

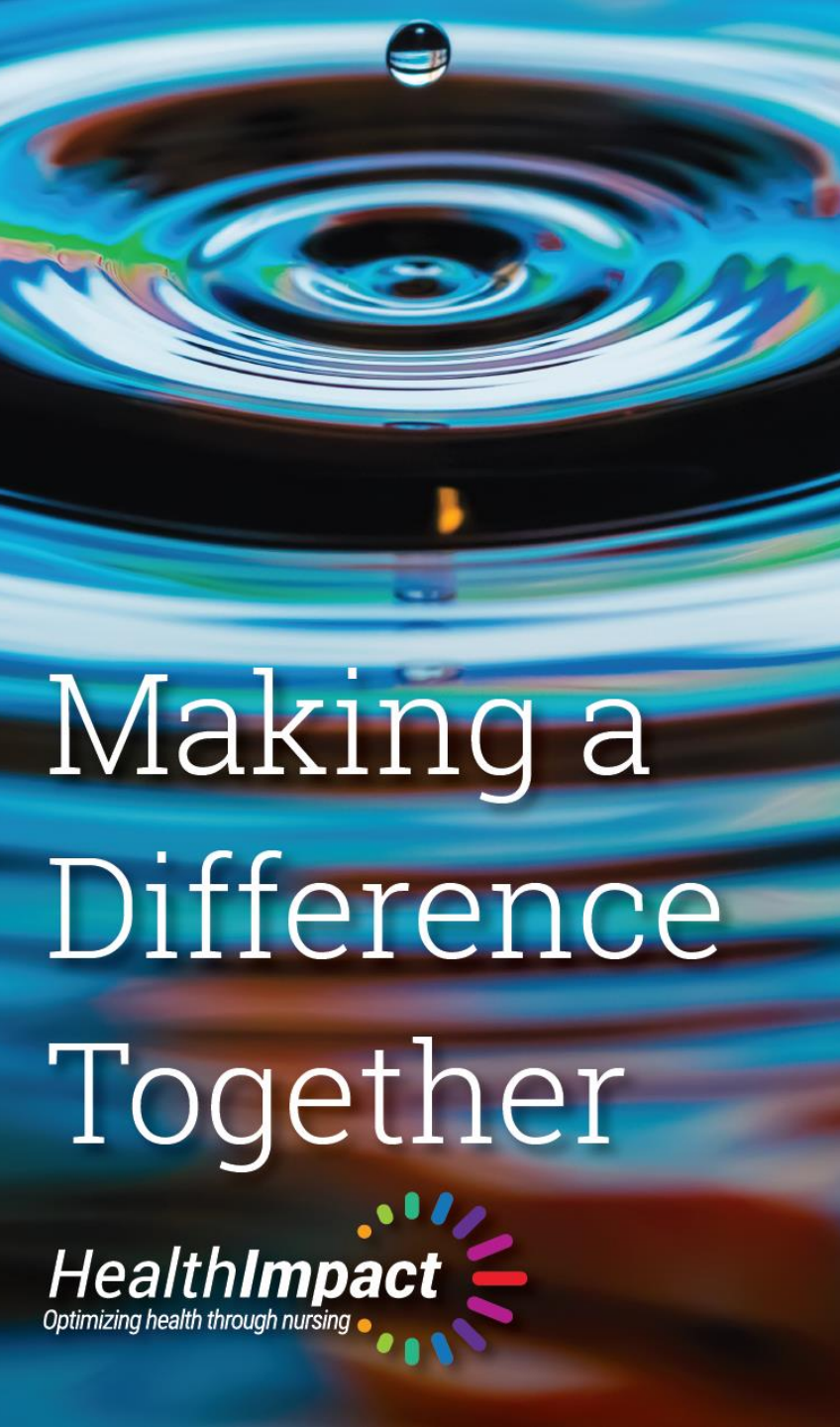


# A Regional Approach to Building a Specialty RN Pipeline

A Strategic Workforce Initiative Conducted Through  
Academic-Practice Partnerships

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# Making a Difference Together



## Who We Are

- California's Nursing Workforce Center
- Lead Master Planning Activity for California's Nursing Workforce
- Lead State-wide Initiatives to Promote Nursing's Contributions to Health



## Mission Statement

To enhance the well-being of Californians through innovation, inter-professional leadership, and nursing excellence

## Vision

Transforming nursing to advance the health of Californians

## Value Statement

Authentic leaders committed to inclusivity, collaboration, and stewardship



## Advancing the Mission

- Nursing Education Plan
- Academic Progression Model - NEPIN
- **RN Transition Programs – New Graduate & Specialties**
- New Roles for Nurses – Primary Care
- Value of Nursing
- Clinical Faculty Development
- California Simulation Alliance
- California Action Coalition
- Interprofessional Teams

Why is it hard to find experienced RNs for specialty positions?

