

SEPHLI Leadership Project Year 8

Developing Workforce Competencies Of Public Health Nurses In South Carolina



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Table of Contents

Project Report

Attachment A *DHEC Public Health Regions*

Attachment B *DHEC Agency Orientation*

Attachment C *Health Services Orientation*

Attachment D *Public Health Nursing 101*

Attachment E *Leadership Development-Vicki Green*

Attachment F *Leadership Development-Linda Johnson*

Attachment G *Leadership Development-Angie Olawsky*

Attachment H *Leadership Development-Jo Ann Price*

Attachment I *Project Report Reviewers*

SEPHLI Leadership Project
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Abstract

The purpose of this project is to develop and strengthen the competencies of the South Carolina Department of Health and Environmental Controls (SC DHEC) public health nursing workforce. It is important to note this project will continue into the upcoming year. The Public Health Nursing Orientation program will build upon existing agency orientation requirements. The nursing orientation will be a statewide program, consistent among all public health regions. Efforts will be targeted to newly-hired registered nurses. Phase I of nursing orientation will consist of five modules that are initiated upon hiring and completed on-site within any public health region of the state. These modules include elements for all public health nurses and all areas of service delivery. Phase I is called "Public Health Nursing 101." Public Health Nursing 101 modules will be recorded and placed on DVDs, to assure consistent training is provided across the state. Each module will have corresponding assignments to be completed after viewing the DVD. The content requirements will be included in packets for each module. The public health nurse, in conjunction with his/her mentor will progress through all five modules. Upon completion of "Public Health Nursing 101," Phase II will begin. Phase II will be called "Public Health Nursing 102" and will incorporate population specific orientation needs. The nurse's primary assignment will determine specific orientation programs needed. Each public health nurse consultant within the state office will be responsible for assuring programmatic orientations are provided. This period of orientation will focus on service delivery. The Regional Nursing Director will be accountable for assuring all public health nurses receive the required orientation components.

Recognizing the importance of a support system throughout the orientation period, a mentor element is also being developed. Each newly employed public health nurse will be assigned a mentor. The mentor will work with the nurse throughout the first year of employment. Regional Nursing Directors will identify potential mentors from experienced public health nursing staff. The selected staff will be trained to provide mentoring and to monitor the orientation progress. A training module will be developed that is specific to the role of a mentor. Prior to mentoring a new public health nurse, each mentor will receive training and leadership to improve the success of the overall public health nursing orientation program.

The leadership development as a result of this project has been broad reaching. Each member of our project team has been an active partner in the development of the vision for the statewide nursing orientation program. The project team

recognized the importance of developing and mentoring others. This helped to create the vision. We have worked diligently to share the vision and to cultivate an environment to support the vision. Systems thinking and change management thought processes were employed to create the public health nursing orientation program. Each project team member worked to strengthen the partnership team within the SC DHEC nursing infrastructure. This included the state level team and the regional teams. Each team member improved their communication skills as a result of the political change a statewide orientation will create! As with all change, conflict and negotiation skills were strengthened.

Introduction/Background

Nationally a nursing shortage has impacted delivery of health care for many years. Public health, like other service providers has been impacted. Many nursing employers have worked to strengthen salaries, provide flexible work hours, offer sign on bonuses, etc. These employers have been able to utilize these incentives to sustain their nursing workforce. In public health, we do not have the same flexibility. Recruiting is difficult in a competitive market.

In South Carolina, public health services have historically met health care gaps for the citizens of our state. Through our county health department structure, many individuals receive home health care, immunization services, family planning services, treatment for communicable diseases, home visits to new mother/baby units, and follow up care for various health needs among many areas. These services all require the knowledge, skills and abilities of a public health nurse. In addition, the focus on preparing for public health emergencies has heightened the awareness of the need for a strong nursing workforce within public health.

The public health nursing workforce within SC DHEC has decreased drastically over the last fifteen years. According to "A Profile of the SC Nursing Workforce, 2003" completed by the Office of Research and Statistics, SC Budget and Control Board, SC had 23,440 practicing nurses in 1994. In 2003, that number had increased to 32,319. For SC DHEC, the picture has reversed. In 1994, DHEC employed 1,722 nurses for the provision of public health services. In 2003, DHEC employed 1,023 nurses for the provision of the same public health services. By August of 2005, that number had decreased even further. Currently DHEC employs approximately 800 nurses for the provision of all services, including emergency preparedness activities. SC DHEC also has 150-175 vacant nursing positions statewide. Adding to the current nursing shortage at SC DHEC is the exodus of seasoned public health nurses due to the retirement of the baby-boomer generation.

