

Didactic Training in Specialty Skills for RNs And Wellness Workshop for Health Care Employees Final Report

Funded by
Industries of the Future SKILLS Grant
Washington Employment Security Department

Contact:
Leif Bentsen
Human Services Planner
Kitsap County Department of
Personnel & Human Services
614 Division Street, MS-23
Port Orchard, Washington 98366
360.337.4883
lbentsen@co.kitsap.wa.us

IFST PROGRAM
NARRATIVE REPORT
Contract Closing
September, 2003

WDA# 1 WDA Name: Olympic Workforce Development Council/Olympic Health Care Alliance (skills panel).

PROJECT NAME: Health Care Alliance Training Program – Didactic Training in Specialty Skills for Nurses

PROGRESS REPORT: Under the original proposal, the grant called for funding 12 training programs of various lengths. Once the grant was awarded, the employers acknowledge that some of the programs were already funded through their own organization. Because this would have been supplanting funds, these courses were not implemented. Most of the courses were short in duration, but large in class size. The loss of these students had a heavy impact on the budget because their salaries while attending classes were part of the in-kind contribution. Other classes, such as oncology, labor & delivery, and emergency room trauma were also eliminated because of the lack of instructors or the course is available free.

With the employers' agreement, the program focused on three intensive courses: Perioperative (operating room), Gerontology, and Critical/Acute Care. Within Critical/Acute Care, there are three certifications: CCRN, Med/Surg, and Cardiac Step-Down. Each had its own track. A "wellness" workshop was added in May 2003.

The Perioperative training, 160 hours @ 40 hours a week, held in Port Angeles, was the first course to be completed and the most labor intensive. It began during the first week in August 2002 and ended the first week in September. Although only six individuals attended and completed the class, the effort is being viewed as a success because this is the first time that the two local hospitals, Forks Community and Olympic Medical Center, did not have to send their employees to the Seattle/Tacoma area for training. Course evaluations by the students and observers and the evaluations of the students by instructor Carol Thompson, Seattle Central Community College, were very positive. Each student received a certificate of completion from the instructor, which included the number of class hours. However, the students will have to spend 2000 hours as a resident or two years in an operating room employee before they can take a certification examination offered by the Association of Operation Room Nurses (AORN).

Gerontology training (approximately 170 hours) began in July 2002 in Bremerton, with a completion date set for December 2002. The class originally began with nine, but finished with six students. It was taught twice weekly so that different shifts could attend. The instructor, employed by a Bremerton long-term care facility, was going to teach a session in Port Angeles beginning in January 2003. However, due to an unexpected conflict with Pacific Lutheran University where she also teaches, the Bremerton classes were switched every other week beginning in December, likewise she was not available to teach the course in Port Angeles as originally scheduled to begin in January 2003. However, the coordinator hired under contract for this program was able to put together a gerontology session for the Port Angeles area by using several local nurses (with appropriate credentials) and the curriculum developed in Bremerton. By switching instructors, we were able to start the Port Angeles training in September 2002 rather than waiting for January. The downside was the program manager and the coordinator had to make arrangements with seven different Port Angeles instructors who taught a shorter course (106 hours). Fourteen people originally enrolled in the course, eight consistently attended, five took the certification test, all of which passed. However, one organization sent a different person each day depending upon the subject matter. Upon return to his or her institution, the person passed the

information learned to other employees. Both the Bremerton and Port Angeles gerontology courses were well received. If they apply, those taking the longer course (Bremerton) may receive continuing education credit through PLU School of Nursing.

The Critical/Acute Care course also began in Bremerton during September 2002 and was repeated in Port Angeles in January/February 2003. The course was taught one or two days per week and had three distinct tracks: Critical Care, Med/Surg and Cardiac Step-Down. Cardiac Step-Down, which is part of the critical/acute course, is also being offered as a separate track for employees not taking the two main courses. Harrison Hospital, where the classes were being taught, offered a "certification of completion" for the cardiac track. Forty-seven individuals submitted registration forms to attend the various tracks or combinations thereof at the Bremerton session. Classroom evaluations were overwhelmingly positive. Twenty-two registered for the Port Angeles session, some of which were Bremerton attendees making up for missed classes. Six from the Bremerton session passed the certification test; four nurses from the Port Angeles area took the certification tests for CCRN/Med-Surg.

WELLNESS TRAINING.

During the Spring of 2003, in discussions with human resource staff from a variety of health organizations, it was determined that a "wellness" workshop for health care employees would be helpful in retaining employees and beneficial in relieving the day-to-day occupational stress.

Harmony Hill, based in Union, Washington, was hired to provide workshops in Forks (17 attendees), Port Angeles (19), Port Townsend (17), and Poulsbo (32).

Please see attached summary for more details.

ISSUES:

As described in the opening paragraph, the major issue or challenge facing the program coordinator was the fluidity of the health care providers. By the time the grant was awarded, the needs had changed with the employers. Originally it was understood that employees would be paid while attending classes, which would be part of the in-kind contribution. The reality turned into where many employees attended on their own time, while some were paid. When it came time to start the classes, the projected number of attendees offered by human resource personnel differed from the number of employees being allowed to attend by their supervisors.

Except for the wellness workshop, each course was long and complex. Not only did people attend every class hour, we also had employees attend a daily session only because of the subject matter of that particular day.

Because of the shortage of workers combined with reimbursement issues from government health care programs, reduced funding for training, and employee contract issues, it becomes financially very difficult for a provider to release its employee for training.

The length of the training and the delay of getting started, collided with the March 31, 2003 deadline, which made it too late for some to be reimbursed following a certification testing. An extension was asked for and approved, carry the program through June 30, 2003. This also provided enough time for planning and executing the wellness training.

