

# 2016 Annual Report

JULY 2015 - JUNE 2016



Florida Healthcare Workforce



**FHSA**  
Florida Healthcare Simulation Alliance

Addressing Nurse Workforce Issues for the Health of Florida

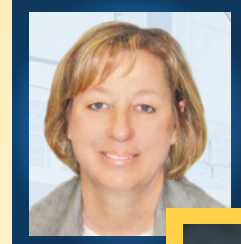
## A MESSAGE FROM THE BOARD OF DIRECTORS AND STAFF

**IN OUR MESSAGE TO YOU LAST YEAR** we were “extremely happy to announce that state funding of the Florida Center for Nursing was received for Fiscal Year 2015-2016 and it is ‘recurring’ funding. This means that it will be in the budget unless someone removes it. Now we will be able to reinstate programs discontinued for lack of resources...” Unfortunately, the state line item funding the Florida Center for Nursing in the fiscal year 2016-2017 budget was zeroed out. As a result, new funding was not received and cost effective measures were implemented including cancellation of:

- The Retention and Recruitment Funded Project Program and
- Updating the Strategic Statewide Plan for Nursing Manpower in Florida.

**Other items on our FY 2015-2016 work plan were delayed but was released in August 2016. They are the...**

- Regional Data and Status Reports which provide supply, demand, and education data at the county and regional level and
- Forecast of Florida’s Supply and Demand for RNs and LPNs utilizing the new forecasting models from USDHHS Health Resources and Services Administration project Florida’s nurse manpower supply and demand.



**THE CENTER BOARD OF DIRECTORS AND STAFF** held a two-day planning retreat in April and agreed upon strategies to prioritize and implement for Center sustainability. An obvious one is to seek support for the funding next legislative session. Others include:

- Expanding services beyond nursing in the hope of broadening the support system of influence,
- Seeking targeted funding to hire a marketing, fundraising, and/or grant writing person, and
- Implementing a fee for service model and a structure that charges for access to Center data and information.

Center staff will also collaborate with university and college representatives to discuss options and explore alternative strategies. For now, the Center is implementing fiscal conservative strategies and, with them, is able to continue to meet the core mission of maintaining a database on nursing supply and demand in the state, including future projections.

***As always, your personal contributions are greatly appreciated. From July 2015 through June 2016 we received nearly \$20,000 from individuals and professional groups. THANK YOU!***

If you are not on our email list, please send a message to [NurseCtr@ucf.edu](mailto:NurseCtr@ucf.edu) with your name and email address asking to receive our newsletters and other communications.

*Linda S. Miles*

Linda Miles, Chair, Board of Directors

*Mary Lou Brunell*

Mary Lou Brunell, Executive Director



## THE NATIONAL **FOR**M OF STATE NURSING WORKFORCE CENTERS

### 2016 ANNUAL CONFERENCE

In 2003, the Center was instrumental in the formation of the National Forum of State Nursing Workforce Centers – a group of nurse workforce entities that focuses on addressing the nursing shortage within their states and contributes to the national effort to assure an adequate supply of qualified nurses to meet the health needs of the US population. With a membership of 38 state workforce centers, the National Forum holds an annual conference bringing together members, colleagues, research experts, educators, and innovators from across America. The Florida Center for Nursing was honored to host the 2016 National Forum of State Nursing Workforce Centers' Annual Conference in partnership with the North Dakota Center for Nursing April 27-29, 2016 in Orlando at the Walt Disney World Coronado Springs Resort and Spa.

**“COLLABORATION + COOPERATION + COMMUNICATION = SUCCESS”**

### CONFERENCE GOAL

Improve collaboration, cooperation, and communication among workforce centers, healthcare agencies, and policy makers for successful population health outcomes through a strong health workforce.

### CONFERENCE OBJECTIVES

1. Identify strategies and best practices for establishing successful collaborative relationships.
2. Describe the challenges and opportunities to enhance cooperation among similar and dissimilar groups.
3. Identify communication mechanisms to engage the larger audience and optimize the use of social media.
4. Demonstrate the relationship between the health workforce and population health outcomes.

### KEYNOTE SPEAKERS INCLUDED

**Dr. Rebecca Bowers-Lanier, RN**  
President of B2L Consulting

**Dr. Susan Hassmiller, RN**  
Senior Advisor for Nursing at the Robert Wood Johnson Foundation and Director of the Campaign for Action

**Mark Dessauer**  
Vice President at Spitfire Strategies

**Greg Martin**  
Deputy Director of Stakeholder Engagement for the Patient-Centered Outcomes Research Institute

2016 CONFERENCE HOSTED BY:



## FLORIDA'S NURSE SUPPLY

The Center completes an analysis of the entire nurse licensure dataset on a biennial basis in concert with the license renewal cycles.

Florida nurses are sorted into three groups:

- **All Licensees** – counts each license for the particular nurse category. This number represents the volume of work required of Florida’s Board of Nursing to regulate nurses.
- **Potential Workforce** – represents those licensed nurses who have a Florida address and whose license is ‘clear and active’ such that they could work if they wanted to.
- **Estimated Working** – the Center uses responses to the workforce survey to estimate the number of nurses actually working in Florida.

