organization: __________________________________________

What is needed to move forward/Challenges to overcome:

Collaborate with Susan Outen (SCHA) to replicate the process for access to CNO’s in SC for the Nurse Residency Survey.
Action Coalition Taskforce 3 Report

Charge: Develop and implement a media marketing strategy informing nurses, physicians, other healthcare professionals, and the public about the IOM Future of Nursing initiatives taking place in South Carolina.

Activities to date:
1) Communication activities:
   Following are communication activities that have occurred to inform South Carolina citizens about the work of the Action Coalition:
   a. Co-leads presented information on SC Action Coalition on NPR radio talk show “Your Day.”
   b. Article on Action Coalition published in Palmetto Nurse and South Carolina Nurse
   c. Working collaboratively with upstate AHEC presented 2 video presentations on the IOM report, what it means to direct care nurses, and how “direct care nurses” can get involved in the SC OVOP FON Action Coalition.
   d. Met with marketing coordinator to begin discussions on developing a formal marketing plan.
   e. SC Center for Nursing Leadership website has been redesigned and will provide information on the Action Coalition activities

2) What was learned:
Moving forward it will be important to develop an aggressive marketing campaign to inform the public and citizens of SC about the Action Coalition (AC) activities and what the AC is doing to improve access to care and the quality and safety of care delivered in SC.

What is needed to move forward/ Challenges to overcome:
Resources to hire marketing professional.

Next Steps:
1) Get the website up with information about the AC activities (Fall 2012 is the projected date to go live). Create a landing page on the national website that links with the SC Center for Nursing Leadership website with information about our AC activities.
2) Hold professional messaging workshop for AC taskforce leaders and co-leaders. Facilitator to be Diana Mason and AARP will cover the charges for her to come.
3) Develop professional, strategic, marketing plan for the AC

Charge: Create a leadership research team of nurse leaders from academic and practice organizations to examine, assess, and determine the current leadership styles nurse leaders are using in their organizations. Apply these findings and use the data to develop an education and implementation plan that addresses improving leadership competencies.

Activities to date:
Charge activities: Conversations have begun between nurse educators and CNO’s to determine interest in assessing nurse leaders’ leadership styles. Discussions will continue and a pilot site (hospital) will be identified by the research team. An assessment tool will be identified and administered to determine current leadership styles.

What is needed to move forward/Challenges to overcome:
Financial resources and man power.

Charges to be addressed in 2013:

Charge: Working with SCONL, SC Board of Nursing, and SCNA create a variety of resources for agencies to utilize in educating nurses, physicians, administrators (C-Suite), Boards of Trustees, and others regarding the role of nurses in the redesign of health care.

Progress:
   a. Charge activities: Needs to be developed.
   b. Communication activities: Nothing to report at this time.
   c. What have you learned: Not enough man power or resources to address this charge during the last 9 months.

Next Steps:
Apply for SIP grant to cover expenses for hiring an AC coordinator.

What is needed to move forward/Challenges to overcome:
An AC coordinator and financial resources are needed to move forward.
Charge: Identify sponsors to assist with funding the media marketing plan, such as the South Carolina Education Lottery.

**Progress:**
Currently searching for funding to support marketing activities and are applying for the RWJ SIP grant funding.

**What is needed to move forward/ Challenges to overcome:**
Financial resources

Charge: Collaborate with SCONL, SCNA, SC Nursing Deans & Directors, and ACON to create leadership development and mentoring programs that provide opportunities to lead for all members.

**Progress:**
Needs to be developed.

**What is needed to move forward/ Challenges to overcome:**
Need additional man power and financial resources.

Charge: Collaborate with the Deans & Directors to ensure leadership theories and expected outcomes are embedded in the curriculum throughout the learning continuum.

**Progress:**
Needs to be developed.

**What is needed to move forward/ Challenges to overcome:**
Collaboration between Deans and Directors to develop state wide curriculum that ensures leadership theory is taught throughout the learning continuum.
Action Coalition Taskforce 4 Report

Charge: Maintain the Office of Healthcare Workforce Research for Nursing’s website with the most up-to-date and relevant data.

Activities to date:
The SC Center for Nursing Workforce’s website is set to be launched in Fall 2012. This website will include updated data in regards to general nursing demographics, APRN, RN, and LPN employment statistics, nursing education, and geographic schematics.

Charge: Conduct a gap analysis to find deficiencies in the current data and provide a dissemination report with contextual meaning for nursing workforce needs. Present the report to the One Voice One Plan Executive Committee in the summer of 2012.

Activities to date:
The SC Center for Nursing Workforce is currently working on conducting a gap analysis to be completed by the end of 2012.

