

Last Mile Employment Strategy for Nurse Training—Email Exchange

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Black: Bill Scroggins, President/CEO

Blue: Sarah Plesetz, Associate Dean, Technology & Health

Purple: Shari Herzfeld, Deputy Sector Navigator, Los Angeles, Health Workforce Regional Director

Yes, your comments are very much on point. The growth of demand for BSN's will continue and will be a challenge for our ADN program. Several thoughts.

1) Increased pathways for our ADNs toward BSN degrees through strong transfer articulation to existing programs (more transfer prep while at Mt. SAC?). **Yes. More transfer prep would be good. We are offering something similar to that with our Jump Start program with CSUF's BSN program. Our ADN students who are in the Jump Start program take courses during the intercessions to help prepare them to transfer to CSUF's program. Goal: Develop more partnerships like this one.**

2) Special arrangements for accelerated ADN to BSN like at APU (taking more of our units, mix of courses here plus online plus clinical?). **Yes. We do have our MSMU BSN University program here on campus and our ADN grads may obtain their BSN in less that one year.**

3) Specialty Transition to Practice Certification (critical care, pediatrics, etc.) for RNs including our ADN graduates (partnerships with local hospitals using their facilities and a mix of their training staff and our faculty while we pay for the program with FTES?).

Yes. I could follow-up with our affiliate hospitals to see if this is something they would be interested in. Also, Jemma and I believe that this would be a good program for Cont Ed.

I feel that there are two very important needs, the first is becoming more apparent every year as the hospitals are hiring BSN prepared RNs over our ADN grads. Those same hospitals are also reserving their clinical sites for the BSN programs. This trend for California hospitals to prefer to hire BSN prepared RNs has increased from 74% in 2012 to 85% in 2016 (Health Impact report- attached).

We have seen this firsthand in our own nursing program. Just today, we heard that our nursing program will no longer be able to send students to the clinical site at Children's Hospital Los Angeles. This is a great loss to our program. Many other of our hospital affiliates have decreased the number of clinical sites they previous have reserved for our program. They are now giving those clinical sites to BSN programs.

We are fortunate to have our Mount Saint Mary's University Center for our graduate nursing students.

The other important need is the one Shari had mentioned, regarding the need for more nurses in specialty areas. Some hospitals have their own programs to train their in-house RNs to work in ICU, Labor & Delivery, Emergency rooms, etc. As Shari mentioned in her email, this training could be done at a community college. This could be a type of "Transition to Practice" program; however, instead of transitioning new grads to a hospital, they would be transitioned to a specialty area.

Sarah Plesetz, MSNEd

Associate Dean, Technology & Health Division

I'd like to respond regarding some of the challenges to creating a specialty nursing workforce and share some of the activities that I have been involved in as DSN for the Health Sector here in the LA region.

Our Associate Degree Nursing programs provide a pre-licensure curriculum to qualify completers/ graduates to sit for the California RN licensing exam (NCLEX). The RN license is a generalist license and the curriculum content is closely regulated by the Board of Registered Nurses (BRN) to comply with their licensure requirements. In the recent past, California's community colleges expanded their ADN programs in response to the unmet need for new graduate RNs. Now we are at a steady state, graduating

enough students to fill the RN job openings. We are also increasing the number of articulations to Baccalaureate nursing programs as industry has asked for higher degrees.

As one problem is resolved, another emerges. As the “nursing shortage” became a thing of the past, new assessment of the workforce revealed that certain segments of the workforce were older than the workforce in general – particularly specialty RNs and Clinical Laboratory Scientists. Many of these workers are baby boomers, hired and individually trained during the 1980s. I was a specialty RN trainer in the LA County system during that era, and am familiar with those programs, which no longer exist as the need was satisfied a couple decades ago. But now this cohort is reaching retirement age en masse.

In response to this impending workforce shortage, during the 2015-2016 fiscal year, I co-sponsored an LMI survey with the Hospital Association of Southern California (HASC) to seek details about the RN specialty workforce and projected openings. Our findings were consistent with what we were hearing anecdotally that RN specialties were “hard to fill high need” openings. Specifically, we identified perioperative, critical care, labor & delivery, neonatal intensive care, and emergency as among the highest need specialty RNs.

This was just about the time that the first round of Strong Workforce funding was announced. In July of 2016, I convened leaders from the community college health programs in the LA region. All 18 colleges in the region (at that time – we now have 19) have health programs, including 16 (now 17) with ADN programs. Linda Zorn came to help facilitate the discussion. As a result of our discussion we identified several issues that could potentially be addressed by the Strong Workforce program, and top in our discussion was the need for specialty RN training. In addition, my partnership with the LA Area Chamber of Commerce Health Collaborative reinforced the need for specialty RNs. Simultaneously I was working with 6 LA region WDBs and Ventura WDB to launch a SlingShot project focusing on RN Case Managers, another specialty identified as in high demand by regional industry.

Once the application process began, I worked with the LAOCRC and interested college partners. We came up with a health careers pathway project, with the majority of the funding and partners working on developing and implementing RN specialty curriculum. As a result of our discussion, we decided to focus on incumbent worker RN specialty courses. The ADN curriculum is already overloaded and frequently exceeds the BRNs recommended number of units. The participants felt that there is no room for additional classes within the ADN programs and nothing that can be removed to make room. At this time Rio Hondo, Glendale, Cerritos, Citrus, and El Camino Colleges are working to develop and implement nursing specialty courses in the areas identified in the HASC survey. There are other efforts underway, notably through HealthImpact, but we feel our project will meet the public need in a timely and cost effective manner.

We are now looking at applying for Round 2 & possibly Round 3 funding to provide more course offerings throughout the region and support getting the courses through the curriculum approval process to enable them to collect apportionment and be self-sustaining. We are open to additional partners for Round 2 & 3.

I hope I am not going on too long, but I’m excited to share some of the work going on here in LA with you. So often our work happens under the radar, and it’s nice to be able to share it with you. I’d be happy to give you additional details. I like to think this is an example of a DSN “doing what matters.”

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