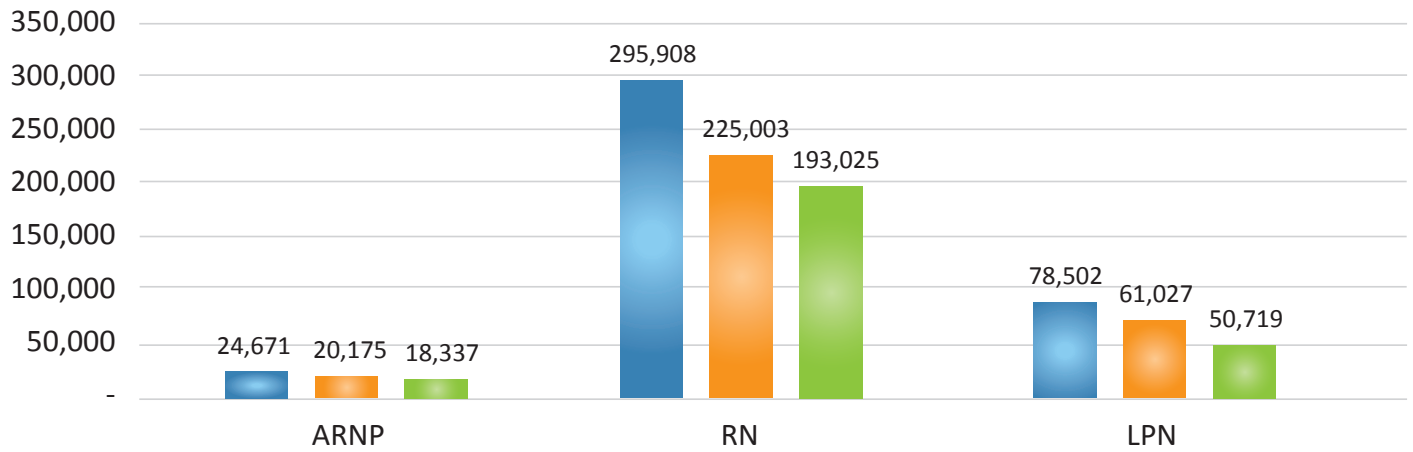


Figure 1. Florida’s Nurse Supply, December 2015

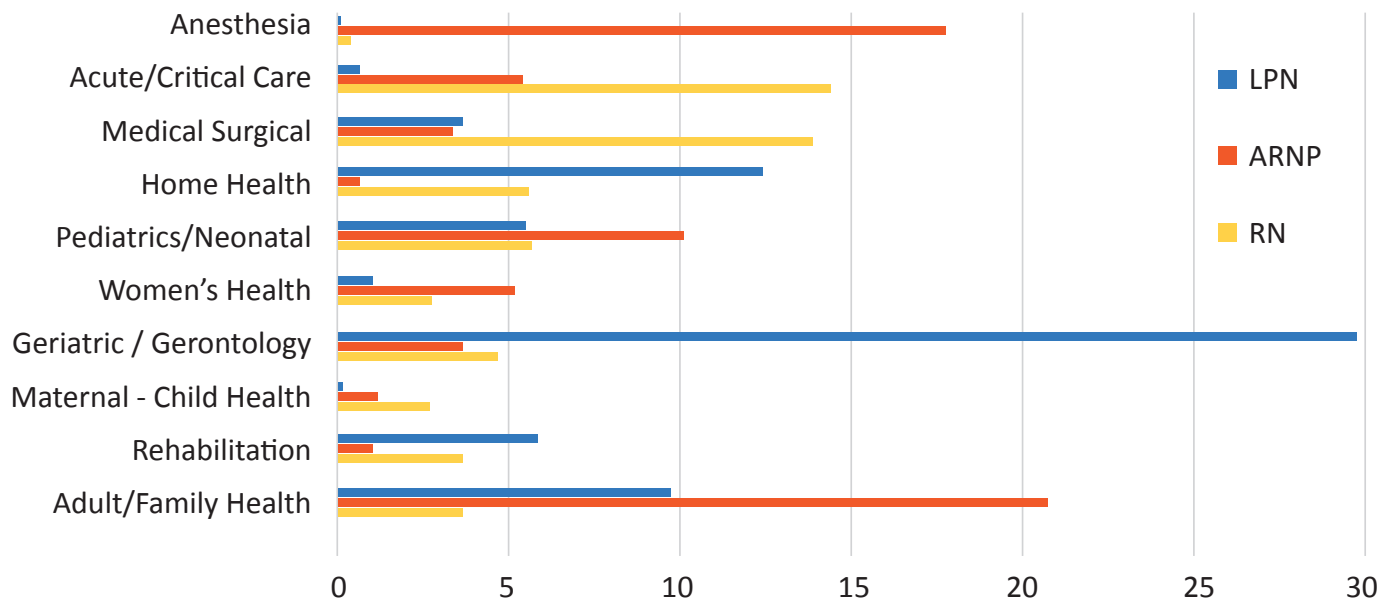


Figure 2. Clinical Practice Areas

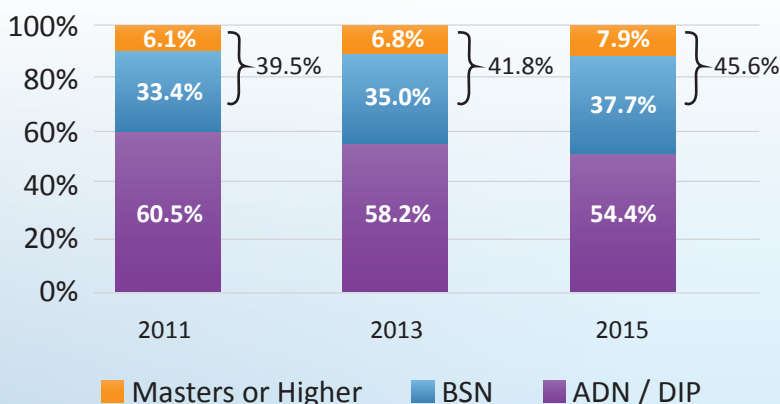




- **Florida’s potential RN workforce** gained nearly **21,000 nurses from 2012-13 to 2014-15**. Increases were also observed in the potential ARNP workforce by about 4,000 in the same time period; most of this growth is due to RNs upgrading to ARNP/CNS.
- **About 39% of ARNPs** work in primary care settings
- **Hospitals** are the top employment setting for **RNs (63.5%)** and **ARNPs (44.3%)** while most **LPNs (38.8%)** work in long-term care settings
- **Clinical specialty** varies by the type of nurse (see Figure 2)
  - o Most ARNPs specialize in anesthesia and adult/family health
  - o Acute/critical care and medical surgical are the main specialties of RNs
  - o A large proportion of LPNs work in geriatrics for their clinical practice
- **Currently, 41.5% of ARNPs, 44% of RNs, and 38.1% of LPNs are over the age of 50 years**. This group of nurses can be expected to retire in the next 5 to 10 years, resulting in the loss of highly skilled mentors with years of organizational and experiential knowledge (see Table 1).

	ARNP	RN	LPN
<b>Race/Ethnicity</b>			
White	70.9%	64.7%	51.3%
Black	10.9%	13.6%	32.4%
Hispanic	11.2%	11.5%	10.9%
Asian	4.6%	7.2%	2.4%
Native American	0.2%	0.2%	0.3%
Other	2.2%	2.8%	2.8%
<b>Gender</b>			
Female	85.4%	88.9%	89.9%
Male	14.6%	11.1%	10.1%
<b>Age</b>			
21-30	7.5%	10.7%	13.2%
31-40	24.6%	20.6%	22.4%
41-50	26.4%	24.8%	26.3%
51-60	25.8%	27.3%	24.7%
61 or older	15.7%	16.5%	13.4%
<b>Average Age</b>	<b>47.4</b>	<b>47.5</b>	<b>45.9</b>

**Table 1. Demographic Characteristics of Working Nurses**



**Figure 3. Highest Degree Reported Among Working RNs**

**THE EDUCATIONAL ATTAINMENT** of nurses has become a national topic of discussion since the 2010 Institute of Medicine’s (IOM) report, “The Future of Nursing: Leading Change, Advancing Health”.<sup>1</sup> Recommendation 4 of the report is to increase the proportion of employed RNs with a baccalaureate degree in nursing or higher to 80 percent by 2020. Florida’s percentage of RNs meeting IOM Recommendation 4 continues to increase, from 39.5% in 2010-11 to 45.6% in 2014-15. Strides have also been made with regards to the IOM’s Recommendation 5, which is to double the number of nurses with a doctorate by 2020. The number of nurses with a doctorate increased from 1,054 in 2010-11 to 1,427 in 2014-15.

### RECOMMENDATIONS TO ASSURE AN ADEQUATE QUALIFIED NURSE WORKFORCE

1. Support the Center's research efforts and analysis of workforce trends to assure the Center attains the best data on the supply of all types of nurses, providing the basis on which to maximize use of limited resources.
