New Jersey Collaborating Center for Nursing
180 University Avenue
Room 238
Newark, New Jersey 07102

973-353-2715
info@njccn.org
http://www.njccn.org

Turning Point
New Jersey Collaborating Center for Nursing
Annual Report
2015
A New Direction

Winter 2015

Dear Friends and Colleagues,

The New Jersey Collaborating Center for Nursing was established by a historic vote of the New Jersey Legislature in December of 2002. Yet, the abiding spirit of the NJCCN goes back almost a decade earlier. It was 1994 when the always forward-looking Robert Wood Johnson Foundation began Colleagues in Caring, a leading national program that would have a major role in the development of nursing workforce solutions. Before the initiative ended in 2003, visionary leaders in our state united to continue its efforts. Thus, the NJCCN was founded with the goal of supporting the profession of nursing in a manner that would be inherently consistent with quality care for the citizens of New Jersey.

Evidence-based recommendations with sweeping implications have been central to the NJCCN’s work. True to its origins as a pioneer in nursing, the center expanded its reach in 2015 through a variety of new activities that fulfilled its mission and vision in new ways. We have realigned our direction, focusing on the nursing workforce in the context of the evolving healthcare system.

It has been my honor to serve as the executive director of the NJCCN since July of 2014, working with our dedicated board, advisory council and staff, as well as numerous colleagues from a wide range of disciplines and responsibilities. On behalf of the New Jersey Collaborating Center for Nursing, I present to you Turning Point, the center’s 2015 annual report.

My very best regards,

Edna Cadmus, PhD, RN, NEA-BC, FAAN
Executive Director
Dear Friends and Colleagues,

The New Jersey Collaborating Center for Nursing was established by a historic vote of the New Jersey Legislature in December of 2002. Yet, the abiding spirit of the NJCCN goes back almost a decade earlier. It was 1994 when the always forward-looking Robert Wood Johnson Foundation began Colleagues in Caring, a leading national program that would have a major role in the development of nursing workforce solutions. Before the initiative ended in 2003, visionary leaders in our state united to continue its efforts. Thus, the NJCCN was founded with the goal of supporting the profession of nursing in a manner that would be inherently consistent with quality care for the citizens of New Jersey.

Evidence-based recommendations with sweeping implications have been central to the NJCCN’s work. True to its origins as a pioneer in nursing, the center expanded its reach in 2015 through a variety of new activities that fulfilled its mission and vision in new ways. We have realigned our direction, focusing on the nursing workforce in the context of the evolving healthcare system.

It has been my honor to serve as the executive director of the NJCCN since July of 2014, working with our dedicated board, advisory council and staff, as well as numerous colleagues from a wide range of disciplines and responsibilities. On behalf of the New Jersey Collaborating Center for Nursing, I present to you Turning Point, the center’s 2015 annual report.

My very best regards,

Edna Cadmus, PhD, RN, NEA-BC, FAAN
Executive Director
Bellwether for Change

The NJCCN expanded its activities beyond research and analysis through undertakings that highlighted its areas of expertise - LEADERSHIP, RESEARCH, EDUCATION AND INNOVATION.

A New Energy Moves the NJCCN Forward

Dr. Edna Cadmus, a recognized nursing leader in the state and nationwide, assumed the role of executive director in 2014. Mary L. Johansen, PhD, NE-BC, RN, associate director; Pamela B. de Cordova, PhD, RN-BC, research faculty; Miguel Martinez, MA, PhD candidate, research analyst; and Allison Creary, department administrator, completed the NJCCN team.

- The 17-seat board of directors grew from five to 16 members, and an advisory council—a group that prepares individuals to join the governing board—was formed. The two levels of input allowed for a greater depth of both oversight and insight.
- A strategic planning retreat attended by the NJCCN, the executive director of the New Jersey Board of Nursing and the New Jersey Action Coalition resulted in a strategic plan, a first.
- The inaugural Nursing in New Jersey Workforce Report for LPNs, RNs, and APNs provides a profile of the nursing workforce in the state.
- Linda Parry-Carney, MA, RN-BC, a continuing force for the advancement of the center, approached the end of her tenure as chair of the NJCCN board and nine years of service as a board member.

From Data to Health

The NJCCN conducted a needs assessment survey and three focus groups about the knowledge and skills of advanced practice nurses in business and practice management for the Nurse Practitioner Healthcare Foundation and the New Jersey Health Care Quality Institute. The Nicholson Foundation funded this planning grant. The data will be used to create an APN model for vulnerable patient populations.

- Dr. Cadmus was a panelist for an invitational summit sponsored by the Rutgers Center for State Health Policy, providing insights on the topic of “Building a Healthcare Workforce to Advance Delivery System Transformation.” Leaders across the state convened to examine new models of care delivery, workforce challenges, and the opportunities for and impact of healthcare reform on consumers.

- The center completed three major reports, including Nurses in New Jersey: Workforce Report 2013-2014 and New Jersey Annual Nursing Educational Capacity Report 2013-14 for RNs and LPNs, which was prepared for the New Jersey Board of Nursing. The trended data for educational capacity compiled by the center provides a singular opportunity to understand how nursing education in New Jersey has evolved over time. The Governor’s Report: Nursing Supply and Demand in New Jersey, which describes the supply and projected demand for nurses in the state, was also prepared. These detailed compilations afford valuable data and analysis essential for employers, educators and policy makers.

