

GNA Graduate Nurse Task Force
Collective Summary of Regional CNOs and Deans and Directors Conference Calls
May 28, 2020

Thank you for your continued leadership in the midst of uncertainty and change. We appreciate your time and participation in these conference calls, since we know you have multiple priorities. GNA wants to support you and your staff in ways that are meaningful and helpful. The GNA Rapid Response Team has been meeting with nursing leaders, since the beginning of the pandemic, to identify areas where we could offer assistance. One area discussed was the graduate nurse proposal by the Georgia Board of Nursing, which is why the Graduate Nurse Task Force was formed. The task force felt it was important to communicate and collaborate with the CNOs and Deans and Directors, since this proposal would directly impact the schools and the hospitals.

The purpose of the CNOs and Deans and Directors regional conference calls was to share specific information from the GNA Graduate Nurse Task force and to hear how GNA can be of assistance in helping the hospitals and schools. The calls provided an opportunity for participants to share the current state of affairs at their organization, ask questions and receive pertinent information.

The calls were insightful and provided an overview of what was happening in different regions across the state. The dialogue from each regional call is documented in the summary below. The regional conference calls started the middle of April and were completed late May. The state of affairs in our hospitals is dynamic and changing daily. The information in the report covers one period of time and has been helpful in identifying areas where we can work together. It will be important to continue to make time for communication and collaboration, since we can solve these challenges, better together.

There were many creative ideas, lessons learned and thoughts about what the future will look like, from CNOs and Deans and Directors. We think this is an opportune time to convene a virtual **Town Hall Forum** for CNOs, to share lessons learned from leading during a pandemic. Information on the Town Hall Forum will be shared soon.

Summary Includes:

- Important Information
- Highlights from the sessions
- Dialogue from each regional conference call
 - Southeast and Southwest
 - Metro
 - Central
 - Northeast
 - Northwest

Information:

A **temporary permit** is issued to a graduate nurse at the time they submit all the required documentation for licensure. The temporary permit is valid during the Public Health Emergency, as declared by the Governor, for not more than 60 days after the state of emergency or upon receipt of failing the NCLEX licensure exam. The current Public Health Emergency is in place through June 12th.

NCLEX testing sites have limited capacity for testing due to social distancing requirements caused by COVID-19. This is decreasing the number of individuals that can be tested per day and lengthening the time before graduate nurses can take the NCLEX. Important changes have also been made to the delivery of the NCLEX examinations. (see below) With this in mind, Jim Cleghorn, the Executive Director of the Georgia Board of Nursing, has requested from the Governor an extension for the graduate nurse temporary permits, beyond June 12th. Currently 600-700 graduate nurses are scheduled to take the NCLEX through September. There are still 300-400 with no test dates at this time. There has also been discussion with Jim about increasing testing capacity, since we know that the sooner graduate nurses take the exam the better their chances are of passing. Jim is working with Pearson Vue, the testing company, to increase testing capacity. There is also data to show that when the NCLEX exam is taken 2 weeks to 30 days post-graduation, there is a 90% pass rate. The percentage of passing decreases the longer students wait to test.

NCLEX examination changes:

Effective March 25, 2020 until September 30, 2020 changes were made in NLCEX testing, to ensure social distancing and to increase the number of candidates that can test daily.

- Computerized Adaptive Testing (CAT) will still be used
- The minimum number of test items will be 60
- The maximum number of test items will be 130
- The maximum testing time will be 4 hours
- The difficulty level and passing standard has not been changed
- The Next Generation NCLEX Special Research Section will **Not** be included

The **NCLEX review course offered as a virtual resource by Chamberlain University** will be available for all graduate nurses across Georgia, beginning the middle of June. The program is a self-paced, 8 week systems review, that can be taken live or through prerecorded sessions. The program is focused on content review and does not include test questions. The program has unlimited enrollment. Access and registration information will be shared soon with the CNOs and Deans and Directors.

The graduate nurses who have not tested prior to starting their residency program will need additional support, to **maintain their readiness for testing**. A collaborative partnership between the schools and the hospitals in each region is highly encouraged, to support the continued preparation that is needed for NLCEX testing.

