

Pilot Project Panel

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Collaborative Partnerships

- Hospital Association of Southern California (HASC)** is a regional trade association, not-for-profit 501(c)(6)
- ✓ Dedicated to effectively advancing the interests of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara, and Ventura counties
 - ✓ Comprised of over 181 member hospitals and 40 health systems, plus numerous related professional associations and associate members
 - ✓ All with a common goal: to improve the operating environment for hospitals and the health status of the communities they serve

Collaborative Partnerships

The **South Bay Workforce Investment Board (SBWIB)** serves eleven (11) cities located in southwest Los Angeles County, including Hawthorne, Inglewood, Gardena, Carson, Lawndale, El Segundo, Manhattan Beach, Redondo Beach, Hermosa Beach, Torrance and Lomita. The board is comprised of 51 members representing business, labor, education, economic development, the One-Stop partners and other local workforce system stakeholders.

The **SBWIB** embraces comprehensive strategies to meet the needs of business for a skilled workforce, while creating opportunities for workers to prepare for and enter into well-paid careers.

SBWIB programs are implemented through four **One Stop Business & Career Centers**.



Collaborative Partnerships

HealthImpact is the designated nursing workforce center for California

- ✓ Dedicated to improving the health of Californians by promoting a dynamic, well-prepared nursing workforce
- ✓ Provides a forum for cooperation and sharing best practices across the state bringing together leaders in nursing, academia and policy to ensure that nursing stays ahead of the changes in our profession
- ✓ A catalyst for innovation and promote the collaboration of partners from all areas in the field.

Collaborative Partnerships



Azusa Pacific University (APU) is a comprehensive, evangelical, Christian university, based on Wesleyan Holiness tradition located 26 miles northeast of Los Angeles.

- ✓ In 1899, the Training School for Christian Workers was formed, becoming the first Bible college on the West Coast preparing men and women for ministry and service.
- ✓ One of the largest Christian universities in the US, APU offers more than 100 bachelor's, master's, and doctoral programs on campus, online, and at seven regional locations across Southern California.
- ✓ APU is recognized annually as one of America's Best Colleges by U.S. News & World Report.



Collaborative Partnerships



- Mount St. Mary's University (MSMU)** is a private, Catholic liberal arts college, primarily for women, in Los Angeles, California. Women make up 90% of the student body.
- ✓ Established by the [Sisters of St. Joseph of Carondelet](#) (CSJs) in 1925, MSMU is nationally recognized for its academic programs.
 - ✓ MSMU was the first Bachelors of Science in Nursing established in the state of California.
 - ✓ For 70 years, MSMU has been dedicated to providing a superior education in the liberal arts and sciences to a diverse student body which is enhanced by an emphasis on building leadership skills and fostering a spirit to serve others.
 - ✓ MSMU is a top-ten ranked nursing school and all nursing curriculum is based on The Roy Adaptation Model which was developed at the Mount by Sr. Callista Roy.



Academic Practice Partnership Project Details

HASC's Role:

- Industry-led effort as hospitals expressed concerns to HASC about a shortage of specialty-trained registered nurses.
- HASC partnered with *HealthImpact* to convene a workgroup of nursing and HR professionals
- The workgroup assisted in conducting a root cause analysis provided input, validated findings and issued recommendations.
- SBWIB agreed to fund a pilot project.
- During the pilot, HASC's role was to coordinate, monitor and maintain communications with partners and stakeholders.

Academic Practice Partnership Project Details

SBWIB's Role – with HASC and HealthImpact working to address hospital concerns about the continuing shortage of experienced specialty registered nurses.

- Coordinate Workplan-Lead effort and partner with HASC to develop special nursing curricula in Perioperative Care and Critical Care
- Identify training provider (Mount Saint Mary's University and Azusa Pacific University) and register on the I-TRAIN/ETP
- Identify, recruit and enroll 20 participants in WIOA-Incumbent Worker Training Program through the Gardena One-Stop AJCC

Academic Practice Partnership Project Details (Cont.)

SBWIB's Role (cont'd)

- Developed incumbent worker agreements including in-kind employer contributions with Coast Plaza Hospital, Memorial Hospital of Gardena, West Los Angeles Medical Center (VA), Methodist Hospital, LA Community Hospital, Huntington Hospital, Dignity Health California Hospital and Medical Center
- Learned Best Practices-On-site Saturday I-TRAIN registration (Flexible schedules to meet employers needs), marketing and promotion, Slingshot Initiative as a successful template, etc.

