



ANNUAL STRATEGY PLAN: 2023

Notes

August 12, 2023

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Planning
Facilitation & Training
Nonprofit Management

Hawaii State Center for Nursing

Advisory Board: Annual Strategy Meeting

Date: Saturday, August 12, 2023, 9:00 am – 12:15 pm
Location: Chaminade University of Honolulu, Hale Hoaloha Center

Attendees

Advisory Board Members

1. Linda Beechinor, Hawai'i – American Nurses Association
2. Gloria Fernandez, Hawaii State Department of Health – Public Health Nursing Branch
3. Rhoberta Haley, Chaminade University of Honolulu
4. Arthur Sampaga, Hilo Medical Center
5. Ewa Williams, Ohana Health Plan
6. Jeannette Ayers-Kawakami

Staff

7. Laura Reichhardt, Director
8. Katherine Finn Davis, Associate Director – Evidence Based Practice
9. Brianne Atwood Kuwabara, Program Coordinator
10. Carrie Oliveira, Associate Specialist for Workforce Research

CommUnity Works' Facilitators

1. Lily Bloom Domingo
2. Jennifer Cornish Creed
3. Anthony Arce

Welcome & Purpose

Laura Reichhardt and Rhoberta Haley, Vice Chairperson of the Advisory Board, welcomed the attendees and thanked them for committing their time and energies to help Hawaii State Center for Nursing (HSCN) develop its strategic priorities for the coming year. Attendees were asked to introduce themselves briefly, sharing their organizational affiliation and role, their connection with HSCN, and length of involvement. They also invited the facilitators to review the day's agenda.

Public Comment Period for Agenda Items

In accordance with the State of Hawai'i Sunshine laws, HSCN addressed the public comment period.

Individuals who are unable to provide testimony at this time will be allowed an opportunity to testify when specific agenda items are called. For both internet and phone access, when testifying, you will be asked to identify yourself and the organization, if any, that you represent. Each testifier will be limited to five minutes of testimony per agenda item. All written testimony submitted are public documents. Therefore, any testimony that is submitted orally or in writing, electronically or in person, for use in the public meeting process is public information and will be posted on the board's website.

Update on 2022 Strategic Planning Goals

The HSCN team provided an update on the strategic planning goals established in 2022.

Vision & Mission

Laura Reichhardt, Director of HSCN, reviewed the current and proposed vision and mission. Action on the proposed revisions will be taken at a future board meeting.

She also shared the addition of new staff members who will be joining the HSCN team soon: 1) Graduate Assistant – Nurse Residency Programs; 2) Policy Analyst for Licensure, in partnership with the Department of Commerce and Consumer Affairs (DCCA); and 3) Policy Analyst for Strategic Initiatives.

Workforce Research

Carrie Oliviera, Associate Specialist, reported on several aspects of HSCN's data collection and reporting. HSCN is now generally recognized as the best source of nursing workforce data in the state. The Workforce Supply Survey has increased response and has well-established questions. There is continuous improvement to develop secondary employment questions. Future plans include publishing a historical time series and examining data from retirees. The Education Capacity Survey continues to grow its value among constituents beyond educational programs. Finally, the Workforce Projections project is underway with a focus on local rather than national sources.

Quality Practices and Best Outcomes: Evidence-based Practice

Katherine Finn Davis, Associate Director, updated the group of several evidence-based practice (EBP) initiatives.

Clinicians. Most pandemic EBP team have completed their initiatives. Burnout is prevalent among staff nurses, nurse educators, and other nursing leadership. Alternative training models are under consideration.

Educators. Clinical and academic educators continue to collaborate well.

Leadership. This area has been affected by the pandemic with the last leadership workshop being held in November 2019. The 2023 workshop was postponed; however a new opportunity is planned for November 2024.

Project Repository. The online repository is nearly completed. Leadership and educational staff turnover at many facilities has presented challenges. The launch is planned for Fall 2023.