Charge: Develop and present a one page fact sheet to the One Voice One Plan Executive Committee in the summer of 2012 indicating a graphed schematic of how many BSN-prepared nurses are in each county of South Carolina. Include this sheet in the dissemination report.

Activities to date:
Based on 2010 License Renewal data, multiple maps were created. A map of the number of BSN-prepared nurses by county, as well as a map of the percentage of BSN-prepared nurses (excluding master’s and doctoral degrees) by county is included in Appendix C. Similar maps related to master’s and doctoral educated nurses are also included in Appendix D. Also in Appendix E, this data is presented in a table format.

Charge: Likewise, develop and present a second fact sheet to the One Voice One Plan Executive Committee in the summer of 2012 indicating a graphed schematic of how many APRN-prepared nurses are in each county of South Carolina. Include this sheet in the dissemination report.

Activities to date:
A map with the number of APRN nurses by count was created and included in Appendix F. In addition, a fact sheet was created, and attached in Appendix G, with the number of APRN-prepared nurses by DHEC region.
Charge: Develop and present a third fact sheet on vacant RN positions (full and part-time) in the state; present these data by county to the One Voice One Plan Executive Committee in the summer of 2012. Include this information in the dissemination report.

Activities to date:
Two separate surveys were conducted through the SC Center for Nursing Workforce in order to find vacancy data in the state. In addition, follow-up phone calls were made to all hospitals that did not respond. After these efforts, we are unable to report on this charge due to low response rates (17 of 88).

Charge: Research the RN to BSN programs available in South Carolina. Find out where they are and whether they are online or require in-person attendance. Include findings in the dissemination report.

Activities to date:
The RN to BSN programs available in South Carolina were researched, and a table provided the results of this search is attached. Also included in the table is whether the program is online, onsite, or hybrid, and comments specific to each program.
Summary

This annual report shows the time and resources that have been invested in developing and organizing an implementation plan for SC to implement the IOM Future of Nursing recommendations. All of the members on the Action Coalition are volunteers and the organizations they work for have supported the time each member invested in moving the IOM Future of Nursing implementation plan forward. The University Of South Carolina College Of Nursing and the South Carolina Hospital Association have provided significant support including employee time, funding meetings, and providing a website for project development. The SC OVOP FON Action Coalition accomplishments demonstrates what can happen when a group of volunteers have a passion to ensure high-quality, patient centered health care and improve access to care for citizens in SC.

The Action Coalition members have used the IOM report, *The Future of Nursing: Leading change, Advancing Health* as a framework to develop the state implementation plan. To move forward and achieve the desired outcomes to ensure high-quality, patient centered health care and improve access to care for citizens in SC, it will take additional resources. Grants, other sources of funding, and additional manpower will be needed to sustain momentum and continue this very valuable work.
Appendix A: Screenshot of Base Camp
<table>
<thead>
<tr>
<th>College or University</th>
<th>RN-BSN Program</th>
<th>Online</th>
<th>Onsite</th>
<th>Hybrid</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson University</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>Approved 5/12 by SC Board of Nursing for four year BSN</td>
</tr>
<tr>
<td>Bob Jones University</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td></td>
<td>Program takes approximately 2-3 years to complete.</td>
</tr>
<tr>
<td>Charleston Southern University</td>
<td>Yes</td>
<td>X</td>
<td></td>
<td></td>
<td>Required nursing courses are online; onsite visit to campus for orientation only; most gen. ed. courses are onsite</td>
</tr>
<tr>
<td>Clemson University</td>
<td>Yes</td>
<td></td>
<td></td>
<td>X</td>
<td>Web enhanced (hybrid): onsite every other Tuesday (fall &amp; spring); every Tuesday (summer)</td>
</tr>
<tr>
<td>Coastal Carolina University</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td></td>
<td>Courses meet on most Saturdays</td>
</tr>
<tr>
<td>Francis Marion University</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td></td>
<td>Required nursing courses are online; gen. ed. courses are onsite</td>
</tr>
<tr>
<td>Lander University</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td></td>
<td>Onsite visit to campus for orientation only</td>
</tr>
<tr>
<td>Medical University of South Carolina</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>---</td>
</tr>
<tr>
<td>Newberry College</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>---</td>
</tr>
<tr>
<td>South Carolina State University</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td></td>
<td>Onsite; online planned for 2014</td>
</tr>
<tr>
<td>South University-Columbia</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td>X</td>
<td>Courses can be taken all online; all onsite; or a combination (hybrid)</td>
</tr>
<tr>
<td>University of South Carolina-Aiken</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td></td>
<td>Onsite visits to campus 1-2 times per semester</td>
</tr>
<tr>
<td>University of South Carolina-Beaufort</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Approximately 50% online or hybrid courses, 50% onsite; working toward all online with onsite optional. Direct articulation with Technical College of the Lowcountry</td>
</tr>
<tr>
<td>University of South Carolina-Columbia</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td>---</td>
</tr>
<tr>
<td>University of South Carolina-Upstate</td>
<td>Yes</td>
<td></td>
<td>X</td>
<td></td>
<td>Hybrid option not available. Can transfer from one option to the other only at designated points.</td>
</tr>
</tbody>
</table>

