

VENTURA NURSING LEGACY PROJECT

Consensus Report On Ventura County Priority Nursing Issues

- 2007 -



ACKNOWLEDGEMENTS

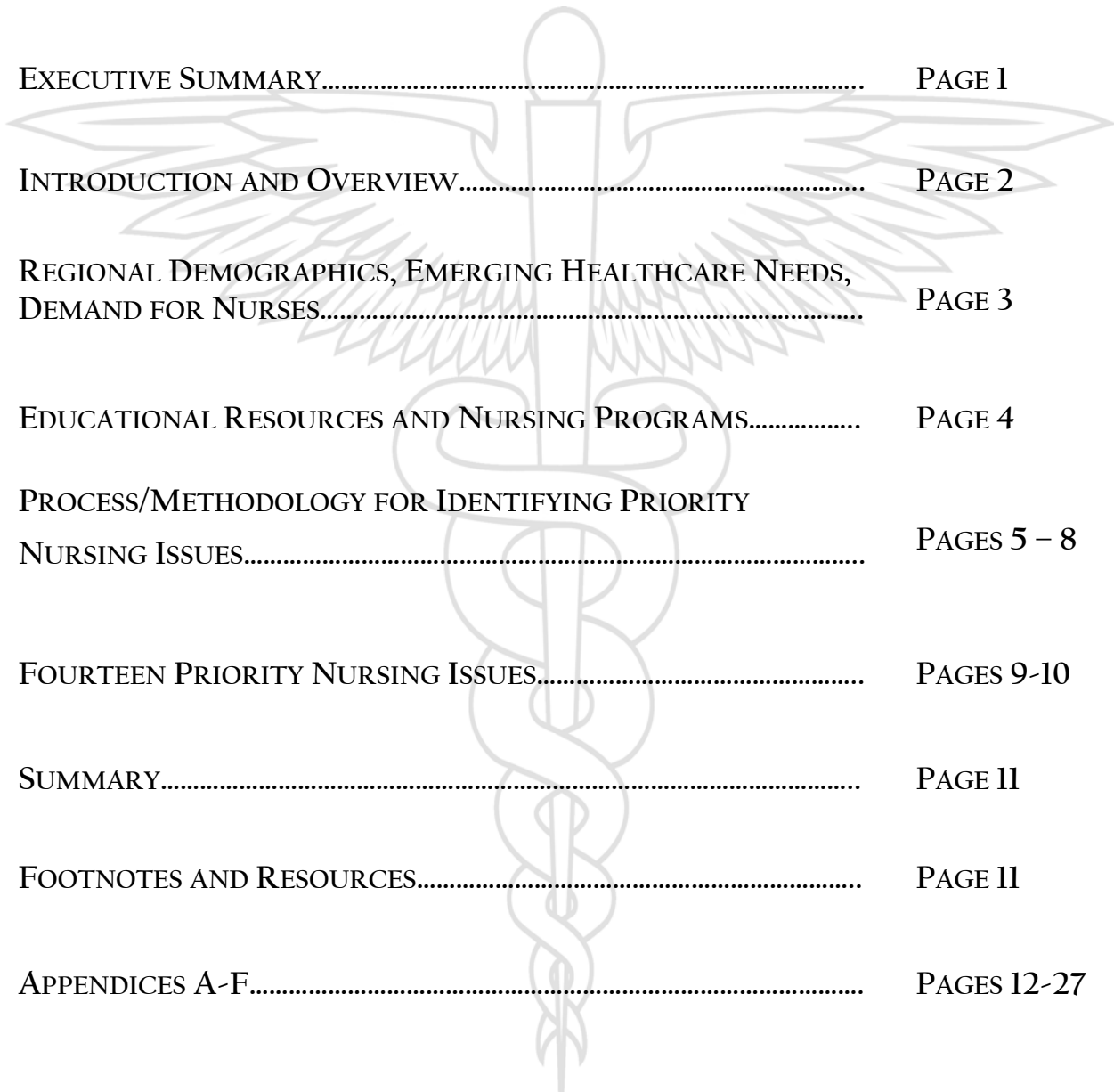
Thanks to the Partners Investing in Nursing Committee (PINC), the nursing practitioners, educators, administrators, and workforce participants who developed and selected the 14 Priority Nursing Issues. Their willingness to step outside of their areas of expertise and to look at systemic flaws and issues for a larger purpose deserves our sincerest thanks.

The Ventura Nursing Legacy Project (VNLP) staff are grateful for the inspiring guidance of Dr. Judy Papenhausen –nurse leader, scholar, and gifted facilitator.

We acknowledge the nurses and nursing students who practice in challenging circumstances and still provide professional care to our patients, families, and communities.

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Partners Investing in Nursing’s Future (PIN) program encourages local foundations to act as catalysts in developing grassroots strategies, which establish a stable, adequate nursing workforce.¹ The Ventura County Community Foundation has been selected as one of 10 foundations nationwide – and the only one in California – to participate in a new national initiative to develop and test solutions to America’s nursing shortage. Ventura County Community Foundation has partnered with California State University Channel Islands in the VNLP to join with regional stakeholders to develop a common set of sustainable long-term funding strategies to address recruitment, health policy, and diversity in the nursing profession.



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EXECUTIVE SUMMARY

The *Consensus Report* addresses the significant problem of nursing shortage, and proposes 14 priority nursing issues that, if addressed, can make a lasting impact on long term systemic solutions for the Ventura region.

A group of local nursing leaders engaged in a participatory process examining key issues related to three questions:

1. What are the key issues that prevent a healthful environment of practice?
2. What issues create barriers to building a nursing workforce that provides the supply, skill level, and diversity necessary for our region's population?
3. What are the key nursing practice issues that act as barriers to meeting the health-care needs of our clients?

The World Café Model was used to engage key healthcare experts in constructive dialogue regarding their perceptions of the most pressing nursing issues that negatively impact the current workforce environment, and intensify the current nursing shortage. These key informants developed, by consensus, a set of priority issues for the Ventura County region from the perspectives of nursing practitioners, nursing educators, and nursing administrators.

The *Consensus Report* summarizes key demographic data, such as increasing regional diversity, enhanced numbers of aged, and very low nurse per capita population ratios. The report then proceeds to detail a highly effective participatory process yielding priorities for nursing in the region. The report focuses on the environment of practice, patient safety, and nurse staffing ratios. It ventures into the efficiency of the educational pipeline, and access to healthcare.

The 14 priority nursing issues lend themselves to concrete strategies, programs and activities aimed at solutions; however, the *Consensus Report* is not designed to propose solutions for the 14 priority nursing issues.

The next steps for the *Consensus Report* include presentation at regional venues, including a nursing summit, two symposia, and an education campaign. All approaches aim at achieving successful long term funding strategies that address: recruitment; retention; health policy; and diversity in the nursing profession for the Ventura County region.

The *Consensus Report* poses the question of whether a group of committed funders, policy-makers, employers, administrators, educators and the public can come together to solve a complex problem which affects the health of us all.