2. Continue to encourage bright, talented, caring people to enter the field of nursing, and encourage incumbent worker education and training in order to meet industry needs and counteract the looming large numbers of nurses nearing retirement.
3. Promote and facilitate educational and career advancement of all nurses: increase the number of RNs with a BSN, increase the number of nurses qualified to teach, and increase the number of nurses working in primary care.
4. Increase activities to improve retention of Florida's existing nurse workforce and extend their work life, including accommodating the effects of aging on a nurse's ability to continue to practice. Such activities may involve efforts to transition nurses from one practice environment to another.
5. Encourage academic and industry collaboration to assure appropriate curriculum content in preparation to meet industry needs, specifically in the geriatric/gerontological area of practice and home health.

### REFERENCE

1. IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.

### FLORIDA'S DEMAND FOR NURSES

The Center conducted a survey of nurse employers – hospitals, psychiatric hospitals, home health agencies, skilled nursing facilities, public health, and hospice – during the Summer of 2015 to better understand the industry needs and challenges. Here is what we learned:

- Turnover has increased for RNs in hospitals (indirect care) and decreased or remained stable in other industries (see Figure 4).
- The number of separations reported by the respondents in 2015 was highest for RNs at 6,023 followed by CNAs at 2,477. Separations were lower for ARNPs (89) and LPNs (951).
- Vacancies for RNs, LPNs, and CNAs in home health agencies are trending upward. Jobs in this industry are also filled through temporary and per diem positions (see Figure 5).
- There were an estimated statewide 12,493 vacant RN positions, and 9,947 estimated new RN positions to be created in 2016.
- Vacancies and growth will continue to be affected by the changing economy, reimbursement, and care delivery models (see Table 2).
- Difficult to fill positions are those requiring RNs with experience and/or advanced education. Staff nurses were difficult to fill in skilled nursing, home health, and hospice.
- Over 70% of hospitals preferentially hire new graduate BSNs, this hiring pattern is not as common in other industries.

