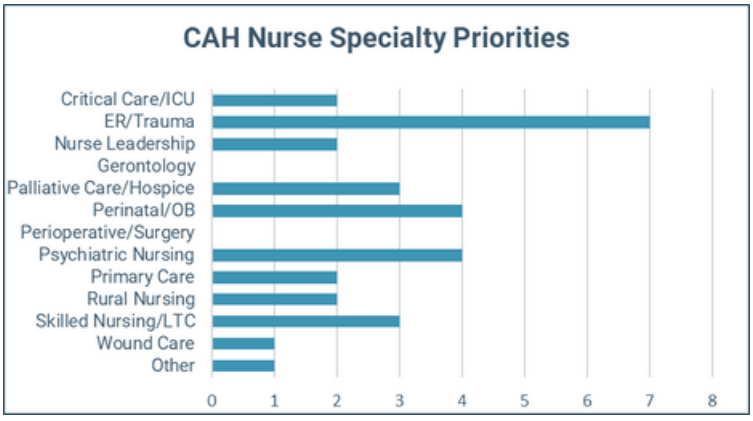
SURVEY REPORT:
NURSE SPECIALTY TRAINING AND TRANSITION TO PRACTICE

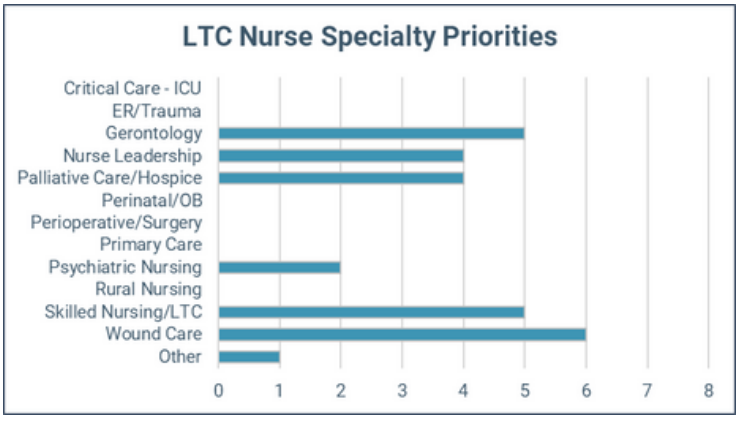
AHHA has workforce development contract funds to support specialty nurse training and transition to practice programs for new nurse graduates. We are exploring opportunities to engage in a collaborative, statewide approach to developing solutions for specialty training and/or provide funding to allow facilities to implement curriculum/clinical training to directly train their own specialty nurses (such as AONL or HealthStream curriculum). We created and distributed a Nurse Specialty Training and Transition to Practice Survey to gather feedback on priorities, focus areas, and challenges related to nurse specialties. We received 32 completed surveys by the November 1, 2023 deadline, representing 52% of AHHA's total facilities. This report provides a summary of the survey results.

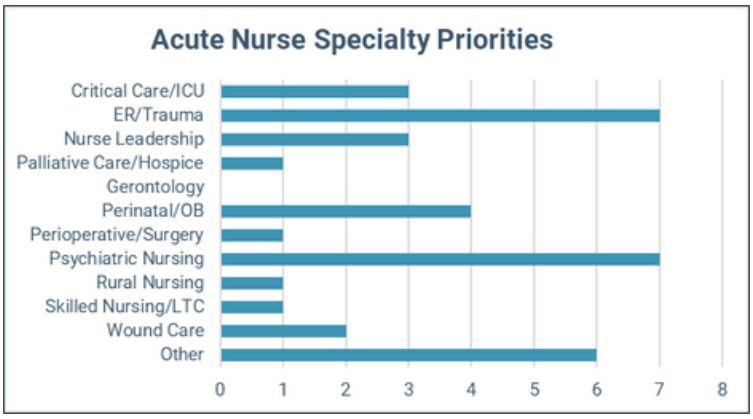
Survey Respondents

32 Total Surveys from 24 Facilities:
9 - Critical Access Hospitals
8 - Acute Hospitals
7 - Long Term Care Facilities

Facilities were asked to pick from a list their top 3 specialty priorities.