The GNA Rapid Response Team formed a **Resiliency Task Force** due to the increased concern for nurses wellbeing and because of the stress new graduates experience as they transition to practice. The task force was asked to identify interventions that could help nurse's manage their stress and build resiliency. The recommend resource is a skills based wellness and prevention program called the Community Resilience Model (CRM). The task force wanted to make CNOs and Deans and Directors aware of CRM since this model could be integrated into nursing schools or residency programs. GNA is offering one hour CRM introductory sessions for nurses to try for free, at three different times. More information about the sessions can be found at: <https://georgianurses.nursingnetwork.com>

A few highlights from different sessions:

Mentorship (coaching) model where the schools are involved in working with students during their residency program to maintain their testing readiness. There is research on this model where it has been used successfully in the school setting. Some of the schools looked at this model but were concerned about that it required more faculty resources than they could provide.

Hospitals offer **pre-residency opportunity** for students to gain more clinical experience prior to starting their residency program, since some of them missed out on their senior practicum or it was modified. Use the simulation labs for additional clinical experience.

Develop additional resources by **communicating and collaborating with educators and retired nurses** (from academia and practice) on how to support and mentor new graduates.

A **partnership between the academic institutions and hospitals** is beneficial in developing creative solutions to support new graduates.

Nurses who have recently gone through orientation were used as **helping hands or pandemic partners**, and were assigned to a nurse to be helping hands. Some were available to help with donning and doffing, and running errands. Some individuals, such as those in the OR were assigned to transportation teams, since the OR was pretty much closed down. Some nurses were assigned as **family liaisons** by gathering information and communicating to family members who were not allowed to visit.

One hospital had a "**crisis officer" position**", who knew what was going on and where the PPE resources were available. They did have to reprocess their PPE, according to the guidelines. The helping hands positions would collect the gowns, masks and have them reprocessed.

A hospital **implemented a PPE Czar**, which is a 24/7 nurse, that walks around and counts and monitors PPE. This individual observes donning and doffing to be sure it is being done correctly and acts as a coach in helping staff protect themselves.

One of the ways one hospital is dealing with anxiety is communicating frequently by being transparent and having **town hall meetings** twice a week. They have offered **counseling** for the staff and made it safe for visitors to be with their loved ones. Bringing visitors back has made it easier on the staff since they provide support to patients, which helps decrease their anxiety.

The schools are beginning to re-open to the community, as they put new protocols in place to meet the requirements. Some schools are going to be including **COVID-19 education and simulations in their courses**.

CCNE and the Georgia Board of Nursing have been flexible with the amount of simulation used versus onsite clinical experience, which has been very helpful.

Dialogue: April 2020
Southeast and Southwest region conference call

Hospitals:

- Smaller volumes due to elective procedures being cancelled
- Recently opened OR for elective procedures
- Nurses have been flexed
- Concern about starting residency program in May and June
- Some RN openings but will reevaluate since current staff not getting all their hours
- Have taken 70 residents in the past and currently considering 30
- One hospital mentioned difficulty in getting PPE in April
- Concern about lack of test kits and a resurgence
- Most have structured residency programs and would welcome using faculty experts
- Looking at workforce contracts for graduate nurses due to investment
- Reevaluating future hiring based on current and anticipated volumes
- Some have not started hiring new graduates at this time due to uncertainty

Schools:

- Working on didactic work virtually - holding off on clinical at this time
- Bridge nurses will graduate in July – doing clinical rotation virtually
- Frontloading lectures and will pick up labs and clinical experience later
- Concerned with how many students to admit in the fall
- Donated PPE to the stockpile – need more for the fall
- Concern about students remaining prepared for NCLEX once they begin their residency
- Need to focus on how to keep them prepared
- Need to identify instructors that are NCLEX experts to assist
- Some partnering with ATI to prepare students for testing, doing virtual simulations and one on one coaching

Dialogue: April 2020
Metro region conference call

Hospitals:

- Flexible residency programs that could include virtual NCLEX testing preparation
- Using unit based educators to help keep students focused on NCLEX test preparation
- Evaluating preparedness in accepting new graduates
- Concerned about new graduates entering the workforce while deviating from normal policies and procedures due to COVID-19
- Some offer rolling start to residency program and some start in July or August
- Some will allow new graduates to start earlier to gain additional clinical experience through simulation
- Concern that students may lose sight of testing preparation due to multiple priorities, including residency and home responsibilities
- Concern about paying new graduates if they start early for simulation experience or test preparation
- Concern voiced about lack of NCLEX testing sites and the number they can test per day

Schools:

- Evaluate retired faculty program as an option to offer support for new graduates
- Concern about the length of time before students can test and the impact on passing