1: Susanne Sorace, Linda Parry-Carney, Laura Mularz, Evadne Adina Harrison-Madu, Yvonne Wesley, Bernie Gerard, Vicki Hasser, Teri Warmser, Susan Weaver, Michele McLaughlin 2: Edna Cadmus, Allison Creary-Cornelius, Miguel Martinez, Mary Johansen, Pamela de Cordova 3: Vicki Hasser
Bellwether for Change

The NJCCN expanded its activities beyond research and analysis through undertakings that highlighted its areas of expertise - LEADERSHIP, RESEARCH, EDUCATION AND INNOVATION.

A New Energy Moves the NJCCN Forward

Dr. Edna Cadmus, a recognized nursing leader in the state and nationwide, assumed the role of executive director in 2014. Mary L. Johansen, PhD, NE-BC, RN, associate director; Pamela B. de Cordova, PhD, RN-BC, research faculty; Miguel Martinez, MA, PhD candidate, research analyst; and Allison Creary, department administrator, completed the NJCCN team.

- The 17-seat board of directors grew from five to 16 members, and an advisory council—a group that prepares individuals to join the governing board—was formed. The two levels of input allowed for a greater depth of both oversight and insight.
- A strategic planning retreat attended by the NJCCN, the executive director of the New Jersey Board of Nursing and the New Jersey Action Coalition resulted in a strategic plan, a first.
- The inaugural Nursing in New Jersey Workforce Report for LPNs, RNs, and APNs provides a profile of the nursing workforce in the state.
- Linda Parry-Carney, MA, RN-BC, a continuing force for the advancement of the center, approached the end of her tenure as chair of the NJCCN board and nine years of service as a board member.

From Data to Health

The NJCCN conducted a needs assessment survey and three focus groups about the knowledge and skills of advanced practice nurses in business and practice management for the Nurse Practitioner Healthcare Foundation and the New Jersey Health Care Quality Institute. The Nicholson Foundation funded this planning grant. The data will be used to create an APN model for vulnerable patient populations.

- Dr. Cadmus was a panelist for an invitational summit sponsored by the Rutgers Center for State Health Policy, providing insights on the topic of “Building a Healthcare Workforce to Advance Delivery System Transformation.” Leaders across the state convened to examine new models of care delivery, workforce challenges, and the opportunities for and impact of healthcare reform on consumers.

- The center completed three major reports, including Nurses in New Jersey: Workforce Report 2013-2014 and New Jersey Annual Nursing Educational Capacity Report 2013-14 for RNs and LPNs, which was prepared for the New Jersey Board of Nursing. The trended data for educational capacity compiled by the center provides a singular opportunity to understand how nursing education in New Jersey has evolved over time. The Governor’s Report: Nursing Supply and Demand in New Jersey, which describes the supply and projected demand for nurses in the state, was also prepared. These detailed compilations afford valuable data and analysis essential for employers, educators and policy makers.

1: Susanne Sorace, Linda Parry-Carney, Laura Mularz, Evadne Adina Harrison-Madu, Yvonne Wesley, Bernie Gerard, Vicki Hasser, Teri Warmser, Susan Weaver, Michele McLaughlin
2: Edna Cadmus, Allison Creary-Cornelius, Miguel Martinez, Mary Johansen, Pamela de Cordova
3: Vicki Hasser
### New Jersey Nurse Workforce Profile

#### Advanced Practice Nurses (APNs)

**Mean Age:** 50
**Gender Female:** 93%
**Racial/Ethnic Background (majority):**
- White/Caucasian = 70%
- Black/African American = 11%
**Educational Level:** Masters or Doctorate (DNP)
**Practicing State:** 91% practice in NJ only

#### Licensed Practical Nurses (LPNs)

**Mean Age:** 48
**Gender Female:** 90%
**Racial/Ethnic Background (majority):**
- White/Caucasian = 50%
- Black/African American = 31%
**Educational Level:** Vocational/Practical Certificate = 71%
**Practicing State:** 98% practice in NJ only

#### APN Primary & Secondary Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=5,402 (%)</td>
<td>N=5,382 (%)</td>
</tr>
<tr>
<td>Academic Setting</td>
<td>299 5.53</td>
<td>252 4.68</td>
</tr>
<tr>
<td>Ambulatory Care Setting</td>
<td>937 17.35</td>
<td>427 7.93</td>
</tr>
<tr>
<td>Community Health</td>
<td>235 4.35</td>
<td>152 2.82</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>59 1.09</td>
<td>46 0.85</td>
</tr>
<tr>
<td>Home Health</td>
<td>196 3.63</td>
<td>178 3.31</td>
</tr>
<tr>
<td>Hospital</td>
<td>2,106 38.99</td>
<td>892 16.57</td>
</tr>
<tr>
<td>Insurance Claims/Benefits</td>
<td>20 0.37</td>
<td>13 0.24</td>
</tr>
<tr>
<td>No Secondary Practice Position</td>
<td>2,620 48.68</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Home/Extended Care/Assisted Living Facility</td>
<td>452 8.37</td>
<td>268 4.98</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>80 1.48</td>
<td>30 0.56</td>
</tr>
<tr>
<td>Other</td>
<td>809 14.98</td>
<td>418 7.77</td>
</tr>
<tr>
<td>Policy/Planning/Regulatory/Licensing Agency</td>
<td>8 0.15</td>
<td>3 0.06</td>
</tr>
<tr>
<td>Public Health</td>
<td>47 0.87</td>
<td>33 0.61</td>
</tr>
<tr>
<td>School Health Service</td>
<td>154 2.85</td>
<td>50 0.93</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,402</strong></td>
<td><strong>5,382</strong></td>
</tr>
</tbody>
</table>

