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# Nursing Council on Workforce Sustainability

## FY 24 Charter

**Prepared for:**

**Nursing Council on Workforce Sustainability  
Members**

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# Executive Summary

During the 2024 fiscal year, the Nursing Council on Workforce Sustainability (NCWS) will continue to build upon the framework established in the previous fiscal year. Challenges impacting the nursing workforce, including staffing shortages, lack of clinical placements for nursing students, and pervasive burnout, have intensified since the onset of the COVID-19 pandemic. Recognizing the need for leadership and action, the new administration under Governor Maura Healey has convened secretaries of four executive offices to meet in a more structured way and align policies and priorities across agencies. The NCWS embraces a multidivisional approach, finding strength in the expertise and collaboration of stakeholders across the commonwealth. The work of the NCWS in FY24 will focus on partnering with appropriate stakeholders (including state agencies) to execute some of the key recommendations developed by the NCWS in FY23.

## Background

The NCWS was created at the request of the Massachusetts Healthcare Collaborative (HCC), convened by Governor Charlie Baker in 2019. The HCC sought to address critical shortages in the healthcare workforce, prioritizing roles in direct care, behavioral health, and nursing. The goals of the HCC were to address healthcare workforce shortages in Massachusetts, improve patient quality of care, provide new opportunities for a diverse workforce, retain preeminence in the industry, and fuel continued workforce growth.

ForHealth Consulting at UMass Chan Medical School was selected by the Executive Office of Health and Human Services (EOHHS) to convene the Council as a neutral entity to provide guidance on key issues impacting the nursing workforce in Massachusetts. The Council falls under the direction of the Executive Steering Council formed from members of EOHHS, the Executive Office of Labor and Workforce, the Organization of Nurse Leaders, and executive leadership from ForHealth Consulting.

The initial priorities for the NCWS in FY22-23, which stemmed from the work of the HCC, included:

1. Hire the Executive Director, create a statewide advisory board, and determining the structure of the Council.
2. Develop a charter, strategic plan, and implementation plan for the NCWS, including the prioritization of FY23 NCWS goals.

NCWS membership includes representatives from policy, practice, education, labor, state agencies, and associations, who altogether have an extraordinary opportunity to address the distinct challenges of nursing workforce capacity and diversity in the commonwealth.

# Mission, Vision, and Values

The NCWS mission is to convene key stakeholders to provide innovative solutions, inform policy, and make evidence-based decisions that ensure health equity by building a resilient and sustainable nursing workforce focused on improving the health and well-being of the commonwealth.

The NCWS vision is to pioneer the future of a sustainable, diverse, and inclusive nursing workforce.

The NCWS values can be found below:

## **i. Diversity, Equity, & Inclusion**

The NCWS considers diversity, equity, and inclusion core values in creating a collaborative and robust statewide nursing workforce. We recognize and respect the range of differences among us, including age, race, sexual orientation, and religion. Embracing these core values promotes acceptance, teamwork, and innovation in every aspect of our work.

## **ii. Collaboration**

A primary aim of the NCWS is to effectively collaborate with internal and external stakeholders from various industries that impact the nursing workforce. Our members' collective expertise and critical insight will help us address the unique challenges of the healthcare workforce. The NCWS also acknowledges the value of learning from and partnering with other states as appropriate to better serve the health and well-being of the commonwealth.

## **iii. Evidence-Based**

An evidence-based approach emphasizes the practical application of the best available and most current research. The NCWS will collect and use reliable datasets across numerous source organizations to identify, monitor, and manage the most pressing problems facing the nursing workforce. By aggregating and analyzing these datasets, the NCWS aims to reduce bias and be as transparent as possible in our efforts to drive policy change for a more sustainable and equitable workforce.

## **iv. Transformational**

The NCWS has a clear mission to pursue innovative solutions to the complex problems affecting the nursing workforce. By conveying a clear mission, challenging the status quo, and inspiring positive change, we will generate new approaches to improve employee engagement and increase practices that ensure the sustainability of our nursing pipeline. Our insights will also help us attract, develop, and retain talent, as well as support our existing nursing leaders across the state.

