

# Staffing Committee Minutes

## Brevard Healthcare Workforce Consortium

March 13, 2017, 2:00 – 4:00 p.m.

### **Attendees:**

Kara Anderson (Simplifying Senior Living), Janice Scholz (Brevard Public Schools – Career and Technical Education) via conference call, Frances Iacobellis (UCF – College of Nursing) via conference call, Lisa Turner (Wuesthoff Health System), Dr. Murielle Pamphile (Keiser University), Teri Robotti (PSA Healthcare – Melbourne), Robin Ward (Brevard Public Schools), Michelle Jones (CareerSource Brevard), and Carol Macrander (CareerSource Brevard).

### **Not In Attendance:**

Deb Holland (Health First Center for Learning), Heidi Kuchenbacker (Hibiscus Court), Anita Stremmel (Department of Health – Brevard), Jeff Arnott (Brevard Public Schools – Adult Education), Gail Kroen (Wuesthoff Health System), Amarilis Gitto (BrightStar Care), Sheryl Cost (CareerSource Brevard), and Christine Hoffner (Solaris Healthcare Merritt Island).

### **Order of Business:**

**Introductions and Partnership Exploration:** Committee Members introduced themselves to include their organizations and roles. Potential partnerships among meeting participants were explored.

### **Discuss Integration of Other Committee Work:**

- The following responses were provided by the Education, Training and Technology Committee to questions asked by the Committee:
  - How many CNAs and LPNs can be produced in Brevard County per year?
    - CNA
      - CNA Program in BPS – CTE - 90 – 100 (many high school students intend to go immediately into higher education)
      - Harris-Casel Institute - 100 (some do not go on to licensure due to inability to pay for testing)
      - Keiser University - 100 (currently producing around 30 – 40 due to student self-funding challenges)

- EFSC - 25 (In 2016 according to FLCNA First Time Combined Pass Rate by Program Report – information researched after the meeting and included here for reference)
- LPN
  - Harris-Casel Institute – 48 per year (at capacity due to space and clinical limitations)
  - Eastern Florida State College – 27 (for 2016 per NCLEX Report – information researched after the meeting and included here for reference)
  - Not possible in BPS – CTE due to age.
  - Potential for LPN Program in BPS – Adult Education
- Are transition programs for CNA to LPN at maximum capacity?
  - Representative from EFSC was not present
  - According to those present this program is only available at EFSC Titusville Campus and enrollment is limited
  - Are hybrid courses (combining on-line, classroom and clinical) offered?
    - Representative from EFSC was not present
- Would it be possible to integrate information on the role of CNAs and LPNs in Nursing Homes, Assisted Living and Home Health settings into curriculum?
  - According to representatives from Harris Casel Institute and Keiser University this is already integrated into the curriculum. Representatives from these organizations may present to classes.
- Can internships/clinicals for CNAs and LPNs be done in an assisted living setting?
  - CNA – 20 hours must be completed in a clinical setting. An additional 20 hours can be completed in assisted living or home health setting.
  - LPN – All hours must be completed in a clinical setting (Skilled Nursing)
    - Significant issues with specialty clinical settings such as OB/GYN since LPN clinicals are no longer offered in a hospital setting. Refer to Regulations Committee for requested changes to curriculum to align with current job duties (eliminate required curriculum/clinicals outside of work scope)
  - If not allowed, who governs and how could change be affected?
    - Question skipped

- Would schools that offer LPN programs be willing to survey student intent to work as an LPN vs. immediate pursuit of additional education?
  - Harris-Casel Institute indicated that approximately 80% go on immediately to pursue RN. Since EFSC requires a 2 year work period prior to entering their program for education outside of EFSC many continue training outside of Brevard. If RN education and clinicals are completed outside of Brevard it may be hard to attract them back to the area. Harris-Casel Institute would be willing to survey LPN students if a tool is developed.
- How could the number of seats in nursing programs be increased?
  - Keiser
    - CNA Program under capacity. Barriers to reach capacity:
      - Inability of students to pay for training, lack of scholarships, not PELL eligible
      - Low occupational wages
      - Poor clinical experience (preceptors expressing dissatisfaction with career field)
    - RN at capacity
      - Limited by Board of Education and Board of Nursing
  - Harris-Casel Institute
    - CNA and LPN Programs at capacity
      - Space
      - Faculty
      - Clinicals
      - Board of Nursing requirements
      - Some do not complete or go on to licensure due to expense of programs and licensure (student inability to pay, lack of scholarships, not PELL Eligible)
- How can faculty pay issues be addressed?
  - According to participants in other committees nurse educator pay is routinely less than what can be made in practice
    - Confirmed that this is the case with the requirement that faculty have 5 years of teaching experience.
    - BPS-CTE indicated that they are losing faculty to retirement and have to find individuals willing to work on a teacher's salary with an MSN and six years of experience.
    - No solutions were provided
- The Regulations Committee submitted the following recommendations in regards to Nurse Retention to the Committee for review and further action if

deemed appropriate by the Committee (additional information is available upon request):