REGIONAL DEMOGRAPHICS, EMERGING HEALTHCARE NEEDS, DEMAND FOR NURSES

The significant growth of Ventura County (6.83%) relative to 2000 statistics almost equals that of California (7.64%). Projections for population growth for Ventura County (22.09%) by 2020 as compared to those for California (28.81%) are equally as vigorous.²

Three local demographic factors intensify the nursing shortage and provide guidance about the nature of that shortage and the kind of nursing workforce that will be necessary to meet the increasing population needs.

First, expansion of older age groups will be greater than other demographic groups in Ventura County due to expanding numbers of retirees in the region. The 65-84 age group will increase 77.21% by 2020 and the over 84 age group will increase by 49.73%.² These groups are more likely to have chronic illnesses and are likely to create an increased need for nurses skilled in the community management of older persons afflicted with these illnesses.

Second, although the current predominant racial/ethnic group is Caucasian, the percentage of Caucasians will decrease by 19.35% by 2010, and 34.26% by 2020. Both the Asian (by 91.72%) and Latino (by 49.26%) groups will grow dramatically.² The Latino population will be the predominant racial/ethnic group by 2020 comprising 54% of the projected total population of 924,410.² Appropriate cultural representation and linguistic competency will increasingly be required of the nursing workforce of Ventura County. Latinos residing in Ventura County in the years ahead should provide a rich source of nursing students familiar with Latino culture and language. This finding also has implications for the nursing curriculum in Ventura County as it relates to the local community Latino health care needs, and predispositions for illness and disease.³

Third, significant numbers of nurses in Ventura County are approaching retirement. The average age of RNs in California is 47.7 years. The Board of Registered Nursing recently found in a survey that about 30% of California's RNs were over age 50 and planned to retire within four years. Similarly, many local practicing nurses in Ventura County will retire in the next decade. A strategic plan will be formulated for the career extension and gradual replacement of retiring nurses. It will also include the preparation of new nurses appropriate to the regional demographics related to ethnicity and the aging of the population. Through the VNLP initiative, a substantial and sustainable change in the way nursing workforce issues are tackled is projected.

In summary, these and other factors highlight the increased local demand for preparing a sufficient supply of proficient and culturally competent nurses in Ventura County during the next decade. All of these factors, drawn from the Nursing Feasibility Study for the new BSN program at CSU Channel Islands, include the total population growth, the increase in people over 65 with a relatively high projected mortality and morbidity rate for a number of chronic illnesses, and the increase in diversity of the population.

EDUCATIONAL RESOURCES AND NURSING PROGRAMS

In 2005, Ventura County had 293 kindergarten through twelfth (K-12) grade schools enrolling 144,585 students; 20% of them were Spanish speaking and 21% of those had limited English.² High school students represent 31% of the total at 45,000, and this number will increase 20% to produce 9,253 graduates by 2014.² The supply would seem to be more than sufficient to support local community college associate degree programs and a new baccalaureate degree nursing program at CSU Channel Islands.

Thirty-five percent of the 8,156 2004 high school graduates were Latino and unfortunately, only 20% of them completed CSU/UC college preparatory courses (A through F) that would qualify them to enroll in post-secondary education in nursing at a CSU or UC. The diverse pool of eligible students decreases to 644 students qualified to enter CSU or UC in all fields in 2014.² This inefficient educational preparation pattern presents a significant barrier to achieving a diverse workforce in Ventura County.

Ventura County is endowed with two excellent associate degree nursing programs, Moorpark College and Ventura College, producing approximately 175 graduates per year. The names of 662 students who have met nursing pre-requisites are maintained on waitlists. The new CSUCI BSN program will add 60 new RN graduates by 2010 but the three programs cumulatively can only fill one in four vacant positions.

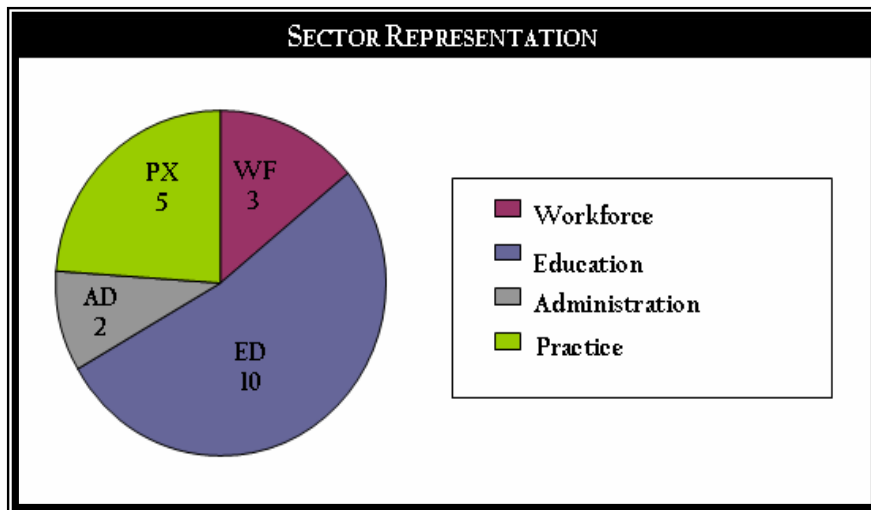
Registered nurses make good salaries in Ventura County of about \$31 per hour with LA County commanding \$5 more per hour.⁴ Nevertheless, by 2030, the greatest number of nurses in California will be needed in the LA (including Ventura) region. That region currently has a shortage of 10,000 full time equivalents (FTEs) RNs. By 2030 the need is forecasted at 20,000 FTEs RNs.⁴ Clearly, policies for educating and retaining RNs locally must be developed and implemented.

“There is sufficient interest in nursing education by high school and adult students in Ventura County to maintain and possibly increase current enrollments in all three nursing programs, including Santa Barbara City College, with appropriate funding. However, the challenge is to have well prepared students (academically and knowing the role of the nurse) who can meet the rigors of a nursing program. In addition, we need to produce graduates who continue to see themselves as lifelong learners, who take the next steps of a BSN or MSN that will provide Ventura County with the educational diversity in the nursing workforce. We do face a crisis in having sufficient academically-prepared faculty to educate the students. Without MSN-prepared nurses, who are interested in nursing education; this will continue to be an obstacle to growing our own nurses.”