What can be done about it?

# Background

- HASC serves the political, economic and educational needs of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura
- 175 member hospitals and health systems
- Concerns raised regarding apparent shortage of specialty trained RNs
- Engaged HealthImpact to conduct root cause analysis
- In January 2016, HASC convened a workgroup: HR, Nursing and Administrators
- Nursing School voice deemed critical and brought into conversation

# Process

- Series of meetings to build relationships
- Survey instruments and scoring rubric
- Article research and evidence gathering
- Root cause identification
- Incorporate partner schools in discussion
- Validate
- Develop recommendations





- HASC Region - 176 member hospitals and health systems across 6 counties: LA, Riverside, San Bernardino, Orange, Ventura, Santa Barbara
- 75 RN Pre-licensure programs are in this same region
- Specialties with greatest demand evidenced by # RN vacancies and key positions identified as “hard to fill”:
  - Peri – Operative
  - Critical Care
  - Emergency Services
  - Labor and Delivery
  - Neonatal Intensive Care
  - Case Management/Care Coordination



# Specialty Focus Areas

Extrapolated need across region for experienced RNs over 12 months\*:

Perioperative— 1,072

Critical Care – 2,320

Emergency – 1,392

Labor & Delivery – 864

Neonatal ICU – 688

Care Coordinator and Case Manager  
anticipated to grow



\*17 hospitals in workgroup representing 175 hospitals across HASC total membership

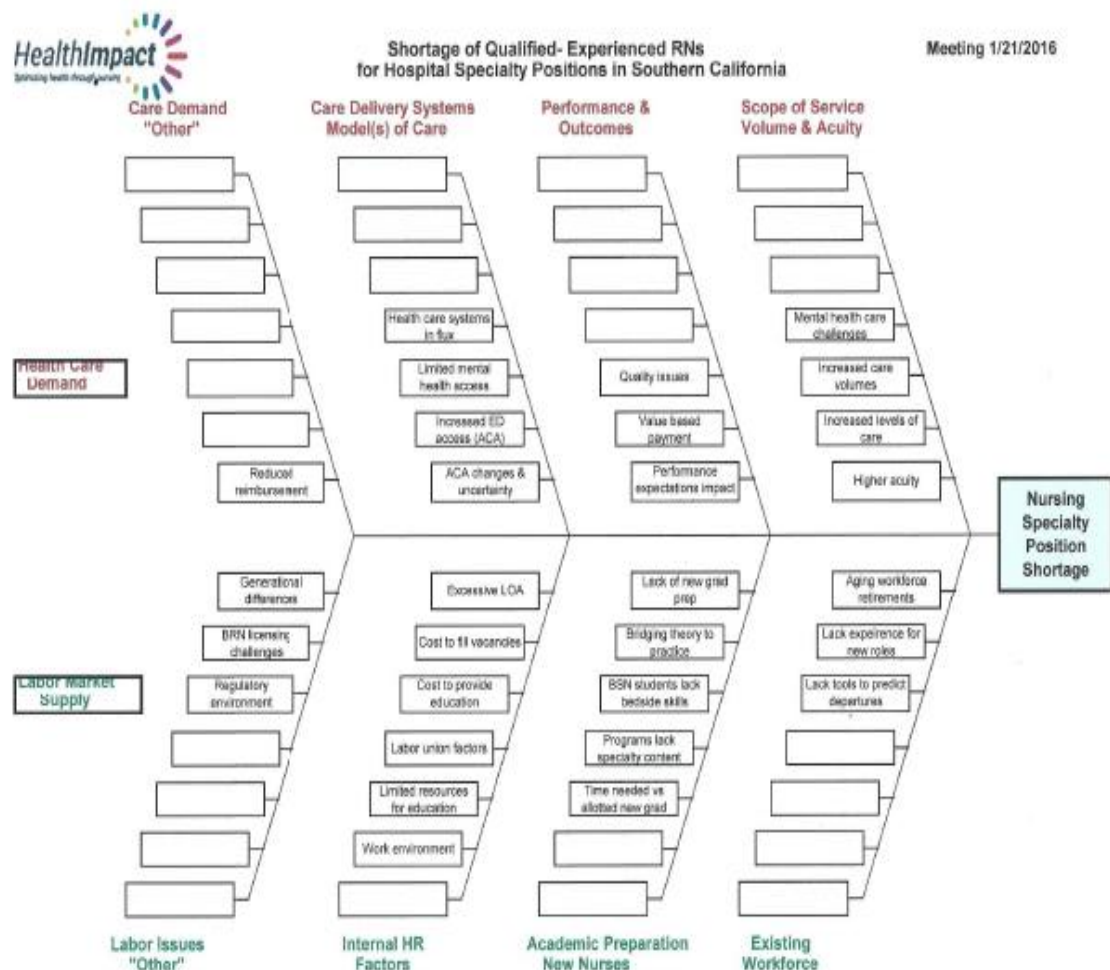
# Demand for *Experienced Specialty* RNs > Supply