#### LPN Primary & Secondary Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=17,851 (%)</td>
<td>N=17,583 (%)</td>
</tr>
<tr>
<td>Academic Setting</td>
<td>89 0.50</td>
<td>29 0.16</td>
</tr>
<tr>
<td>Ambulatory Care Setting</td>
<td>659 3.73</td>
<td>200 1.14</td>
</tr>
<tr>
<td>Community Health</td>
<td>478 2.71</td>
<td>192 1.09</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>440 2.49</td>
<td>202 1.15</td>
</tr>
<tr>
<td>Home Health</td>
<td>2,640 14.96</td>
<td>1,724 9.80</td>
</tr>
<tr>
<td>Hospital</td>
<td>1,304 7.39</td>
<td>441 2.51</td>
</tr>
<tr>
<td>Insurance Claims/Benefits</td>
<td>253 1.43</td>
<td>62 0.35</td>
</tr>
<tr>
<td>No Secondary Practice Position</td>
<td>2,620 48.68</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Home/Extended Care/Assisted Living Facility</td>
<td>8,316 47.11</td>
<td>4,137 23.53</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>93 0.53</td>
<td>38 0.22</td>
</tr>
<tr>
<td>Other</td>
<td>2,915 16.51</td>
<td>972 5.53</td>
</tr>
<tr>
<td>Policy/Planning/Regulatory/Licensing Agency</td>
<td>22 0.12</td>
<td>11 0.06</td>
</tr>
<tr>
<td>Public Health</td>
<td>223 1.26</td>
<td>113 0.64</td>
</tr>
<tr>
<td>School Health Service</td>
<td>219 1.24</td>
<td>119 0.68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,651</strong></td>
<td><strong>17,583</strong></td>
</tr>
</tbody>
</table>

---

**New Jersey Collaborating Center for Nursing**

**Turning Point 2015 Annual Report**

---
### New Jersey Nurse Workforce Profile

#### Advanced Practice Nurses (APNs)

**Mean Age:** 50  
**Gender Female:** 93%  
**Racial/Ethnic Background (majority):**  
- White/Caucasian = 70%  
- Black/African American = 11%  
**Educational Level:** Masters or Doctorate (DNP)  
**Practicing State:** 91% practice in NJ only

#### Licensed Practical Nurses (LPNs)

**Mean Age:** 48  
**Gender Female:** 90%  
**Racial/Ethnic Background (majority):**  
- White/Caucasian = 50%  
- Black/African American = 31%  
**Educational Level:** Vocational/Practical Certificate = 71%  
**Practicing State:** 98% practice in NJ only

#### APN Primary & Secondary Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Primary N=5,402 (%)</th>
<th>Secondary N=5,382 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Setting</td>
<td>299 (5.53)</td>
<td>252 (4.68)</td>
</tr>
<tr>
<td>Ambulatory Care Setting</td>
<td>937 (17.35)</td>
<td>427 (7.93)</td>
</tr>
<tr>
<td>Community Health</td>
<td>235 (4.35)</td>
<td>152 (2.82)</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>59 (1.09)</td>
<td>46 (0.85)</td>
</tr>
<tr>
<td>Home Health</td>
<td>196 (3.63)</td>
<td>178 (3.31)</td>
</tr>
<tr>
<td>Hospital</td>
<td>2,106 (38.99)</td>
<td>892 (16.57)</td>
</tr>
<tr>
<td>Insurance Claims/Benefits</td>
<td>20 (0.37)</td>
<td>13 (0.24)</td>
</tr>
<tr>
<td>No Secondary Practice Position</td>
<td>2,620 (48.68)</td>
<td></td>
</tr>
<tr>
<td>Nursing Home/Extended Care/Assisted Living Facility</td>
<td>452 (8.37)</td>
<td>268 (4.98)</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>80 (1.48)</td>
<td>30 (0.56)</td>
</tr>
<tr>
<td>Other</td>
<td>809 (14.98)</td>
<td>418 (7.77)</td>
</tr>
<tr>
<td>Policy/Planning/Regulatory/Licensing Agency</td>
<td>8 (0.15)</td>
<td>3 (0.06)</td>
</tr>
<tr>
<td>Public Health</td>
<td>47 (0.87)</td>
<td>33 (0.61)</td>
</tr>
<tr>
<td>School Health Service</td>
<td>154 (2.85)</td>
<td>50 (0.93)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,402 (100.00)</td>
<td>5,382 (100.00)</td>
</tr>
</tbody>
</table>