Facilities were asked to list any other nurse specialty priorities not listed above.

- Med Surg (4)
- Infection Prevention (2)
- Preceptor Training (2)
- Outpatient clinic nurses across specialties
- Continuum of Care/Discharge nurses
- Wound Care
- SANE
- All areas where contract labor is consistently used - Cath Lab, ICU, NICU
- Pediatrics
- Inpatient Rehabilitation
- Foot care certifications for nurses
- Long-Term/SNF
- Geriatrics
- OB

Facilities were asked which nurse specialty priority AHHA should focus on first.

CAH Priorities

- ER/Trauma (3)
- Rural Nursing (3)
- Psychiatric Nursing (2)
- Gerontology (1)
- Perinatal/OB (1)
- Skilled Nursing/LTC (1)

LTC Priorities

- Gerontology (2)
- Skilled Nursing/LTC (2)
- Wound Care (2)
- Psychiatric Nursing (1)
- Rural Nursing (1)

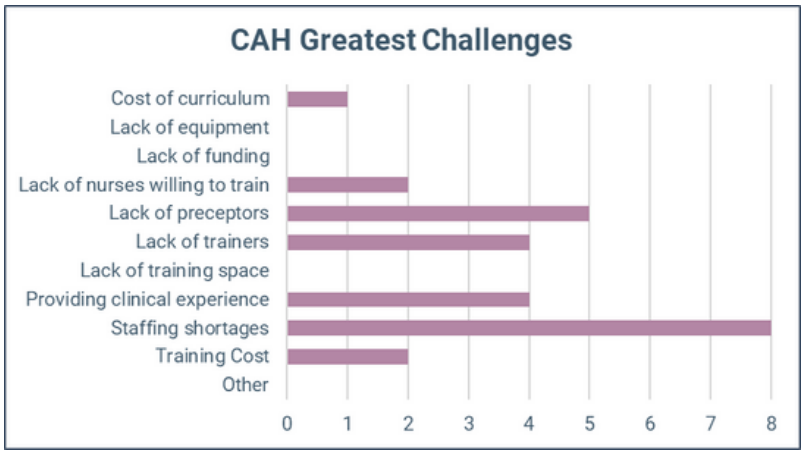
Acute Priorities

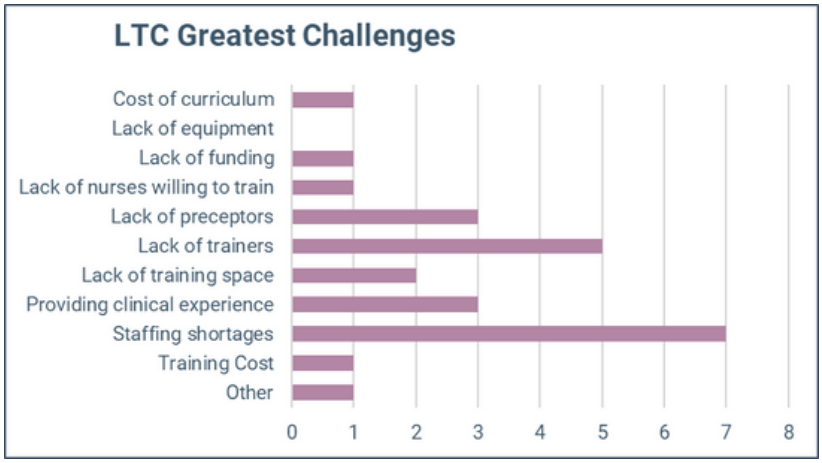
- Gerontology (2)
- Skilled Nursing/LTC (2)
- Wound Care (2)
- Psychiatric Nursing (1)
- Rural Nursing (1)