- The Committee recommends that employers pay nurses placed on-call their regular hourly wage due to the nature of personal impact of on-call status. Although this is not required by law, this course of action would increase nurse morale and ensure that staff are ready and available if others call in sick or there is an influx of unexpected patients.
- The Committee recommends that employers involve employees in the development of staffing plans to work towards instituting a work week of a maximum of 40 hours comprised of day shifts of 8 or 10 hours and evening shifts of no more than 8 hours as recommended by the National Institute of Occupational Safety and Health Nurse Training Program.
  - This work could also include the following
  - Shift coverage to account for ill staff
  - Technology upgrades to support positive and healthy staff ergonomics
  - Retention packages

### **Action Plan Development**

See attached Action Plan

### **Identify Next Steps for the Committee**

See Action Plan for assignments

Committee agreed to reconvene on April 3, 2017 from 2 - 4 p.m.

## **STAFFING COMMITTEE ACTION PLAN**

**March 13, 2017**

1. Issue: **Recruitment and retention of Homemaker Companions, Home Health Aides, Certified Nursing Assistants and Practical Nurses**
  - a. Desired Outcome: **A robust pipeline of new and experienced LPNs and CNAs, HHAs and Homemaker Companions for employers**
  - b. Performance Measures:
    - i. **Increased awareness among healthcare providers and educational institutions regarding employer needs and education program output**
    - ii. **Partnerships built among employers, educational partners, workforce and other stakeholders to facilitate talent development and maximize current available talent**
    - iii. **Provision of current vacancy data by employers**
      1. **Employers should be broken down by size and setting**
      2. **Current staff retention numbers should be provided as benchmark**
      3. **Number of clients turned away due to staffing limitations should be measured along with the cost of lost business**
      4. **Need this information before reduction in vacancy and reduction in business lost goals are set**
    - iv. **Reduction of vacancies**
    - v. **Reduction of business lost due to staffing limitations**
  - c. Anticipated Obstacles
    - i. **Filling part-time needs**
      1. **Low Pay**
      2. **No benefits**
    - ii. **Low Pay in some settings**
  - d. Strategies:
    - i. **Market to end of career LPNs to step into part-time LPN roles**
    - ii. **Design a campaign around the value of and need for Homemaker Companions, Home Health Aides, CNAs and LPNs**
      1. **Meet with current CNA students at BPS to ask questions about their perceptions of CNA work and what would appeal to them in an advertising campaign**

- a. Janice Scholz will facilitate a meeting for Carol in the near future
  2. Explore meeting with former or current adult students in local educational programs regarding their perceptions of current employment in these fields and what would appeal to them in an advertising campaign
  3. An appreciation dinner funded through sponsorships was suggested to boost current workforce morale and to highlight the value of these employees
  4. YouTube videos of high performing employees in these roles and why they love what they do were recommended
    - a. Boost current employee morale through recognition
    - b. Provide straight from the heart testimonials
  5. YouTube videos of clients highlighting the value of their caregivers was recommended
- iii. Educate school counselors about local employment needs, local training programs and potential career ladders
  1. 3 Career Ladders were reviewed. The Committee decided that the Medical Assisting and Beyond Career Map from CUNY system would be a good template to utilize. This information will be taken to the Education, Training and Technology Committee for further development.
- iv. Explore integration of information in educational curriculum about different settings (skilled nursing, assisted living, home care) as well as internships/clinicals for LPNs and CNAs in assisted living and Nursing Home settings (out of hospitals since very few are used there)
  1. This was addressed in the Education, Training and Technology Committee (See Meeting Minutes from 3/13/17)
  2. Regulations Committee has been tasked with putting together a recommendation to change Dept. of Ed and Board of Nursing to change clinical location requirements for LPNs to more accurately reflect current work settings and duties
- v. Send a survey to Consortium participants asking if their facilities allow job shadowing and/or volunteering