#### LPN Primary & Secondary Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Primary N=17,851 (%)</th>
<th>Secondary N=17,583 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Setting</td>
<td>89 (0.50)</td>
<td>29 (0.16)</td>
</tr>
<tr>
<td>Ambulatory Care Setting</td>
<td>659 (3.73)</td>
<td>200 (1.14)</td>
</tr>
<tr>
<td>Community Health</td>
<td>478 (2.71)</td>
<td>192 (1.09)</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>440 (2.49)</td>
<td>202 (1.15)</td>
</tr>
<tr>
<td>Home Health</td>
<td>2,640 (14.96)</td>
<td>1,724 (9.80)</td>
</tr>
<tr>
<td>Hospital</td>
<td>1,304 (7.39)</td>
<td>441 (2.51)</td>
</tr>
<tr>
<td>Insurance Claims/Benefits</td>
<td>20 (0.37)</td>
<td>62 (0.35)</td>
</tr>
<tr>
<td>No Secondary Practice Position</td>
<td>2,620 (48.68)</td>
<td></td>
</tr>
<tr>
<td>Nursing Home/Extended Care/Assisted Living Facility</td>
<td>8,316 (47.11)</td>
<td>4,137 (23.53)</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>93 (0.53)</td>
<td>38 (0.22)</td>
</tr>
<tr>
<td>Other</td>
<td>2,915 (16.51)</td>
<td>972 (5.53)</td>
</tr>
<tr>
<td>Policy/Planning/Regulatory/Licensing Agency</td>
<td>8 (0.15)</td>
<td>3 (0.06)</td>
</tr>
<tr>
<td>Public Health</td>
<td>47 (0.87)</td>
<td>33 (0.61)</td>
</tr>
<tr>
<td>School Health Service</td>
<td>154 (2.85)</td>
<td>50 (0.93)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,651 (100.00)</td>
<td>17,583 (100.00)</td>
</tr>
</tbody>
</table>
**New Jersey Nurse Workforce Profile**

**Registered Nurses (RNs)**

**Mean Age:** 50  
**Gender Female = 92%**  
**Racial/Ethnic Background (majority):**  
White/Caucasian = 68%  
Black/African American = 10%  
**Educational Level:** 48% BSN or higher  
**Practicing State:** 94% practice in NJ only

### Registered Nurses (RNs)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=92,308 (%)</td>
<td>N=92,032 (%)</td>
</tr>
<tr>
<td>Academic Setting</td>
<td>1,628 1.76</td>
<td>1,093 1.19</td>
</tr>
<tr>
<td>Ambulatory Care Setting</td>
<td>6,159 6.67</td>
<td>2,437 2.65</td>
</tr>
<tr>
<td>Community Health</td>
<td>1,748 1.89</td>
<td>974 1.06</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>534 0.58</td>
<td>334 0.36</td>
</tr>
<tr>
<td>Home Health</td>
<td>6,087 6.59</td>
<td>3,298 3.58</td>
</tr>
<tr>
<td>Hospital</td>
<td>47,730 51.71</td>
<td>14,199 15.43</td>
</tr>
<tr>
<td>Insurance Claims/Benefits</td>
<td>1,904 2.06</td>
<td>399 0.43</td>
</tr>
<tr>
<td>No Secondary Practice Position</td>
<td>58,031 63.06</td>
<td>63.06</td>
</tr>
<tr>
<td>Nursing Home/Extended Care/Assisted Living Facility</td>
<td>8,154 8.83</td>
<td>4,156 4.52</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>634 0.69</td>
<td>209 0.23</td>
</tr>
<tr>
<td>Other</td>
<td>11,929 12.92</td>
<td>4,808 5.22</td>
</tr>
<tr>
<td>Policy/Planning/Regulatory/Licensing Agency</td>
<td>305 0.33</td>
<td>88 0.10</td>
</tr>
<tr>
<td>Public Health</td>
<td>885 0.96</td>
<td>397 0.43</td>
</tr>
<tr>
<td>School Health Service</td>
<td>4,611 5.00</td>
<td>1,609 1.75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>92,308 100</strong></td>
<td><strong>92,032 100</strong></td>
</tr>
</tbody>
</table>

Source for previous 6 tables: New Jersey Nurse Workforce Supply and Demand, Governor’s Biennial Report, December 2015, New Jersey Collaborating Center for Nursing

**Highest Education Level of Registered Nurses in NJ**  
Source: NJCCN

<table>
<thead>
<tr>
<th>Highest Education Level</th>
<th>Registered Nurses in NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>10,938 11.84</td>
</tr>
<tr>
<td>Associate Degree – Nursing</td>
<td>23,004 24.91</td>
</tr>
<tr>
<td>Associate Degree – Other</td>
<td>1,081 1.17</td>
</tr>
<tr>
<td>Baccalaureate Degree – Nursing</td>
<td>37,064 40.13</td>
</tr>
<tr>
<td>Baccalaureate Degree – Other</td>
<td>7,298 7.90</td>
</tr>
<tr>
<td>Master’s Degree – Nursing</td>
<td>7,033 7.62</td>
</tr>
<tr>
<td>Master’s Degree – Other</td>
<td>4,666 5.05</td>
</tr>
<tr>
<td>Doctoral Degree – Nursing</td>
<td>433 .47</td>
</tr>
<tr>
<td>Doctoral Degree – Other</td>
<td>692 .75</td>
</tr>
</tbody>
</table>

Kathryn Fleming, Rachel Leitner, Lizeth Raigosa, Victoria Fife, Teri Wurmser
## Registered Nurses (RNs)

