Georgia Healthcare Workforce Commission
Additional Information from Interested Stakeholders- part 3

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GEORGIA BOARD OF NURSING

Workforce Solutions Areas of Consideration

Board of Nursing Workforce Solutions Areas of Consideration

Rule 410-8-.08 Employment of Unlicensed Students and/or Graduates Prior to Licensure.

1. Allow earn to learn.
    a. Earn to learn. Allowing students to get paid while completing a portion of their clinical hours. This would help meet an immediate need for nursing assistants, as well as develop a future pipeline for hire after graduation.
        a. Work hours with employer in certain settings with preceptor, get paid and counts toward limited number of clinical hours. Ex: 24 of 96 hours.
        b. Would have to be in partnership with academic institution.
        c. Have set learning outcomes and standards.
        d. Preceptor would have to complete training to help support the student/employee learning.
        e. https://www.youtube.com/watch?v=QCVZD_HfaHU

Rule 410-8-.05 (7) A full-time faculty member with only a baccalaureate degree in nursing must be able to provide documentation of progress toward an earned graduate degree in nursing, have experience in the area of responsibility, and be directed by a faculty member with at least one (1) earned graduate degree in nursing.

2. Allow Baccalaureate clinical faculty, full-time and part-time, without having to be enrolled in a graduate program. This would increase the number of available clinical instructors and permit them to be counted in BON requirements for 1:25 ratio.
        a. State didactic so clinical fulltime can work with BSN. This can be a temporary allowance until nursing crisis is over.
            1. BON rule 410-8-.05(1) defines "faculty" as "*any registered nurse, appointed by the parent institution, regardless of the institutional designation, who is engaged in teaching/evaluation in classes, simulated settings, and practice settings."*
            2. Schools can count simulation specialists as a "faculty". Allow same baccalaureate allowance for Simulation as requested for clinical instructors.

Rule 410-8-.03(7) A faculty/student ratio of at least one (1) full-time nursing faculty member for each twenty-five (25) students enrolled in the nursing education program (including audited courses) shall be maintained.

3. Allow parttime, adjunct, or visiting professors who work a designated number of hours per year with the school to be counted toward this ratio since they are taking part of the load on a consistent basis. This would go in part with the "majority are fulltime" rule. For example, if a parttime, adjunct, or visiting professor works each session or a set minimum number of hours per year with an institution, allow that nurse to be counted as part of the 1:25 ratio. The consistent hours worked allows consistency with instruction and cohesiveness with the didactic concepts.

New items to consider:

- LPN: Allow BSN or ASN students who complete at least 90% of their program, but do not complete the program, to sit for the PN-NCLEX. Florida currently has a similar program (Rule 64B9-3.002(3), F.A.C.
- LPN: Allow military trained medics or equivalent sit for the PN-NCLEX if they have met a certain level of training through the military.
- Develop, or work with an organization, to develop a repository for graduate students who need preceptorships. This would allow educational institutions and other health care facilities to review students and offer preceptor experiences in hopes of development of a pipeline. There could potentially be legislative initiatives for organizations to support these students.
- Utilize accrediting bodies rules for calculating NCLEX pass rates. This would allow schools to be consistent in how they report pass rates.

FEEDBACK FROM THE GEORGIA BOARD OF HEALTHCARE WORKFORCE ON THE PRESENTATION FROM THE NOVEMBER 30th HEALTHCARE WORKFORCE COMMISSION MEETING

Comments / Notes re HCWF Slide Deck Dated 11/30/22

Overarching Comments

1. Provider retention is essential. Must consider violence in workplace but also insurance hassles, access to staff (pipeline), support for practices (they are small businesses), laws that interfere with physician/patient decision making
2. Provider recruitment. More money for loan repayment in shortage areas as we know this works! What is the business environment, tax environment etc. that makes Ga an attractive place to practice. Look to states with better recruitment results to see if there are activities that we can adopt e.g., NC
3. Grow our own. Partnering with Ga colleges and medical schools, some of whom already have pipeline programs for STEM. Work with Ga DOE and AHEC to create high school to work programs for lower tier HCPs e.g., MAs, techs, EMS, etc. AND more investment in GME programs to continue gains resulting from GREAT Committee and address gaps e.g., Pediatrics. Work to allow current programs to add residents beyond their caps by incentivizing innovative programs that allow them to use current infrastructure to place trainees in rural tracks
4. Support training opportunities in communities. Med students, PAs, NPs need clinical training opportunities, but community practices are expected to volunteer a service that slows them down. These placements should come with stipends

Comments By Page:

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- Foreign trained practitioner focus through 2030
- Early retiree tax incentives for licensed practitioners, especially for those who relocate from another state
- Total seats and faculty increase needed through 2030
- Study those who maintain licensure but don't practice (i.e., RN who does Utilization Review)

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- Retention of those currently in the workforce very important, but this is mainly done at the employer level.
- Larger pool of future employees – consider collaborative programs with the state AHEC.