Hybrid: courses offered that include partial online and partial onsite.
Appendix C: Maps with the Number of Baccalaureate-Prepared Nurses by County and Percentage of Baccalaureate-Prepared Nurses by County (Excludes MSN/DNP/PhD)
Appendix D: Map with the Number of Master’s and Doctorate Prepared Nurses by County
Number of Master’s and Doctorate Prepared Nurses by County
Appendix E: Table of Highest Nursing Degree by County
# Highest Nursing Degree by County

<table>
<thead>
<tr>
<th>County</th>
<th>RN Diploma</th>
<th>Associate Degree</th>
<th>Baccalaureate Degree</th>
<th>Master's Degree</th>
<th>Doctorate</th>
<th>Highest Degree Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbeville</td>
<td>8</td>
<td>83</td>
<td>16</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Aiken</td>
<td>53</td>
<td>437</td>
<td>256</td>
<td>26</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Allendale</td>
<td>6</td>
<td>19</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anderson</td>
<td>92</td>
<td>825</td>
<td>347</td>
<td>36</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Bamberg</td>
<td>10</td>
<td>46</td>
<td>24</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Barnwell</td>
<td>7</td>
<td>56</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Beaufort</td>
<td>178</td>
<td>496</td>
<td>340</td>
<td>39</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Berkeley</td>
<td>19</td>
<td>93</td>
<td>51</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Calhoun</td>
<td>3</td>
<td>15</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charleston</td>
<td>531</td>
<td>2555</td>
<td>2452</td>
<td>329</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>Cherokee</td>
<td>13</td>
<td>106</td>
<td>36</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Chester</td>
<td>9</td>
<td>64</td>
<td>24</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>15</td>
<td>95</td>
<td>36</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clarendon</td>
<td>21</td>
<td>136</td>
<td>37</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Colleton</td>
<td>14</td>
<td>150</td>
<td>44</td>
<td>9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Darlington</td>
<td>26</td>
<td>248</td>
<td>72</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dillon</td>
<td>5</td>
<td>75</td>
<td>24</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dorchester</td>
<td>48</td>
<td>234</td>
<td>123</td>
<td>13</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Edgefield</td>
<td>8</td>
<td>42</td>
<td>16</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Fairfield</td>
<td>8</td>
<td>40</td>
<td>24</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Florence</td>
<td>105</td>
<td>1399</td>
<td>597</td>
<td>71</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Georgetown</td>
<td>82</td>
<td>441</td>
<td>155</td>
<td>8</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Greeneville</td>
<td>437</td>
<td>2675</td>
<td>1664</td>
<td>202</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Greenwood</td>
<td>50</td>
<td>500</td>
<td>240</td>
<td>36</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Hampton</td>
<td>5</td>
<td>33</td>
<td>24</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Horry</td>
<td>210</td>
<td>1005</td>
<td>323</td>
<td>45</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Jasper</td>
<td>9</td>
<td>64</td>
<td>32</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Kershaw</td>
<td>23</td>
<td>216</td>
<td>93</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lancaster</td>
<td>30</td>
<td>210</td>
<td>64</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Laurens</td>
<td>22</td>
<td>210</td>
<td>57</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lee</td>
<td>3</td>
<td>23</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lexington</td>
<td>126</td>
<td>888</td>
<td>590</td>
<td>50</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>McCormick</td>
<td>0</td>
<td>21</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Marion</td>
<td>6</td>
<td>141</td>
<td>27</td>
<td>8</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Marlboro</td>
<td>2</td>
<td>61</td>
<td>18</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Newberry</td>
<td>21</td>
<td>100</td>
<td>43</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Oconee</td>
<td>39</td>
<td>309</td>
<td>144</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Orangeburg</td>
<td>83</td>
<td>376</td>
<td>162</td>
<td>30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pickens</td>
<td>34</td>
<td>297</td>
<td>118</td>
<td>21</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Richland</td>
<td>377</td>
<td>2425</td>
<td>2167</td>
<td>247</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Saluda</td>
<td>4</td>
<td>29</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Spartanburg</td>
<td>138</td>
<td>1317</td>
<td>826</td>
<td>96</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Sumter</td>
<td>39</td>
<td>418</td>
<td>204</td>
<td>15</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Union</td>
<td>11</td>
<td>101</td>
<td>36</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Williamsburg</td>
<td>10</td>
<td>63</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix F: Map with the Number of APRN’s by County
Appendix G: South Carolina Nurse Supply Fact Sheet
South Carolina Nurse Supply Factsheet