Karen Jensen
CSUCI BSN Program Director



PROCESS/METHODOLOGY FOR IDENTIFYING PRIORITY NURSING ISSUES

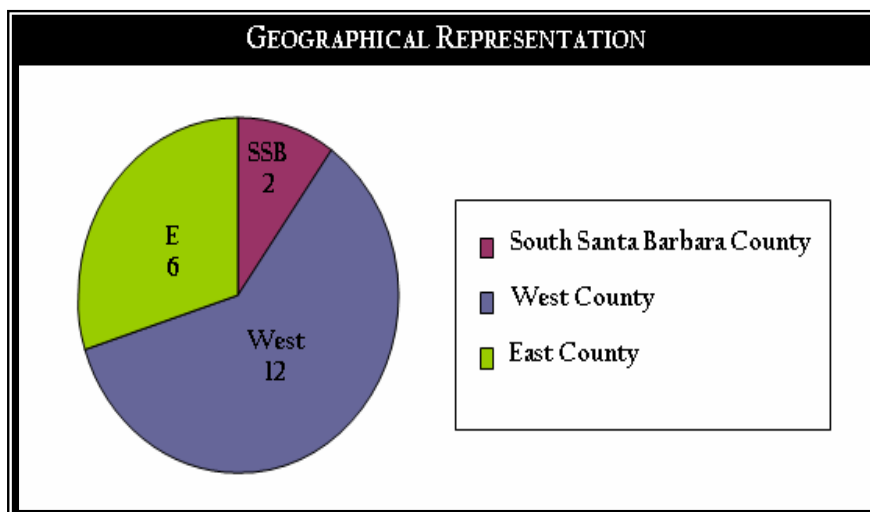


In order to meet the overall goal of this project, which is to improve local educational and workforce capacity for the healthcare needs of Ventura County residents, it was paramount to engage key stakeholders from the Ventura healthcare community in the process. In order to identify priority issues, a methodology was selected that allowed for the generation of informed input, stimulation of creative and

innovative thinking, and the exploration of possibilities from the key decision makers from the Ventura healthcare community. The method chosen was the World Cafe Model, a process by which a group of key participants can engage in a guided discussion around compelling shared questions. The conversational input is collected from all of the participants and then these diverse perspectives are examined for patterns, themes and commonalities. This refined input is returned to the participants for further distillation and refinement. The end result of these purposeful conversations is the generation of a cluster of collective insights and conclusions.

Participant Selection

Nurse leaders were recruited from all six area hospitals, three community colleges, the University of California, the Hospital Association of Southern California, Ventura County, workforce agencies, and public and home health agencies. Twenty-four participants agreed to participate, read preparatory materials (including the feasibility study), reports and surveys, and session materials. They agreed to complete an evaluation at each session; contribute to small group work, use a consensus process to determine 10 to 15 priority issues for nursing in the Ventura region, critique the *Consensus Report* as an outcome of their work and participate in a Nursing Summit of up to 100 stakeholders seeking solutions to the fourteen priority issues. Appendix B lists the participants by title and affiliation. The pie charts depict the representation by area of expertise and geographic location.



PROCESS/METHODOLOGY FOR IDENTIFYING PRIORITY NURSING ISSUES

Procedures

To begin the process, key participants were sent a collection of significant and current reports, articles and readings to provide an overview of the extent of nursing shortage and workforce issues, and to provide the context for group discussion questions. Three separate meetings were held approximately one month apart in October, November and December, 2006. For each of the meetings, participants were provided with meeting agendas and folders of related materials.

Oct. 20, 2006, Meeting 1: During this meeting, an overview of the project was provided and the rules of the World Cafe Model were introduced.⁵ The 24 participants were assigned to three groups (teams), creating diversity of healthcare expertise within the groups. Each group was assigned a facilitator and recorder from the CSUCI staff, and members of the group were seated together at a table. Each table had a shared question, and the participants had twenty minutes to discuss the table question and generate responses. After the twenty minute time limit, the groups rotated to another table and dealt with another shared question, until each group had exhausted all questions. As the group generated responses to the questions, the table facilitator recorded those responses on large poster paper on an easel. Table recorders then entered those responses into laptop computers. The three table questions used to frame discussion were generated from the articles and readings provided to the participants. The group members were charged to identify key nursing shortage and workforce issues that they believed were relevant to and operating within the Ventura region.

The output of the discussions for each group for each table question was transcribed verbatim into a five page document entitled World Cafe Notes (Appendix C). These notes consisted of spontaneous verbal responses from the group members elicited during the World Cafe process. The members of CSUCI staff team reviewed these notes and for each table question sorted the responses into like categories and collapsed the responses into representative statements. This document entitled, "Nursing Issues List," November 10, 2006 (Appendix D) enumerates the response categories and response statements.

Nov. 10, 2006, Meeting 2: During this meeting, a summary of the project was provided and the activities of the day were explained. The participants were provided with the four-page document entitled Nursing Issues List, November 10, 2006 (Appendix D). The processes of development of themes and narrowing of the response statements were explained. There were three major activities to be accomplished during this meeting.

Activity 1: The participants were given ten minutes to review the Nursing Issues List document and add any issues they felt were missing. Any new issues to be added to the list must have group consensus and meet the following criteria: regional; 2) needs based; 3) supportive of systemic change; 4) sustainable over time; 5) demonstrable and outcomes-based; and 5) not duplicative. As a result of this activity, a minor editorial change was made to the response statements under question I in the category of Characteristics of Nurses, interpersonal traits. The word "cultures" was added after the word generations i.e. ...between generations/cultures... in both response statements (Appendix D).

PROCESS/METHODOLOGY FOR IDENTIFYING PRIORITY NURSING ISSUES

One additional response statement was added, but later deleted, due to non-consensus of participants under question I in the category of Characteristics of the Environment, safety issues.

Activity 2: The participants were asked to examine each issue on the Nursing Issues List, November 10, 2006 (Appendix D) from a fundability perspective and also to determine if the issue met the following criteria:

- Is the nursing need/problem compelling and evidence based?
- Can the proposed solution/project meet the need/solve the problem?
- Is the need/problem solution feasible, scalable, reproducible and sustainable over time?



After examining each issue and determining fundability, participants were asked to place a red dot if they answered yes to two of the three above criteria. If they determined that the issue met one or less of the above criteria, they were instructed to assign a black dot to the issue. All participants transferred their responses to a master list.

Activity 3: The participants formed one large group and were asked to examine each issue on the Nursing Issues List, November 10, 2006 (Appendix D). The objective was to narrow the issue list by seeking group consensus on the importance of each issue. The elimination or retention of an issue was determined by a five minute group debate, followed by individual voting on each issue. In order to retain an issue, a 75% majority vote was needed. There were six additional issues identified at this meeting but only three were ranked as priority by group consensus. These items were:

1. lack of childcare and transportation to accommodate nursing schedules.
2. lack of succession planning for managers.
3. lack of mentorship and management skills for newly appointed managers.

The minutes of the November 10, 2006 meeting reported and informed the participants the group scores from this process (Appendix D). Based on the results of this process the original 43 issues were reduced and/or further collapsed into 25 issues. These 25 issues, categories, and sub categories can be found in the document Key Nursing Issues: Prioritized by Category (Appendix E). This document was developed for use at the third meeting.

PROCESS/METHODOLOGY FOR IDENTIFYING PRIORITY NURSING ISSUES

Dec. 8, 2006, Meeting 3: During this meeting, the participants reviewed the document, Key Nursing issues, Prioritized by Category (Appendix E). In this last round of group discussion leading to consensus, the participants were asked to further reduce the key nursing issues within the seven identified and prioritized categories as follows:

1. barriers to supply;
2. characteristics of the environment;
3. barriers to diversity;
4. barriers to skill level;
5. key nursing practice issues;
6. characteristics of doctors/managers; and,
7. characteristics of nurses.