Root Causes of the Problem

Central Drivers and Root Causes

- Decline in experienced level hospital specialty RN workforce (aging, increased retirements)
- Resource challenges – undersupply of RNs qualified to meet job requirements, lengthy recruitment time with high cost to source qualified candidates, employer limitations in providing specialty education needed
- Intensity of the work environment – high-stress, fast-paced specialty roles, turnover, escalating vacancies
- RN pre-licensure nursing programs lack Perioperative specialty content and role development

Background and Impact of the Problem HASC Region (6 counties)

Supply and Demand

- Overall CA RN supply and demand currently in balance
- Gaps in RN qualifications and experience needed for practice in hospital specialized areas
- Escalating need and sustained shortage of RNs (Perioperative, Critical Care, Emergency, Labor & Delivery, Neonatal Intensive Care)
- 133 RN Perioperative vacancies reported by 81/181 hospitals (Q1 2019)
- Regional estimate “all hospitals” 282-349 RN Perioperative vacancies each quarter (Q2 2018-Q1 2019)

Regional Plan Addressing of the Problem

- ✓ **Phase I: Assessment** of root causes, key drivers of workforce shortage of experienced hospital specialty RNs
- ✓ **Phase II: Regional plan** engaged nursing schools and hospitals; established course design across specialties to include didactic & clinical practicum components - an academic-practice “model”
- ✓ **Phase III: Demonstration project(s)**, monitor progress, evaluate early results (APU & MSMU Perioperative Programs, SBWIB funded)
- ✓ **Phase IV: Expand, Scale and Sustain** - adopt evidence-based recommendations, increase access and capacity, strengthen participant support and employer wrap-around services to support success (leading to spring 2020 launch)

Anticipated Value of the Academic Practice Partnership Model (Pilot)

- **Determine outcomes** from specialty courses provided through the academic practice partnership
- Identify **strengths, limitations and resources** related to program design, content, and processes
- Inform the **cost benefit analysis** and value proposition
- **Compare**, learn from, and adopt successful practices across programs and specialties
- Promote **collaboration**, strengthen **sustainability**, and facilitate **institutionalization** of system change
- Establish **priorities for change** and continued investment

Academic Practice Partnership Project

Partnerships with



California Hospital Medical Center

LA Community Hospital

West LA VA Hospital



Recommendations

Periop 101: A Core Curriculum™ Learning Plan

Periop 101 modules for the operating room nurse focus on patient and worker safety, aseptic practice, equipment safety, patient care, and sterilization. This package includes the 26 online learning modules listed below. All Periop 101 students who are licensed nurses will receive 41.7 contact hours after passing the final exam.

No.	Module Name	CH
1	Anesthesia	1.45
2	Endoscopic and MIS	1.35
3	Environmental Sanitation and Terminal Cleaning	1.35
4	Hemostasis, Sponges, and Drains	1.65
5	Medications and Solutions	1.95
6	Patient and Family Education	1.45
7	Perianesthesia Nursing	1.05
8	Perioperative Assessment	1.35
9	Perioperative Health Care Information Management	1.85
10	Perioperative Safety: Equipment Focus	2.55
11	Perioperative Safety: Introduction	1.35
12	Perioperative Safety: Patient Focus	1.65
13	Positioning the Patient	1.65
14	Preoperative Skin Antisepsis	1.45
15	Professionalism	1.55
16	Safe Use of Surgical Energy	1.55
17	Scrubbing, Gowning, and Gloving	1.65
18	Specimens	1.85
19	Sterile Technique	1.45
20	Sterilization and Disinfection	2.45
21	Surgical Draping	1.15
22	Surgical Instruments	1.85
23	The Perioperative Environment	1.85
24	Transmissible Infection Prevention	1.25
25	Wound Closure	1.65
26	Wound Healing	1.35
	Total Contact Hours	41.70

Academic Practice Partnership Project Outcomes

- **17 nurses filled critical Perioperative vacancies**
 - **11 RNs, 5 newly licensed RNs, 1 RN not yet licensed**
 - **Pass rate at $\geq 80\%$ on AORN Periop 101 exam**
 - **AORN 101 skills checklists and QSEN Competencies**
 - **Promotions and salary increases**
- **Qualitative Outcomes Interview tool**
- **ROI calculation worksheet**
- **Recommendations for “model curriculum”, “ideal” Periop course, and outcomes metrics**
- **Full project report produced by WIB and HASC**