# FY 24 Scope

This section of the Charter explains the kinds of activities the NCWS will undertake and those it does not. This list is not all-inclusive but is intended to provide some broad parameters around the potential responsibilities and interests of the NCWS.

## **i. Evidence-Based Practice**

The NCWS will evaluate, guide, and recommend practices or policies related to the nursing workforce based on informed decision-making. The NCWS does not seek to lobby or alter policies or practices within care settings.

## **ii. Education and Training**

The NCWS will identify, research, and share existing and new education and training opportunities for nurses. The NCWS does not favor, endorse, or recommend one education or training resource over another.

## **iii. Labor Relations**

The NCWS aims to create an equitable environment and welcomes input from all stakeholders, including state-bargaining units. The NCWS does not negotiate, set policy, or endorse any matter concerning bargaining units.

# NCWS Operations

## **Rules of Engagement**

These ground rules were established to ensure a respectful and safe environment among NCWS members to foster open communication. NCWS members agree to apply these rules to meetings and all communications with one another.

- Council members will engage in discussions with the understanding that all members may speak freely, provide input, express perspectives, and ask questions with mutual respect toward all opinions.
- Council members agree not to share information discussed by the Council or Council members until a consensus is reached.
- When sharing an opinion, a member shall allow each member of the Council to speak before speaking again.
- All media inquiries about the Council or Committees should be directed to Interim Executive Director Michelle Heatley.

## Membership

Partnering with the Executive Office of Health and Human Services, the Executive Office of Labor and Workforce Development, and the Organization of Nurse Leaders, ForHealth Consulting determined that a representative of the below organizations should serve as members of the NCWS for the term set by the members' organization (if no member organization exists, members will serve two-year terms).

All members must adhere to the following requirements:

- Participate and attend at least 10 monthly NCWS meetings throughout the year.
- Serve as NCWS Ambassador when called upon by the NCWS.
- Commit to leading initiatives as appropriate, engaging others in the work, and reporting back to the NCWS regarding offline work relevant to the NCWS.

## List of Members & Organizations

1. Amanda Stefancyk Oberlies, *Organization of Nurse Leaders*
2. Angel Soto, *National Association of Hispanic Nurses, Massachusetts*
3. Antoinette Hays, *Association for Independent Colleges and Universities*
4. Catherine McKinnon, *Massachusetts Coalition of Nurse Practitioners*
5. Charlene Verga, *Massachusetts Nurses Association*
6. David Auerbach, *Massachusetts Health Policy Commission*
7. David Cedrone, *Department of Higher Education*
8. David Cruise, *MassHire Hampden County Workforce Board, Inc.*
9. Ernest Houle, *Massachusetts Association of Vocational Administrators*
10. Hannah Hermanson, *ForHealth Consulting at UMASS Chan Medical School*
11. Heather Cambra, *Board of Registration in Nursing*
12. Jacob Ward, *Interprofessional Center for Experiential Learning & Simulation at UMass Chan Med School*
13. Jay Prosser, *Saint Vincent Hospital*
14. Jennifer James, *Massachusetts Executive Office of Labor and Workforce Development*
15. Jessica Carpenter, *ForHealth Consulting at UMASS Chan Medical School*
16. Joanne Marqusee, *Massachusetts Executive Office of Health & Human Services*
17. Judith Pelletier, *Upper Cape Cod Regional Technical School*
18. Karen Shack, *Commonwealth Corporation*
19. Karri Davis, *Beth Israel Lahey Health - Lahey Hospital & Medical Center*
20. Kim Stevenson, *Massachusetts Health and Hospital Association*
21. Laura Black, *Massachusetts Nurse Practitioners*
22. Lisa Carchia, *Massachusetts Association of Community Colleges*
23. Lisa Frontiero, *Massachusetts Association of Colleges of Nursing*