Participants were given the rules of elimination and inclusion and the rules of debate. As in the previous rounds, the elimination or retention of an issue was determined by a five minute group debate, followed by individual voting on each issue. In order to retain an issue, a 75% majority vote was needed. Within the seven major categories, five contained two to three subcategories and only two contained a single subcategory (Appendix E). In this round, participants were asked to consider the issue of fundability when making their decisions based on fundability criteria. Those criteria were regional, solution driven, replicable, timely, and with the potential for impact. The result of this last round of group process was consensus from key healthcare experts residing in the Ventura region on 14 priority nursing issues that impact the workforce environment and drive the current shortage of nurses in the area. These issues are central to developing solutions and strategies for the region. A list of these issues as originally worded can be found in Appendix F.



"The consensus model whereby the Partners Investing in Nursing Committee resolved their differing perspectives demonstrated not only their commitment to excellence but an unwavering dedication to the nursing profession in Ventura County for years to come."

Monty Clark

Vice President Ventura/Santa Barbara Region,
Hospital Association of Southern California

FOURTEEN PRIORITY NURSING ISSUES

Issue is defined as aspects of the bigger problem that participants actually want to address. Issues particularly lend themselves to concrete strategies, programs and activities because they are specific and often contain clear information on the need, target audience, and local conditions. The 14 priority nursing issues underwent review for contextual and editorial factors and were re-circulated to the participants to elicit feedback as to the veracity and comprehensibility of the account. Participants were invited to a fourth meeting to approve the final version of the report on January 26, 2007.

BARRIERS TO SUPPLY	
1) Educational System Issue:	Insufficient capacity in current education system to meet the demand and/or interest of future nurses. High attrition rates further limit available capacity. Lack of ability to identify and motivate students early enough to consider and prepare for health care careers.
2) Faculty Issue:	Recruitment and retention of nursing faculty is challenging due to differences in salaries and incentives between service and education and the restrictions on teaching loads for part-time faculty. Insufficient number of nurses with advanced nursing degrees in the community poses challenges with faculty recruitment.
3) Student Issue:	Demands of full time nursing students pose difficulties in the areas of financial support, childcare and transportation. Inadequate academic preparation resulting in high attrition in nursing programs. Lack of student realistic expectations concerning the nature of the nursing profession.
4) Clinical Agency Issue:	Limitations caused by the number of available clinical student placements and preceptors and impacted by the restrictions imposed by the academic calendars. Lack of consistency in contract language and requirements between academia and clinical agencies.
CHARACTERISTICS OF THE ENVIRONMENT	
5) Safety Issue:	Risk of work-related physical injuries, workplace violence and crime affect nurses' safety in hospitals and in community health settings.
6) Environmental Support Issue:	Inadequate incentives, mentorship and training programs to instill leadership, supervision, and management skills for recently promoted staff to become effective nursing leaders.
BARRIERS TO DIVERSITY	
7) Student Issue:	Lack of cultural competency and cross-cultural communication skills.
8) System Issue:	Lack of cultural competency skills and inadequate diversity representation of nurses exists in relation to the regional population being served.

FOURTEEN PRIORITY NURSING ISSUES

BARRIERS TO SKILL LEVEL

9-10) Curriculum Issues:

Lack of educational programs to enable mid-career transitions, second-career students and re-entry nurses to other settings and specialties. These programs must address adult learning, technology and cultural proficiency skills.

Insufficient collaboration between service and academia regarding curricular elements such as quality of care standards, patient safety, technology, and health care financing.

KEY NURSING PRACTICE ISSUES

11) Characteristics of the Workforce Issue: New Graduates:

Universal unrealistic expectation for performance of the novice nurse, compounded by abbreviated transition periods to practice, creates dissatisfaction and delayed development of competent, confident practitioners.

12) Healthcare Delivery System Issue: Work Assignments

Mandated nurse ratios have resulted in the dissolution of the CNA role, and inadvertently shifted this work to RN's, resulting in work dissatisfaction and attrition.

EMERGING NURSING LEADERS/SUCCESSION PLANNING

13) Support Issue:

Lack of intentional and consistent mentoring and management skills programs for newly appointed managers are critical to developing and retaining the next generation of nurse leaders.

CHARACTERISTICS OF NURSES

14) Interpersonal Traits Issue:

Communication style differences among generations (boomers, millennium, x) and cultures affect health care team, patient care, family and physician collaboration and respect.

"Nursing shortage is among the top five challenges Ventura County must tackle and overcome in the next ten years."

*Kathy Long
Ventura County Supervisor, District 3*

SUMMARY

The nursing shortage in the Ventura region is serious and chronic. The supply is not sufficient to meet the demands of the growing population. Local nursing leaders were engaged in a participatory process that examined key issues related to three questions. The use of the World Café Model effectively engaged key healthcare experts in constructive dialogues about their perceptions of the most pressing nursing-related issues that negatively impact the current workforce environment and intensify the current nursing shortage. These key informants developed by consensus a set of priority issues for the Ventura County region from the perspectives of nursing practitioners, educators and administrators. These priorities will be used to inform the development of sustainable long term funding strategies that address recruitment, retention, health policy, and diversity in the nursing profession for the Ventura County region.

FOOTNOTES AND RESOURCES

¹ PIN is the acronym for the Partners Investing in Nursing's Future program which encourages local foundations to act as catalysts in developing grassroots strategies, which establish a stable, adequate nursing workforce. The initiative is funded by the Robert Wood Johnson Foundation in partnership with the Northwest Health Foundation

² Thorpe B & Papenhausen JL. (2006). *California State University Channel Islands Feasibility Study for Pre-licensure and RN to BSN Baccalaureate Nursing Programs*. Camarillo, CA.

³ K&M Enterprises (2006). *Culture, Collaboration, and Capacity: A Call to a Healthier Community*. Camarillo, CA.

⁴ Lin V & Hsiao I. (2005). *50 States and California Regional Registered Nurse Workforce Report Card*. San Francisco, CA.

⁵ <http://www.theworld.cafe.com> A process developed in 1995 for leading collaborative dialogue and knowledge-sharing, particularly for larger groups interested in "conversations that matter."


1. Nursing Spectrum. (2006). *National Survey of Registered Nurses 2004*.
2. American Association of Colleges of Nursing. (2002). *Hallmarks of the Professional Nursing Practice Environment*. Washington, D.C.
3. California Nurse Education Initiative (2006). *Annual Report September 2006*. Sacramento, CA.

APPENDICES

- A. Oct. 20, 2006 - Orientation of Participants
 - B. PIN Committee List of Participants
 - C. Oct. 20, 2006 - Meeting/World Café Notes
 - D. Nov. 10, 2006 - Nursing Issues List
 - E. Dec. 8, 2006 -Key Nursing Issues: Prioritized by Category
 - F. 14 Priority Nursing Issues (Original Wording)
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APPENDIX A
Orientation of Participants 10/20/07

Ventura Nursing Legacy Project



Sponsored by the Robert Wood Johnson Foundation and the Northwest Health Foundation

Partners Investing in Nursing's Future Program

Partners Investing in Nursing's Future (PIN) program encourages local foundations to act as catalysts in developing grassroots strategies, which establish a stable, adequate nursing workforce.

Overview of PIN Project

The Ventura County Community Foundation has been selected as one of **10** foundations nationwide – and the only one in California – to participate in a new national initiative – to develop and **test solutions to America's nursing shortage.**

VCCF has partnered with CSUCI, to develop strategies for the county.