Recommendations for Conducting a Perioperative Specialty Nurse Training Course

Target Registration	Minimum 8-12 nurses (provides for sufficient revenue to cover costs)
Faculty Credentials	MSN, RN, CNOR (preferred) with current OR experience or competency
Course Length	Academic semester, 10 week (minimum) -16 weeks
Course Structure	Classroom: didactic content, skills, and simulation. Clinical practicum: assignment with an experienced OR RN in a preceptorship role
Target Audience	Experienced RNs transitioning to Perioperative practice, newly licensed RNs hired, or senior RN students
Curricula	AORN Periop 101™ adopted as the model curriculum, including 26 on-line modules, AORN videos, and testing
Classroom Style	Combination of hybrid learning methods, including Adult Learning Model, Activated Learner (Flipped Classroom) approach, Simulation, & Student-centered experiential learning
Course Schedule	8 to 10 4-hour sessions for didactic & skills training (2 hrs. didactic & 2 hrs. skills) hosted by local hospital with open OR rooms (skills lab)

Recommendations for Conducting a Perioperative Specialty Nurse Training Course

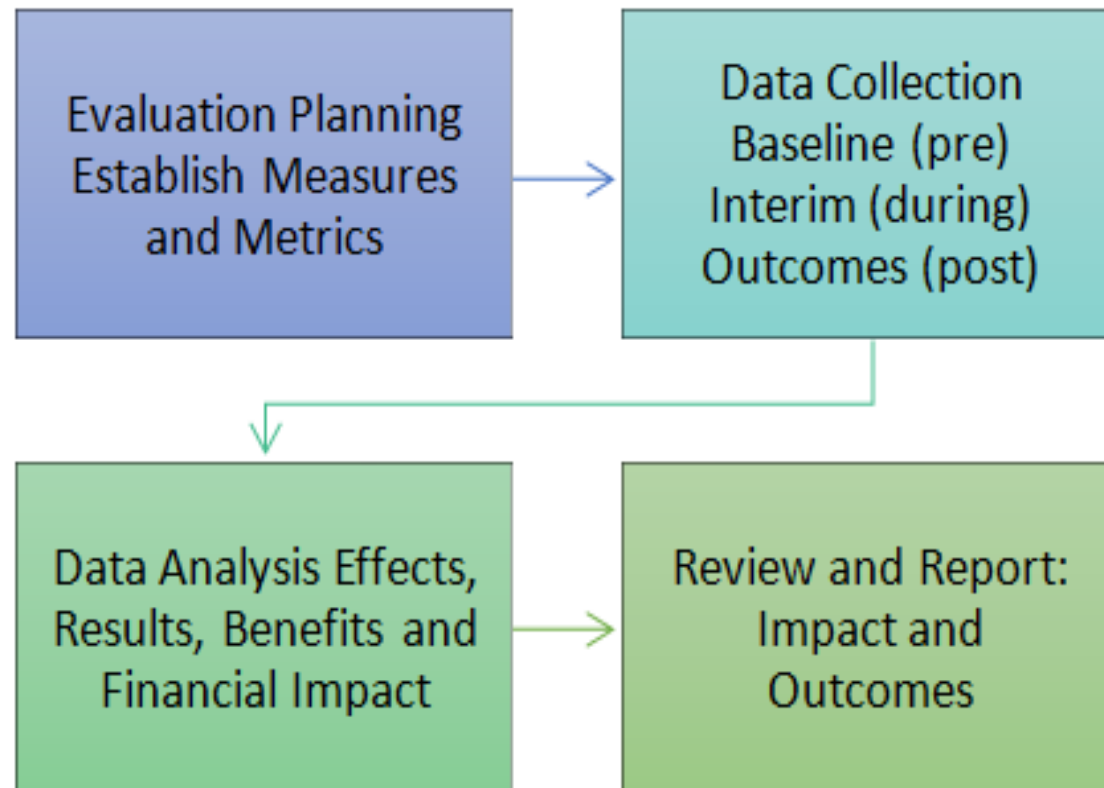
Clinical Site Preparation & Coordination	Provide course documents prior to course start. Meet with surgical director, educator, and preceptor to review syllabus, course guidelines, checklists, and expectations prior to clinical & at least once during course. Option to be done virtually. Progress report.
Hours in Course	32-40 hours for didactic and skills Self-paced online modules
CEUs (AORN)	41.7 Contact Hours from AORN upon successful completion of the AORN Periop 101™ Course and final exam.
Competency Validation	AORN Competency Checklist (Basic Technical Skills Checklist) RN Skills Self Assessment (AORN) completed pre- and post- course
Hours of Clinical	Minimum of 8 clinical hours per week (88 hours) Recommended: full time up to 40 clinical hours per week “immersion” Requirement of Participation: Nurses shall transition from current unit to work in the OR (prior to or during the course)
Text Books	Alexander’s Care of the Surgical Patient 16 th Edition The AORNs 2018 Guidelines for Perioperative Practice Pocket Guide to the OR (optional upon course completion)