Dialogue: May 2020

Central region conference call

Hospitals:

- Some employees have been furloughed
- Concern about not having enough staff to orient new graduates until late summer or fall
- Hope that patient volume will increase since elective procedures have started back
- Increased volume will bring staff back to work
- Appreciate the graduate nurse temporary licensure process so nurses can start residency program
- Concern about delay in taking the NCLEX since passing rates decline
- Concern about graduate nurses who do not pass the NCLEX and job opportunity
- Some hospital residency programs will have shorter class time and more orientation on unit
- Most hospitals are moving forward with their residency programs
- Some are doing two different cohorts, one in July and another in September
- CNOs meeting with HR to define graduate nurse job description including oversight for GNs
- Some hospitals have not furloughed anyone but working with a leaner staff

- Hospitals continue to reevaluate their staffing situation due to adjustments in patient volume and loss of revenue
- Some have redefined their residency programs based on specialty area of work and amount of time needed for orientation
- Evaluating productivity standards and the impact COVID-19 has had
- Concern about investing in new graduate orientation and the possibility of not passing – considering what jobs would be available if they do not pass
- Concerns expressed about the graduate nurse process only continuing for 60 days post the Georgia state of emergency
- Many facilities have offered space for additional NCLEX testing sites
- Some clinical sites are doing virtual interviews and moving forward in filling their residency slots
- Most have not completely filled all their residency slots
- Many said bedside care givers have not been impacted by furloughs
- Hospitals were open to having the faculty from the schools involved in helping the new graduates prepare for the NCLEX
- Some hospitals offered to pull nurses out for specific classes that focus on areas where they may need help for NCLEX testing
- Hospitals are all reviewing their plan and developing specific guidelines for bringing students back
- Many hospitals are bringing visitors back with very specific guidelines in place
- Some are just starting this process and limiting it to certain areas due to being cautious about infecting others and the use of PPE
- Everyone wants to bring visitors back as soon as possible, with right guidelines in place
- All hospitals are monitoring their PPE on a daily basis
- Adding back visitors and students will increase the PPE demand
- All hospitals on the call said they have had enough PPE
- All hospitals were also reprocessing according to the guidelines

Schools:

- Most students in this region have already received their test dates
- Students are anxious and need a lot of support since they did not have as much actual clinical experience
- Some schools said 80% of their students have secured a job
- Clinical experiences and PPE for the students is a concern
- Most schools in this area gave away their PPE to the stockpile
- PPE has not been secured for the fall
- PPE will be needed to run the skills labs in the fall
- Some schools have changed their plan of study for the summer and fall due to COVID-19

Dialogue: May 2020

Northeast region conference call

Hospitals:

- Some hospitals have filled their residency positions and are starting their residency program in June and August

- Willing to work with new graduates prior to the beginning of the residency program allowing them to come into the clinical labs for practice
- Many of the hospitals in this region are seeing the COVID-19 numbers decline
- Nurses who recently went through orientation were used as helping hands or pandemic partners
- Pandemic partners were assigned to a nurse to be helping hands
- Some pandemic partners were available to help with donning and doffing, and running errands
- Some individuals, such as those in the OR were assigned to transportation teams
- Some were assigned as family liaisons by gathering information and communicating to family members, since they wanted to keep everyone working and they needed help in these areas
- One organization opened three more ICUs and was adding a mobile unit, to care for patients
- Meetings were on hold including professional governance meetings
- Teams came together on an as needed basis to address priorities
- Concern that many hospitals are facing is how to look at benchmark data, including stats and financial information, during COVID-19, since the unit information is very skewed
- Some smaller hospitals were used as overflow, since most of their volume came from elective surgeries and procedures
- One hospital said they had lost one of their nurses during COVID-19, which was one of the most challenging difficulties they have had to manage
- None of the hospitals on the call ran out of PPE
- PPE is monitored every day so they know how much is on hand
- Very creative with the PPE supply chain to be sure they had enough
- One hospital had a "crisis officer" position, who knew what was going on and where the PPE resources were available
- PPE is being reprocessed according to the guidelines resulting in sufficient PPE
- Helping hands positions collect the gowns and masks and have them reprocessed
- hospitals are considering bringing students back soon
- Some hospitals shared they quickly transitioned to telemedicine to keep patients out of the ED
- Some deployed nurses across the state to assist with COVID-19 testing
- Some are also using plastic gowns
- Some hospitals have been creative and made face shields for visitors to use
- They provide one face shield per visitor
- In the outpatient setting one visitor is allowed and two visitors in the pediatric setting which has increased patient satisfaction
- Some hospitals are in the process of hiring new graduates
- One hospital is starting their residency program in July
- The census drop has helped with PPE
- Creative in how they used the staff to assist during the pandemic
- Some just opened up for visitors