**Mean Age:** 50  
**Gender Female:** 92%  
**Racial/Ethnic Background (majority):**  
- White/Caucasian = 68%  
- Black/African American = 10%  
**Educational Level:** 48% BSN or higher  
**Practicing State:** 94% practice in NJ only

### RN Primary & Secondary Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=92,308 (%)</td>
<td>N=92,032 (%)</td>
</tr>
<tr>
<td>Academic Setting</td>
<td>1,628 (1.76)</td>
<td>1,093 (1.19)</td>
</tr>
<tr>
<td>Ambulatory Care Setting</td>
<td>6,159 (6.67)</td>
<td>2,437 (2.65)</td>
</tr>
<tr>
<td>Community Health</td>
<td>1,748 (1.89)</td>
<td>974 (1.06)</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>534 (0.58)</td>
<td>334 (0.36)</td>
</tr>
<tr>
<td>Home Health</td>
<td>6,087 (6.59)</td>
<td>3,298 (3.58)</td>
</tr>
<tr>
<td>Hospital</td>
<td>42,730 (51.71)</td>
<td>14,199 (15.43)</td>
</tr>
<tr>
<td>Insurance Claims/Benefits</td>
<td>1,904 (2.06)</td>
<td>399 (0.43)</td>
</tr>
<tr>
<td>No Secondary Practice Position</td>
<td>58,031 (63.06)</td>
<td></td>
</tr>
<tr>
<td>Nursing Home/Extended Care/Assisted Living Facility</td>
<td>8,154 (8.83)</td>
<td>4,156 (4.52)</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>634 (0.69)</td>
<td>209 (0.23)</td>
</tr>
<tr>
<td>Other</td>
<td>11,929 (12.92)</td>
<td>4,808 (5.22)</td>
</tr>
<tr>
<td>Policy/Planning/Regulatory/Licensing Agency</td>
<td>305 (0.33)</td>
<td>88 (0.10)</td>
</tr>
<tr>
<td>Public Health</td>
<td>885 (0.96)</td>
<td>397 (0.43)</td>
</tr>
<tr>
<td>School Health Service</td>
<td>4,611 (5.00)</td>
<td>1,609 (1.75)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92,308 (100)</td>
<td>92,032 (100)</td>
</tr>
</tbody>
</table>

Source for previous 6 tables: New Jersey Nurse Workforce Supply and Demand, Governor’s Biennial Report, December 2015, New Jersey Collaborating Center for Nursing.

## Highest Education Level of Registered Nurses in NJ

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Registered Nurses (RNs)</th>
<th>Source: NJCCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>10,938</td>
<td>11.84</td>
</tr>
<tr>
<td>Associate Degree – Nursing</td>
<td>23,004</td>
<td>24.91</td>
</tr>
<tr>
<td>Associate Degree – Other</td>
<td>1,081</td>
<td>1.17</td>
</tr>
<tr>
<td>Baccalaureate Degree – Nursing</td>
<td>37,064</td>
<td>40.13</td>
</tr>
<tr>
<td>Baccalaureate Degree – Other</td>
<td>7,298</td>
<td>7.90</td>
</tr>
<tr>
<td>Master’s Degree – Nursing</td>
<td>7033</td>
<td>7.62</td>
</tr>
<tr>
<td>Master’s Degree – Other</td>
<td>4,666</td>
<td>5.05</td>
</tr>
<tr>
<td>Doctoral Degree – Nursing</td>
<td>433</td>
<td>.47</td>
</tr>
<tr>
<td>Doctoral Degree – Other</td>
<td>692</td>
<td>.75</td>
</tr>
</tbody>
</table>

Source: NJCCN
Techniques for Trailblazers

Nursing leaders with expertise from numerous industries provided information and inspiration to 160 participants at the NJCCN Summit 2015, a conference for front-line nurses that explored how to build a culture of health through innovation. Lively presentations and table activities demonstrated the important role nurses can and do have in transforming health in their communities. The wide range of presenters, participants, industries and organizations represented that day highlighted the diversity of nursing, as well as the program’s relevance.

- Strategist and keynote speaker Susan B. Hassmiller, PhD, RN, FAAN, senior advisor for nursing for the Robert Wood Johnson Foundation’s The Future of Nursing Campaign, spoke on building a culture of health through nursing innovations and leadership.
- Ancella Livers, PhD and Lynn Fick-Cooper, experts in their fields from the Center for Creative Leaders, shared hands-on tactics for innovation and inclusivity.
- Anna Federico, MSN, FNP-C, a pioneering nurse practitioner who manages 110 of her colleagues at 38 CVS clinics, illustrated how APNs are offering primary care in retail pharmacies.
- The champion for the first Program of All-Inclusive Care (PACE) for the elderly in New Jersey, Jill Viggiano, RN, MS, described its successful implementation through Life St. Francis in Trenton, New Jersey, a celebrated program for which she serves as president and executive director.
- Antonia Lewis, MPH, a community coach with County Health Rankings & Roadmaps, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, demonstrated the use of health outcomes data in counties in New Jersey. Developing evidence-based strategies creates healthier environments for living, working, playing and learning.