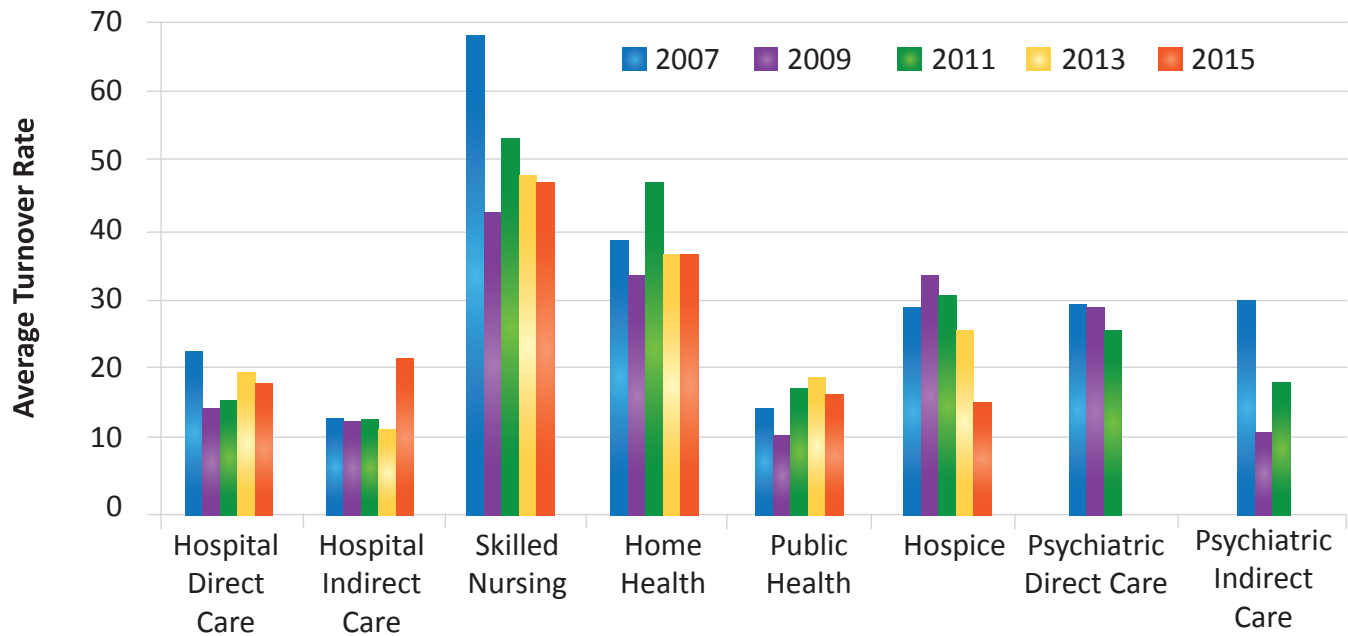


Figure 4. Average Turnover Rates for RNs, 2007 to 2015

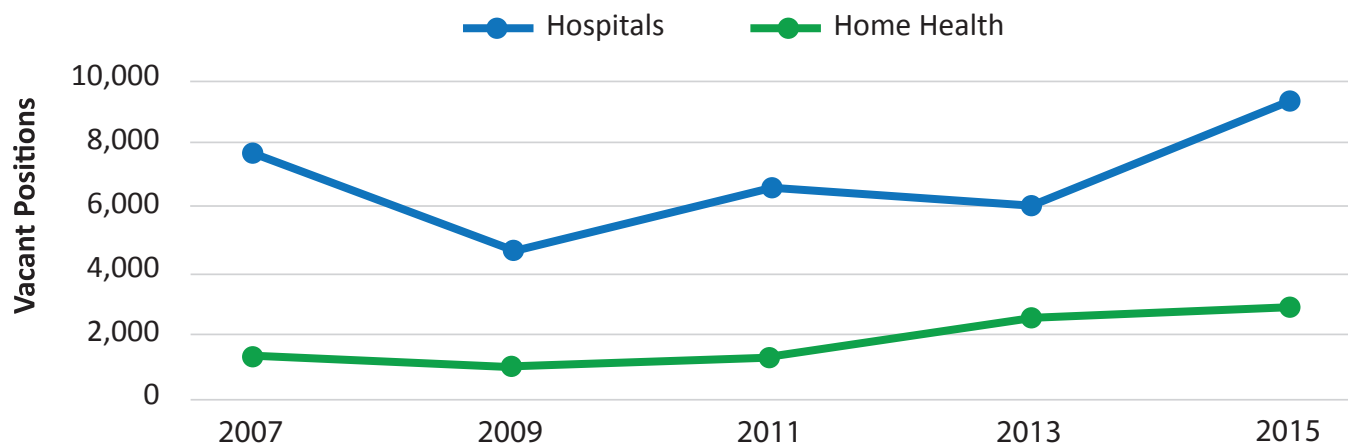


Figure 5. Trends of RN Estimated Vacant Positions for Hospitals and Home Health Facilities, 2007 to 2015