**ForHealth Consulting at UMass Chan Medical School**

24. Lisa Thomas, *Massachusetts Rhode Island League for Nursing*
25. Lozel Greenwood, *Philippine Nurses Association of New England, Inc*
26. Lynne Hancock, *American Nurses Association, Massachusetts*
27. Marie Tobin, *Department of Higher Education*
28. Melissa Fischer, *Interprofessional Center for Experiential Learning & Simulation at UMass Chan Med School*
29. Michelle Heatley, *ForHealth Consulting at UMass Chan Medical School*
30. Nancy Gaden, *Organization of Nurse Leaders*
31. Pat Noga, *Massachusetts Health and Hospital Association*
32. Patricia Yu, *Massachusetts Executive Office of Health & Human Services*
33. Sasha Albert, *Massachusetts Health Policy Commission*
34. Sasha DuBois, *New England Regional Black Nurses Association*
35. Silda Melo, *American Nurses Association, Massachusetts & Boston Medical Center*
36. Tara Gregorio, *Massachusetts Senior Care Association*
37. Tim Burgers, *Home Care Alliance of Massachusetts*
38. Traci Alberti, *Merrimack College*

## Meetings

NCWS meetings will occur monthly for 90 minutes. Meetings will be held exclusively online to accommodate maximum participation.

## Roles

The NCWS is a collaborative effort where all members have valued input. To facilitate the organization and coordination of the group, the following roles were established:

- **Facilitator(s)** (Executive Director of NCWS or member of the Executive Steering Council)
  - A Facilitator or two Co-Facilitators (as needed) will schedule and lead NCWS meetings, communicate valuable information to the NCWS, coordinate workgroups, and facilitate communication with the executive steering council or other leaders when necessary.
- **Note-taker(s)** (ForHealth Project Coordinator)
  - The Note-taker will take minutes for Council meetings only, summarize discussions, and distribute the notes to the NCWS after meetings.
  - For Committee meetings, the Committee Lead will assign a Note-taker at each meeting.
  - Committee Note-takers will be volunteers of the group; they will send the notes to the ForHealth Project Coordinator to be stored for reference and used as needed for future work, inclusive of Council updates.
  - All notes and minutes should be shared with the ForHealth Project Coordinator within one week of the meeting.
- **Committee Lead(s)**
  - Committee Leads will choose dates for committee meetings and ensure the ForHealth Project Coordinator is aware of all meeting dates and times.
  - Leads will identify Co-Facilitators to ensure meetings occur in their absence.
- **Project Manager(s)**
  - The Project Managers will work with Committee Leads to draft a work plan, identifying due dates for key deliverables. The Project Managers will regularly check in with the Committee Leads to track their progress toward goals and communicate this progress in monthly dashboards and semi-annual reports.
  - Project Managers help facilitate monthly Council meetings.
  - Project Managers attend Committee meetings ad hoc to support as needed and remain updated on any challenges or barriers the group encounters in meeting their goals.



## Committees

NCWS members will identify which Committee they want to join based on expertise and interest. Approval will be made by the Executive Director of the NCWS. Committees meet independently of the larger Council and report back to the NCWS on their progress and any barriers they face. Committees will consult the larger NCWS as needed regarding key questions or items requiring escalated decision-making.

## FY 24 Goals

The NCWS will focus on addressing challenges faced by the nursing workforce in the Commonwealth of Massachusetts, with the goal of improving the supply of nurses in the workforce. Goals that will be prioritized during FY24 include:

### Faculty & Education Committee

*Goal #1: Identify 2-3 ways to mitigate the nursing faculty shortage in the short term.*

#### **Objectives: FY24-FY25**

- Identify the consequences of the Board of Registration in Nursing requirement of master's degree for clinical faculty with the appropriate stakeholders & make recommendations.

#### **Rationale:**

- Currently, a shortage of clinical and didactic faculty exists. To comply with the Board of Registration in Nursing, clinical educators must attain additional training, which is costly, causing additional shortages of clinical faculty.

### Simulation Committee

*Goal #2: Work with schools and state partners to expand the usage of simulation training.*

#### **Objectives: FY24-FY25**

- Design a pilot project to supplement faculty shortage with simulation training, potentially tapping into retired nurses as SIM trainers.

#### **Rationale:**

- High-Fidelity simulation is becoming more common across the country as nursing educators can incorporate the usage of computerized mannequins to exhibit a wide range of patient conditions while helping to mitigate the shortage of clinical placements and the staff needed to supervise nursing students in traditional healthcare settings.