When faced with a declining workforce for the same service delivery needs, recruitment and retention immediately come to mind. As a public entity, recruitment has been difficult in a competitive nursing market. SC DHEC has

recently implemented several new policies around recruitment and retention of critical health positions. Public Health Nursing is one of the priority areas. These initiatives include sign on bonuses for newly hired nurses, tuition reimbursement, as well as bonuses for existing staff recruiting individuals to apply for critical public health positions. In addition, SC DHEC again made nursing salaries a legislative priority for the 2006 budget.

Retention of newly hired staff has clearly become a priority within public health nursing at SC DHEC. When public health regions are able to recruit public health nurses, it is critical to provide new nurses with the tools needed to deliver quality services. Research has shown that proper orientation directly relates to employee retention. The current nursing crisis in public health forces regions to hire nurses as quickly as possible. These new nurses are expected to begin working immediately in their assigned areas. Orientation plans, implementation of plans, and supervisory oversight all vary across the state. Currently, the Office of Public Health Nursing has no standard orientation expectations. Many nurses are not getting needed information to develop true job understanding and build public health nursing competencies. The lack of quality information often results in poor job satisfaction leading to resignations – starting the whole cycle again.

The recruitment and retention of professional staff is a high cost to the agency. Enhancing the orientation experience, providing clear expectations for competencies and facilitating quality mentorship should positively affect retention of new public health nurses. Needed competencies will strengthen our nursing workforce. Ultimately, retention of well-trained public health nurses will lower personnel costs to the agency.

Project Description, Objectives and Methodology

The overall project goal was to develop and implement a uniform nursing orientation for all new public health nurses hired within SC DHEC. The project will continue into the upcoming year. The project has two phases. Public Health Nursing 101 is Phase I. Phase II is called Public Health Nursing 102.

For Phase I/Public Health Nursing 101, six modules are being developed. These modules will provide an overview of public health nursing and an orientation to public health nursing within SC DHEC. Phase II/Public Health Nursing 102 incorporates the orientation for population specific service delivery. All SC DHEC Public Health Regions will implement the standard nursing orientation to build consistency across the state. The long-range goal is to have all modules placed on the agency intranet. However, in the interim, modules are being recorded and placed on DVDs for immediate use.

Seasoned public health staff are being utilized to provide content and present information in the training modules. Appropriate staff will be selected for mentors in each region. Training will be established for mentors. The training will also be

available as a module to assure constant availability and consistency. Mentors will actually implement the orientation, assuring assignments are completed, and certificates for completion of total orientation are issued. The Regional Nursing Directors are accountable for identifying mentors and assuring they receive appropriate training. They are also accountable for assuring each newly hired public health nurse is assigned a qualified mentor.

Project objectives include the following:

- 1) Assessment of available resources and potential partners will be completed by March 2005.
- 2) Module 1- consisting of overview of public health and general orientation to agency will be developed and completed by May 2005.
- 3) Opportunities for training mentors will be assessed by June 2005.
- 4) Mentor training will be developed and implemented by September 2005.
- 5) Module 1 will begin implementation by December 2005.
- 6) Subsequent modules will be developed and ready for presentation in 2006.

Objective 1-- Assessment of available resources and potential partners will be completed by March 2005. This objective was met. The project team (4 SEPHLI Scholars) identified available resources that included the evaluation of current agency requirements for orientation, as well as agency orientation/training initiatives under development. Assessment was critical to avoid duplication of effort, as well as to build upon existing elements already in place. The project team also evaluated current community health curriculum at partner universities/colleges to avoid duplication and build upon basic nursing knowledge of new graduates.

The project team worked with the Office of Public Health Nursing and the Regional Nursing Directors on the implementation of competency based position descriptions. Competency based interview questions were also implemented. This was critical to assure staff hired into nursing positions possessed the required competencies. In addition, competency based positions descriptions and interviews facilitate the development of an orientation that supports additional competencies for growth in public health nursing.

As work continued, the project team identified the most critical resource for the success of this project was the seasoned public health nursing leaders within SC DHEC. These included the state director of public health nursing, the nursing directors in each public health region and the public health nurse consultants for each program area. Early in the project, the focus was placed on how we might partner with universities and colleges to develop the orientation modules. As efforts continued, it became clear that our partnership had to be an internal collaboration with the seasoned public health nursing experts within SC DHEC. This included linking with the Office of Nursing Staff Development Committee. Another critical resource identified at SC DHEC was the agencies communications staff. The project team met with these staff to identify resources

for the actual production and recording of the modules. The communications staff provided valuable insight into ways to strengthen the modules once recording occurred.