	RN Vacancies 2015	RN Growth 2016	Combined
Hospitals	9,365	3,937	13,301
Skilled Nursing	<i>Insufficient data</i>		
Home Health	2,926	5,874	8,800
Public Health	40	19	58
Hospice	163	118	281
<b>Total (all groups)</b>	<b>12,493</b>	<b>9,947</b>	<b>22,440</b>

**Table 2. Vacant Positions (2015) and Projected Growth (2016) for RNs by Industry**

## RECOMMENDATIONS TO ADDRESS THE DEMAND FOR NURSES

1. Support the Florida Center for Nursing’s biennial nurse employer survey through continued funding and participation.
2. Focus on the need for nurses at all levels of licensure in the home care setting as the nation’s care delivery system continually evolves.
3. Increase activities to improve retention of nurses with emphasis on Florida’s existing nurse workforce.
4. Promote academic commitment to assuring a talent pool prepared to meet existing vacancies, projected growth, and emerging roles.

## NURSING EDUCATION IN FLORIDA – ACADEMIC YEAR 2014-2015

The Center conducts a survey of all nursing programs annually to learn about our nursing student populations and faculty issues. Due to low response rates, analysis of these data were postponed.

## PUBLICATIONS

- Florida’s Demand for Nurses: 2015 Employer Survey. January 2016.
- Florida’s Nurse Supply Reports: As of December 2015. Reports on Advanced Registered Nurse Practitioner Supply, Registered Nurse Supply and Licensed Practical Nurse Supply. May 2016.

## PRESENTATIONS

- Prosper, M. H. & Brunell, M.L. (September 11, 2015). GIS- A Different Approach to Understanding Nurse Workforce Data. Presented at the Florida Nurse Association Assembly. St. Augustine, FL.
- Prosper, M.H. (April 27, 2016). The Link between Population Health Outcomes and Nurse Workforce Data. Presented at the National Forum of State Nurse Workforce Centers Annual Meeting. Orlando, FL.





**FHSA**  
Florida Healthcare Simulation Alliance

**THE MISSION OF THE FHSA** is to advance, coordinate, and expand the use of all forms of simulation in academic settings, healthcare institutions, and agencies across the state to advance healthcare education to foster patient safety.

It has been a busy spring for the state of Florida and simulation. The Alliance is becoming a known entity among simulationist in the state of Florida and beyond.

### EXSIM SPRING SUMMIT 2016

In collaboration with Florida Gateway College and state simulation alliances in Alabama, Georgia, Mississippi, South Carolina, Tennessee, and Texas, the FHSA staff and volunteers hosted a very successful summit – ***Excellence in Simulation: Present with Us, Teach with Us, Learn with Us*** in Orlando at SeaWorld. Helpful presentations included the use of simulation in assessment, how simulation can enhance interprofessional education, and how to measure the return on investment for using simulation. Attendees who participated in a three-part course in Debriefing Using PEARLS had the opportunity to complete the national certifying examination on-site. More than 100 participants rated the summit as very good to excellent.

**ExSim**  
excellence in simulation

Much appreciation to Dr. Laura Gonzalez for her leadership and the following members for their participation on the planning committee: Mary Lou Brunell, Deb Danforth, Lisa McDowell, Angel Nater, Michele Parsons, and Jill Sanko.

### SUSTAINABILITY OF THE ALLIANCE

Since 2014 the FHSA has been self-funding through memberships, sponsorships and revenue from educational offerings. The FCN and the University of Central Florida have provided in-kind support of the operations, such as human resources, fiscal management, and access to discounted services and supplies. Revenue generated has been used to support a part-time Alliance director at 0.25 FTE, a minimal amount of the FCN office manager's time (0.10 FTE), and technical support for the website, membership system, and education program management. Costs associated with education offerings at the regional or state level that were not covered by registrations were also paid by the Alliance. Examples of these costs are food and beverage, speaker honorarium, course materials, and meeting room fees. Unfortunately, adequate revenue is not being generated to support even the minimal operations costs. Though viewed as a success for its content and networking opportunity, the ExSim Summit was not a fiscal success generating a mere \$1,000 in revenue.

As a program of the Florida Center for Nursing, the FCN Board of Directors has the fiduciary responsibility to evaluate the feasibility of sustaining each of its programs. At the direction of the FCN Board of Directors, the Center's executive director has been conferring with the FHSA's Steering Committee and director since November 2015 regarding opportunities to increase revenue and whether or not the Alliance can continue as a viable program. It is anticipated that a final decision will be made by Fall 2016.

# Florida Action Coalition

**THE MISSION OF THE FLORIDA ACTION COALITION** is to provide leadership in advancing the nursing profession so that Floridians can access safe, high quality health care. The Coalition was initiated as part of a national campaign for action in 2011, and is a grassroots network of diverse stakeholders working to transform health care through nursing. The voluntary coalition includes representation from academic institutions, health systems, community foundations, non-profit organizations, hospitals, and private practice. The FL-AC is comprised of three action teams; **Leadership, Practice, and Education**. These teams are implementing the 2015-2017 Strategic plan. The FL-AC’s work over the last year focused on educating nurses on policy, addressing diversity initiatives, building coalition partners and regional teams.