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- Online platform run by the state for Georgia practitioners to see Georgia opportunities. Not a job board per se, rather an information area to redirect. For example, each hospital in the state could post briefly about them, types of roles by licensure, and then a link to redirect to their site.

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- Agree with de-escalation and workplace violence additional training and resources.

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- Greater flexibility for a practitioner to teach with having easier mandates in terms of full-time vs part time faculty.

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- Consider a state addition (does not have to be a new office) onto the AHEC

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- Upskilling for practitioners that have a financial benefit after 3 years that way the person stays engaged and grows professionally.

INFORMATION FROM THE GEORGIA ALZHEIMER'S AND RELATED DEMENTIAS (GARD) COLLABORATIVE WORKFORCE DEVELOPMENT WORKGROUP

GARD
Georgia Alzheimer's and Related Dementias
Advisory Council

November, 29, 2022

Commissioner Caylee Noggle
Chair, Healthcare Workforce Commission
Georgia Department of Community Health

RE: Healthcare Workforce Commission Recommendations

Dear Commissioner Noggle,

This letter supports the recommendations given by the Georgia Alzheimer's and Related Dementias (GARD) Collaborative Workforce Development workgroup. For persons living with dementia to truly live well throughout the course of the disease, long-term and community-based care settings must embrace person-centered care. Person-centered care relies on a dementia capable workforce and consistent assignment.

This document provides an overview of Alzheimer's and dementia burden and summarizes the recommendations from the GARD Workforce Development workgroup and is endorsed by the GARD Advisory Council for submission to the Healthcare Workforce Commission.

The Georgia General Assembly created the GARD State Plan Task Force in 2013. In June 2014, Governor Nathan Deal signed the GARD State Plan into action, and the Task Force became an Advisory Council. The GARD Advisory Council guides and directs the projects of the larger GARD Collaborative. Through continuous communication and collaboration, the GARD Collaborative and Advisory Council implement the strategies and goals outlined in the plan.

According to the Alzheimer's Association, 6.5 million Americans aged 65 and older are living with Alzheimer's disease. There are more than 150,000 Georgians 65 and older living with Alzheimer's and additional 100,000 Georgians living with another form of dementia. This number will nearly double over the next 20 years, disproportionately impacting women and diverse communities, especially African Americans and Latinos. One in three seniors die with Alzheimer's disease or another dementia. It kills more than breast cancer and prostate cancer combined. Despite being a leading cause of death, dementia is currently underdiagnosed or diagnosed in its later stages, according to The Milken Institute.

The current system of dementia care is complex and costly. It is unprepared to treat the growing number of individuals living with dementia who experience cognitive, functional, behavioral, and psychological challenges. According to the Milken Institute, more than one-half of primary-care physicians believe that the medical profession is not ready for the growing number of people with dementia.

As a result, many people living with dementia, and their caregivers, have unmet dementia-related needs for care, services, and supports. Unmet needs for safety, meaningful activities, and prior evaluations and diagnosis are higher in racially and ethnically diverse communities. These are known to increase the risk of adverse health and economic outcomes, including nursing home placement, caregiver depression, and lower quality of life.

We know that most people with dementia will need long-term and community-based care as the disease progresses. Today, 48% of nursing home residents, 34% of assisted living residents, and 32% of individuals using home health services have Alzheimer's. According to the 2022 Facts and Figures Report from Alzheimer's Association, 75% of people living with Alzheimer's disease diagnosed at age 70 will reside in a nursing home by age 80. That's compared to only 4% of the general population that survive at age 80.

It is known the older adult population is rapidly growing, with a 105% projected growth in Georgia by 2050. It is projected that Georgians 65 and older living with Alzheimer's will rapidly increase by 26.7% by 2025. Also, with updates to the Older Americans Act in 2020, the similar pool of resources has been extended to those of any age with dementia. This rapid growth of those aging and those with dementia will increase the overall need for care and services and will place additional stress on an already stressed long term care industry.

Although long term care services and supports can be fragmented under different sectors – it is one industry attempting to best care for the presenting needs of older adults and those with dementia and requires one shared workforce of care providers.

