

Nurse Staffing at North Carolina State Prisons

Plans to Attract and Retain

Presentation to the Joint Legislative Oversight Committee on Justice and Public Safety

December 14, 2017

Requirements

Pursuant to Session Law 2017-57, SECTIONS 16C.11B.(a) and 16C.11B.(b):

SECTION 16C.11B.(a) The Department of Public Safety shall report the following information to the Joint Legislative Oversight Committee on Justice and Public Safety by December 1, 2017:

- (1) The total number of permanent **nursing positions allocated** to the Department, the **number of filled positions**, the number of **positions that have been vacant for more than six months**, and information regarding the **location of both filled and vacant positions**.
- (2) The extent to which **temporary contract services** are being used to staff vacant nursing positions, the **method for funding the contract services**, and any **cost differences between the use of permanent employees versus contract employees**.
- (3) Any **other information** the Secretary deems relevant.

SECTION 16C.11B.(b) The Department of Public Safety, in conjunction with the Office of State Human Resources, **shall develop a plan to** (i) **reduce the use of contract services** to provide nursing in State prisons and (ii) **attract and retain qualified nurses for employment in permanent positions in State prisons. The plan shall take into consideration market comparisons of salary and retention for nurses employed in private sector locations that are the same or similar to existing prison locations.** The Department shall report its findings and recommendations to the Joint Legislative Oversight Committee on Justice and Public Safety by December 1, 2017.

(1) Nursing Positions

For the purpose of this presentation, "nursing positions" are defined as those in the *Registered Nurse* (RN) and *Licensed Practical Nurse* (LPN) classifications.

Figure 1:

November 2017	Total position allocated	Filled positions	Vacant positions	Positions vacant > 6 mos.
Registered Nurses	601	400	201	118
Licensed Practical Nursed	309	244	65	26
Total	910	644	266	144

Nurse Positions By Locations

				Registered	Nurse					
Locations	Total FTE Positions	Filled Positions	Vacant Positions	Vacant Positions > 6 Mos	Locations		Total FTE Positions	Filled Positions	Vacant Positions	Vacant Positions > 6 Mos
Albemarle	6	5	1		Marion		11	9	2	1
Alexander	22	19	3	3	Maury		35	20	15	9
Avery-Mitchell	7	7			Maury Psych.		5	1	4	4
Bertie	13	5	8	3	Morrison		3	3		
Caldwell	1	1			Mountain View		9	7	2	
Caledonia	6	4	2	1	Nash		10	7	3	
Carteret	2	2			Neuse		9	2	7	6
Caswell	5	5			New Hanover		5	4	1	
Catawba	1	1			NCCIW		65	46	19	14
Central Prison	2	2			Odom		2		2	
Central Prison HCF	135	77	58	40	Orange		2	1	1	
Columbus	3	2	1		Pamlico		2	1	1	
Craggy	4	4			Pasquotank		7	4	3	2
Craven	11	6	5	2	Pender		10	8	2	
Davidson	1	1			Piedmont		19	15	4	3
Eastern	5	3	2	2	Polk		10	6	4	2
Foothills	13	8	5	1	Polk Psych.		2	1	1	1
Forsyth	1	1			Randolph		7	5	2	
Franklin	2		2		Rutherford		1	1		
Gaston	1	1			Sampson		1	1		
Greene	9	4	5	5	Sanford		1	1		
Harnett	7	6	1		Scotland		13	12	1	
Health Services Admin.	33	24	9	7	Southern		8	8		
Hoke	8	6	2		Swannanoa		1	1		
Hyde	3	3			Tabor		15	10	5	2
Johnston	5	1	4	1	Tyrrell		2	2		
Lanesboro	18	7	11	8	Wake		4	4		
Lincoln	1	1			Warren		7	6	1	1
Lumberton	9	7	2		Wilkes		1	1		
						Total	601	400	201	118