Objective 2-- Module 1- consisting of overview of public health and general orientation to agency will be developed and completed by May 2005. This module was partially met. By May 2005, content outlines had been developed for 5 modules. As work began on creating the content for Module 1, the logical progression was to develop the remaining modules content outlines. This was not originally planned. Production/recording of Module 1 began in April. The project team quickly learned that production alone was much more time consuming than anyone had imagined!

Objective 3-- Opportunities for training mentors will be assessed by June 2005. This objective was met. The project team identified that there was no established mechanism within the agency to provide training opportunities for mentors. Efforts were directed toward evaluating a “preceptor” training program in one region that focused on developing strong preceptors for BSN student placements. It was identified that this was a quality program and elements could be replicated for the mentoring of newly hired public health nurses. The project team identified that training for mentors was the most critical module for the success of the entire nursing orientation program.

Objective 4-- Mentor training will be developed and implemented by September 2005. This objective was not met. Work has begun on this module, but it has not been completed. The project team identified early that this module alone was going to require a tremendous amount of time to develop and create. A literature search has been completed and the project team has identified an individual to develop module six “Mentoring for Success.”

Objective 5—Module 1 will begin implementation by December 2005. This objective will be met by the end of December. Currently Module 1 is in the final editing process. The accompanying orientation packet is also under development.

Objective 6—Subsequent modules will be developed and ready for presentation in 2006. The project will be completed in 2006. In the development of the project plan, the team recognized that the timeline for completion would be longer than one year. To date, content outlines for Modules 2-5 have been completed. Several modules have partial production/recording completed. Packets need to be developed for each of the remaining modules.

Results

This project is moving forward into 2006! The project team had hoped that all objectives would have been met before the end of 2005. Success has come in

steps along the way. The development of a new statewide initiative requires a lot of focused effort. The year began with a major challenge before us. SC DHEC announced plans for restructuring in the fall of 2004. The goal was to merge the existing 13 public health districts into 8 public health regions by July 1, 2005. (See *Attachment A for an overview of the SC DHEC Public Health Regions.*) As a result of this, the project team found that it was difficult to keep the orientation project on the “top of the stack.” Each project team member and our key resources—the nursing leadership for SC DHEC were all key players for the merger process. The reorganization became a challenge for each of us as we worked to complete the project. It was often difficult to get on agendas to communicate the changing orientation process, as well as it was extremely difficult to secure time for our “experts” to record their segments of the orientation modules. The only way to manage is to persevere and that is what the project team did!

The result has truly been remarkable considering the year DHEC leadership has endured. The project team has clearly identified an orientation plan for all public health nurses. The plan is not duplicative, but builds upon current agency requirements. Once fully implemented, the orientation for new public health nurses will progress as follows:

- I. SC DHEC Agency Orientation Requirements (*See Attachment B*)
 - a. Agency Orientation held in Central Office
 - b. Customer Service Training held in Central Office
 - c. Intranet Orientation done on-site in region
 - d. Blood borne Pathogens Training done on-site in region
 - e. HIPPA Training done on site in region

- II. Health Services Orientation (*See Attachment C*)
 - a. Health Services Overview held in Central Office

- III. Public Health Nursing 101 (*See Attachment D*)
 - a. Module 1—Culture of Public Health and Public Health Nursing
 - b. Module 2—Core Public Health Functions and Public Health Nursing
 - c. Module 3—Disease Prevention and Health Promotion
 - d. Module 4—Epidemiology and Emergency Preparedness
 - e. Module 5—Public Health Nursing Competencies
 - f. Module 6—Mentoring for Success (note: This module is a stand alone module to develop current staff for the mentoring role.)

These modules are all done on-site in the region.

- IV. Public Health Nursing 102
 - a. Module 1—Key Elements of Service Provision
 - b. Service Specific Orientations based on primary assignments
 1. Child Health Maintenance I and II
 2. TB Today and Advanced TB Today

3. New School Nurse Orientation
4. Vaccine Preventable Diseases
5. Preventive Health Course
6. Home Health Services
7. Epi Ready
8. Epi 101

Module 1 will be done on-site in the region, service specific orientations are held in Central Office.