Legacy for Leadership

George J. Hebert, a beloved colleague to many, was the executive director of the Board of Nursing and a NJCCN board member. George’s passing in May of 2015 left nursing without his inspiring leadership and caring soul. His life and service were memorialized by the center’s establishment of the first annual George J. Hebert Legacy Award. The first recipient was Yuri Jadotte, a researcher, educator and doctoral candidate, who is using the $2,500 grant to study the “relationship between interdisciplinary collaborative practice and patient outcomes in urban settings.”
Techniques for Trailblazers

Nursing leaders with expertise from numerous industries provided information and inspiration to 160 participants at the NJCCN Summit 2015, a conference for front-line nurses that explored how to build a culture of health through innovation. Lively presentations and table activities demonstrated the important role nurses can and do have in transforming health in their communities. The wide range of presenters, participants, industries and organizations represented that day highlighted the diversity of nursing, as well as the program’s relevance.

• Strategist and keynote speaker Susan B. Hassmiller, PhD, RN, FAAN, senior advisor for nursing for the Robert Wood Johnson Foundation’s The Future of Nursing Campaign, spoke on building a culture of health through nursing innovations and leadership.

• Ancella Livers, PhD and Lynn Fick-Cooper, MBA, experts in their fields from the Center for Creative Leaders, shared hands-on tactics for innovation and inclusivity.

• Anna Federico, MSN, FNP-C, a pioneering nurse practitioner who manages 110 of her colleagues at 38 CVS clinics, illustrated how APNs are offering primary care in retail pharmacies.

• The champion for the first Program of All-Inclusive Care (PACE) for the elderly in New Jersey, Jill Viggiano, RN, MS, described its successful implementation through Life St. Francis in Trenton, New Jersey, a celebrated program for which she serves as president and executive director.

• Antonia Lewis, MPH, a community coach with County Health Rankings & Roadmaps, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, demonstrated the use of health outcomes data in counties in New Jersey. Developing evidence-based strategies creates healthier environments for living, working, playing and learning.

Grassroots Nurses on the Road Less Traveled

The NJCCN, New Jersey Nursing Initiative and New Jersey Health Initiatives established three $5,000 grants that will enable nurses to use the problem solving and innovative skills acquired at the summit. The grantees will work across at least two settings and include community leaders in the project. This rich opportunity was announced at the conference.
NJCCN Summit
October 29, 2015

Nurses shared innovative ideas and practices at the conference, which was presented in partnership with the New Jersey Action Coalition, New Jersey Nursing Initiative and New Jersey Health Initiatives.

10. Maria LoGrippo, Jennifer Espinosa, Carolyn Paul, Nadra Chafaqi, Elizabeth Callahan, Karen Gentile, Olufunmilola Akindele, Susan Hassmiller
NJCCN Summit
October 29, 2015

Nurses shared innovative ideas and practices at the conference, which was presented in partnership with the New Jersey Action Coalition, New Jersey Nursing Initiative and New Jersey Health Initiatives.

Connections

Building key relationships strengthened the bonds among the stakeholders the center connects. The NJCCN is the only coordinated statewide effort to ensure a strong, relevant nursing workforce. It also enjoys the noteworthy distinction of being the only center of its kind to be mandated and defined by law.

Commitment & Lasting Ties

It was as a new member of New Jersey’s Health, Human Services and Senior Citizens Committee, a group he now chairs, that Senator Joseph F. Vitale became acquainted with the work that would evolve into the NJCCN. “The nursing community adopted me.” With healthcare as his primary concern, this relationship “was a natural fit, a homegrown interest.”

Thirteen years later, Senator Vitale distinctly remembers the efforts of innovative nursing leaders such as Dr. Geri Dickson to expand his understanding of the role of nurses and their far-reaching contribution to healthcare. He, in turn, worked extensively with his fellow legislators to build the consensus that resulted in the unanimous vote in December 2002 to establish the New Jersey Collaborating Center for Nursing. The ties that connected the Senator and the center remain strong as part of his commitment to the profession of nursing in its crucial role of promoting wellness and quality care for New Jerseyans.

A Common Goal, Increased Collaboration

Leaders from four diverse organizations, including the New Jersey Action Coalition, New Jersey Healthcare Initiatives, New Jersey Nursing Initiative and NJCCN, began to meet regularly as a way of brainstorming opportunities and methods to advance their shared goal of building the best possible nursing workforce for the citizens of New Jersey.

A Next-Generation Information Hub

A remarkable new, user-friendly website shone a bright light on the center’s unique role as the leading repository of information for New Jersey’s nursing workforce, as well as a loud and clear voice for its advancement. The new information hub, which is updated by staff in an exceptionally timely manner, provides access to vital information produced by the NJCCN and numerous other organizations, connecting stakeholders like never before.

Common Goals, A Shared Vision

Stakeholders were our clients and partners, supporting our goals and each others.
Connections

Building key relationships strengthened the bonds among the stakeholders the center connects. The NJCCN is the only coordinated statewide effort to ensure a strong, relevant nursing workforce. It also enjoys the noteworthy distinction of being the only center of its kind to be mandated and defined by law.

Commitment & Lasting Ties

It was as a new member of New Jersey’s Health, Human Services and Senior Citizens Committee, a group he now chairs, that Senator Joseph F. Vitale became acquainted with the work that would evolve into the NJCCN. “The nursing community adopted me.” With healthcare as his primary concern, this relationship “was a natural fit, a homegrown interest.”