## DIVERSITY INITIATIVES

The Florida Action Coalition Diversity Council is implementing the Institute of Medicine (IOM) report recommendations to meet the needs of an aging, increasingly diverse population and to respond to the complex and evolving, diverse needs of Florida’s health care system. Current projects include identifying diversity barriers in schools and hospitals, opportunities for scholarships and resources, mentoring diverse middle, high school, and college students in addition to healthcare employees. The Diversity Council is integral in the success of the FL-AC teams and help to assure that the FL-AC volunteers are diverse in terms of geographic location, race, ethnicity, gender, and age.

### DEMOGRAPHIC CHARACTERISTICS OF RNS WORKING IN NURSING

RACE/ETHNICITY		AGE		GENDER	
White	64.7%	21-30	10.7%	Female	88.9%
Black	13.6%	31-40	20.6%	Male	11.1%
Hispanic	11.5%	41-50	24.8%		
Asian	7.2%	51-60	27.3%		
Native American	0.2%	61 or older	16.5%		
Other	2.8%	<b>Average Age</b>	<b>47.5</b>		

## PRACTICE/EDUCATION/LEADERSHIP ACTION TEAMS

The FL-AC teams continue to work on the strategic plan initiatives statewide and in each region of the state under the direction of the statewide action team leaders: **Education Action Team:** Anna McDaniel, Jan Mauck, and Nancy Redenius; **Practice Action Team:** Lori Schirle and Nancy Rudner-Lugo; **Leadership Action Team:** Rose Sherman and Janegale Boyd; **Diversity Council:** Carol Neil and Marie Etienne.

With the continued support of the FCN and the Florida Blue Foundation, the regional team goals are to partner with hospitals and educational institutions in order to implement changes and form recommendations to have a wide-ranging impact on healthcare delivery. The potential for success is great as nurses make up the largest segment of the healthcare workforce providing healthcare to Floridians. The FL-AC continues to support nurses’ ability to practice to the full extent of their education and training, including producing an economic benefits report showing the potential financial impact of allowing nurses to practice to the fully.

***FL-AC tool-kits and exemplars are available on the Action Coalition website to assist in these efforts.***

## FLORIDA BLUE FOUNDATION GRANT PROGRAM

### Leveraging Social Media and Digital Communication to Grow Support and Awareness

Awarded to Anastasia-Albanese-O'Neill, PhD, ARNP, PNP-BC, RN, FNAP, University of Florida

Through Anastasia's management, social media has become an essential way to increase awareness of the FL-AC's work, outstanding members' accomplishments, and to share our volunteers' work. Since the beginning of the grant in 2015, FL-AC's followers have grown on Facebook by 26%, on LinkedIn by 123%, and on Twitter by 206%. Top posts have reached nearly 4,000 people on Facebook, and FL-AC tweets have been "retweeted" and "favorited" by organizations including the Florida Nurses Association, Florida Blue, FSU Nursing, the Campaign for Action, and the LA and TN Action Coalitions.

### Barry University Nursing Leadership Development Program

Awarded to Jessie Colin, PhD, RN, FRE, FAAN, & Robin R. Walter PhD, RN

A 2016-2017 innovative and collaborative program to train 32 nurses to influence policy. Focused on community, public or health policy issues.

## STATE IMPLEMENTATION PROGRAM

The **Statewide Implementation Program (SIP) Grant** was initially awarded to the Florida Center of Nursing in 2013. The goals of the grant are to strengthen the FL-AC and the Diversity Council and implement a program based on the IOM recommendation 7 – Prepare and enable nurses to lead change and advance health. The grant has and continues to enable the FL-AC to:

- **Complete** a 2015-2017 Strategic Plan
- **Support** the membership of The Diversity Council on the Quality and Unity in Nursing Council
- **Complete** a diverse Board Service Initiative for Emerging Nurse Leaders to develop 26 nurse leaders prepared to serve on "boards" that develop and/or influence nursing and health policy statewide
- **Connect** mentoring partners to the 26 Board Service Initiative graduates
- **Ascertain** leadership progression of 2013 Survey respondents who expressed interest in becoming a leader
- **Publish, educate, disseminate, and communicate** findings for utilization in practice, education, research, and policy development

## REGIONAL RECEPTIONS IN PARTNERSHIP WITH THE FLORIDA CENTER FOR NURSING, FLORIDA BLUE FOUNDATION & SELECT ORGANIZATIONS

The FL-AC's goal is to have receptions in all 8 regions of Florida. Receptions were held in 2016 in Gainesville (University of Florida, College of Nursing), and Boca Raton (Florida Atlantic University, Christine E. Lynn College of Nursing). This local activity by nurses is expanding and increasing the relationships with partners, policy makers, and coalitions across the state of Florida. Upcoming events are planned in Pensacola (University of West Florida) and Coral Gables (University of Miami). **For more information and to find a reception in your area visit our website.**



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 Follow us: [www.twitter.com/FlaAction](http://www.twitter.com/FlaAction)