- Key Drivers:

- Increasing patient volume and complexity
- Aging nursing workforce - retirements
- Newly licensed RNs prepared as generalists
- High RN turnover - first year of employment
- Increasing competition for qualified candidates
- Limited resources with escalating costs



# Root Causes Identified by Supply and Demand



Loss of specialty nurses due to increased retirements

Turnover caused by intensity of these work environments

High cost of recruitment and on boarding

Insufficient pre-licensure education specific to specialties

New demands of regulation

Increased acuity

## Supply - Demand Forecast Prompts Consideration of Strategic Change

- **RN workforce supply and demand balanced over the next 10 years** (Forecasts of the Registered Nursing Workforce in California, CA BRN, June 2017)
  - **CA RN supply will be 11.5% (44,500) lower than demand by 2030** (HRSA National Center for Health Workforce Analysis 2017)
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- ✓ Recognize transition to/in practice as essential to RN role
  - ✓ Implement flexible and sustainable strategies
  - ✓ Benefits of regional collaboration and system wide change
  - ✓ Build upon and extend academic-practice partnerships

## **Recommendation 1: Student Elective Courses for Various Specialty Roles**

Intense Exposure to Clinical Specialty

- ✓ Pre-screening for aptitude and success in specialty areas
- ✓ Rigorous student selection process
- ✓ Informed by regional demand for specific specialties
- ✓ Hospital provides nurse educator
- ✓ Connects students to potential employment post-graduation
- ✓ Successful pilot with Cedars Sinai and CSU Los Angeles



## Recommendation 2: RN Transition Programs for Specialty Roles

Post-graduate course with standard, yet flexible curriculum

- ✓ Regional approach with option for multiple partners
- ✓ Schools provide didactic content, course credit, liability coverage
- ✓ Clinical sites provide preceptors
- ✓ Option to combine new grads with experienced RNs moving to new roles
- ✓ Model developed through HealthImpact





# Benefits



- ✓ Develop applicant pool with greater base of specialty experience
- ✓ Reduce competition
- ✓ Reduce vacancy driven staffing costs
- ✓ Reduce recruitment costs
- ✓ Increased efficiency through centralized education
- ✓ Establish community-based standards, adopt best practices