Overall, creating a statewide culture of EBP is going well, but there continues to be a need to increase buy-in at all levels, especially leadership. HSCN is recognized locally and nationally for bringing together academic and clinical partners to work together across organizations and statewide.

Quality Practices and Best Outcomes: Nursing Professional Development

Laura updated the group on several professional development initiatives.

Continuing Nursing Education. Accreditation was secured through 2025 and over 8,000 contact hours were proved of which more than half were awarded to nurses (LPN, RN & APRN). The hope is to provide more educational opportunities on topics requested by local nurses.

Hawaii State Simulation Collaborative. This collaborative, originally organized by Queen's Medical Center (QMC) and the Nancy Atmospha-Walch School of Nursing (NAWSON), was reconvened after the pandemic. Resources have been secured from the Department of Labor and Industrial Relations (DLIR), the Victorian Simulation Alliance, and the California Simulation Alliance for a two-day conference, October 19-20, 2023.

Writing for Publication Workshop. The workshop was last delivered in 2020, during the pandemic, using an online platform. It has been difficult to recruit faculty and editors for this workshop. The next workshop is planned for 2024.

Success Pays Certification Program. The quota for new certifications was met. It has been difficult recruiting participants throughout the pandemic. The program is now closed at HSCN. Individual facilities may contract directly with ANCC and HSCN is happy to assist with navigating the process.

Clinical Faculty Training. Ongoing funding support for clinical faculty training has been secured. Forty-eight clinical faculty from public and private schools of nursing in the state have completed the CCNW course. HSCN will be meeting with school leaders to determine future clinical faculty training opportunities.

Recruitment and Retention

Brianne Kuwabara, Program Coordinator, addressed recruitment and retention concerns.

Clinical Education. 100% of COVID losses have been recouped in CY 2023 with a 9% increase in cohort students from pre-pandemic 2019. In addition, there is a marked increase in total placements. Clinical placement opportunities are critically needed in Obstetrics, Pediatrics, and Behavioral Health. There are ongoing shortages in preceptor availability.

Hawaii Nurse Residency Program. Funds have been secured from the Department of Health (DOH) Alcohol and Drug Abuse Division (ADAD) to underwrite the cost of New Graduate and preceptor training programs. The hope is to expand the program to more Clinical Access and state hospitals and to ambulatory care settings. The first-ever Hawaii Transition to Practice Conference is planned for Spring 2024.

Transition to Practice – Specialty. HSCN has surveyed partners to identify training needs and is using grant funds for UHCC/Good Jobs to purchase and deliver curriculum using HealthStream tools. The first-ever Curriculum Collaborative will allow for partner purchases in August 2023.

Transition to Practice – Long-Term Care/Post Acute NRP. HSCN is working with a vendor to develop a comprehensive 3-, 6-, and 12-month NRP for the LTC setting. Again, this has supported through a grant from UHCC/Good Jobs. Also, HSCN is happy to add two new partners to the LTC NRPs in Hawai'i. The program continues to education stakeholders on the purpose and value of NRPs.

APRN Access to Care

Laura updated the group on several aspects of APRN Access to Care.

APRN Policy & Practice Working Group. The working group has established a strong collaboration and regularly confers with other APRN professionals to increase insights on the current APRN practice environment. HSCN is excited to add personnel to assist in this policy area.

Provider Barriers to Practice HRS Review Working Group. This is an interprofessional working group that includes APRNs, Pas, Psychologists, MDs, and PharmDs to review statutes that may present barriers to quality practices and access to care. This group reviewed over 160 statutes in the last year from a list of over 50,000. Looking ahead, the group will begin to develop recommendations to the legislature to update the HRS, where appropriate.

Preceptor Tax Credit Program. Program has grown over the past 5 years. Continuous improvement is ongoing.

Recruitment and Retention: Wellness

Laura shared how the concerns of wellness have grown and become very impactful to the recruitment and retention of nurses since the pandemic. Local data has been collected since 2021 and using a statewide approach, a Nurse Staffing Think Tank made up of diverse partners has been established. The hope is to establish a statewide strategy to positively affect wellness. This is a long-term initiative and will require the right resources to manage, market, and scale actions to achieve the desired culture changes that support wellness.