Many of these workers churn among the different sectors--nursing centers, assisted living, home care, home health care, hospice, hospitals, and homecare. Many direct care staff do 80-90% of the hands-on care on the frontlines--while working multiple jobs to make ends meet.

The numbers and levels of need are growing at an exponential pace and our workforce strategies need to both immediately respond and continue to prepare for the expected growth in the next 30 years with the severe state-wide workforce shortage.

Many long-term care service providers are having difficulties maintaining quality care, recruiting, and retaining staff--and this issue will only increase without proper strategy and funding. This sector of care providers has been historically undervalued--thus, current offerings include low wages, few benefits, heavy workloads, low job security, and few opportunities for advancement. Turnover and absentee rates are high in the long-term care sector for direct care jobs but often reach critical levels when unemployment goes down.

Many states and the healthcare sector are doing what is possible to shift to community-based care (as opposed to institutionally based care) due to individuals' preference of aging-in-place and for reduction of overall expenditures. However, the cost estimate often does not include the unpaid labor offered by a person's familial or personal caregivers. The care provided is often a combination of this unpaid labor – alongside paid personnel. For some, their care needs will exceed what will be available in the home and they will require care within a facility setting. However, in many circumstances, additional supports could reduce costs while extending one's ability to receive the "right care at the right time and the right place" for older adults, those with dementia, and adults with disabilities.

While the sectors do differ for both the clients and the workers, the absence of a coordinated workforce discussion state-wide fails to acknowledge the benefit of strategy between the sectors and denies the benefit to the workers and the clients they serve. The overall goals include horizontal integration at a corporate level, community collaboratives to facilitate transitions, and/or a career lattice for workers. The long-term care workforce crisis will also continue to put an additional burden on the healthcare workforce if we do not have the quality direct care workers to serve older adults in home, community or facility settings for rehab and long-term care needs. People with Alzheimer's or other dementias have twice as many hospital stays per year as other adults and typically need long-term care post discharge. Older hospital patients with dementia are at a higher risk for delirium, dehydration, untreated pain and

medication related problems that may require long-term care and rehab. If we do not address the long-term care workforce shortage in conjunction with the healthcare workforce, hospitals will need to admit these patients and others for long costly inpatient treatment.

In the last 20 years, solutions have been offered and many tested in studies nationwide due to the increasing needs. Areas of potential strategy typically fall into three areas that could be used to strengthen Georgia's health care and long-term care workforce – improve recruitment, improve retention, and improve job quality. To also address dementia capability – we need to significantly improve dementia education.

On behalf of the GARD Workforce Development workgroup, The GARD Advisory Council makes the following recommendations:

1. ***Improve Recruitment***

Pathways into jobs providing direct care to others are generally arbitrary – with those of interest drawn to the work due to a mix of wanting to care for others while seeing the work is needed. There are few pipelines – especially following the system-filled difficulties faced during the pandemic. Although the community and technical college system has training options for Certified Nursing Assistant programs – many of the programs are primarily focused on clinical skills for the specifics of the job without providing additional training on the interpersonal skills required for the work. These include communication, collaboration, and coordination that is fluid, person-centered, and consensus-gaining to be of high quality. Many enter this work without even this basic level of clinical training – forcing core and ongoing training responsibilities on employers and employees often onboarded in a "sink or swim" fashion. Solutions should further emphasize career options considering different sectors of health and long-term care for trainees including necessary focus on quality care, value of direct care, and empowerment. This model would also require the contributions of the local and regional workforce investment boards to coordinate how to best utilize retraining monies and supportive services for those who are persistently unemployed and/or vulnerable.

2. ***Improve Retention***

There is a myriad of ways to improve retention – however, one proven path is for employers in this sector to become an employer of choice. This can be helpful regardless of the size of the community. Research has proven that employers of choice are using and improving a supportive supervision model, increasing input into care planning, reducing work overload, increasing career and educational opportunities, improving perceived quality of care, building supportive services for workers like case management or short-term loans, improving access and cost of health insurance, improving pension access and quality, improving paid leave, and improving compensation tied to career mobility. Becoming an employer of choice provides a competitive edge for employers of direct care workers across long-term care. It is a win-win as it is both a benefit to the employer and the direct care worker who feels valued and supported.

