A Regional Approach to Building a Specialty RN Pipeline

A Strategic Workforce Initiative Conducted Through Academic-Practice Partnerships

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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)

✅ 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

Example: One Collaborative

# Hospitals in each Collaborative based on local needs, capacity and interest
Regional Coordination: Working With Several Collaboratives Scaled to Meet Local Workforce Needs

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<tr>
<th>Specialties (5)</th>
<th>Peri-Operative</th>
<th>Critical Care</th>
<th>Emergency Services</th>
<th>Labor and Delivery</th>
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RN Candidates to Participate in an Immersive Specialty Course

- Need: Knowledge and experience in specialty practice
- RNs currently employed by hospital(s) moving to new specialty area(s)
- RNs recruited by hospital(s) lacking specialty experience
- RN students (senior year) interested in hospital specialty practice
Bridge Knowledge-Experience Gap Pipelines to Employment

Support professional development opportunities and retention (current RNs)

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

Course Structure

✓ 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
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?

Dear Past,
Thanks for all the lessons.
Dear Future,
I’m ready...

HealthImpact
Thank you!

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