Nurse Positions By Locations

				Licensed Pract	ical Nurse				
Locations	Total FTE Positions	Filled Positions	Vacant Positions	Vacant Positions > 6 Mos	Locations	Total FTE Positions	Filled Positions	Vacant Positions	Vacant Positions > 6 Mos
Albemarle	6	5	1		Marion	7	6	1	
Alexander	15	9	6	3	Maury	21	16	5	2
Avery-Mitchell	6	6			Maury Psychology	4	3	1	1
Bertie	1		1		Morrison	1	1		
Caldwell					Mountain View	6	3	3	
Caledonia	3	2	1		Nash	5	4	1	1
Carteret					Neuse	5	4	1	
Caswell	2	2			New Hanover	4	3	1	
Catawba					NCCIW	29	23	6	3
Central Prison	3	2	1	1	Odom	2	2		
Central Prison HCF	67	57	10	5	Orange				
Columbus	1	1			Pamlico	1	1		
Craggy	1	1			Pasquotank	6	4	2	1
Craven	7	7			Pender	7	6	1	1
Davidson					Piedmont	12	8	4	1
Eastern	3	1	2		Polk	10	7	3	1
Foothills	8	7	1	1	Randolph	2	2		
Forsyth					Rutherford				
Franklin	1	1			Sampson	2	2		
Gaston					Sanford				
Greene	5	3	2		Scotland	8	6	2	1
Harnett	4	4			Southern	4	4		
Hoke	7	7			Swannanoa	4	3	1	
Hyde					Tabor	4	4		
Johnston	6	4	2		Tyrrell	1	1		
Lanesboro	10	5	5	4	Wake				
Lincoln					Warren	4	3	1	
Lumberton	4	4			Wilkes				
					Т	otal 309	244	65	26

(2) Contract and Temporary Nurses

Figure 2:

Contract and temporary nurses used as of October 2017 to cover vacant positions	Totals
 Contract (Agency/Travel) Nurses Temporary Solutions Nurses 	62 28
Total	90

- Contract or agency nurses are sourced from a total of eighteen (18) competitively-bid vendors who provide staff on 13-week, short-term contracted periods.
- Temporary staff are sourced from the state's contracted temporary employment agency, "Temporary Solutions". Temporary staff may be employed for up to eleven (11) consecutive months before they are required to take a 30-day break from employment.

(2 cont.) Contract and Temporary Nurses

Cost Comparison – Contract vs. Permanent

Figure 3:	RN Average Costs as of November 2017	Per Hour	Annually
	Contract/Agency/Travel Nurses Full-time/Permanent Nurses	\$46.61 \$39.84	\$96,949 \$82,857
	Difference (Shift differentials excluded)	\$6.77	\$14,072

Figure 4:	Licensed Practical Nurse as of November 2017	Per Hour	Annually
	Contract/Agency/Travel Nurses Full-time/Permanency Nurses	\$37.28 \$29.71	\$77,542 \$61,808
	Difference (Shift differentials excluded)	\$7.57	\$15,734

(3) Any other information the Secretary deems relevant

Note:

- Contract/Travel/Agency nurse contracts are limited to 13-week terms with no guarantee that nurses will renew for more than one contract.
- Average training period for permanent nurses is 8-10 weeks.
- Duties assigned to temporary staffing limited to most basic needs necessary for patient care due to length of contracts and time needed for proper training.
- Contract/Travel nurses unable to assume all of the duties and responsibilities of a full-time employee.

(1) RN New Graduate (Continuous-Statewide) Recruitment Effective September 1, 2017

- Current and recently graduated RN Nursing students are able to apply for employment up to 6 months prior to becoming licensed.
- Competes with the private sector to recruit new graduate nurses.
- Relationships built through the recruitment, application, interview and selection processes.
- No risk; if a candidate fails to meet all of the requirements for licensure or on boarding within 6 months of their application, the contingent offer is rescinded and they can apply once they are licensed.

(2) Senior RN Student Clinical Rotations

- RN Students are required to perform 160 hours of clinical rotations prior to issuance of their Nursing degree.
- Local community colleges and universities are performing these hours at Central Prison.
- Introduces and promotes correctional nursing prior to graduation.
- Builds relationships with colleges and students for continued recruitment.

(3) Healthcare Professional Regional Recruiters

- Four recruiter positions to be based in each of the four regions.
- Report to the Critical Needs Analyst in Central HR.
- Uniform and focused training to target Healthcare Professionals.
- Expanded coverage of the state; especially outer lying and hard to recruit for areas.
- Personnel with prior professional healthcare recruitment experience will be targeted.

(4) School Nurse Recruiter

- Presence at various nursing schools hiring events and job fairs.
- Serves on various Nursing school boards to increase awareness of correctional nursing.

(5) Nurse Floating/Rotating Staff Pool

- Increased use of floating nurses to assist with day-to-day vacancies.
- Designed to minimize or mitigate job burnout.
- Allows for selection of various assignments in different facilities and throughout different specialty areas.
- Increases retention.