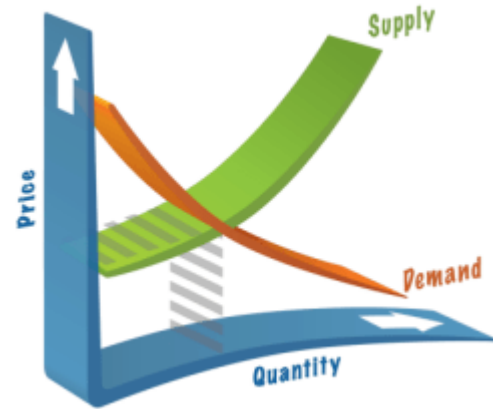


## Addressing Workforce Needs Identifying Mutual Goals

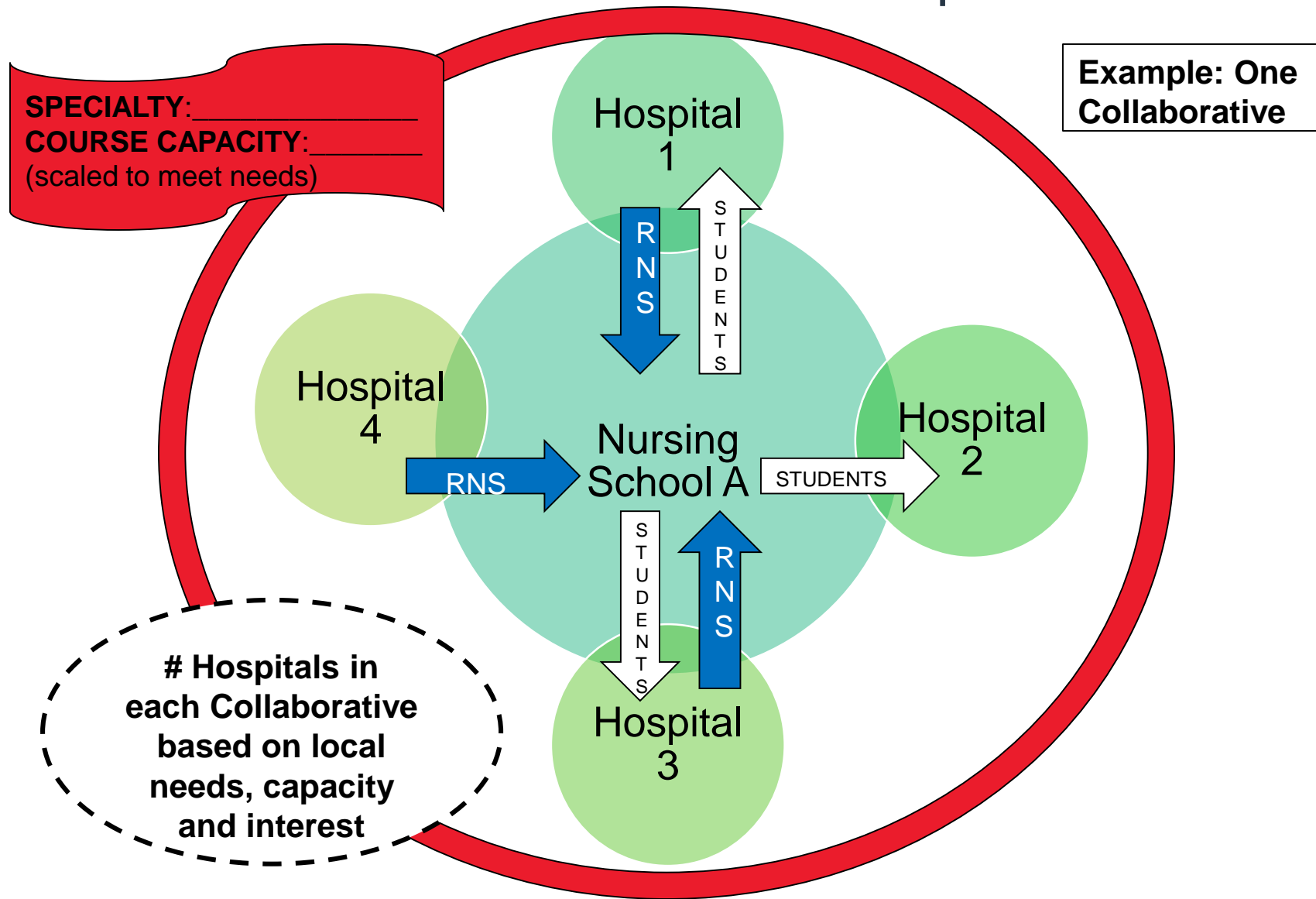
**Employers – RNs – Jobs**  
**Knowledge – Experience**  
**Schools – Students**