1. Survey was developed and reviewed during 3/13/17 meeting and suggested changes were recommended
2. Survey will be revised per Committee guidance and brought for final review at the 4/3/17 Meeting
- vi. Educate middle through high school students regarding opportunities for CNA and LPN employment
  1. Career Fairs
    - a. UCF – Cocoa puts on an event for Cocoa High that includes stations for different occupations where students can interact with current students and faculty and ask questions. May be a replicable model for other educational institutions with other middle or high schools
  2. Collateral (targeted to students, parents, educators and guidance counselors)
  3. Job Shadowing
  4. Volunteer Opportunities
  5. Career Ladders
    - a. 3 Career Ladders were reviewed. The Committee decided that the Medical Assisting and Beyond Career Map from CUNY system would be a good template to utilize for healthcare occupations. This information will be taken to the Education, Training and Technology Committee for further development.
- vii. Research how many LPN and CNA local graduates and how many are actually planning to practice in the field vs. go on for additional training (RN/BSN) immediately
- viii. Find grant funding to pay CNAs while they attend LPN and/or RN programs or flex schedules that allow students to work while going to school
- ix. Upskill current workforce
  1. Offer hybrid on-line and classroom program for CNA to LPN
- x. Explore viability of offering LPN training during High School
  1. According to BPS-CTE LPN training during High School is not practical due to length of program and age requirements
- xi. Offer CNA and LPN training through Adult Ed programs

1. According to BPS – Adult Education there is exploration of co-offering CNA and LPN Training at the same time adult students are studying for GED.
  - xii. Market to homemakers re-entering the workforce
  - xiii. Job Shadowing for prospective candidates prior to training to ensure a more complete understanding of role and duties
  - xiv. Interview exiting personnel to identify trends and make adjustments
  - xv. Offer retention bonuses
  - xvi. Survey BPS students in Healthcare programs to gain insight regarding future plans
    1. Survey tool reviewed. No revision required.
    2. BPS will send out survey in mid-April and will report on results when available
- e. Implementation Plan with Timeline:
  - i. Carol will draft measure benchmark questions for review by Committee on April 3<sup>rd</sup>
  - ii. Janice will facilitate a meeting for Carol to meet with current CNA students regarding perception of role and branding campaign
  - iii. Carol will update the Job Shadowing/Volunteer Survey and will bring to the Committee for finalization on April 3<sup>rd</sup>
  - iv. Carol will take the CUNY Medical Assisting Career Map to the March 15<sup>th</sup> Education, Training and Technology Meeting as a recommended template for development for Homemaker Companion, HHA, CNA and LPN
  - v. Recommendations from the Committee to the Consortium will be developed at the next Committee Meeting on April 3<sup>rd</sup>.
2. Issue: **Recruitment and retention of experienced nurses (RNs and BSNs)**
  - a. Desired Outcome: **A robust pipeline of experienced nurses focusing on those with specialty experience**
  - b. Performance Measures:
    - i. **Reduction in RN/BSN vacancies**
  - c. Anticipated Obstacles
    - i. **Retirements**
    - ii. **Nurses can make more in a traveling nurse role**



- iii. **Difficulty in moving nurses in critical specialty roles into less strenuous positions**
- iv. **Expense of obtaining BSN**
- v. **Difficulty in working while obtaining BSN**
- d. **Strategies:**
  - i. **Market RN refresher courses to individuals whose licenses may have lapsed (Maybe a “we need you” campaign)**
  - ii. **Extend careers**
    - 1. **Offer part-time employment**
    - 2. **Offer varying shift lengths (4, 6, 8, 10, 12 hours)**
    - 3. **Offer flexible schedules to those working toward BSN**
    - 4. **Move into other less strenuous employment such as case management and combine with mentorship of less experienced nurses**
    - 5. **Provide pay experience differentials for those in high-demand specialty roles**
    - 6. **Recommendations from the Regulations Committee**
      - a. **The Committee recommends that employers pay nurses placed on-call their regular hourly wage due to the nature of personal impact of on-call status. Although this is not required by law, this course of action would increase nurse morale and ensure that staff are ready and available if others call in sick or there is an influx of unexpected patients.**
      - b. **The Committee recommends that employers involve employees in the development of staffing plans to work towards instituting a work week of a maximum of 40 hours comprised of day shifts of 8 or 10 hours and evening shifts of no more than 8 hours as recommended by the National Institute of Occupational Safety and Health Nurse Training Program.**
        - i. **This work could also include the following**
          - 1. **Shift coverage to account for ill staff**
          - 2. **Technology upgrades to support positive and healthy staff ergonomics**

### **3. Retention packages**

- iii. Try to obtain data on how many nurses are not relicensing and why and make adjustments according to feedback**
  - 1. This information is not available through any known resource per Florida Center for Nursing**
- iv. Increase the number of seats in nursing programs**
  - 1. Increase number of faculty for BSN programs**
    - a. Pay issue – Faculty makes less than practicing nurses**
- e. Implementation Plan with Timeline:**
  - i. The Staffing Committee will review this item during the April 3<sup>rd</sup> Committee Meeting for further development, action and/or recommendations for the Consortium**