Nursing Demographics

In 2010, South Carolina had 47,895 licensed nurses, including licensed practical nurses (LPNs-9,089), registered nurses (RNs-36,213) and Advanced Practice RNs (APRNs - 2,593). This is an increase of 6.4% from 2008. RN numbers grew by 7.5% (2,526) and APRNs increased by 12.8% (290). Contrary to the 2008 decline of LPNs by 76, 2010 data shows a slight increase of 51.

The majority of SC nurses are female (94%) and Caucasian (82%). The following table shows gender, race and age by classification.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Gender (% Female)</th>
<th>Race</th>
<th>Majority Age (36-55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN</td>
<td>96%</td>
<td>68%</td>
<td>30% 2% 54%</td>
</tr>
<tr>
<td>RN</td>
<td>94%</td>
<td>85%</td>
<td>11.5% 3.5% 53%</td>
</tr>
<tr>
<td>APRN</td>
<td>83%</td>
<td>91%</td>
<td>6% 3% 56%</td>
</tr>
</tbody>
</table>

A comparison of HRSA 2008 National Sample Survey (NSS) and SC distribution of registered nurses according to initial nursing education indicates a higher percentage of SC RNs initially enter the workforce with an associate degree. However, that number decreased by 5.3% in 2010.

Thirty-four percent of RNs and 55% of APRNs in SC received their original nursing degree outside of the state. Only 849 RNs received their original nursing degree outside of the continental U.S.

Employment

APRN
Eight-one percent of RNs and 80% APRNs reported working full time in 2010. The majority (58.8%) of APRNs are employed as Nurse Practitioners and 923 (35.6%) are Certified Registered Nurse Anesthetists (CRNAs). Most are employed in hospitals (51%) or physician/other offices (26.9%).

RN
Seventy-seven percent of RNs reported employment as staff nurses and 65% reported working in hospitals, slightly higher than the national average of 62%. Overall, RN full time employment at 81.3% is much higher than the national average of 63.2%.

LPN
Eighty-two percent of LPNs reported full time employment. The top three employment settings for LPNs were nursing homes (38%), hospitals (16.8%) and physician’s offices (17.8%). LPNs were more likely (29%) to hold primary employment in rural counties than RNs (17%) or APRNs (16%).
Nursing Education

Most SC RNs hold an associate degree as their highest degree. The graph to the left shows highest nursing degree held by all RNs, including APRNs. The percentage of RNs in SC who hold advanced degrees is 8.8%, 4% lower than the national average, while only 0.5% of the total RN population in SC hold doctorates.

Eighty-three percent of RNs who hold doctorates are 50 or older and 76% of RNs who hold NP certification are 50 or older.

Fifty percent of SC RNs take 6 to 15 years to move to graduate level education.

The South Carolina Board of Nursing website has listed as approved 19 PN programs, 15 ADN programs and 13 BSN programs. There are currently 4 graduate programs available with three of those offering doctorate education.

Geographic Distribution

South Carolina nursing supply can be examined for maldistribution by aggregating data according to standard regions. It is also important to examine nursing supply within population. The map indicates that several regions have lower numbers of APRNs per capita than others.

Nursing Pipeline

Over the past 5 academic years, AD and BSN graduates have continued to increase (CHE).

However, according to the SC League for Nursing, schools are unable to continue to increase enrollments based on lack of faculty, clinical sites and space constraints. 52 nursing faculty vacancies were reported for 2009. Additionally, SC ranks 4th in the 16 state SREB region for anticipated faculty retirements.

Data is derived from the Office of Healthcare Workforce Analysis and Planning (OHW) Cube Project sponsored by a grant from The Duke Endowment.

Additional References and Resources (hyperlinked):
- U.S. Census Bureau Population Estimates
- SC Office of Research and Statistics Health and Demographics Data
- SC Commission on Higher Education (CHE) Higher Education Data
- Southern Regional Education Board (SREB) Nursing Data
- SC Board of Nursing
- SC League for Nursing

For additional information, please visit our website at http://www.sc.edu/nursing/workforce/workforce.html