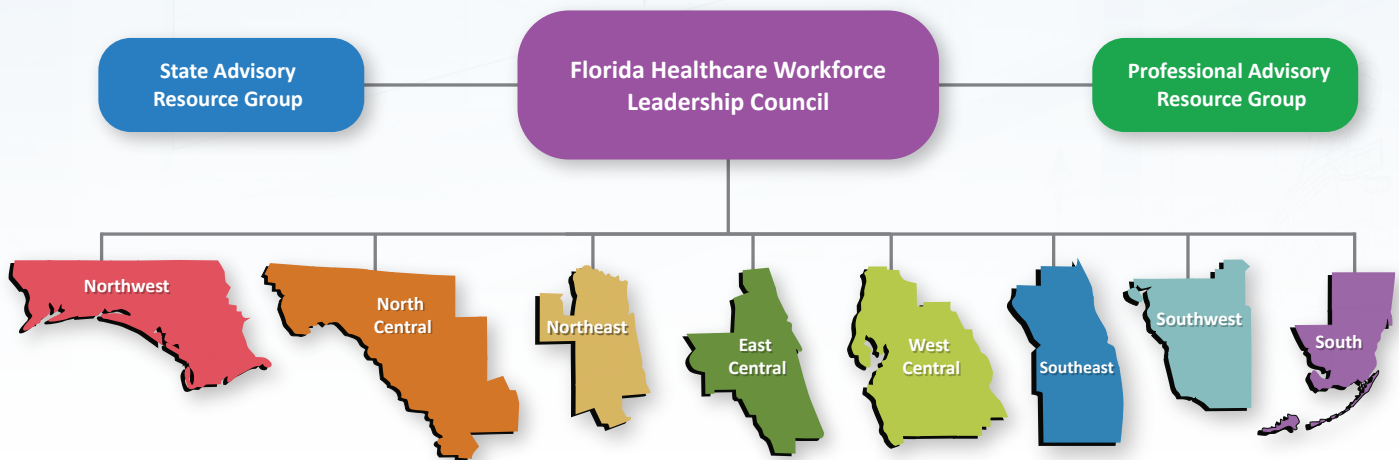




# Florida Healthcare Workforce

**THE FLORIDA HEALTHCARE WORKFORCE INITIATIVE** continues working in its second year to advance its core **mission** of identifying the current and future supply of and demand for an adequate and qualified workforce to meet the needs of healthcare employers in the state of Florida. The **purpose** of the Florida Healthcare Workforce initiative is for Florida’s healthcare providers to serve as the primary point of contact for statewide healthcare workforce data and predictive trends to facilitate policy and strategy development.

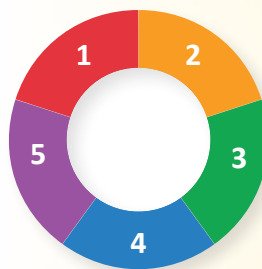
The formation of the **Florida Healthcare Workforce Leadership Council** has inspired the **vision** that Florida will be a global leader for providing quality healthcare talent and innovation to meet the needs of the healthcare industry. **Professional and State Advisory Resource Groups** have been established to act as a source for information essential for healthcare workforce policy and strategy development. Furthermore, seven **Regional Councils** have been established to consider issues specific to Florida’s unique cultures that exist at the local level.



## REGIONAL COUNCIL MEMBERS

have identified healthcare workforce needs specific to their geographic area of the state. Goals and priority objectives were established and two members volunteered to lead the council as co-chairs for their region.

## REGIONAL GOALS FALL INTO FIVE CATEGORIES



- 1 Develop talent pipeline
- 2 Forecast workforce needs
- 3 Address recruitment & retention
- 4 Identify educational needs
- 5 Optimize skill development

“Realizing the Health Industry Workforce Needs for Today and Tomorrow”





**REGIONAL COUNCIL LEADERSHIP**

<b>North Central</b>	<b>Kendra Siler-Marsiglio</b> Well Florida Council	<b>Rob Thomas</b> BIG BEND AHEC
<b>Northeast</b>	<b>Todd Mollitt</b> Baptist Health	<b>Krishae McFadden</b> Right Path Behavioral Services
<b>East Central</b>	<b>Lisa Cannata</b> Healthcare Consultant	<b>Paula Just</b> Health First
<b>West Central</b>	<b>Robert Murrell</b> Consulate Healthcare	<b>Lisa Carter</b> Shared Services Center Community Health System Sarasota
<b>Southeast</b>	<b>Kathi Arnold</b> Boca Raton Regional Hospital	<b>M. Angella Williams</b> Treasure Coast Hospice
<b>Southwest</b>	<b>David Koester</b> Family Health Centers of Southwest FL	<b>Michelle Zech</b> Lee Memorial Health System
<b>South</b>	<b>Sean Samuels</b> Baptist Outpatient Services	<b>Joy Nelson</b> Vitas Healthcare

**PROGRESS ON STRATEGIC INITIATIVES**

**STRATEGIC INITIATIVE I - Identify gaps in healthcare workforce supply and demand data, and design a collection system to effectively manage data at the state and regional level.**

- A priority list of healthcare occupations on which to collect data has been identified; the minimum data set has been determined, and the draft questionnaires/survey has been developed.
- A collaboration with the Florida Health Department MQA to include a survey in their licensure process to obtain **supply data** beginning with Occupational Therapy in November 2016
- A partnership with the Local Health Councils across the state of Florida to include a questionnaire to obtain **demand data** from employment settings.

**STRATEGIC INITIATIVE II - Develop strategies for recruitment and retention of healthcare workers, including critical need areas, across all health professions.**

- Regional Councils are addressing this initiative with established goals at the local level for recruitment and retention.

