



Healthcare Workforce Partnership Advisory Board Meeting

Wednesday, September 21, 2022

8:00 AM- 9:30 AM

MassHire Hampden County Workforce Board

TD Bank Building

1441 Main Street, 1st Floor

Springfield, MA 01103

AGENDA

Topic	Presenter	
Welcome and Opening Remarks	David Cruise <i>President & CEO, MassHire Hampden County Workforce Board</i>	8:00 AM – 8:10 AM
Programmatic Overview and Updates	Diane Brunelle, MSN, RN <i>Co-Chair, Western Massachusetts Nursing Collaborative</i>	8:10 AM – 8:20 AM
Panel Discussion: Healthcare Service Organizations	Nancy Craig-Williams, PhD, RN <i>Co-Chair, Western Massachusetts Nursing Collaborative</i> <i>Panelists: Melissa Kline, MSN, RN, Lauren M. Grybko, MSN, RN, NPD-BC</i>	8:20 AM – 8:40 AM
Panel Discussion: Schools of Nursing	Nancy Craig-Williams, PhD, RN <i>Co-Chair, Western Massachusetts Nursing Collaborative</i> <i>Panelists: Lisa Fugiel, MSN, Kate Green, PhD, CNM, Ellen Furman, PhD RN GCNS-BC,</i>	8:40 AM – 9:00 AM
General Discussion	Nancy Craig-Williams, PhD, RN <i>Co-Chair, Western Massachusetts Nursing Collaborative</i>	9:00 AM – 9:30 AM
Session Wrap-up	Diane Brunelle, MSN, RN <i>Co-Chair, Western Massachusetts Nursing Collaborative</i>	9:30 AM



Healthcare Workforce Partnership Advisory Board Meeting Discussions and Recommendations

The discussions points are adapted from Western Massachusetts Nursing Collaborative PowerPoint presentation, with special recognition to our presenters: *Melissa Kline, MS, RN, Lauren M. Grybko, MSN, RN, NPD-BC, Lisa Fugiel, MS, RN, Kate Green, PhD, CNM, RN, Ellen Furman, PhD, RN*

- I. **Challenges with RN recruitment and retention.** The pandemic accelerated the forecasted nursing shortage, leading to retirements and transitions away from the profession much sooner and in greater quantities than predicted. The U.S. Bureau of Labor Statistics estimates 203,200 RN openings each year over the next 10 years: most are replacement openings for workers who transfer out, retire, or leave the workforce. Healthcare service organizations (HSOs) are still experiencing the fallout from the pandemic in various ways and vacancies are steadily increasing.

Intermediate Solutions/Workforce Gaps

- An **emergency order** enacted by the Governor Baker at the onset of the pandemic and later extended, allowed HSOs to integrate senior level nursing students into “internships” and or “SNAP” roles and graduate nurses (unlicensed nurses who have completed an accredited nursing program, but have completed their licensing exam) into HSOs. Nursing students working in hospitals remained on orientation until after they graduated and were licensed. The authorization increased the labor pool and allowed students to transition into the workforce. They were placed on clinical rotations, given earlier exposure to clinical units, and the ability to build relationships with the staff. The changes served as a strong recruitment tool for HSOs. The relationships that were established through the Western Massachusetts Nursing Collaborative provided direct access to more student RNs.
- **NCLEX** testing is significantly delayed for nurses graduating during and after the pandemic. The emergency order gives healthcare service organizations the authorization to add unlicensed workers into the workforce before they complete the exam.
- Since the pandemic, **licensed practical nurses (LPN)** were integrated into acute care teams. The model of care is undergoing some revision, and the reintegration of LPNs has been successful.
- But, even after the addition of LPNs, student nurses and GNs into the acute care workforce, there was still a shortage of direct clinical staff. There is a need for more **CNAs and PCTs**, as a result, hospitals began training **non-clinical staff for clinical roles**.
- **Orientation and residency programs** were augmented with added simulations, skills days, and supervision on clinical units to bolster the trainings for **graduates nurses (GNs)**. More GNs were hired in specialty areas. More time and resources were invested in GNs, but the investment is paying off. They were successfully integrated into the nursing workforce. The transition is challenging, but successful.