**Preparing Experienced**  
**Specialty RNs**  
**Aligning Supply & Demand**

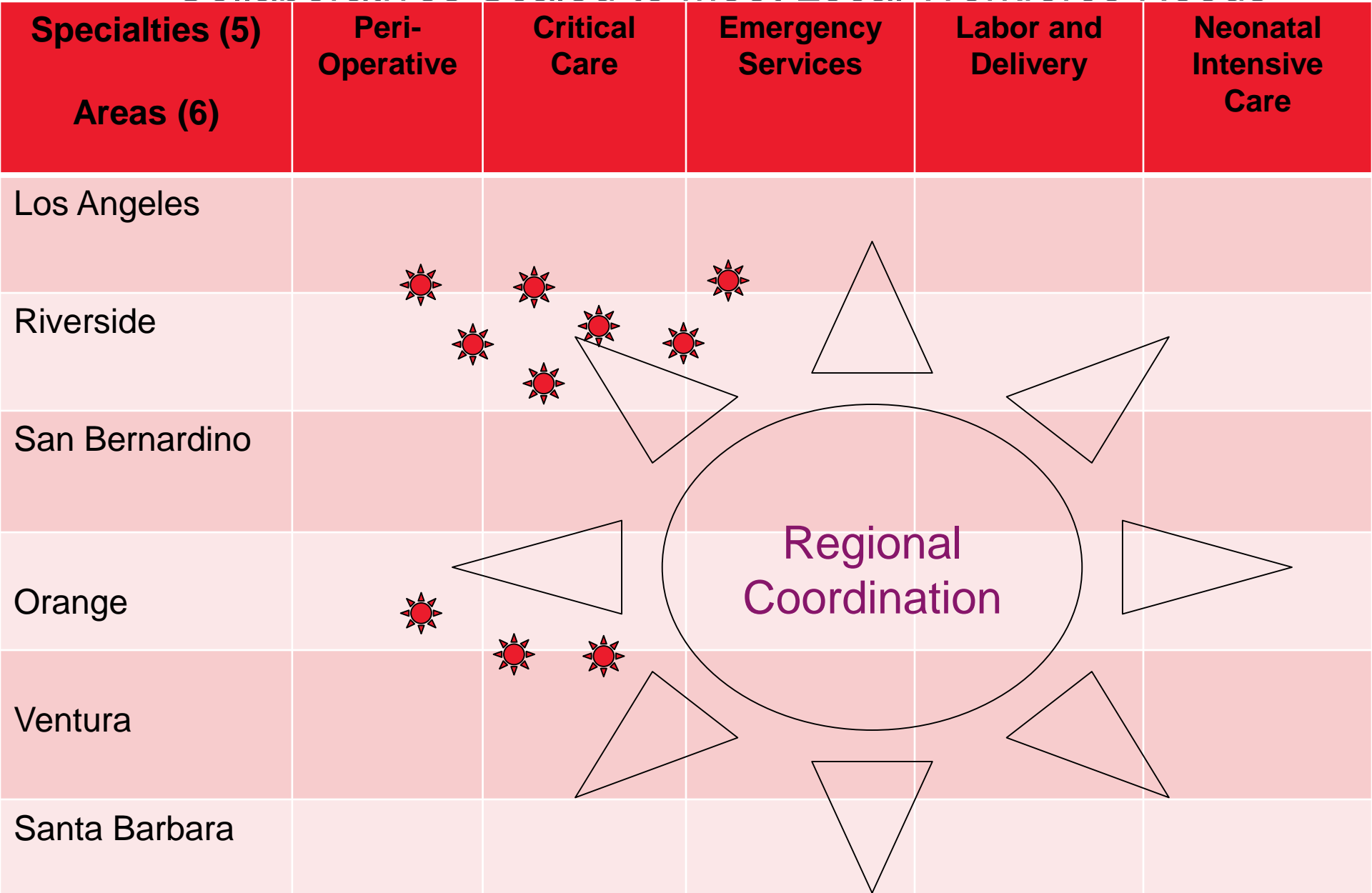
Increase Supply through Collaboration in Professional Development



# The Academic-Practice Partnerships



# Regional Coordination: Working With Several Collaboratives Scaled to Meet Local Workforce Needs



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# Bridge Knowledge-Experience Gap Pipelines to Employment