Even with all the changes, this author believes the program was an overall success: The community will benefit from a better-trained staff. Anecdotal comments have indicated the training was a morale booster. Employers are filling some "special skill" vacancies and the employees are adding another rung in their career ladders.

This project was and is a work-in-progress for all parties.

BEST PRACTICES:

There have been inquiries by some unemployed nurses who wanted to take the training. An incumbent/unemployed worker scenario should be explored. Due to the nature of this particular program, if repeated, more time should be allowed for planning and execution.

In arranging didactic training in larger organizations, program managers need to be aware of “who” will be making the actual decision as to what staff person will be attending training. As mentioned earlier, even with the best efforts of human resource and education department personnel, actual class size/attendance was determined by the department or section nursing supervisors.

**Olympic Health Care Alliance
Final Report and Recommendations
Wellness for Health & Allied Health Care Professionals
Presented by Harmony Hill of Union Faculty**

June 13, 2003

To: Leif Bentsen, Human Services Planner II,
Olympic Health Care Alliance program manager

From: Gretchen Schodde, Executive Director
Mary Liz Chaffee, Faculty
Harmony Hill

Re: Summary of recent Wellness workshops

Overview:

Per a recent contractual arrangement with the Olympic consortium a faculty team from Harmony Hill completed a series of wellness/stress reduction workshops. An estimated total of 85 participants representing at least 14 organizations attended a workshop at one of the following dates and places:

Dates May 22 Port Townsend, Jefferson County-17 attendees
 May 28 Forks, Clallam County-17 attendees
 May 29 Port Angeles, Clallam County-19 attendees
 June 10 Poulsbo, Kitsap County -32 attendees

Attendees represented both management and general staff. Other than managers the participants were mostly non-nursing personnel. In some cases attendees were only able to take parts of the workshop. Sixty-seven of the 85 estimated attendees completed evaluation forms which are enclosed (originals being sent to Vicki Enslow, Clinical Education Director at Harrison Hospital.) Approximately 45 of the 85 participants were managers.

CEARP (continuing education accredited recognition points) were made available to participants via Harrison Hospital. Managers received 7.8 CEU's and other staff received 6.9

Agenda Format

A seminar format was utilized. Each site included a preliminary session with managers to discern their unique challenges. This group then continued to meet as a smaller break-out group throughout the workshop. Two sessions were held with the entire group as well as 3 break-out group sessions

Workshop Goals accomplished

- Customized wellness workshops with internal follow-up programs in the four sites noted above.
- Introduced strategies and self-help skills for stress reduction and enhancement of well-being.

- Provided a special session to supervisors/managers in addressing unique needs of management. This included a discussion of problems and remedies for difficult/hostile*** behaviors in staff.

Workshop Objectives

Objectives were specifically delineated and presented to participants at the beginning of each workshop as well as included in the evaluation. The summary objective of "developing personal plans of care utilizing stress management, therapeutic music, and muscle tension release skills that support wellness" was part of each workshops conclusion—

participants wrote themselves a follow-up well-being plan which Harmony Hill will be sending back to them approximately one month from the workshop date.

Themes of Concern

Stress Stress and more Stress.

How to do more with less and the concomitant exhaustion

Low morale—how to keep going

How to find/ recreate balance

Creating boundaries—finding ways to separate work from personal life.

Not enough time, Lack of control

Low pay, thanklessness of some positions (eg. Lab, laundry)

Treating each other with respect

(Difficult/hostile behaviors*** of staff to each other was a particular concern in one site.)

More tools to enhance personal well-being

Summary

- Wellness workshops accredited for continuing education was presented May 22- June 10, 2003 in four OHCA sites to 85 attendees
- The overall response to the workshops was very positive including ideas and new skills for integrating information into their work and personal lives.
- Entire workshop evaluation criteria was rated approx. 3.5 out of 4 (see evaluations)
- Research from the *The University of Michigan Health Management Center* was emphasized in the managers meeting. This center has collected data on over 2 million people in over 1000 work sites since 1976. **They have found that for every one dollar invested in workplace wellness, a company could expect three dollars of cost savings or benefits. \$1 saves \$3.** www.umich.edu/~hmrc/
- Per Contract # KC-130-03 and KC-130-03 A an invoice for \$11,533 for contractual services delivered prior to June 15, 2003 is attached.

Recommendations

- We recommend support for these sites to continue internal follow-up programs. Based on research from the University of Michigan and the Harvard Mind Body Medical Institute, OHCA member organizations need to be urged to provide on-going & expanded opportunities for employee health and wellness.
- Per evaluation feedback and discussions with a majority of workshop participants, we recommend day-long wellness workshops for continued stress reduction skill building to be available at least quarterly
- We recommend a lending protocol be established at each of the six places that the packets of wellness books/tapes were left. This includes Jefferson Hospital, Forks Hospital, Olympic Memorial Hospital, Retsil, and two at Harrison Hospital.
- Customized consultations by an organizational behavioral expert is needed to “create remedies” for significant stressors related to hostile/disrespectful behaviors***.
- Wholehearted kudos and gratitude are requested to be extended from the faculty and all participants to OHCA, Leif Bentsen and the Olympic consortium planning committee for making this workshop possible.

Faculty

Mary Liz Chaffee, RN-Stress assessment, Body Blues, Nutrition

Melissa Frykman-Thieme, RN-Therapeutic Music

Gretchen Schodde, ARNP, MN, overview, wellness concepts and summary

Douglas Thieme, RN- Therapeutic Music

Lynne Walters, RN, MN, Muscle Tension Release

Thank you for the opportunity to provide these important “hands on” workshops. We welcome explorations for further meaningful wellness presentations and consultations.