3. ***Improve Job Quality***

Related to both recruitment and retention, job quality allows competition with other career alternatives. This process will require a coordinated effort to create a career lattice and credentialing process involving all long-term care sectors including home and community-based settings and acute care providers. This process would also involve the collaboration of community and technical colleges, state aging services, sector-based provider associations, higher education, state board of nursing, and the workforce development boards. Empowering employers to improve job quality requires the support of policies that increase reimbursement rates for long-term care services and supports and rewards organizations that provide the best care with incentives for further improvement. The cost of education has skyrocketed over the last few years. With the current

workforce crisis, we need funds allocated so that tuition reimbursement is provided to staff who would like to further their careers.

Dementia education is key to integrating these three key solutions for addressing the workforce crisis and creating a dementia capable workforce.

Unlike other illnesses, the unique characteristics of dementia, such as impaired communication, disorientation, confusion, and behavioral changes demand specific focused training to increase understanding and strategies for quality caregiving. Dementia continues to grow in prevalence across the globe and in Georgia. Basic and advanced dementia education has the potential to influence recruitment, retention and job quality across long-term care services and supports. In service of supporting this workforce, the workgroup has coalesced around five major recommendations in an effort to create a dementia capable workforce.

1. ***Expand dementia awareness education***

Expanding Dementia Friends and supporting dementia continuing education for first responders, the public health workforce, community connectors, and the health care workforce.

2. ***Expand the focus on brain health education***

What is good for the heart is good for the brain. The earlier that education and awareness about the importance of a focus on better brain health can be integrated into K-12 schools and all healthcare curricula, the more likely that the key strategies and modifiable risk factors can be incorporated. Healthy lifestyle factors can delay and potentially prevent cognitive decline.

3. ***Cultivate realistic job previews, core competencies, and streamlined career education***

Many entrants and employers invest valuable resources into training for direct care work and after they are on the job, the entrants find that the job doesn't fit with their expectations. Realistic job previewing in the early stages of training combined with high quality onboarding can go a long way to bridge this issue for both new entrants and employers. Community and Technical colleges, specifically Career and Continuing Education units, are well suited to deliver this type of education to support career on-ramping for students. Appealing in this way to career changers, vulnerable workers, older workers and high school students, realistic job previewing paired with core skills training can support new entrants to the LTSS field. Create and fund technical, community and vocational high school programs to develop and implement realistic job previewing and career exploration sequences in partnership with industry. These should be foundational to stackable credentials (see below).

4. ***Adopt competency-based education on key competencies***

Education that will ultimately be tied to career mobility needs to be "competency-based." Competency-based training ensures that workers can demonstrate what they are learning and support the portability of dementia-specific training. The Direct Care Worker Competencies subcommittee of the Georgia Alzheimer's and Related Dementias Collaborative (GARD) authored the *Competency Guide for Dementia Care: Direct Care Worker Workforce Development*. It was created in collaboration with several long-term care services and supports providers, care partners, and people living with dementia. CMS has included this guide in their resources for The National Partnership to Improve Dementia Care in Nursing Homes (the National Partnership). This competency guide aims to help educators and employers choose high-quality education and identify strategies to improve the work environment in ways that support both learning and quality of care. The guide includes competencies and skill statements that were adapted from the Centers for Medicare and Medicaid Services, the topics that are essential to person-centered care for every client but particularly for people living with dementia. The priority topics include: Understanding Dementia, Person-Centered Care, Communication, Reduction of Preventable Hospitalization, Dining and Nutrition, Pain Management, Prevention and Reporting of Abuse, Empowering the Person and Enriching Their Life,

and Palliative and End-of-Life Care. Require both continuing education and credit-bearing dementia education to be delivered as active and experience-based learning that results in assessment of competencies over time.

5. Create stackable, portable, and meaningful credentials

Create and fund an educational/employer coalition to build credit-bearing coursework that will be stackable and portable for both educational advancement and meaningful career advancement.

A core challenge to creating meaningful career development in long-term care is that much of the education and training that community colleges and vocational programs offer for this sector are continuing education courses, rather than college credit. Courses that do result in college credit usually are not "stackable," or applicable toward requirements for a degree program. This is problematic because, as the health- care system currently stands, living wages are most likely to be secured by employees who have, at minimum, an associate's degree. Creating opportunities for workers to build college credit that contributes toward a degree is an essential component of meaningful career ladders. If the promise of career lattices is to be realized, widespread involvement of employers and their educational partners must be realized.

We respectfully request your consideration of these recommendations in your final findings and overall recommendations to Governor Kemp. If you have any questions or need any additional information, please let us know.

Sincerely,

MaryLea Boatwright Quinn, Acting Chair
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