San Joaquin Valley
Nursing Education Consortium
A PARTNER OF THE CALIFORNIA PARTNERSHIP FOR THE SAN JOAQUIN VALLEY

Hospital Council
of Northern & Central California
Excellence Through Leadership & Collaboration

CCPS PLANNING SESSION

March 14, 2013
10:30am – 1:30 pm
National University♦ Room 226

SUMMARY OF DISCUSSION

Strategic rationale behind this meeting:
As we approach the end of our third year of operation, it is clear that the environment for schools and providers has changed and that, in some cases, those changes converge in the discussions about the CCPS. The group agreed at the February 13th meeting to set aside a block of time to more thoroughly understand and discuss the issues we share and to chart a course for the CCPS for the next several years. Each meeting, there are specific operational issues that are discussed but in the absence of a larger, more strategic conversation, we may simply be going from 'issue to issue' without sustainable change and/or process improvement.

1. **Gloria welcomed all to the meeting. Self-introductions followed.**

2. **Review meeting objectives and expectations**
   a. Review the principles that drove the creation of CCPS in the beginning.
   b. Understand the changing environment, pressures, assumptions, and challenges of schools and hospitals as they relate to student placement/clinical rotations.
   c. Develop strategies that satisfy the interests of both schools and hospitals as they relate to CCPS.
   d. Talk through ideas regarding the CCPS technology itself (including ADB as a vendor) and decide if we want to pursue other solutions (e.g. other vendors, 'build our own,' etc).

3. **What are the principles that guide the CCPS and that we can use to guide our work/today's discussion?**
   a. The inherent value in this process…underlying the work, the technology, the processes…is the increased collaboration between academia and service providers.
   b. Our goal is to maximize the utilization of clinical rotation opportunities in the most efficient, user-friendly system possible.
   c. We all share the same goal of creating the most successful and well-prepared 'future workforce' for our hospitals and clinics…and that success begins with quality education/clinical experiences….all in the best interest of the best patient-centered care possible.
   d. It is in the best interest of all to have a strong nursing education pipeline with access to excellent clinical experiences to ensure a qualified workforce for the future.
   e. Changes in the clinical education experience must always consider the current students in the pipeline today.
   f. Healthcare reform will change the nature of hospitals…the patients they see, the workforce they need, the competencies required, and how/where care will be delivered.
   g. The original intent of the CCPS is to maximize the access for students to quality clinical rotations. It is about value of… not simply the quantity of…rotations.
   h. The more CCPS can 'standardize' our student experiences, the better for all.
   i. We need to maximize the capability of today's technology in a system that is easy to use/easy to access.
   j. This CCPS idea is built on the principle of 'all in'…with equal access to clinical sites, all engaged in the process, and the most current information on the system from which schools can make their class decisions and hospitals can make their staffing decisions.

k. We must clearly articulate the 'rules of engagement' in this CCPS process…standardized operating procedures, who to call, algorithms, and clear roles/expectations for instructors, students, and hospital staff.
    i. We must all commit to honoring the timelines/deadlines/accuracy built into the system.
l. We recognize that changes do occur in both hospitals and schools that affect a clinical rotation on a given day, week or semester. We must find a way to report, adjust, and accommodate those changes. They are a routine part of this work.
m. Our system must be agile, easy to access, and 'real time' communication.

4. **Gloria provided a brief background on the evolution of CCPS…how we started, what we agreed to do, how it was funded.**