### Student Pipeline Committee

*Goal #3: Support creating advancement and career ladders for diverse entry-level certified nursing assistants by promoting articulation agreements between schools along the nursing pathway.*

**Objectives: FY24-FY25**

- Convene nursing schools to identify pathways to accept transfer credits, particularly in public schools, and increase the number of articulation agreements from CNA to LPN or RN and LPN to RN, etc.
- Lead the analysis of challenges to increasing the number of articulation agreements and make recommendations on eliminating barriers.
- Make recommendations for enhanced scholarship distribution for private and public colleges, as well as student stipends that allow candidates to support their families and go to school starting FY25.

**Rationale:**

- One barrier identified to progressing in the pipeline is the inability to transfer credits from one school to the next in some cases—thus, increasing costs and time for potential nursing student candidates.
- In addition to schoolwork, the need to complete a certain number of clinical hours impacts a student's overall income and becomes a disincentive for all levels of education at both public and private colleges.

### Policy and Practice Committee (to replace Grants and Funding Committee)

*Goal #4: NCWS will make a recommendation for Massachusetts regarding the Nurse Licensure Compact after a review of the current literature and studies to date.*

*Goal #4a: Make recommendations to support RN and LPN nurses practicing at the top of their license.*

**Objectives: FY24-FY25**

- Work with appropriate stakeholders to review the pros and cons of Massachusetts entering the Nurse Licensure Compact agreement.
- Make recommendations for practice changes in alignment with key stakeholders, which would allow all nurses (RN and LPN) to work at the top of their license.

**Rationale:**

- The inability to practice in neighboring states without a separate license limits the ability to bring in RNs to enhance the nursing supply in Massachusetts.
- In addition, there are several areas, such as in the delegation of tasks, which could be expanded to relieve the burden on LPNs and RNs. LPN scope can be

expanded if it remains within the educational background and training of the caregivers.

### **Workforce Capacity Committee**

*Goal #5: Partner, align, and collaborate NCWS priority areas with the work of the Massachusetts Healthcare Workforce Hubs.*

*Goal #5a: Create a shared document identifying bottlenecks in the Nursing Workforce Pipeline.*

#### **Objectives: FY24-FY25**

- Support the application for federal workforce grants by providing subject matter expertise whenever the State Workforce Hubs are applying for funding to support the nursing pipeline. Ideally, integrating the Hubs with the Council to create an atmosphere of collaboration instead of competition.
- Complete and publish an interactive nursing pipeline in Prezi, highlighting the bottlenecks and barriers that impact the overall system/pipeline, as well as identifying possible solutions/best practices to mitigate them.
- Analyze the results of the NCWS Nursing Projects survey completed in 2023.

#### **Rationale:**

- There is a need for collaboration amongst the healthcare workforce hubs across Massachusetts to enhance change in numbers and to reduce duplication of efforts.
- Additionally, much work is underway to address recruitment and retention among nurses in the commonwealth. The NCWS has surveyed its members to identify best practices. To replicate these efforts and reduce redundancies, the NCWS will produce the results of this recent survey with recommendations for items that may be scalable.

### **Data & Research Committee**

*Goal #6: Develop recommendations for a Nursing Workforce dashboard design.*

#### **Objectives: FY24-FY25**

- Produce a dashboard design with consensus from state leaders on key metrics impacting nursing education, policy, and workforce supply and demand trends in the commonwealth for use in FY 25.
- Continue to provide insight and consultation to the Department of Public Health and Bureau of Health Professions Licensure to modernize and modify the LPN re-licensure survey.

**Rationale:**

- To understand the nursing workforce pipeline, the commonwealth must have reliable data in three areas: supply, demand, and education. The state has transparent data on the supply and demand of nurses but is still missing key pieces, particularly regarding education data.
- The NCWS Data Committee will continue work done to date on identifying and obtaining important data for measuring the nursing workforce in Massachusetts.

**Clinical Placements Committee**

*Goal #7: Make a recommendation on a uniform clinical placement model across the commonwealth to relieve the burdens of program administration.*

**Objectives: FY24-FY25**

- Recommend a uniform model for clinical placement that can be supported by the state that relieves the administrative burden from both the providers and the public/private colleges.

**Rationale:**

- Current models vary as to how the CCP is administered across the state. Some models allow for the administrative burden to fall on the state for a fee. A shift in funding could decrease administrative costs in return for additional student placements with participating hospitals.