Overarching Goals

To develop a common set of sustainable long-term strategies to address recruitment, health policy and diversity in the nursing profession, with an emphasis on developing funding strategies for the Ventura County region.

Overarching Goals

Working in partnership with CSUCI, the initiative will focus on:

- ❖ Determining priority issues for the region through interaction with nursing leaders and professionals.
- ❖ Engaging stakeholders across multiple sectors through symposia and nursing summits.
- ❖ Educating other funders about priority issues and developing funding strategies to address these issues.
- ❖ Working with the other PIN partners to create models that link funders to community priorities around nursing issues.

Role of PIN Committee

Deliverable:

- ❖ Consensus Report to determine a set of priority issues for nursing in VC from a practitioner's perspective.

Timeline:

- ❖ 10/06 to 1/07

Stipend:

- ❖ \$175 per meeting – up to 4 meetings
- ❖ Participation in the Nursing Summit

Goals for PINC Meetings

Goals for PINC Meetings:

1. 10/20/06 -Set Criteria & brainstorm key nursing issues
2. 11/10/06 -Examine & narrow key nursing issues
3. 12/8/06 - Prioritize key nursing issues & select a process for consensus report feedback
4. 1/10/07 - Review consensus report draft & provide feedback

Results of Report will be used to:

- ❖ Inform the Nursing Summit on April 20, 2007
- ❖ Inform future Symposia & Educational Campaign

10/20/2006 - Meeting Agenda

- ❖ Set criteria for acceptability of key issues (Issues must be: regional in nature, needs based, supportive of systemic change, sustainable over time, and demonstrable outcomes)
- ❖ Brainstorm as many possible key issues for nursing in the region within the time allotted
- ❖ Hear from all participants
- ❖ Create meaningful interaction

Background on Key Nursing Issues

Demand Factors

- ❖ **Diversity** - Rapidly growing region in population and in numbers of underrepresented minorities – Latinos projected to increase to 40% of population by 2020
- ❖ **Aging** – 77.21% increase by 2020 in 65+ age group with chronic illnesses likely to increase demand
- ❖ **Population** - Very low nurse per capita population– 372 nurses for every 100,000 people (CA avg. 622/ US avg. 787)

Background on Key Nursing Issues

Professional Factors

- ❖ **Nursing Practice Issues** – Patient safety, staffing ratios, standards, credentialing, and regulation
- ❖ **Environment of Practice** – Nurses & Administrators are interested in magnet hospitals, differentiated practice, funding initiatives, and benefit packages

Background on Key Nursing Issues

Supply Factors

- ❖ **Quality** – Number and quality of healthcare facilities in the region are excellent
- ❖ **Access** –Barriers exist to access quality healthcare for the economically disadvantaged and the uninsured
- ❖ **Educational System** – Excellent, unable to meet increased workforce demands and barriers exist for local students wanting to pursue nursing

Background on Key Nursing Issues

Innovative Strategies/Funding Initiatives

- ❖ Robert Wood Johnson – *Ventura Nursing Legacy Project*
- ❖ Kellogg Foundation
- ❖ Hartford Foundation
- ❖ North West Health Foundation
- ❖ Betty Irene Moore Foundation

Informed by: The 2006 CSUCI Feasibility Study for Prelicensure for BSN program

Living Knowledge Through
Conversations that Matter

World Cafe

Facilitated By:
Judy Papenhausen, Ph.D., A.D.N.

**Living Knowledge Through
Conversations that Matter**

World Café Model

Instructions:

- ❖ Each person will be assigned to a team
- ❖ Each team member will respond to the **table questions**
- ❖ Each person will focus on nursing **ISSUES** not solutions or strategies
- ❖ Each team will have **20 minutes** to brainstorm per table, then rotate to the next table
- ❖ Each table host/note-taker will remain at their assigned table
- ❖ Each table host will share: Insights and learning with the entire group

**Living Knowledge Through
Conversations that Matter**

World Café Model

Table Questions:

- ❖ What are the key issues that prevent a healthful environment of practice?
- ❖ What issues create barriers to building a nursing workforce appropriate in: supply, skill level, & diversity to meet the needs of our region's population?
- ❖ What are the key nursing practice issues that act as barriers to meeting the healthcare needs of our clients?

Report to the Larger Group

Each table host will share:

- ❖ Insights and learning about key nursing issues from each group
- ❖ Facilitated discussion on emerging issues and themes
- ❖ Group evaluation

Next Steps

- ❖ Compile a list off all issues that meet the established criteria
- ❖ Examine and narrow number of key issues
- ❖ Next Meeting Date: 11/10/2006

11/06 Meeting 2 - Questions

- ❖ What are we not seeing in the current issues that we may have overlooked?
- ❖ What issues if addressed could make the greatest difference to the future of nursing in the region?
- ❖ What's important about the issues that we have identified for the region and why should you care?

APPENDIX B: PARTNERS INVESTING IN NURSING COMMITTEE (PINC)

Jan Anderson
Director/ Department Chair ADN Program
Santa Barbara City College

Joan Beem
Nursing Science Program Director
Ventura College

Laurie Bigham
Vice President and Chief Nurse Executive
St. John's Regional Medical Center

Norma Camacho
CEO – Program Management Analyst
Ventura County

Dr. Anil Chawla, MD, MBA
Medical Director
Clínicas del Camino Real, Oxnard Clinic

Monty Clark
Vice President
Ventura Santa Barbara Region
Hospital Association of Southern California

Cyndie Cole
Executive Nurse
Ventura County Medical Center

Dr. Marie Cowan
Dean, School of Nursing
UCLA

Dr. Erika Endrijonas
Dean of Education Programs Health and Human Services
Santa Barbara City College

Caroline Esparza
Vice President and Chief Nurse Executive
Simi Valley Hospital

Herb Geary
Vice President of Patient Care Services/
Chief Nursing Officer
Cottage Health System

Carol Higashida
Assistant Coordinator Health Sciences
Moorpark College

Dr. Kim Hoffmans
Coordinator Health Sciences
Moorpark College

Dr. Karen Jensen
Professor and Director, Nursing Program
California State Channel Islands

Meg Larramendy
Clinical Manager & Patient Flow Coordinator
Community Memorial Hospital

Terri Lisagor
Program & Grants Committee
Ventura County Community Foundation

Lois Manning, MSN, PHN
MCAH Director/Public Health Nursing
Division Manager
Ventura County Public Health

Velma Miller
Assistant Director of Nursing
Los Robles Regional Medical Center

Carol H. Nelson
Diabetes Educator
Santa Barbara Cottage Hospital

Judy Overmyer
Clinical Coordinator
Ventura County Medical Center

Dr. Agnes Padernal
Director of Education
Livingston Memorial Visiting Nurse Association

Kathleen Percival
Director of Education Services
Simi Valley Hospital

Marsha Roberson
Director, South Coast Regional Health Occupations
Center
Santa Barbara City College

Marilyn Samuel-Butler
Director of Nursing Education, MED/SURG/TELE
St. John's Regional Medical Center

Nancy Seck
Vice President Patient Care Services
Los Robles Hospital & Medical Center

Brenda Shubert
Dean of Student Learning
Moorpark College

Rhonda Spiegel
Assistant Executive Director
Community Memorial Hospital

Rigoberto Vargas
Program Administrator, Chronic Disease Prevention
Ventura County Public Health

Question 1: What are the key issues that prevent a healthful environment of practice?