Recommendations for Conducting a Perioperative Specialty Nurse Training Course

Requirement for Pass	80% or higher on AORN Periop 101™ Certificate exam Competency-based evaluation (AORN Basic Technical Skills Checklist) at or above novice level upon course completion
Additional Benefits	1-yr AORN membership with access to EBP resources 6-12mo. online access to AORN Periop101™ (per contracted terms) Preceptor Modules free with volume purchase of AORN Periop 101™ modules—distribute to partner/affiliated hospitals
Evaluation Process (*min. components)	*RN Preceptor evaluation of course participant using AORN Basic Technical Skills Checklist *Student evaluation of course (and AORN curriculum)
Course Outcomes	AORN defined course outcomes (AORN.org)
Cost	Typical registration cost across varied types of academic institutions anticipated to be up to \$2,200 - \$2,700 per person. (less if hospital partner has already purchased AORN modules).
Collaborative Approach	Collaboration between college/university and a group of hospitals is advised to co-plan courses, review workforce needs, establish course timing, and agree to conditions of participation.

Recommended Evaluation Framework

Evaluation Process



Evaluation Framework: Based on WIB Process



- **Implementation of the goals and strategies** of the local/regional plan
- **Benefits of partnership**, including any new partnerships developed, or existing partnerships expanded
- **Leverage/expansion** of local resources and/or contributing partners
- **Significant activities** in which the project helped to build the capacity of the workforce system (e.g., staff training, employer outreach, training and partnerships, etc.)
- **Innovative or best practices** developed
- Project's greatest **achievements**
- **Barriers or challenges** and steps taken to overcome these barriers
- Incorporating **new innovative practices** or "lessons learned" be into current workforce strategies

Outcomes Evaluation Framework: Key Indicators

1. Course Capacity of Specialty Program

- ✓ # schools, # employers/providers
- ✓ # programs conducted
- ✓ # RNs or RN students enrolled, # completed

2. Learning Outcomes & Competency

- ✓ Successful course completion, passing grade
- ✓ Evidence of competency progression
- ✓ Application of knowledge and skills to practice

Outcomes Evaluation Framework: Key Indicators

3. Specialty RN Availability & Staffing Cost

- ✓ Reduced reliance on high cost temporary contract personnel (RN Travelers, Registry)
- ✓ Reduction in staffing cost – less overtime hours needed to cover vacant positions

4. Human Resources

- ✓ Reduced vacancy rates – filled internally by “upskilling” current RNs, or sourced through “new” pipeline
- ✓ Less time to fill hard-to-fill specialty vacancies
- ✓ Improved satisfaction, retention (short and long term)

Outcomes Evaluation Framework: Key Indicators

5. Work Environment and Professional Practice

- ✓ Employee satisfaction, engagement and commitment
- ✓ Healthcare team satisfaction
- ✓ Education, guided development, mentoring

Cost-Benefit (ROI) of Addressing the Short Supply of Specialty RNs by Developing the Workforce Needed

Vacancy-driven costs:

- Staff overtime and contract personnel \$2,500-\$3,500/month more than a regular full time RN salary
- Extended time to fill vacant positions often >6 months
- Recruitment resources sourcing experienced RNs in short supply
- Employer competition, sign-on bonuses, high turnover

Program Costs:

- Course registration – up to \$2,300/participant (varies by academic institution, availability of funding options)