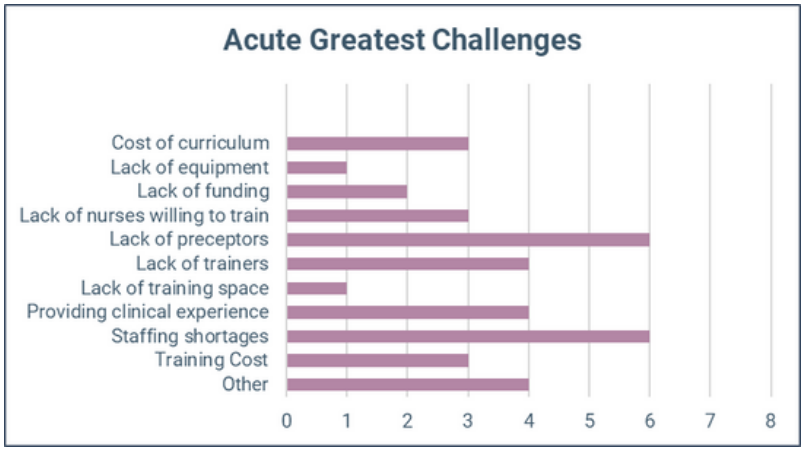
Facilities were asked to provide any additional comments on ideas or priorities for how AHHA can support nurse specialty training.

- We need support for our preceptor training program. Content/curriculum is the primary barrier alongside offerings that are online and more than a few hours are poorly utilized but the shorter programs are inadequate for our needs. Having in person training with specialty considerations would make a significant impact for our staff.
- For ED/trauma - facilitate yearly group trainings/refreshers to run through clinical scenarios and educate on updates in clinical standards/new data.
- Unsure - solve the staffing crisis? Nurse Licensure Compact? Decrease contract labor costs? Increase healthcare reimbursement?
- Help establish partners for training.
- Provide training/ education/ professional development for nurse educators.
- Supplemental education that encompasses non-Western beliefs to assist with culturally appropriate care.
- MDS 3.0 training and certifications.
- Financial support to incentivize nurses to precept/attend preceptor training.
- Centralizing to increase class sizes for rural hospitals with proportional interest but low numbers. Consider "nurse-swap" programs that allow rural/urban nurses to gain experience/perspective in different care environments.

Facilities' greatest challenges to providing specialty training







Facilities were asked to list other challenges and provide any comments on the responses above.

- We have a new education department that has nearly adequate classroom space and almost enough staff (in the hiring process to be satisfactory) but we do not always have a curriculum or the training of educators to apply content to clinical practice. I think we soon will get there. For wound care, we cannot recruit a wound care nurse related to salary and expectations but also lack of experienced/ trained applicants. That combined with our primary nurses having a knowledge and experience gap to address wound care for patients, inpatient and outpatient.
- Funding for training
- We are, at times, delivering residential services while being licensed as inpatient psych.
- Lack of educational programs tailored to meet the unique needs of a small CAH.
- General burnout and cost of contract labor to cover the FTE while that individual is in training.
- No available training programs. No curriculums.
- Nurse educators have no formal training in their role, so it is difficult to develop specialty programs when the "experts" have no training.
- Lack of full-time nurses, we use a lot of travel nurses.
- Having to update outdated documents. Matching them with both CMS guidelines and policies that could use some updates. This is a process that takes time and needs to be done before giving out education. I am also the first nurse educator in this position at this facility.
- Currently a new nurse educator (no experience before taking the job role) No established local program. No historical program.
- Working in a rural environment without direct access to in person training opportunities
- Limited pool of subject matter experts. Limited experiences due to small patient populations
- Location
- Rural Nursing is especially challenging at small CAHs due to lack of resources.
- Currently, our facility supports on-your-own specialty certifications with limited support at the outset, but does not compensate pay for having/maintaining a certification. Additionally, this is often expected of us to be done on our time off (rather than instead of regular shifts), so many would rather spend their free time with family/life balance activities, especially since there are no financial incentives for a certification.

Facilities were asked if they have a transition to practice program.