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- The **retention rates of new graduates** have improved. The increased supports provided to new grads might be directly related to better retention rates. Most new grads transition to per diem positions after 12 months of employment, but work full-time hours. This could be due to the fact that they want to control their own work schedules. HCOs are observing and taking this into consideration.
- **Off Shifts:** Graduate nurses (GNs)* are hired into positions on the off shifts*. Additional supervisions and supports were delegated to these shifts.
- **Preceptorships:** Newer RNs are serving as preceptors. They require additional supports and training. Additionally, some preceptors train up to two new nurses on a shift, this is new since the pandemic.

II. **RN Education Gaps as a result of the Pandemic**

- HSOs restricted or ended clinical placements to promote patient safety and manage COVID-19 transmissions, limiting direct clinical care opportunities for all nursing students in all programs. Access to clinical placements in all specialty areas were impacted (and many were closed to Schools of nursing SON's). The biggest changes were in pediatrics, obstetrics and fundamentals of nursing (LTCs).
- Schools of nursing (SONs) rapidly revised clinical education to include case studies and lab packets; conducting virtual labs using zoom. Virtual simulation equipment and technology were not readily available to all programs, so transition to virtual simulations was integrated into clinical education, at a different pace. SON's transitioned from direct care (care of live patients) in traditional clinical sites to alternative clinical experiences, such as, high fidelity simulation and virtual simulation, leading to less interactions with patients and in 2020 and 2021. Access to clinical sites began to improve towards the end of 2021.
- Limited access and smaller student groups meant SONs rotated more students in the same clinical group. Students were allowed to engage in onsite direct patient care in alternating shifts, while on campus simulation, virtual simulation, vaccine clinics and other models were used to augment their clinical experiences. Through collaborative efforts of HCOs and SONs, students were able to continue with modified direct care clinical placement experiences.
- The Western Massachusetts Nursing Collaborative (WMNC) became stronger due to enhanced communication and collaboration with nursing programs and HCOs leading to successful COVID monitoring:
 - SONs working together to develop creative direct care clinical experiences, resulting in
 - Students graduating on time during the pandemic.
- Short staffing caused limited available preceptors for both students and graduates.
- Employment of nursing students by HSOs as CNA's, PCT's, MA's, and LPN's lead to increased attrition at many SONs. Students have to balance the difficulty of working a greater number of hours maintaining adequate staffing for safe patient care, and struggling to complete and required school assignments.

III. **Nursing Faculty Shortage**

- The salary for nursing faculty is not competitive. The average nurse salary in Massachusetts is \$96,000. The median faculty salary is \$81,650.
- After the pandemic nursing salaries for travel nurses and new graduate nurses catapulted significantly. Many earned significantly more than that of their more experienced counterparts.
- Nurses who are interested in nursing education as a career pathway change their minds when they learn how much a nurse educator makes. In cases where SONs can provide flexibility for the nurse to work and teach, the SON hires the nurse on a part-time basis and develop schedules that accommodates the nurses' full-time schedule.
- Unions is a big factor (an increase in salary for one department is an increase in salary for all departments in public institutions). Union contracts at the community college level are in conflict with some of the solutions.
- SONs budget cannot cover the full cost of simulations, and faculty salaries. The budget challenges are structural and beyond the scope of the department. Most public colleges and universities work under austerity budgets which directly impact the nursing programs. Nursing faculty salaries should be comparable to RNs in advanced clinical roles.
- There are significant challenges in finding nursing faculty in western Massachusetts and it is especially difficult to find faculty that match demographics of region. Some impediments to finding adequate faculty are related to regulations and restrictions that determines the qualifications for faculty and clinical instructors.
- Clinical faculty must maintain their credentials/certifications, learn multiple computerized health care systems and devices, and interact with SONs and health care facilities regularly. Most educational literature now report teaching has become more difficult with the integration of mixed methods of delivery of content, learning changes, internet access.
- AACN is proposing changes to require masters prepared nurses to earn 500 clinical hours. 500 additional clinical hours is a significant barrier for working nurses to advance their education, since they would need to reduce work hours, and take a pay cut to earn the 500 clinical hours, in order to meet the new requirements.
- The Board of Registration in Nursing (BORN) is in process of removing Waiver 3, which allowed a BSN prepared faculty with five years of work experience to supervise student nurses in a clinical setting. The waiver provided a larger pool of eligible RNs for clinical faculty roles.
- There are new proposed changes from CCNE New Essentials to eliminate nursing education as a specialty. The elimination of nursing education as a specialty would direct lead nurses to clinical roles, such as nurse practitioner and midwifery and nursing administration roles, leading to less RNs working in education. Pathways for practice is different than that of education.