(6) New Nurse Orientation (NNO) & Nurse Leadership Orientation

- Revised and improved on-boarding efforts to assist new nurses in gaining the necessary knowledge, skills, and behaviors necessary.
- Formal meetings, lectures, videos, printed materials, or computerbased orientations.
- Structured orientation and preceptorships.

"Research has demonstrated that these socialization techniques lead to positive outcomes for new employees such as higher job satisfaction, better job performance, greater organizational commitment, and reduction in occupational stress and intent to quit."

(7) Nurse Supervisor Orientation

 Online classes and seated management leadership classes offered by the Office of State Human Resources (OSHR).

Classes: Leading at all Levels (LAAL)

- Provides integrated, consistent, competency-based, accessible, comprehensive and cost-effective curricula
- Spans four levels: Executive, Middle Manager, Frontline Supervisor and Individual Contributor.
- Centers on: Integrity, leading people, managing work, creating a learning climate, change leadership, technical/professional knowledge, and customer service.

(1) Structured Orientation for Lead Nurses

- Training designed to enhance the supervision skills of Lead Nurses.
- Includes: Communication, Delegation, Problem Solving, and Organizational Skills.
- Target date for rollout is the first quarter of 2018.

(2) Competitive New Graduate RN Salary and Shift Differential Pay

- Base salary of \$50,000 (\$24.03 hourly), compared to an average of \$41,308 (\$22.07) in the private sector.
- Standard shift differential percentages of the base hourly rate in addition to pay are, 10% - 2nd shift, 15% - 3rd shift, 20% - Weekend shifts; 30% - 2nd shift / Weekends, 35% - 3rd Shift / Weekends.

(3) Tiered Salary Plan for Registered Nurses

 Salaries that put nurses at the top of their experience scale for the term of that block of experience, there by working as a recruitment and retention tool to compete with the private sector.

Experience Level	Tiered base salary for State RNs		
New Graduate (< 1 year)	\$50,000		
1-5 years	\$57,504		
6-10 years	\$65,004		
11+ years	\$72,504		

Note: Shift differentials are in addition to the base proposed salary.

(4) Student Loan Forgiveness / Grants

 Dedicated credentialing of facilities that qualify to be approved in rural and hard to recruit for geographic areas through the US Health Services and Resources Administration (HRSA).

(5) Sign-on and Retention Bonus Programs

 Designated amounts to be paid at the time of hire (1st pay period), and after 18-months of employment (subject to performance requirements).

(6) Flexible Shift Schedule

- Currently utilized only for Flexible Weekend staffing.
- Expand to other three day, 12-hour blocks of the schedule.
- Time-off guidelines to ensure dedicated staffing.
- Annually renewable employment commitments.

(7) Employee Referral Program

- Current employees refer qualified nurses for employment with DPS.
- Monetary payout to the referring employee once the candidate is hired (first pay period).
- Secondary payout at a pre-determined employment milestone for the referred employee. (all payouts subject to verification of satisfactory employment status)

(8) Direct Hire of Half-Time and Per Diem Nurses

Proposals would render 496 additional staffing hours or 41+ shifts using two FTE's

- <u>Current staffing model</u>: 40 hours per week (hpw) (1.0 FTE), in 8 or 10-hour shifts renders 2080 worked hours per year.
- Current staffing model: 36 hpw (0.9 FTE), in 12-hour shifts renders 1872 hours per year.
- Proposal 1: Split a 1.0 FTE into five per diem positions (0.2) with a minimum of three, 12-hours shifts required per month. This puts five nurses working 36 hours per month for a total of 180 hours monthly or 2160, annually. (no benefits)
- Proposal 2: Split a 1.0 FTE into two half-time positions, requiring two 12-hours shifts per week (0.6) which equates to 48 hours per week instead of 40, equaling 2496 hours per year.

^{**}Splits are based on staffing status and may not equal an exact FTE with simple addition.

Additional information

There is a national shortage of nurses. The reasons why nurses are so hard to find and hire, can be found in the following article:

The U.S. Is Running Out of Nurses

(Feb. 13, 2016)

The country has experienced nursing shortages for decades, but an aging population means the problem is about to get much worse.

https://www.theatlantic.com/health/archive/2016/02/nursing-shortage/459741/

Questions?