- Creatively using their nurses for the anti-rooms with donning and doffing, as transporters and have not done any furloughs or layoffs
- Allowing students back in the hospital in June
- Starting their nurse residency program and have continued one cohort through zoom
- Lost a member of their cath lab staff, which was not a nurse, but very traumatic
- One of the hospitals let the LPN bridge program complete their clinicals
- They have had some furloughs because they rely on elective surgeries
- Strong swing bed facility but also need to hire more nurses
- Not many resources for hiring an RN staff in the area
- Have not had problems in getting PPE
- Everyone has been creative with keeping up their supply of PPE

Schools:

- Students have not been in the hospital since the 2nd or 3rd week into COVID-19
- Students in one of the hospitals came back 2 weeks ago in some areas, excluding isolation and COVID-19 patients - they were able to provide students with masks
- Some schools will have limited labs starting in June and still have PPE available
- Going to continue doing some virtual simulation
- Students working in long term care facilities are being required to be tested
- NCLEX testing is a concern for everyone
- Willing to do what is necessary to support timely testing for the new graduates

Dialogue: May 2020

Northwest region conference call

Hospitals:

- Some of the hospitals said they want to invite the students back but it is a challenge
- Currently discussing the expectations around how to bring students back
- One hospital said some of their graduate nurses (GNs) are traveling, to Missouri and Oklahoma, to take the NCLEX
- Some graduate nurses have NCLEX test dates as far out as September
- Interested in how the board is addressing the testing issue
- One hospital noted that three of their graduate nurses had received their information for testing but did not get their temporary permit
- Some GNs starting the last week in May
- PPE for some hospitals has been good
- Anticipating their PPE needs and monitoring the availability closely
- Trying to share PPE with the schools in their area
- Hospital visitation is starting back and they are supplying visitors with masks
- Elective surgeries have started back

- This hospital has no hiring restrictions, no furloughs, and already have several new nursing cohorts starting at different times beginning with the first one on May 26
- Another hospital lifting visitation restrictions and glad to have visitors again
- OR is gearing up for the second week
- Dip in ED and OR volume, which significantly impacted their volumes and revenue
- 30 days on hand of PPE
- Tracking disposable usage and with an average of 11 disposables per COVID patient
- Implemented a PPE Czar, which is a 24/7 nurse, that walks around and counts and monitors PPE
- PPE czar observes donning and doffing to be sure it is being done correctly and acts as a coach in helping staff protect themselves
- Looking at taking students back and will limit their exposure to COVID and PUI patients
- Very stressful time for staff
- Have made counseling available and offered hotel accommodations
- Have made arrangements for staff if they want to shower or change before going home
- Hospitals are adjusting, being flexible and learning everyday about what needs to be done
- No patients or staff exposed in this region
- Using the recommended isolation practices
- One of the ways one hospital is dealing with anxiety is communicating frequently by being transparent and having town hall meetings twice a week
- Offering counseling to the staff and made it safe for visitors to be with their loved ones
- Bringing visitors back has made it easier on staff since they provide support to patients

Schools:

- Schools in this region are doing everything they can to make sure the new graduates are ready to work
- Many have donated their PPE to the stockpile
- Budget for some of our schools is due July 1 and find it difficult to plan for the upcoming semester without knowing if the schools will have students onsite
- One of the schools reported that 100% of their graduating students already had jobs
- Some students were going out of state, to Tennessee and Missouri for jobs
- Another school said they did not have PPE and it is back ordered
- All of their graduating students have jobs and their testing dates are in June and July
- Clinical placement of nursing students in hospitals may begin in August for some
- CCNE has given an extension for one of the schools going for their credentialing

- Planning on meeting with nursing students face to face in the fall but also preparing for online due to uncertainty
- Schools are beginning to re-open to the community, as they put new protocols in place to meet the requirements
- Some schools are going to be including COVID-19 education and simulations in their courses
- CCNE and the Georgia Board of Nursing have been flexible with the amount of simulation used versus onsite clinical experience