Team 1

- Patient weight / obesity – harmful for nurses to lift heavy patients, increasing obesity and older nurses. No lift policy has been instituted. Back injury due to lifting heavy patients;
- Aging nursing workforce – 12 hour shift, struggle with long shifts, would like split shift, combined shift, other shift options
- Inflexible shift requirements
- Night shift & holiday work difficult to staff – 24/7 requirement
- Lack of mental health support; stress build up
- Verbal abuse from patients, peer to peer, and doctors
- Violence in the workplace
- Pay is not commensurate with demands of job
- Unpredictable break and luck schedule
- Lack of diversity in gender, culture, age)
- Environment not supportive of self care
- Perception of self as powerless to change organization

Team 2

- Inflexibility of work hours
- Aging workforce, still require long hours, lift heavy patients, do not use lifting equipment that can be purchased
- Lack of recognition from employers
- Lack of respect from healthcare teams
- Class system in organization creates division between doctors and nurses
- Lack of wellness or fitness programs covered by health benefits, free flu shots
- Lack of self care incentives and programs
- Lack of sensitivity from management on workload and stress; interpretation of ratios
- Lack of communication all around; interpersonal, intradepartmental, interdisciplinary
- Management not communicating effectively or involving nurses in decision making processes – no paid release time to attend
- Lack of motivational incentive and moral
- Lack of leadership, supervisory, and management skills for recently promoted staff/ staff mentorship and training

Team 3

- Differences in style of communication between generations (boomers, millennium, x)
- Lack of ongoing mentoring and support
- Different expectations between generations regarding job satisfaction and expectations
- High pace consistently required
- High tech environment – more time constraints, training, pace of change
- High level / multiple of accountability required; safety standards
- High cost of housing; losing the brain trust
- Physical safety of public health care nurses and home care, in hospital, etc.
- Work related physical injuries: back injuries, trip and fall, obese patients
- Isolation patients, pandemic infections, potential bioterrorism
- Verbal abuse from physicians, patients and families
- Lack of team approach in patient treatment

APPENDIX C: OCT. 20, 2006 - MEETING/WORLD CAFÉ NOTES

Question 2: What issues create barriers to building a nursing workforce appropriate in: supply, skill level, & diversity to meet the needs of our region's population?

Team 1

- Personal needs do not allow students to go to school full-time
- Balance between education and need to work
- Lack of access to financial support
- High cost of living in VC
- High percent of students not able to pass nursing entrance exam
- Low skill levels and critical thinking skills
- Lack of on the job training
- Nurses are under-prepared
- Lack critical thinking skills
- Pay and working conditions do not allow for high quality nurses
- Lack of BSN programs in the region
- Language barriers in the preparation of nursing students
- Lack of an active diverse workforce, ethnicity, age, gender and language
- Lack of cultural competency
- Lack of male nurses in the profession
- Lack of clinical resources in the region
- Lack of a regional simulation Lab
- Not enough nursing faculty in the region
- Not enough clinical placements in the region
- Lack of mentoring and job shadowing opportunities to expose K-12 students to nursing profession
- Lack of understanding about application process i.e. Criminal background checks
- Learning curve for faculty to utilize and teach new technology in the field.

Team 2

- Not enough slots in current education to meet the demand or interest of future nurses
- Lack of skills in the basics that cause high attrition rates
- Preparation of nurses at different levels causes disconnect in practice
- Lack of knowledge about the expectations of the nursing profession
- Lack of supply and ill preparedness
- High standards of living makes it hard to recruit nurses
- Out of state travel nurses to meet VC's nursing demand
- Not enough nurses to meet the regions healthcare needs
- Small number of local nurses in VC
- Language is a barrier for ESL students to comprehend education preparation
- Nurses not representative of diversity of majority population
- Stigma of the nursing profession vs. doctors
- Lack of exposure to the profession of nursing
- Lack of knowledge about the key role that nurses play in the healthcare system
- Generational differences in the profession
- Changing demands in education preparation, i.e. technological advances in medicine
- Academia should be schooled in the realities of workforce demands

Team 3 –Continued

- Lack of ability to identify and motivate students early enough to consider health care careers
- Lack of preparation at k-12 level
- Lottery system present barriers for screening nursing students at the Community college level
- High attrition rates in education process
- Lack of understanding about the profession
- Disconnect to the human aspect of the profession
- Lack of on the job or workforce experience in the education process of nurses
- Basic healthcare delivery model is not adequate to meet increasing healthcare demands
- Lack of curriculum that addresses needs of changing population
- Geriatric nurses require high skill level to be effective
- Lack on cultural competency/Diversity in the demographics of nurses and population being served
- Changing population will place different and distinct demands on the nursing workforce
- Lack of trust among patients and healthcare providers
- Lack or customer service among nurses
- Environment does not value the nurse or care about their well being
- Increasing demands for nurses to deliver primary/preventative healthcare outside of the hospitals
- Lack options to deliver independent nursing cares, for prevention, education and case management
- Case managers could have an expanded role in the education of the patients
- Lack of supply in access to urgent care creates additional burdens on nurses
- Training needs for mid-career transition: adult learning, financial realities, cultural issues
- Lack of reentry programs for nurses in the region
- Lack of technology training for mid-career
- Lack of upward mobility for nurses
- Lack of options for local education opportunities for business and management in nursing profession
- Lack of strategic leadership issue in nursing
- Retirement of baby boomer nursing work force
- Lack of nursing faculty
- Discrepancies in pay between faculty and entry-level nurses
- Lack of monetary incentives for nurses to become faculty

Question 3: What are the key nursing practice issues that act as barriers to meeting the healthcare needs of our clients?

Team 1

- Diversity
- Working hours, weekends, holidays
- Workload during shift hours
- Fragmented health care systems (close to breaking) in place not optimal for delivering patient care
- Taking CAN away affected the type of work RNs are doing
- Regulations increase falls on to RNs...medication reconciliation
- 50th in terms of RNs per capita

Question 3: What are the key nursing practice issues that act as barriers to meeting the healthcare needs of our clients?