Hospital Savings: Return on Investment (ROI)

- Investment recovered 1-2 months after course completion; with potential for additional net savings

Lessons Learned: Academic-Practice Collaborative Project

- **Strategic planning** essential to develop and support regional collaboration in addressing current and future workforce needs
- Course participants should be **in process of, or already hired/transferred** to the OR, to maximize concurrent skill acquisition
- Enrolling newly-licensed nurses and senior internship students provides **pipelines for workforce expansion**
- Expanding the number of hospitals and partnerships facilitates **full classes with reduced risk of course cancellations**

Lessons Learned: Academic-Practice Collaborative Project

- Identifying **value-added processes** and eliminating non-value-added tactics streamlines future workforce strategies
- **Standard work** would be possible with development of a model Perioperative curriculum and “ideal” Periop Specialty Nurse Course
- Allocation of **resources for program coordination** and key functions of a Project Director role is recommended
- **Time required** by a university to establish and conduct this type of hybrid course including evaluating outcomes is significant

Benefits of Addressing the Short Supply of Specialty RNs by Developing the Workforce Needed

- ✓ Providing career advancement opportunities
- ✓ Employer retention of RNs seeking options for career progression
- ✓ Engaging new RNs to practice in needed specialty areas
- ✓ Providing education to acquire required skills and competencies as pipelines to employment
- ✓ Increasing the supply of specialty RNs across the region scaled to meet evolving employer demand
- ✓ Supporting the available RN workforce to successfully transition and practice in high demand specialty areas

Resource & Funding Opportunities

Regional Planning (program coordination across entities)

- Supply/demand management, stakeholder engagement, marketing, monitoring, evaluation and improvement
- Wrap-around services to support success and retention including - preceptor and leader development, healthy work environment

Course participants (with limited resources):

- Low income: RN students, unemployed RNs, those re-entering the workforce, or needing a refresher to meet job qualifications
- Course registration fees
- Support services: transportation, child care, resume writing, potential employer connection

Employers (with limited/variable resources):

- Up-front investment in education - cost of course registration
- Lack of hospital educational resources to support clinical placements
- Salaries paid to course participants during training period

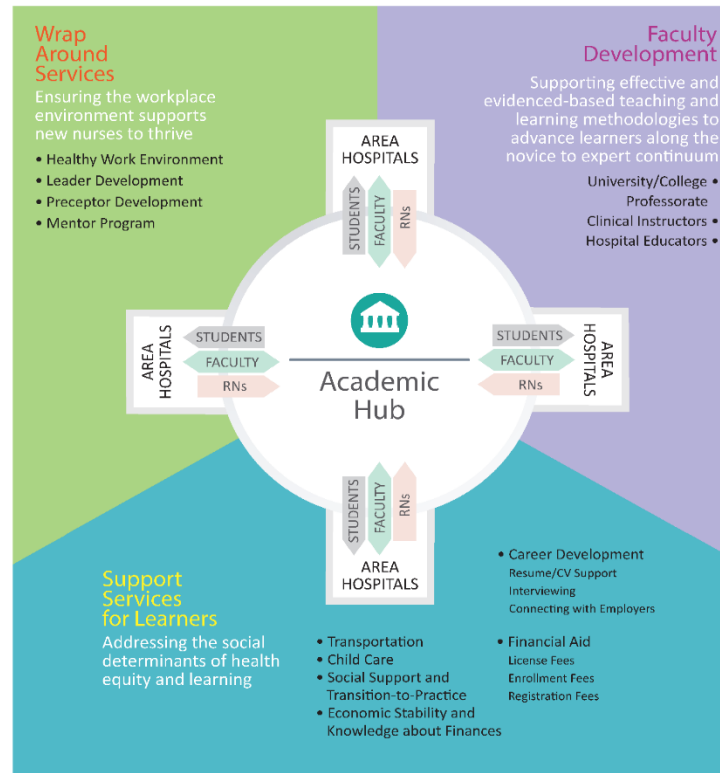
Considerations Going Forward

- Regional approach to solving workforce shortages
- Supporting healthy work environments for employee retention
- Supporting students and their health and wellbeing so they can focus on learning for future success
- Educating educators to use the latest teaching/learning methods so the education “sticks”

Specialty Nursing Education and Successful Integration



Specialty Nursing Education and Successful Integration



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