Laura invited the group to ask questions and further discuss the current context for HSCN. The participants expressed appreciation for the presentation. There were no questions.

New/Enhanced Opportunities for HSCN

Noting that the Advisory Board established priorities in November 2022 and significant progress has been made, the facilitators invited the group to brainstorm new/emerging and enhanced/expanded opportunities for HSCN in the next 1-3 years. Like ideas were clustered by the group to identify the unique items.

The group agreed that **Recruitment and Retention** is an overarching opportunity. There is a lot going on from pre- to post-hospitalization as everyone is working to address the current

challenges in the workforce. Patient numbers are doubling, and everyone is just trying to keep up.

Community-based Clinical Opportunities + Continuing Professional Development

- A lot more nursing education in the community. We can do more to identify community-based clinical opportunities. We should be trying to move more into the community.
- Community public health. If we had a small public health nursing workforce to do door-to-door work, boots on the ground work, that would be beneficial. Exploring ways to connect with public health and getting public health nurses out in the community.
- Is there a way to work with the legislature and Nurse Education to create a public health nursing certification, separate from NCLEX, e.g., à la the California model? Public Health Nursing Certificate could be cost prohibitive.

Public Health Nursing

- We could do a better job of talking about what the role of public health nursing is.
- Community public health. If we had a small public health nursing workforce to do door-to-door work, boots on the ground work, that would be beneficial. Exploring ways to connect with public health and getting public health nurses out in the community.

Recruitment & Retention: Compensation & Flexibility

- Use the same, or similar, strategies we used to increase doctor recruitment and retention to increase nurse recruitment and retention. This can be done for both urban and rural nurses and get them connected to the community.
- Cost of living – **salary and benefits** – and **flexibility** are key. People have emergencies with families and in life; they need flexibility. So, identifying more ways to be flexible and increasing compensation against the rising cost of living.
- Opportunities created for salary-sharing to address turnover. Job sharing to allow working professionals to be educators.

Increase Faculty

- We need more faculty. There is a nursing faculty shortage nationwide and it's the driving variable to the student shortage and clinical partner shortage. There are many factors that contribute to the faculty shortage, e.g., hospital competition; compensation; bandwidth of nurse education institutions, etc.
- Clinical collaborative – having someone in place who knows the clinical side to provide orientation and training for clinical faculty.
- Curricula shared throughout the state for faculty onboarding.
- A long runway (2-year onboarding and training), plus training the mentors.
- Opportunities created for salary-sharing to address turnover. Job sharing to allow working professionals to be educators.

Workforce Diversity

- Using data to identify gap categories to increase recruitment (gaps in reference to diversity, equity, and inclusion, or DEI). What can HSCN do to improve representation in nursing?

Educational Capacity

- Increase the number of nursing students in schools. Increase the number of nursing student slots.
- Schools have less money and bandwidth to hire faculty.
- Clinical placement opportunities are maxed out and need to be expanded. Some schools are doing 50% simulation and going online and virtual. In 2018, we went from allowing 8 students per instructor to 6, and even as low as 3 or 4 students. We've not been able to scale up because clinical nurses have sicker patients, plus they are completely spent and burnout since the pandemic.
- We need better tools and better systems that allow easier access to information and flow for keeping track of clinical partners, students, and personnel. It's really about compliance and documentation management. (Note: Rhoberta volunteered to participate on a committee for this.)
- A long runway (2-year onboarding and training), plus training the mentors.
- Expand the physical space for students on campus and increase support services.
- Half the students in the hospital and half in simulation. More capacity is needed for fewer students.
- Tools to take the burden off of the personnel for clinical education
- Opportunities created for salary-sharing to address turnover. Job sharing to allow working professionals to be educators.

Public Education on Wellness of Nursing Workforce

- Educating the community about what wellness issues are for nurses in Hawai'i.