What is the progress regarding the orientation plan in general? Agency and Health Services requirements are being held and new public health nurses are attending these orientation sessions. Work is moving forward with Public Health Nursing 101. Attachment D includes content outlines for Module 1-5.

Progress by module includes:

Module 1—"Culture of Public Health and Public Health Nursing" will be completed by December 31, 2005. The module is in the final editing phase. One of the important barriers identified early on was scheduling time for the taping of the segments for the module. Taping began in April, but schedules changed and dates had to be rescheduled again and again! We also learned after viewing the first draft video of module 1 that we included too much content! The original rough draft video was over an hour long! This was way too lengthy. We also learned from the first draft video that additional time needed to be placed into having supportive visuals for the content, as opposed to "talking heads." The project team worked with the Nursing Staff Development Committee to reevaluate the content of subsequent modules and identified segments from Module 1 that were better suited for subsequent modules. The team learned many things from the time spent with developing module 1, which will allow for faster production of subsequent modules. The corresponding information packet/orientation activities are being developed for this module.

Module 2—"Core Public Health Functions and Public Health Nursing" is ready for video production. The script has been developed and finalized. Presenters are being identified.

Module 3—"Disease Prevention and Health Promotion" is under development. The project team identified a nursing expert with the Bureau of Chronic Disease and Home Health Services. However, mid-year, this individual changed jobs. This change did not allow her to dedicate the needed time to the further development of this module. General content outline has been developed. The project team will work with this individual to complete the module in the upcoming year.

Module 4—"Epidemiology and Emergency Preparedness" is also under development. The project team identified a regional nursing director who is very strong in this area. She has begun work on the module. Due to efforts with

Katrina evacuees, her time over the last 2 months has been limited. She plans to complete this module after the first of the year. General content outline has been developed.

Module 5—“Public Health Nursing Competencies” is ready for video production. The script is being finalized and presenters are being identified.

Module 6—“Mentoring for Success” will be under development in early 2006. A seasoned public health nurse manager in one of the public health regions will be developing this module. This nurse manager has worked with the preceptor program for students in her region. Because of the importance of this module, the project team felt that it needed the full attention of a dedicated individual to assure success. The goal is to have this module completed by May 2006.

The need for Public Health Nursing 102 was actually identified by the project team after meeting with the public health nurse consultants from all program areas. Public Health Nursing 102 will incorporate the needed service elements into a module. Currently the programmatic orientations are already in place. Two program areas are developing their orientation programs—home health services and epidemiology. The remaining program areas are working to strengthen their programs based on the implementation of Public Health Nursing 101.

As our project team progressed, we identified gaps. Some of those gaps have been shared with other “internal partners.” As content outlines were developed, one of the gaps identified was the need for ethics training for staff. The Community Health Accreditation Program (CHAP) had identified inconsistencies around the state during several site visits. The project team worked with several SC DHEC staff and a state level workgroup is developing ethics training for all DHEC staff, not just public health nurses. The project team also identified the need for the public health nursing brochure to be strengthened. A revision of this brochure is now in process. As a result of the project team’s efforts, the revision has a different focus and will promote public health nursing differently.

Conclusion

The project will strengthen public health nursing competencies and workforce development by structuring an orientation program for newly hired nurses within SC DHEC. The orientation will be inclusive of evaluation of competencies required for public health workers. In addition, a mentoring program will address development within the existing public health workforce as well as the newly hired public health nurse. The capstone of the project is that all public health nurses will ultimately be a part of the orientation process—from the state level to the regional level.

What gaps remain? The first is the need to move the orientation modules to the intranet. Work will need to continue to identify resources to have everything accessible for distance learning. This process will allow for quicker updates, as well as the challenge of “where are those DVDs!” Other gaps that need to be evaluated include the need for updated orientation guides and skills checklist to accompany the modules. These revisions will occur when all the modules for Phase I (Public Health Nursing 101) are completed. In regards to Phase II (Public Health Nursing 102), work will need to be initiated on the Service Delivery Module. For the programmatic orientations, work will need to begin on specific orientation guides and skills checklist for service delivery competencies.

In closing, leadership development occurs along every path we travel. As public health leaders, we must assure a competent workforce for the future. It is our hope that this project will do that for public health nursing and for SC DHEC.

Leadership Development

Leadership Development sections for each team member are found in the following attachments:

Attachment E: Vicki Green

Attachment F: Linda Johnson

Attachment G: Angie Olawsky

Attachment H: Jo Ann Price

See Attachment I for a listing of reviewers.