MINUTES

Attendees: Mark Basnight, Doctors Medical Center; Daryn Kumar, Memorial Medical Center; Paula Rafala, Memorial Medical Center; Connie Fairchilds, Emanuel Medical Center; Deborah Friberg, Kaiser Modesto/Manteca; John McCormick, Oak Valley Healthcare District; Julie Kline, Sonora Regional Medical Center; Michelle Fuentes, Sonora Regional Medical Center; Suzanne Williams, Memorial Medical Center; Jill Stern, Modesto Junior College; Patrick Bettencourt, Modesto JC; Lisa Riggs, Modesto JC; Kelly Butler, Modesto JC; Sandy Brunn, Modesto JC; Martha Lee, Modesto JC, Brian Jensen, Hospital Council; Kathy Sowers, Hospital Council

I. Welcome and Statement of Meeting Purpose
Brian Jensen – Regional Vice President, Hospital Council
Brian Jensen opened the meeting at 1:40 p.m. All in attendance introduced themselves. Brian summarized the purpose of the meeting, the history of the nursing consortium partnership, Hospital Council administering the contract, and current hiring trends per an article in Modern Healthcare.

II. Report on MJC Nursing Program Issues and Accomplishments
Lisa Riggs – ADN Program Director, Modesto Junior College (MJC)
Lisa reported that MJC puts out the largest number of nursing graduates and provided a handout with data. MJC has a great reputation with a pass rate of 90%, which is a noteworthy accomplishment for a community college their size. There are 149 nursing programs in the state of California. Lisa compared MJC to nursing programs with over 100 grads (as opposed to 20) – MJC is 7th on the list, behind some university programs. On average, ADNs do better on their tests than BSNs. MJC has the highest local pass rate. She cited local hiring – MSJ grads feed directly into area hospitals.
ADN: BSN ratios – hospitals are pushing for BSNs now, but what is actually feasible? There’s a need for nurses in this region.

The question was posed about nurses currently working in the area hospitals – use of travelers? More travelers? Hiring bonuses?

Emanuel Medical Center: Needs travelers for winter census. Has labor and delivery vacancies – they need experienced nurses, not all new grads. Offered a signing bonus for L&D, may need to do same for critical care. No problems with applications; most applicants have been in SNF / LTC facilities, need new orientation.

Memorial Med Center: Same – using travelers during high census. Not doing hiring bonuses. OR nurses – are there ways to partner with MJC to do an OR nursing program?

Doctors Medical Center: Similar patterns – ED visits are up and rising. Inpatient census is high. Need travelers, currently have 82 – has been as high as 110. They budgeted for 100 new grads this year. Turnover is low. Not seeing attrition issues, but volume. Almost at capacity for patients. Hiring will most likely level off; looking for BSNs, offering sign-on bonuses in specialty area. Many of their nurses are nearing retirement.

Oak Valley: Small hospital but no openings. Pay scale is lower. It is harder in a small hospital for new grads. They do not provide the same level of training, it is hard for a new grad to be on the floor with only 1 or 2 new people. Growth is in outpatient; not sure new grads would fit into their scenario at this time.

Sonora Regional Med Center: Hired 30 new grads. They’re full, staffing 100% of all available beds 24/7, have been for a year. They have a 14-bed ED averaging over 100 patients/day. Need experienced nurses; have had some good hires. OR nurses / techs are a different discipline. Need experienced nurses in OR. They do their own OR training program. It takes 1+ years to get an OB nurse at full capacity. ED is hardest hit, experiences the most growth. Stabilizing that workforce is a challenge, they are using travelers. They have a strong relationship with MJC. Turnover is low, comprised of local people. “Smacked” census.

Lisa Riggs responded that hospitals are not going to see less of this but will be seeing more. The workforce is about to lose the older experienced nurses. “Wisdom and experience out the door.” Case managers are also difficult to find. The younger nurses desire part time rather than per diem or full time.

She described a more streamlined education track to a nursing degree, community college adjustments that are being made. If classes programs (such as BSN) are already offered at CSU, per legislators, they can’t be offered at community college (this is a law). MJC changed its curriculum, lowered units – 40 units into 36; they did it, it was approved by curriculum and soon to be approved by BRN. It was a risk, but
also changed the acceptance model. Lottery – many complaints about that system. Merit system – went to online application. MJC now has 2 classes under the new model, have heard from instructors saying they see a difference in students’ attitudes – ready, willing, asking intelligent questions. “On it”. Reduction of units bring in renewed students. Articulation agreement between MJC and Cal State U Stanislaus has changed in such a way that it saves the students a lot of money. “Amazing collaboration.” Stanislaus is seeing bachelor’s candidates; MJC is helping them become bachelor’s candidates.

Human patient simulation lab project – this collaboration bridges communication gaps between nurses and physicians. Unique for community college – the work is university level. Med students are coming to MSJ for the sim classes.

A nursing shortage is looming. Nursing programs are expensive. Lisa appealed to hospitals for ongoing support.

Jill Stern explained community college funding, that it inherently contains a “disincentive” to do a nursing program.

Daryn Kumar said he personally supports the program. All hospitals have to look at ROI. Appreciates this convening. Hospitals are getting squeezed as well, there’s work to do. All hospitals ask where is money coming from with the new requirements of ACA. Hospitals need to support these endeavors, use wisdom in how money is spent by hospitals. Connie said the cost is in “6 digits” what hospitals spend to bring a nurse up to speed - 6 months to be doing well, a year for “up to speed.” Specialty programs take even longer. Add to initial training sessions what’s required to go into specialty.

MJC’s Nurse Extern program formerly provided work experience at hospitals. (Summer program at MJC). No longer in place (?)

Deborah Friberg – explained why BSN hiring is taking place at Kaiser – acuity of patients, changes Kaiser puts on their nurses daily, want a more seasoned workforce to handle that patient demographic.

Patient outcomes are better with a BSN (Mark Basnight, DMC). Discussed the “bigger picture of healthcare beyond the bedside” that BSNs tend to have.

Lisa questions the outcomes – are they really different for ADNs vs BSNs? There are probably some on both sides who would assign better care by either group. Need to be looking at that in facilities if outcomes are different. Perhaps on the management level that can be seen. Having enough nurses post-surgery made a big difference in mortality outcomes.
III. Discussion About Contract Renewal for Next Cycle
Brian Jensen will convene a conference call with the CEOs from the funding hospitals. Lisa said MJC would like the same amount of funding as the last cycle, their application is in May, and they would like to know soon.

IV. Plan Next Steps
Daryn asked Brian to get the funding amount and existing contract out to the CEOs, ask them to repeat the next cycle at the same level, and schedule a conference call with the CEOs in the next couple of weeks.

The meeting adjourned at 2:55 p.m.