



IHS National Councils
Combined Annual Conference



OS



ACF



CMS



National Council of Nursing Meeting
San Diego, California

“Addressing Nursing Shortages in Indian Country”

by

Charles W. Grim, D.D.S., M.H.S.A.

Assistant Surgeon General
Director, Indian Health Service
March 4, 2005

Good Afternoon. I am honored to speak here today before this group of exceptionally dedicated and skilled professionals. We all know that nurses are the backbone of all medical care; the Indian health system simply could not function without them, and we are all grateful for the work you do and the care you give. And I am grateful for the work that the National Council of Nursing (NCON) does on behalf of nurses, the nursing profession, and American Indian and Alaska Native patients and communities. I would like to especially recognize at this time:

- Carol Dahozy, the present NCON Chair
- Dennis Randles, the Chair-elect of NCON
- Sandra Haldane, Principal Nurse Consultant for the Indian Health Service (IHS)
- Donna Huber, Chair of NCONA (National Council of Nurse Administrators)

“Keeping Patients First” is the theme of this meeting, and as I am sure all of you here today know, it is something nurses always do and what they are best at. And I know the NCON has been working hard to help deal with the issues important to nurses so they can best do their job and serve their patients.

Of course, one of the most pressing issues facing the nursing profession today, both across the nation as well as in the Indian health system, is the shortage of nurses. This shortage

The text is the basis of Dr. Grim’s oral remarks at the meeting of the NCON at the annual National Councils of the Indian Health Service combined conference in San Diego, California, on March 4, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.

creates a hardship both on nurses and other staff who must find ways to fill in the gaps for the lack of nursing care. This can impact on patient care and our continued ability to “put patients first.”

The overall vacancy rate for RNs in the IHS is approximately 14%, ranging from 2% in the Portland Area to 26% in the Navajo Area. That is why I have placed a priority on the recruitment and retention of nurses in the IHS. Also, the Senior COSTEP Program has been successful in placing new graduate commissioned officers in hard-to-fill registered nurse vacancies. The Division of Nursing will be sponsoring six SR COSTEPs this year to fill registered nurse positions in the Navajo Area. And I am grateful for the excellent support provided by the NCON in addressing the nursing shortages in Indian health care, such as:

- NCON has been successful in educating and encouraging the Area and Service Unit leadership on use of recruitment, retention, and relocation bonuses for nurses.
- NCON promoted the concept of Direct Hire Authority for the nursing discipline. Significant progress has been made. The Phoenix Area HR Department conducted Direct Hiring Authority Training on August 24-26, 2004, for the IHS National Nurse Recruiters and Nurse Executives at the Phoenix Indian Medical Center (PIMC) to help them expedite the hiring of registered nurses to fill critical vacancies across the IHS. The PIMC subsequently implemented the Direct Hire Authority and hired 14 nurses in 2-3 days.
- NCON has provided valuable support for the National Nurse Mentoring Program. This program is being designed to mentor current nursing students (IHS scholarship recipients) so they will be successful in completing nursing school and in transitioning into the IHS workforce.

The NCON has also provided support for the National Nurse Preceptor Program for new graduates. This program will provide a nationwide program to train preceptors new graduates as they make their transition from nursing school into the IHS workforce.

Let me expound some on those last two activities of NCON. Within IHS, the hiring of new graduate nurses has been problematic due to the new graduates' lack of experience in nursing. Many Indian health facilities are in rural or isolated locations with limited staff, limited nursing support, and small numbers of patients. Many sites require nurses to function immediately almost independently in any setting within the facility, whether it is inpatient, outpatient, emergency room, or obstetrics. To address this issue, the Division of Nursing developed a New Graduate Nursing Initiative to successfully bring on-board the novice new graduate nurse. So far, the initiative has resulted in the establishment of two main programs, as I mentioned a moment ago:

- National Nurse Preceptor Program - In August 2004, a group of IHS and Tribal nurse executives, nurse educators, and Area Nurse Consultants met in Phoenix to develop an Indian health new graduate internship/orientation template that could be replicated in any Indian health facility. The IHS new graduate nurse program will use the on-line orientation and competency software package currently under development at the IHS Shiprock Hospital. In December the preceptors were trained; and now they will train additional preceptors in their Areas.

The text is the basis of Dr. Grim's oral remarks at the March 4, 2005, NCON meeting at the annual National Councils of the Indian Health Service combined conference in San Diego, California. . It should be used with the understanding that some material may have been added or omitted during presentation.

- National Nurse Mentoring Program - In September 2004, representatives from the IHS, the National Alaska Native American Indian Nurses Association, the New Mexico Indian Nurses Association, the Native American Nurses Association, NCONA, and NCON, began development of a mentorship program for all IHS nursing scholarship recipients. This meeting established a partnership between the IHS nursing groups and the Native American professional nursing organizations to develop a mentorship program in which every IHS scholarship recipient will be given the opportunity for mentorship by an experienced IHS American Indian/Alaska Native nurse or a non-Native nurse who has a significant career with IHS.

Earlier this week I discussed the status of the HQ reorganization, and the selection of two key positions – the Deputy Director and the Deputy Director for Management Operations. In addition to the changes to the overall structure in Headquarters, I have also restructured the reporting relationships of the 10 Offices to principal positions in my immediate office. The Chief Medical Officer now oversees the newly structured Office of Clinical and Preventive Services, of which the Division of Nursing is a component. This supervisory relationship has benefited the Division of Nursing in several ways. The more direct access to the Chief Medical Officer has provided opportunities to more readily explore ideas about how nursing is involved or should be involved in chronic disease management and in a chronic disease model for IHS. Other objectives that are being explored with the CMO are how to engage academia in identifying curricula elements to better meet the needs of rural underserved populations, faculty exchange, and succession planning. The CMO has been particularly helpful in the deployment of nurses to recent disaster locations, including the Tsunami Disaster Relief effort.

I also mentioned earlier this week that we are celebrating the 50th anniversary of the IHS. A 50th Anniversary reference library of historical documents and photographs is being compiled, which will be available on the IHS website. Also, the Division of Nursing is taking a historical look at nursing in IHS over the past 50 years and may develop some special 50th anniversary products specifically related to Nursing.

In closing, I would like to say a *thank you* to all of you for the excellent work you have done and continue to do to make sure we always put the health and wellness of our patients, the American Indian and Alaska Native people, at the center of all we do. What we do and how well we do it would not be possible without you and all the other nurses in the Indian health system.