## Course Structure

Support professional development opportunities and retention (current RNs)

Source, guide, and prepare emerging candidates (RN students)



✓ Didactic content options (online, in person, hybrid)

■ **WITH**

- ✓ Supervised clinical practice (preceptor)
- ✓ Immersive experience in specialty (typically 1 semester)
- ✓ Provide clinical practicum in hospital and unit *with intent to be hired and work*

# Aligning Needs and Interests

## **Hospital Partners Determine**

- ✓ RN specialty needs (current and forecasted)
- ✓ Type of specialty(s)
- ✓ Academic partner(s)
- ✓ # Positions to be filled through pipeline course(s)
- ✓ Enrollment: current RN staff and/or RN students
- ✓ Cost of “hard to fill” vacancies, potential savings and ROI
- ✓ Intent to transfer or hire

## **Nursing Schools Determine**

- ✓ Interest and capacity to provide a specialty course
- ✓ Type of specialty(s)
- ✓ Hospital partner(s)
- ✓ Course capacity (range)
- ✓ Option to enroll hospital RNs and/or RN students
- ✓ Cost of course (registration fees)
- ✓ Pre-qualifying eligible students for success

# Employer Benefits

- Increase regional supply of RNs with specialty knowledge and experience
  - ✓ Current RNs moving to specialty areas
  - ✓ RN students qualified for “hard to fill” positions
- Reduce competition among local hospitals
- Provide career options for professional advancement (retention)
- Source and enroll RNs and RN students that demonstrate qualities aligned with employer’s hiring needs
- Inform hiring decisions – improve turnover rate



# Cost Benefit Assumptions

- Reduce time to fill “hard to fill” RN specialty positions
- Reduce high cost of staffing vacant RN specialty positions (overtime, contract personnel) example:  
*if 1 vacant FTE + \$3,500/month > regular staff cost, then filling 6 vacant positions 3 months earlier = \$63,000 cost reduction*
- Improve RN turnover rate in first year of employment (turnover cost est. \$60,000-\$90,000)
- Reduce recruitment time and resources sourcing and hiring candidates for hard to fill positions

## Demonstrate ROI Strengthen Sustainability



- Course Cost
- Typical Range:  
\$500 - \$3,000 pp
- Hospital cost and savings
  - Net Savings – Course  
Cost/ Course Cost = X%  
ROI

# Metrics to Monitor Results as “Indicators of Success”

- Courses conducted scaled to meet employer needs
- RN vacancy rate and/or “time to fill” vacant positions
- Cost from overtime and contract personnel
- Cost benefit and ROI to sustain program model

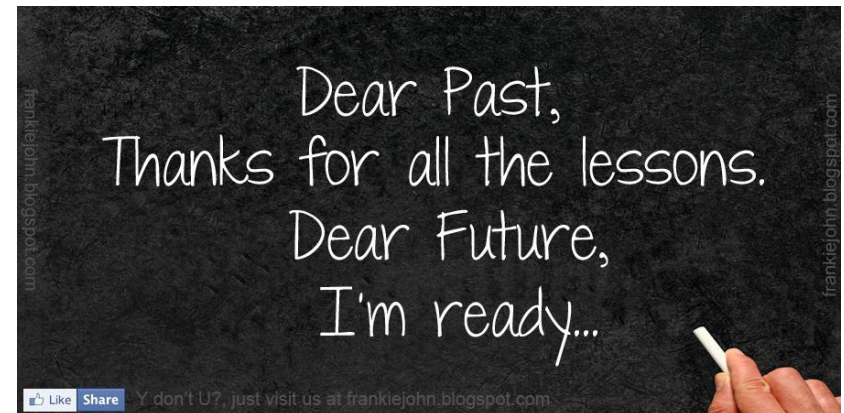
- Successful learning outcomes demonstrate essential knowledge - competencies
- Progression to competence
- Turnover rate (first year)
- Improved satisfaction and engagement
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# Changing Landscape

## Courses vs. Programs

- Specialty courses with immersive clinical practice are NOT post licensure Residency Programs.....yet these strengthen RN readiness for employment and support transition to/in practice

*Are these strategies and methods only short term or limited to hospital specialties , or .....does this model provide a new path for nursing practice?*





**Thank you!**

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