Thirteen years later, Senator Vitale distinctly remembers the efforts of innovative nursing leaders such as Dr. Geri Dickson to expand his understanding of the role of nurses and their far-reaching contribution to healthcare. He, in turn, worked extensively with his fellow legislators to build the consensus that resulted in the unanimous vote in December 2002 to establish the New Jersey Collaborating Center for Nursing. The ties that connected the Senator and the center remain strong as part of his commitment to the profession of nursing in its crucial role of promoting wellness and quality care for New Jerseyans.

A Common Goal, Increased Collaboration

Leaders from four diverse organizations, including the New Jersey Action Coalition, New Jersey Healthcare Initiatives, New Jersey Nursing Initiative and NJCCN, began to meet regularly as a way of brainstorming opportunities and methods to advance their shared goal of building the best possible nursing workforce for the citizens of New Jersey.

A Next-Generation Information Hub

A remarkable new, user-friendly website shone a bright light on the center’s unique role as the leading repository of information for New Jersey’s nursing workforce, as well as a loud and clear voice for its advancement. The new information hub, which is updated by staff in an exceptionally timely manner, provides access to vital information produced by the NJCCN and numerous other organizations, connecting stakeholders like never before.

Common Goals, A Shared Vision

Stakeholders were our clients and partners, supporting our goals and each other’s.

Allied Health Professionals
Aspiring Nurses
Citizens of NJ Funders
Governmental Officials
Healthcare Professionals
Healthcare Providers
Nurses
Nursing Educators & Researchers
Nursing Leaders
Nursing Students
Nursing Unions
Payers
Policy and Opinion Makers
Professional Organizations
Schools of Nursing
Support Staff

Nursing Faculty at the Summit
Inspiring Imperative

“As the largest segment of the healthcare workforce and the professionals who spend the most time with patients, families and communities, nurses are vital to improving the health and healthcare of all Americans. Funding the early work of the NJCCN through a Colleagues in Caring grant fed directly into the Robert Wood Johnson Foundation vision of supporting that effort. The NJCCN is helping ensure that competent, future-oriented, diverse nursing providers were available in sufficient numbers and preparation to meet the demands of New Jersey’s evolving healthcare system.”

Susan B. Hassmiller, PhD, RN, FAAN
Senior Advisor for Nursing
Robert Wood Johnson Foundation

“One of our several greatest areas of growth in 2015 was the progress we achieved in connecting with our stakeholders while fostering relationships among them. We both serve and are served by them. Ultimately, a collaborative and collegial sense of purpose among numerous committed individuals including stakeholders paved the way for our new direction.”

Edna Cadmus, PhD, RN, NEA-BC, FAAN
Executive Director

“The New Jersey Colleagues in Caring project from 1996 to 2002 laid the foundation for the state law establishing the New Jersey Collaborating Center for Nursing the following year. Partnerships at all levels of nursing organizations and other stakeholder groups were key to our success, as were extensive database information sharing, education and networking. Building relationships with legislators led to state financial support in 2005 to maintain the important work of the center. Clearly, it was leadership and dedication to the cause that made the New Jersey Collaborating Center for Nursing happen.”

Geri L. Dickson, RN, PhD
Founding Executive Director

“Meaningful relationship-building across numerous sectors, strengthened connections with our stakeholders, raised visibility across the state and innovation were hallmarks of 2015 for the New Jersey Collaborating Center for Nursing. It was a year of expansion, high-energy and advancement.”

Linda Parry-Carney, MA, RN-BC
Board Chair

“The New Jersey and the nursing community speak with one voice. Supporting the center is an important part of ensuring that New Jersey’s nursing workforce is able to meet the demands of the healthcare needs of its citizens.”

Senator Joseph F. Vitale
Chairman, Senate Health, Human Services and Senior Citizens Committee
New Jersey Legislature

“Nursing, for which I have a deeply held love and respect, has been part of my family since the late 19th century. Much of my career has been dedicated to developing and implementing policies and plans to improve healthcare and encourage healthy living. Being a NJCCN board member has presented me with an opportunity to merge these areas of my life as I provide the consumer’s perspective to an organization that is helping build a strong nursing workforce for the people of New Jersey.”

Barbara George Johnson, MPH, JD
Board Member

Turning Point 2015 Annual Report
New Jersey Collaborating Center for Nursing
“As the largest segment of the healthcare workforce and the professionals who spend the most time with patients, families and communities, nurses are vital to improving the health and healthcare of all Americans. Funding the early work of the NJCCN through a Colleagues in Caring grant fed directly into the Robert Wood Johnson Foundation vision of supporting that effort. The NJCCN is helping ensure that competent, future-oriented, diverse nursing providers were available in sufficient numbers and preparation to meet the demands of New Jersey’s evolving healthcare system.”

Susan B. Hassmiller, PhD, RN, FAAN
Senior Advisor for Nursing
Robert Wood Johnson Foundation

“The New Jersey Colleagues in Caring project from 1996 to 2002 laid the foundation for the state law establishing the New Jersey Collaborating Center for Nursing the following year. Partnerships at all levels of nursing organizations and other stakeholder groups were key to our success, as were extensive database information sharing, education and networking. Building relationships with legislators led to state financial support in 2005 to maintain the important work of the center. Clearly, it was leadership and dedication to the cause that made the New Jersey Collaborating Center for Nursing happen.”