Team 1—Continued

- the skill level = type of practice
- needs for support from hospital administration (pay, respect)
- historical perspective in county for hospital and nursing administrators
- headhunting, sign-on bonuses
- burn-out
- proximity to LA (salaries, shortage)
- registered nurses don't have the buy-in.. this is hard on staff, low moral
- rate of pay for RNs in private offices
- not prepared for disaster preparedness, avian flu, variation of preparedness throughout the county
- low and middle income lack of resources and access to resources
- lack of psychiatric nurses
- Unprepared nurses. have to give them 8 months of internships
- lack of motivation or incentive to go into nursing

Team 2

- Linguistic and cultural competency for professionals
- Cultural competency: understanding the patient background (e.g. Latinos, Asian). Nurses proceed from an American point of view in their care. Nurses are not exposed to the different cultures of our region.
- Travel nurses: do not have loyalty to the organization
- Respect of nurses on the job (from physician, patients, community)...treated as skilled labor and not professional
- Expected to do a lot outside of their role
- Management: the lack of role clarification and identification (in RN and HCare setting, acute care) Patients don't know who they are interacting with.
- Retention issues when we don not have a supply of nurses, full time because of lack of supply so therefore the impact on patient is no continuity of care
- Quality of patient care because of nurse's workload
- Lack of resources to free up RN to think of plan – look at the big picture
- Technology-it can either hasten or deteriorate (learning it without and being comfortable with it)
- Continuous search of a way to work with the diversity of people, time to model, manage people
- Lack of incentive , financial, resources in term of help,
- Constant boardment of new patient health issues (avian flu)
- Flexible work hours the older generation and the incoming generation of nurses
- The new graduates experience does not fully reflect the real world environment
- Lack of holistic approach versus task approach

Question 3: What are the key nursing practice issues that act as barriers to meeting the healthcare needs of our clients?

Team 3

- LVN/RN mix
- No magnet hospitals to draw nurses to our area
- The way we practice nursing. We are still going by the way we used to practice.
- Inability to keep our seasoned nurses
- Language for the patients and the students
- Cultural issues
- Educational mix
- Sheer numbers, total number of nurses
- Lack of experienced mentors
- Lack of preparation to get into specialty program
- New graduates into specialty areas (still novices)
- In terms of meeting health care needs of clients infrastructure piece is missing (e.g., insurance). Systemic barriers to meeting the need of the clients...the nursing community is a part of that
- New grads taking care of complex issues
- Nurses are dealing with more complex issues
- Complex patients, environment, complexity of medication, technology, complexity of the system
- Regulations take nurses away from the bedside
- Need for accountability
- Patients leaving hospitals too soon and going to nursing home or families home, families have no resources, this leads to cause for readmit
- Access to care for low and middle income
- Acute is turning more intensive...acute to home SNIF is needed
- Collaboration is lacking between nurses and physicians and the hospitals
- Information revolution
- Patient ratio has taken away the CNAs
- New grads not wanting to touch patients
- Nurses don't know their patients
- Patient history is unknown

APPENDIX D: NOV. 10, 2006 - NURSING ISSUES LIST

WELCOME & OVERVIEW

- Summary RWJ / VCCF / CSUCI partnership
- Review overarching PIN goals
- Review role of PINC – deliverable, timeline, and stipends
- Today's meeting goals

ACTIVITY 1: *WHAT HAVE WE OVERLOOKED?*

- Review narrowing and condensation / thematic decision process
- Review narrowed themes (group)
- Individual review for unaddressed issues (10-15 minutes)
- Unaddressed issues identified:
- Differences in style of communication between cultures
- External regulation of practice (labor, Jco, State, Federal)
- Managerial role in staff development impeded by lack of time, materials, resources
- High cost of living in Ventura / Santa Barbara Counties (students, nurses, faculty)
- Lack of childcare during shift hours
- Transportation to clinical sites (students, nurses, faculty)
- Succession planning

ACTIVITY 2: *PUT ON YOUR FUNDABILITY FILTERS*

RULE OF ENGAGEMENT FOR NARROWING ISSUES:

- RULES OF ELIMINATION / INCLUSION
- RULES OF DEBATE

ACTIVITY 3: *NARROWING ISSUES ROUND 1*

Resulting tallies are indicated next to the issue in RED. Tallies indicate the number of "yes" votes the issue received.

QUESTION 1: WHAT ARE THE KEY ISSUES THAT PREVENT A HEALTHFUL ENVIRONMENT OF PRACTICE?

CHARACTERISTICS OF NURSES

Personal Traits

- Perception of self as powerless to change organization **5**

Interpersonal Traits

- Differences in style of communication between generations (boomers, millenium, x) **12**
- Different expectations between generations regarding job satisfaction and expectations **4**

CHARACTERISTICS OF DOCTORS/MANAGERS/ADMINISTRATORS

Communication Issues

- Management not communicating effectively or involving nurses in decision making **6**
- Lack of communication all around; interpersonal, intradepartmental, interdisciplinary **7**

Recognition/Support Issues

- Lack of sensitivity from management on workload and stress; interpretation of ratios **8**

APPENDIX D: NOV. 10, 2006 - NURSING ISSUES LIST

CHARACTERISTICS OF THE ENVIRONMENT

Safety Issues

- Work safety-related physical injuries: back injuries, trip and fall, obese patients **13**
- Physical safety of public health care nurses and home care, workplace violence **13**

Scheduling Issues

- 12 hour shift, struggle with long shifts, would like split shift, combined shift, other shift options Night shift & holiday work difficult to staff – 24/7 requirement **3**
- High pace consistently required; High tech environment – more time constraints, training, pace of change; High level / multiple of accountability required **2**

Environmental Support Issues

- Lack of wellness or fitness programs covered by health benefits, free flu shots **16**
- Lack of leadership, supervisory, and management skills for recently promoted staff/ staff mentorship and training **16**

QUESTION 2: WHAT ISSUES CREATE BARRIERS TO BUILDING A NURSING WORKFORCE APPROPRIATE IN: SUPPLY, SKILL LEVEL, & DIVERSITY TO MEET THE NEEDS OF OUR REGION'S POPULATION?

BARRIERS TO SUPPLY

Student Issues

- Lack of access to financial support **15**
- Lack of exposure to the profession of nursing and lack of knowledge about the key role that nurses play in the healthcare system **16**

Educational System Issues

- Not enough slots in current education to meet the demand or interest of future nurses Lack of ability to identify and motivate students early enough to consider health care careers **14**
- Lack of preparation at K-12 level **12**
- High attrition rates in education process **12**

Faculty Issues

- Lack of nursing faculty; Not enough nursing faculty in the region **16**
- Lack of pay equity and incentives **15**

Clinical Agency Issues

- Lack of clinical resources in the region **12**
- Lack of mentoring and job shadowing opportunities to expose K-12 students to nursing profession **15**

BARRIERS TO SKILL LEVEL

Student Issues

- High percent of students not able to pass nursing entrance exam **8**
- Low skill levels and lack of critical thinking skills **7**
- Language is a barrier for ESL students to comprehend education preparation **9**

Educational System/Faculty Issues

- Learning curve for faculty to utilize and teach new technology in the field **13**
- Training needs for mid-career transition: adult learning, technology, financial realities, cultural issues **14**

APPENDIX D: NOV. 10, 2006 - NURSING ISSUES LIST

BARRIERS TO SKILL LEVEL

Curriculum Issues

- Changing demands in education preparation, i.e. technological advances in medicine **13**
- Training needs for mid-career transition: adult learning, technology, financial realities, cultural issues **14**

BARRIERS TO DIVERSITY

Student Issues

- Lack of cultural competency **16**
- Lack of male nurses in the profession **14**

System Issues

- Nurses not representative of diversity of majority population Lack of cultural competency/Diversity in the demographics of nurses and population being served **13**

QUESTION 3: WHAT ARE THE KEY NURSING PRACTICE ISSUES THAT ACT AS BARRIERS TO MEETING THE HEALTHCARE NEEDS OF OUR CLIENTS?