IV. Recommendations:

- Collaborative efforts with state level interventions are needed to address the nurse faculty shortage issues. The advisory board and the colleges cannot solve these problems individually. There needs to be a coalition of other leaders to address the systemic issues that impact the delivery of nursing education.
- Valuing teaching and offering competitive salaries for nurse faculty require legislative intervention.

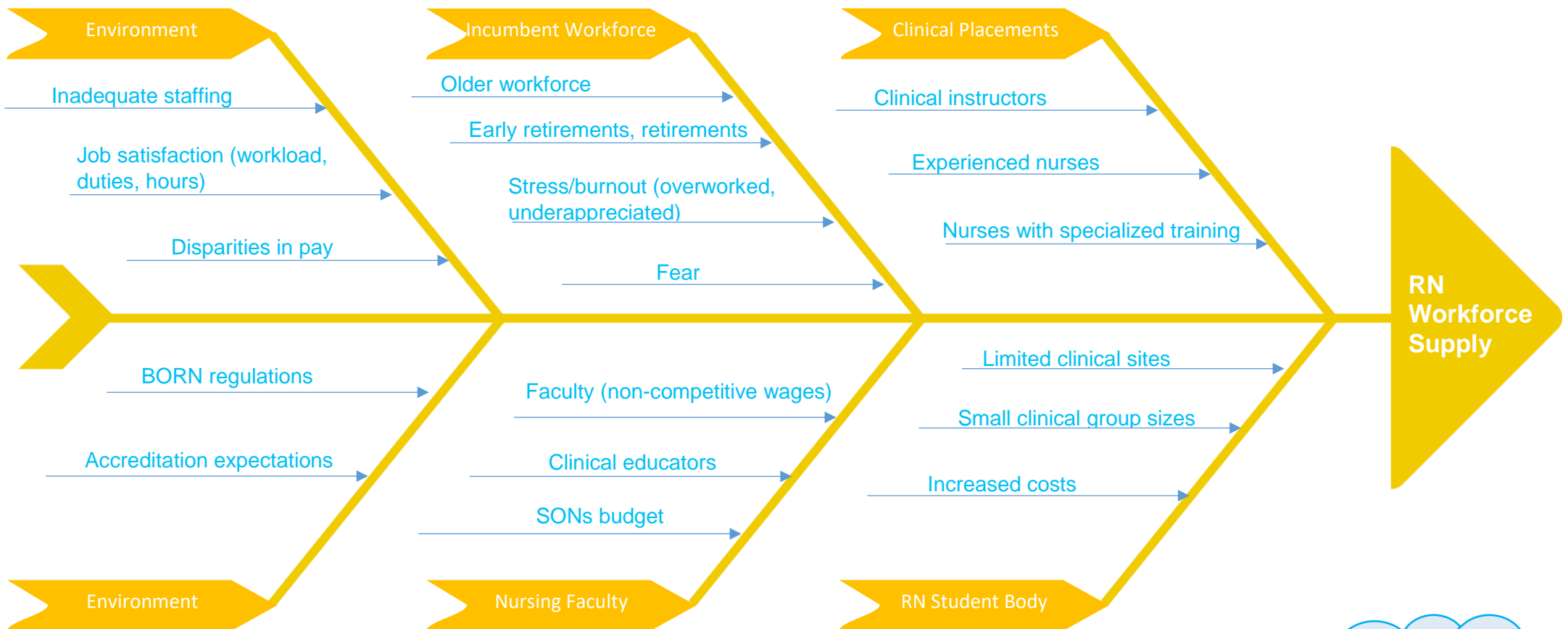
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- Develop partnerships with other organizations to create a cost sharing or grow your own models.