Geri L. Dickson, RN, PhD
Founding Executive Director

“One of our several greatest areas of growth in 2015 was the progress we achieved in connecting with our stakeholders while fostering relationships among them. We both serve and are served by them. Ultimately, a collaborative and collegial sense of purpose among numerous committed individuals including stakeholders paved the way for our new direction.”

Edna Cadmus, PhD, RN, NEA-BC, FAAN
Executive Director

“Meaningful relationship-building across numerous sectors, strengthened connections with our stakeholders, raised visibility across the state and innovation were hallmarks of 2015 for the New Jersey Collaborating Center for Nursing. It was a year of expansion, high-energy and advancement.”

Linda Parry-Carney, MA, RN-BC
Board Chair

“My love and respect for nursing, for which I have a deeply held love and respect, has been part of my family since the late 19th century. Much of my career has been dedicated to developing and implementing policies and plans to improve healthcare and encourage healthy living. Being a NJCCN board member has presented me with an opportunity to merge these areas of my life as I provide the consumer’s perspective to an organization that is helping build a strong nursing workforce for the people of New Jersey.”

Barbara George Johnson, MPH, JD
Board Member

“The NJCCN and the nursing community speak with one voice. Supporting the center is an important part of ensuring that New Jersey’s nursing workforce is able to meet the demands of the healthcare needs of its citizens.”

Senator Joseph F. Vitale
Chairman, Senate Health, Human Services and Senior Citizens Committee
New Jersey Legislature
1996
Colleagues in Caring, a project funded by the Robert Wood Johnson Foundation, begins. It was one of eight grant-funded initiatives in the United States uniquely charged with developing workforce solutions to marry the futures of nursing and patient care.

2002
The New Jersey Collaborating Center is established, taking forward the work of Colleagues in Caring.

2006
Linda Parry-Carney joins the NJCCN board, which comprises nursing leaders from throughout New Jersey.

2011
Founding Executive Director Dr. Geri Dickson retires after distinguished service to nursing and the citizens of New Jersey.

2014
Dr. Edna Cadmus is appointed executive director.

2015
The NJCCN takes a new direction, focusing on the nursing workforce in the context of the evolving healthcare environment.

**Board**

- Maria Brennan, MSN, RN, CPHQ
- Karen Gentile, RN
- Evadne Adina Harrison-Madu, PhD, MSN, RN
- Vicki Hasser, MSW, LCSW
- Aline Holmes, DNP, RN, APNC
- Barbara George Johnson, MPH, JD
- Michele McLaughlin, RN, MSN, CPAN
- Ann Painter, RN, MSN
- Linda Parry-Carney, MA, RN-BC
- Carol Patterson, MSN, RN, CNE
- Neddie Serra, EdD, CNE, MSN, RN
- Muriel M. Shore, EdD, RN, NEA-BC, FNAP
- Susanne Sorace, MSN, RN, CNE
- Donna Stankiewicz, MSN, RN
- Susan H. Weaver, MSN, RN, CRNI, NEA-BC
- Teri Wurmser, PhD, MPH, RN

**Advisory Committee**

- Darlene Cox, MS, RN, FACHE
- Laura Mularz, DNP, RN, APRN, ACNS-BC, NE-BC
- Yvonne Wesley, RN, PhD, FAAN

Compiled February 2016

**Turning Point**

is a publication of the New Jersey Collaborating Center for Nursing, a statewide leader in the nationally evolving healthcare environment.
1996
Colleagues in Caring, a project funded by the Robert Wood Johnson Foundation, begins. It was one of eight grant-funded initiatives in the United States uniquely charged with developing workforce solutions to marry the futures of nursing and patient care.

2002
The New Jersey Collaborating Center is established, taking forward the work of Colleagues in Caring.

2006
Linda Parry-Carney joins the NJCCN board, which comprises nursing leaders from throughout New Jersey.

2011
Founding Executive Director Dr. Geri Dickson retires after distinguished service to nursing and the citizens of New Jersey.

2014
Dr. Edna Cadmus is appointed executive director.

2015
The NJCCN takes a new direction, focusing on the nursing workforce in the context of the evolving healthcare environment.

Board
- Maria Brennan, MSN, RN, CPHQ
- Karen Gentile, RN
- Evadne Adina Harrison-Madu, PhD, MSN, RN
- Vicki Hasser, MSW, LCSW
- Aline Holmes, DNP, RN, APNC
- Barbara George Johnson, MPH, JD
- Michele McLaughlin, RN, MSN, CPAN
- Ann Painter, RN, MSN
- Linda Parry-Carney, MA, RN-BC
- Carol Patterson, MSN, RN, CNE
- Neddie Serra, EdD, CNE, MSN, RN
- Muriel M. Shore, EdD, RN, NEA-BC, FNAP
- Susanne Sorace, MSN, RN, CNE
- Donna Stankiewicz, MSN, RN
- Susan H. Weaver, MSN, RN, CRNI, NEA-BC
- Teri Wurmsler, PhD, MPH, RN

Advisory Committee
- Darlene Cox, MS, RN, FACHE
- Laura Mularz, DNP, RN, APRN, ACNS-BC, NE-BC
- Yvonne Wesley, RN, PhD, FAAN

Compiled February 2016