Leadership and Mentorship Training

- Having an equal number of novice to expert nurses on staff at one time. (The shift schedules often result in few expert nurses on with novice nurses.) How does HSCN affect this? Leadership training and mentorship can help.

NCLEX (National)

- The transition from graduate to employee is a long process. Reducing the transition time between certification and license. License delay due to NCLEX access is a challenge. We need to expedite the time to readiness for taking the NCLEX

HSCN Priorities for 2024-2026

Given the 2022 Priority Plan and the list of opportunities generated in the previous discussion, the group was asked to advise where HSCN should focus in the next 12-18 months in order to positively affect the current state of the nursing workforce in Hawai'i. The group discussed the following points:

- C: Get a champion for every “bucket” to gather more information and look at the pathway and come back with suggestions.
- C: We have money. Look at where we don't have to go digging for additional money, e.g., \$27,000 to provide training for new clinicians.
- C: Look at where we can fold new opportunities that are priorities in existing plans and work.
 - HSCN has the ability and responsibility for **continuing professional development**.
 - Total **compensation, flexibility, and wellness** are already priorities.
 - Expand **clinical placement**.
 - **Education capacity**.
 - **Leadership and mentorship training** as a proposed activity under the **wellness** initiative.
- C: Workforce diversity/DEI and data are already happening.
- C: Can we find ... :
 - Public Health Nursing Certificate curriculum?
 - Mentorship program?
 - Translate increasing the doctors' model into a nurses' model?
- C: NCLEX. There are barriers because NCSBN and Pearson have proprietary business practice issues. What we need, potentially, is intervention from our state government leaders. There is an opportunity at our national conference to raise this issue among other states' representatives and identify similar barriers across states.

In summary, the group agreed to the following priorities:

Continuing Priorities from Existing Plans and Work

- Compensation, flexibility, and wellness
- Increasing educational capacity, including clinical placements
- Leadership and mentorship training
- Workforce diversity

Emerging Priorities to Consider/Investigate

- Increase faculty

- Identify and address NCLEX barriers

Additional opportunities to keep in mind

- Public Health Nursing Certificate

Responding to the Maui Wildfires

The group requested an opportunity to discuss the anticipated impact of the Maui Wildfires on the nursing and healthcare community.

- C: We should look at our colleague organizations in other states where disasters have happened, e.g., Louisiana, California, New York, and ask for their guidance.
- C: We need to ask, what does Maui need? The Department of Health is organizing actual medical coverage for Lāhainā **IN** Lāhainā. They are bringing together providers to organize mobile services and pushing through paperwork to make sure they get reimbursement for services. There are medical volunteers there right now.
- C: School nursing for keiki. It's important to have proper nursing support at the schools. The Department of Education is partnering with HAZEL Health.
- Q: What roles can nurses on other islands do to support those on Maui?
- A: Psych First Aid Training would be good.
- A: They need to have the mindset of a caregiver and pay attention to the first response needs – Psych First Aid, virtual telehealth; virtual support groups where people could have anonymous Hawai'i conversations.
- C: The 4th emergency proclamation allows for travel nurses to come to Hawai'i. It's a heavy burden on local nurses alone.
- C: The data that comes out of this on immediate needs and long-term needs and what we learned.
- C: HNA is funding Nurse-to-Nurse support. They are on the ground in Maui asking what they need.
- C: How many Psych Nurse Practitioners are there? Could we create a hui?
- C: Jobs have been lost, as well as houses.
- C: We should ask Maui to tell us what they need on a weekly basis.

- C: Maui Community College, Maui Memorial Hospital, etc. are all part of our network of relationships. HSCN can work that network and be a communication hub so we can disseminate information.
- C: We can continue to facilitate conversations about how to move patients between facilities to make room for anticipated intakes.
- C: We need to be accommodating and accepting, especially when we're asked to come in.
- C: We also need to give them time to learn and do their jobs and figure it out. We need to respect their knowledge and let them take the lead.

Evaluation

The meeting evaluation was distributed by Brianne. Laura and Rhoberta thanked all the participants for their participation and good ideas.