V. **Question:**

- How do we ensure SAFETY, QUALITY CARE and COLLEAGUE ENGAGEMENT?

Nursing Workforce Pipeline Factors



National dialogue relative to potential nursing supply solutions: Free or subsidized education, advocating for increased faculty salaries, government subsidies for nursing education, stimulus checks for nurse educators, loan forgiveness for nurses who work in underserved areas, and subsidies for simulation centers and the faculty

The nursing workforce has changed: There are more applications for undergraduate programs, but applications for accelerated programs have decreased.

Healthcare Workforce Partnership Advisory Board Meeting September 21, 2022 Attendees

Institution	Attendees
1. American International College	Michael Dodge Interim Executive Vice President of Academic Affairs Karen Rousseau Dean of Health Sciences Ellen Furman (WMNC) Director of the Division of Nursing Patricia Meyers (PV-IPEC) Director of Occupational Therapy
2. Bay Path University	Dr. Terry DeVito Director New Graduate Initiatives
3. Cooley Dickinson Hospital	Ann Lebrun Interim Chief Nursing Officer (CNO) Lauren Grybko (WMNC) Director of Nursing and Professional Practice Education
4. Elms College	Theresa Kuta Reske, DNP, MPA, RN Interim Dean, School of Nursing Deana Nunes Associate Dean Kathleen Pont (WMNC) Director, Accelerated Second Degree Program
5. Greenfield Community College	Chet Jordan VP Academic Affairs Melanie Ames-Zamojski (WMNC) Asst. Dean, Nursing
6. Holyoke Community College	Sharale Mathis Vice President of Academic & Student Affairs Amy Brandt PhD, MSW Dean of Health Sciences Teresa K. Beaudry MSN, RN (WMNC) Director of Nursing
7. Holyoke Medical Center	Margaret-Ann Azzaro VP, Patient Care Services & Chief Nursing Officer
8. JGS Lifecare	Rob Whitten President
9. MassHire Hampden County Workforce Board	David M. Cruise President & CEO Peta-Gaye Porter Director of Healthcare Workforce Initiatives
10. Springfield Technical Community College	Lisa Fugiel (WMNC) Assistant Dean of SHPS/Director of Nursing
11. Mercy Medical Center, Trinity Health Of New England	Lindsey M. Gamble Director, Inpatient Services Kelly Chevalier Emergency Services Director Melissa Kline (WMNC) Manager of Education and Nursing Professional Practice
12. University of Massachusetts, Amherst	Allison Vorderstrasse Professor and Dean Mary Ann Hogan (WMNC) Director of Traditional Undergraduate Kate Green (WMNC) Director, Accelerated 2 nd Bachelors in Nursing program
13. Westfield State University	Ziblim Abukari Associate Dean for the School of Health, Natural Sciences, and Human Services

Institution	Attendees
	Marcia Scanlon (WMNC) Chair of Nursing and Allied Health Department
14. Western Mass Nursing Collaborative	Diane Brunelle (WMNC) WMNC, Co-chair, retired nurse Nancy Craig-Williams (WMNC) WMNC, Co-chair, retired nurse
15. Western New England University	Beth Welch Associate Dean for Academic Affairs and Professor of Pharmacy Practice
16. Senator Joh Velis	Mark Messer