5. **What has changed in our environments in the last three years as it relates to student placement, nursing education enrollments/providers, expansion of hospital networks to clinics, etc? What assumptions can we make about the current clinical education situation?** *(Lynne/All)*
    a. The current trajectory of more and more students needing spaces in hospitals is unsustainable.
    b. This problem is not unique to the Valley…but our capacity to work together to solve it is.
    c. There will be more and more schools offering RN training that will need access to clinical rotations in our hospitals.
    d. There may be other rotation options that we haven't yet explored.
    e. There is increasing demands for BSN-prepared nurses as hospitals seek magnet certification and other accreditations.
    f. Organizational cultures and their attitudes toward students (are they assets or burdens?) varies and has shifted in some places.
    g. Both education and hospitals need to continue to change and evolve their strategies in the delivery of clinical education.
    h. The pace of change in hospitals and schools are very different…and, in some cases, diametrically opposed.
    i. The increased "academic production" of RNs came in response to past high vacancy rates in hospitals. Those vacancy rates are not there today.
        - Nursing is still a sought-after degree/career.
        - Another RN shortage *will* occur.
    j. Hospitals seem to be using externs more and more…which also require clinical rotation spaces.
    k. Schools are doing a better job in getting students into the pre-requisites…which is speeding up the demand on clinical rotation spots.
    l. It is possible that we do not fully utilize students on the hospital units…they perhaps could do more to help the staff nurses than they are doing now.
    m. The quality of instructors is inconsistent.
    n. There is a challenge of having one instructor with every student group in the hospital. (Thanks to Karen Roberts for the beautiful illustration of how this works! ☺)
        - When instructors are moving between three groups of students on different units, the 'burden' of student supervision falls squarely on the staff nurse.
        - What are the implications for hospitals to have students working without an instructor with them?
    o. Pressures on nursing staff in hospitals to do 'everything' will continue to increase.
    p. The results from increased requirements on hospital staff for data, metrics, reporting have the ability to change practice, unit configuration, patient care protocol almost overnight…making it hard to bring students along in the midst of such change.
    q. Hospitals make almost instant changes…closing units, reassigning staff, etc…that make consistent student experiences more difficult.
        - More and more surveyors in hospitals cause changes/cancellations of student experiences with little or no notice.

r. Not all RNs are educators…more and more new grads in hospitals…so the pool of available staff to mentor students is limited.
s. "Today's RNs coming out of school are not prepared to work or as qualified as they were a generation ago" is a persistent rumor…why?

6. Walk a mile in the other's shoes…how do we each understand the clinical rotation process? CCPS?

After a very robust conversation, the following 'big ideas' emerged to further work, discussion, and/or innovation.

Clarity on scheduling agreements…then and now

- How do we manage the transition from "agreements" with the two largest schools and hospitals for specific day of the week clinical rotation spots? That is currently not occurring now…some believe it should be…how do we balance those interests? Is scheduling 'first come, first serve?' What are the implications of that? Are there distinctions between RN and BSN requests?

Instructors

- Strengthen the clinical faculty orientation and/or understanding of their expectations
- Ambassadors of the school's program
- Can we have 'joint appointments' of hospital staff and school faculty?
- How do we balance the # of students/faculty with the hospital's need to have constant supervision, especially of first/second semester students?

Student expectations/competencies

- Increase clarity of what student nurses can do at each semester level. Is there any consistency in this across schools?
- Help hospitals to maximize their use of student nurses to 'extend' their work, not slow it down.

Hospital staff/managers

- Do more outreach to hospital staff on what they need to more successfully engage with students.
- Preceptor training

Adapting to the pace of change

- Need strategies to manage the 'clash' between hospitals closing units overnight or surveyors who appear in the morning or workforce reductions…with schools who schedule their students 18 weeks at a time.
  - How to communicate?
  - Simulators in hospitals?
  - Alternative locations?
  - Others?
- Support schools in their ability to make curriculum changes more quickly (AB 1295, SB 1440).

Redesign school/service experiences and relationships

- Academic-Service Partnership to explore further
- What are hospitals' workforce projections? Useful for schools to know for planning.
- Establish 'transition to practice' program here in the Valley (nurse residency model)…a way to bridge gap between classroom knowledge and ultimate practice
- Engage more LTC facilities in this work for LVN students and others

- Find a way to expose students to the various health information technologies in the hospitals
    - Establish an HIT lab at Fresno State? Certificate program in HIT? (Lynne to explore with the CIOs)
    - Use new grads as 'super users' of this technology
    - Simulations of EMRs, charting

Technology (Carla, Stephanie, Carol Rayner, Sharon, Gloria, Lynne, Kathi)

- At the heart of the work of this group is the CCPS technology itself. We need to make sure the technology works for us…not the other way around.
- Set up a technology subcommittee to explore ways to improve current system and/or specs to explore other vendors.
- Need a way for instant communication on available clinical sites
    - A CCPS app?
    - An 'air traffic control' site to manage daily clinical rotation options?
- Consistent student data across schools and service providers
    - Background checks
    - Immunization tracker
    - Standardized, current, broad, reliable
    - Cost effective for students
- Consistent and easy access to instructor information
    - Hospital HR policies
- What changes would we like to see from Ayamba to make the system work for us?