KEY NURSING PRACTICE ISSUES

Characteristics of the Workforce:

Related to New Grads

- New grads taking care of complex issues
- The new graduates experience does not fully reflect the real world environment
- Unprepared new graduates

*It was decided to collapse the above three issues into ONE issue: Inexperience of new graduates **16***

Related to Existing Nurses

- California 50th in terms of RNs per capita

It was decided to remove this issue because it does not meet the "regional" criteria

Healthcare Delivery System Issues:

Working Conditions

- Complex patients, environment, complexity of medication, technology, complexity of the system **2**
- Inability to keep our seasoned nurses **10**

Work Assignments

- Taking CNA away affected the type of work RNs are doing **12.5**
- Quality of patient care because of nurse's workload **9**

Healthcare Delivery/Model Issues

- Fragmented health care systems (close to breaking) in place not optimal for delivering patient care **8**
- Patients leaving hospitals too soon and going to nursing home or families home, families have no resources, this leads to cause for readmit **5**
- No magnet hospitals to draw nurses to our area **5**

APPENDIX D: NOV. 10, 2006 - NURSING ISSUES LIST

Six additional issues were identified at the meeting:

- External regulation of nursing practice **2**
- Managerial role in staff management impeded by lack of resources **6**
- Lack of affordable housing **6**
- Lack of childcare and transportation to accommodate nursing schedules **11**
- Lack of succession planning for managers **12**
- Lack of mentorship and management skills for newly appointed managers **16**

It was tentatively decided that issues receiving eleven points or more will qualify for the second round of narrowing. Twenty-five issues received eleven points or more, thereby qualifying for the second round of elimination.

EVALUATION

REVIEW OF CONSENSUS REPORT OPTIONS

NEXT STEPS

APPENDIX E: DEC. 8, 2006 - KEY NURSING ISSUES: PRIORITIZED BY CATEGORY

Directions: A total of 25 key nursing issues are represented within 7 categories below. The final list of 10-15 fundable issues will remain in the same priority order as their overarching categories 1-7. You may select one issue per sub-category by applying the fundability criteria.

Fundability Criteria: regional, solution driven, replicable, timeliness of issue, & impact

Prioritized by categories, sub-categories, and issue(s)	Select one issue per sub-category
BARRIERS TO SUPPLY	
<p><i>Student Issues</i> Lack of exposure to the profession of nursing and lack of knowledge about the key role that nurses play in the healthcare system 16 Lack of access to financial support 15</p>	1.
<p><i>Faculty Issues</i> Lack of nursing faculty; Not enough nursing faculty in the region 16 Lack of pay equity and incentives 15</p>	2.
<p><i>Clinical Agency Issues</i> Lack of mentoring and job shadowing opportunities to expose K-12 students to nursing profession 15 Lack of clinical resources in the region 12</p>	3.
<p><i>Educational System Issues</i> Not enough slots in current education to meet the demand or interest of future nurses Lack of ability to identify and motivate students early enough to consider health care careers 14 Lack of preparation at K-12 level 12 High attrition rates in education process 12</p>	4.
CHARACTERISTICS OF THE ENVIRONMENT	
<p><i>Environmental Support Issues</i> Lack of wellness or fitness programs covered by health benefits, free flu shots 16 Lack of leadership, supervisory, and management skills for recently promoted staff/ staff mentorship and training 16</p>	5.
<p><i>Safety Issues</i> Work safety-related physical injuries: back injuries, trip and fall, obese patients 13 Physical safety of public health care nurses and home care, workplace violence 13</p>	6.

APPENDIX E: DEC. 8, 2006 - KEY NURSING ISSUES: PRIORITIZED BY CATEGORY

BARRIERS TO DIVERSITY	
<i>Student Issues</i> Lack of cultural competency 16 Lack of male nurses in the profession 14	7.
<i>System Issues</i> Nurses not representative of diversity of majority population Lack of cultural competency/Diversity in the demographics of nurses and population being served 13	8. Nurses not representative of diversity of majority population. Lack of cultural competency/Diversity in the demographics of nurses and population being served 13
BARRIERS TO SKILL LEVEL	
<i>Curriculum Issues</i> Training needs for mid-career transition: adult learning, technology, financial realities, cultural issues 14 Changing demands in education preparation, i.e. technological advances in medicine 13	9.
<i>Educational System/Faculty Issues</i> Learning curve for faculty to utilize and teach new technology in the field 13	10. Learning curve for faculty to utilize and teach new technology in the field 13
KEY NURSING PRACTICE ISSUES	
<i>Characteristics of the Workforce: Related to New Grads</i> Inexperience of new graduates 16	11. Inexperience of new graduates 16
<i>Healthcare Delivery System Issues: Work Assignments</i> Taking CNA away affected the type of work RNs are doing 12.5	12. Taking CNA away affected the type of work RNs are doing 12.5
CHARACTERISTICS OF DOCTORS/MANAGERS/ADMINISTRATORS	
<i>Support Issues</i> Lack of mentorship and management skills for newly appointed managers 16 Lack of succession planning for managers 12	13.
CHARACTERISTICS OF NURSES	
<i>Interpersonal Traits</i> Differences in style of communication between generations (boomers, millennium, x) 12 Lack of childcare and transportation to accommodate nursing schedules 11	14.

APPENDIX F: 14 PRIORITY NURSING ISSUES (ORIGINAL WORDING)

BARRIERS TO SUPPLY	
Educational System Issue:	Not enough slots in current education to meet the demand or interest of future nurses. High attrition rates further limit affect of available slots. Lack of ability to identify and motivate students early enough to consider health care careers
Faculty Issue:	Difficulty recruiting and retaining nursing faculty due to lack of equitable pay and incentives
Student Issue:	Lack of financial support , childcare and transportation to accommodate nursing schedules
Clinical Agency Issue:	Lack of clinical resources in the region
CHARACTERISTICS OF THE ENVIRONMENT	
Safety Issue:	Work-related physical injuries (accidental, intentional, and workplace violence)
Environmental Support Issue:	Lack of mentorship and training to instill leadership, supervisory, and management skills for recently promoted staff
BARRIERS TO DIVERSITY	
Student Issue:	Lack of cultural competency
System Issue:	Nurses not representative of diversity of majority population. Lack of competency / diversity in the demographics of nurses and populations being served
BARRIERS TO SKILL LEVEL	
Curriculum Issues:	Training needs for mid-career transition; adult learning, technology, financial realities, cultural issues
	Changing demands in education preparation, including adult learning, technology, financial realities, cultural issues i.e. technological advances in medicine
KEY NURSING PRACTICE ISSUES	
Characteristics of the Workforce Issue: New Graduates:	Inexperience of new graduates
Healthcare Delivery System Issue: Work Assignments	Taking the CNA away affected the type of work RNs are doing
CHARACTERISTICS OF DOCTORS / MANAGERS / ADMINISTRATORS	
Support Issue:	Lack of mentorship and management skills for newly appointed managers
CHARACTERISTICS OF NURSES	
Interpersonal Traits Issue:	Differences in style of communication between generations (boomers, millennium, x)



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