**STRATEGIC INITIATIVE III - Identify emerging workforce roles as a result of healthcare informatics, and develop a method to educate the current workforce regarding value based care.**

- A report identifying emerging workforce roles was published in June 2016, *Emerging & Evolving Roles and Occupations within the Healthcare Industry: Florida’s Perspective*.



# Florida Healthcare Workforce

## REPORT RELEASED

### Emerging & Evolving Roles and Occupations within the Healthcare Industry: Florida's Perspective

This report is a discussion of the emerging and evolving roles and occupations within the healthcare industry in Florida. Information was obtained from:

- Literature and industry publication review
- Survey of Florida Healthcare Workforce (FHW) initiative members
- Discussions with FHW Regional Council members about healthcare workforce needs.

## KEY FINDINGS & IMPLICATIONS

- Florida healthcare job market reflects the changing healthcare landscape causing existing occupations to evolve with newly refined competencies and to become interdisciplinary.
- Important change drivers include technology and scientific development, legislative mandates and incentives, patient expectations and behavior.
- Emerging & evolving roles and occupations are mostly in allied health professions, health information management, and among healthcare executives.
- The report identifies six priority occupations for Florida:
  - **Community Health Worker**
  - **Care Coordinator RN**
  - **Health Data Analyst/Health Informaticist**
  - **Medical Records and Health Information Technician**
  - **Medical Scribe**
  - **Health and Wellness Coordinator**
- Florida healthcare workforce academic pipeline requires alignment with changing occupations that break down pre-existing boundaries between the professions.

Academic programs must draw on practitioner input for curriculum content, competency development, and experiential learning, and also respond quickly to meet industry demand.

*For more information and to view the complete report visit [www.FLHealthcareWorkforce.org](http://www.FLHealthcareWorkforce.org)*

Led By:



**GUIDEWELL**

Funded By:



## THANK YOU FOR YOUR SUPPORT

### GRANTS

- 2015 – 2016** Healthcare Marketplace Business Intelligence Research and Sector Strategy Approach Services  
Sponsor: CareerSource Florida
- 2015 – 2016** In support of Florida Center for Nursing Core Mission  
Sponsor: Florida Blue Foundation
- 2015 – 2017** Promoting Nurses as Leaders in Florida to Advance Nursing and Health Policy  
Sponsor: Robert Wood Johnson Foundation



*Special thanks to the Florida Blue Foundation for all that they do in support of nurses in Florida.*

## PRESENTATIONS & PUBLICATIONS

### PRESENTATIONS

- Prosser, M. H. (2015, June 10). GIS—A Different Approach to Understanding Nurse Workforce Data. Presented at The National Forum of State Nursing Workforce Centers. Denver, CO.
- Brunell, M. L. & Kazimi, K. (2016, May 5). Applying an Established Nurse Workforce System to Select Health Occupations: The Florida Experience. Poster Presented at The 12<sup>th</sup> Annual AAMC Health Workforce Research Conference. Chicago, IL.
- Brunell, M.L. (2016, May 5). Nurse Supply Data Collection, Analysis and Reporting. Poster Presented at AAMC Health Workforce Research Conference. Chicago, IL
- Brunell, M.L. (2016, March 24). Keeping your Professional Edge. Presented as Keynote Speaker at Florida Association of Directors of Nursing Administration/LTC Awards Banquet. Daytona Beach, FL.
- Brunell, M.L. (2016, February 4). Florida Action Coalition: Relationships Matter. Presented at The Power of Partnership Dorothy M. Smith Nursing Leadership Conference. Gainesville, FL.
- Brunell, M.L. & Denker, A-L. (2016, February 4). The Florida Action Coalition. Presented at the Dorothy M. Smith Nursing Leadership Conference at the University of Florida. Gainesville, FL.

### PUBLICATIONS

- Spetz J, Cimiotti JP, & Brunell ML, (2016). Improving Collection and Use of Interprofessional Health Workforce Data: Progress and Peril, *Nursing Outlook*. 64, (4), 377-384. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0029655416300082>.
- Budden, J. S., Moulton, P, Harper, K. J., Brunell, M. L., & Smiley, R. (2016, April). The 2015 National Nursing Workforce Survey. *Journal of Nursing Regulation*. 7 (1 supplement). S1-S92.
- Brunell, M.L. and Ross, A. (2016-release date, 7<sup>th</sup> Ed.). The nursing workforce. In D.J. Mason, J.K. Leavitt & M.W. Chaffee (Eds.) *Policy & Politics in Nursing and Health Care*. Philadelphia: Elsevier.
- Denker, A-L., Sherman, R. O., Hutton-Woodland, M., Brunell, M. L., & Medina, P. (2015 July). Florida nurse leader survey findings: Key leadership competencies, barriers to leadership, and succession planning needs. *The Journal of Nursing Administration*. 45, (7/8), 404-410.

### PANEL MEMBER

- Brunell, M. L. (2016, June, 21). Florida Hospital for Children Magnet Redesignation. Presented by Florida Hospital. Orlando, FL.



## FCN Board of Director Members 2015-2016

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Interim Director



12424 Research Parkway, Ste. 220, Orlando, FL 32826

Phone: 407-823-0980 | Fax: 407-823-0708

Website: [www.FLCenterforNursing.org](http://www.FLCenterforNursing.org) Email: [NurseCtr@ucf.edu](mailto:NurseCtr@ucf.edu)



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