

HASC Nursing Advisory Council

Friday, July 1, 2022 | 8:30 A.M. – 10:30 A.M.

Zoom Meeting: <https://calhospital.zoom.us/j/97359095060>

Audio Only: +12133388477,,97359095060#

TIME		TOPIC	PRESENTER	ACTION
8:30 AM	I	Welcome/Introductions	Shela Kaneshiro, Chief Clinical Transformation Officer, MemorialCare – Shared Services	
	II	Board of Registered Nursing Update	Loretta Melby, Executive Officer, California Board of Registered Nursing	Information/Discussion
	III	Legislative/Regulatory Update	Sheree Lowe, V.P., Policy, CHA	Information/Discussion
	IV	Unequal Pay Measures (\$25/hr minimum wage initiative)	Adena Tessler, Regional Vice President – LA County, HASC	Information/Discussion
	V	Ambulatory Care Apprenticeship Program Update	Garrett Chan, President & CEO, <i>HealthImpact</i>	Information
	VI	ACNL Update	Kimberly Long, President, ACNL	Information
	VII	Roundtable	All	Discussion - All
10:30 AM	VIII	Adjourn		

Contact:

Teri Hollingsworth, MA

HASC Vice President, Human Resources and Education Services

thollingsworth@hasc.org, (213) 538-0763

- I. **Welcome/Introductions:** Theresa Berton – South Coast Global Medical Center, Edward Burns Jr. - HealthImpact - Kristin Christopherson, St. Francis Medical Center - Charlene Chu - Beverly Hospital, Susan Harrington – CLC, Trudy Johnson – California Hospital Medical Center, Shela Kaneshiro – Orange Coast Medical Center, Ellen Kuhnert – Orange County Global Medical Center, Nancy Lee – Beverly Hospital, Hilda Manzo-Luna – La Palma Intercommunity Hospital, Kimberly Long, ACNL, David Marshall – Cedars-Sinai Health System, Theresa Murphy – USC Verdugo Hills Hospital, Roz Nolan – Community Hospital of San Bernardino, Lori Paschall – Menifee Global Medical Center, Darlene Scaffidi – Pomona Valley Hospital, Lauren Spilsbury -Redlands Community Hospital, Bonita Veal – South Coast Global Medical Center, Mary Wright – Torrance Memorial Medical Center, Irene Zuanic – PIH Health Good Samaritan
Staff: Sheree Lowe - California Hospital Association, Teri Hollingsworth - Hospital Association of Southern California, Sherita Rogers - Hospital Association of Southern California, Megan Barajas – Hospital Association of Southern California, Lisa Mitchell – Hospital Association of Southern California

Shela Kaneshiro chaired the meeting. A recording can be found by clicking here:

https://calhospital.zoom.us/rec/share/t5Dj0Zzty-SvT4Lrr-zl07n_z4lx-EyKf7ehb5S8zdBVIWPhj6Nj-DkboTUI82HG.Euh5JgHvpzJBLV_V

II. **Budget/Legislative Update (See attached)**

The following bills are being closely monitored by CHA:

- Senate Bill (SB) 931 (Leyva, D-San Bernardino) – Oppose Unless Amended
SB 931 would authorize labor unions to bring claims to the Public Employment Relations Board against a public employer for allegations that they are deterring union membership. It would subject employers to civil penalties up to \$1,000 per violation per affected employees and up to \$100,000 in total.
- SB 1044 (Durazo, D-Los Angeles) – Oppose Through Coalition
During a state emergency, SB 1044 would prohibit employers from taking or threatening any adverse action against employees for not reporting to or leaving work and would prohibit employers from not allowing employees to access or use their phones during the emergency.
- SB 1127 (Atkins, D-San Diego) – Oppose Through Coalition
This bill would shorten the time frame – from 90 to 60 days after knowledge of an injury – for employers to reject a workers’ compensation claim.

Nursing Specific Bills – CHA is currently tracking 9 bills with a known impact on the nursing field. CHA is currently supporting:

- SB 979 – Health Emergencies – CHA is the bill sponsor
- SB 1212 – Temporary Service Employees – CHA is the bill sponsor
- SB1375 – Nursing: Nurse Practitioners – This bill is scheduled to be heard in Senate Business

III. Workforce Update

- CNA Apprenticeship Program – Currently, HASC is partnering with the South Bay Workforce Development Board to develop a certified nursing assistant apprenticeship program. The program combines paid on the job training with classroom instruction to help prepare students for career as a CNA. This apprenticeship will apply anywhere in California, not just our region. HASC is applying with the Department of Labor so the apprenticeship will apply nationwide.
- Requested feedback from LA County CNO's on the CNA work competencies list that provides the core competencies that the CNA must demonstrate. There were over 10 hospitals including health systems, asked to respond to the competencies, which will inform how we will develop this apprenticeship program.
- Students will benefit from having skills-based education that prepares them for a well-paying job and employers will benefit as well. Apprenticeship programs helps to recruit, build, and retain a highly skilled and culturally competent workforce. Employers have flexible training options; the apprentice is required to complete up to 2,000 hours of on-the-job learning to ensure that they have competency. However, the employers do have flexibility and power allowing them to determine if the certified nursing assistant has the skill level needed within a minimum term of six months, which reduces the number of trainings to complete within the maximum of 18 months. The program allows for employers to accept credit for academic learning that the CNA has done prior to coming into the apprenticeship program.
- South Bay is partnering with West LA College to provide hybrid classroom training with CNA program lectures online and labs in person. The training can be done from any school if the topics that are required are covered.
- Employers complete and sign an EAA or acceptance agreement to start the application process. (Only one employer is needed to get this application approved.) South Bay will submit EAA to DOL for approval.
- HASC recently signed a letter to support the South Bay grant application to the California Department of Industrial Relations and State Apprenticeship Expansion Equity and Innovation grant. If grant is approved, \$3,000 will be available for each hospital apprenticeship enrollment. There will be enough funding for over 500 people statewide.

Ambulatory Specialty Apprenticeship Program (see attached)

- Launching first cohort May 2022 – 20 new nurses
- Funds received for Workforce Accelerator Fund 9.0
- 20 organizations partnered within LA County – ambulatory care setting
- Second cohort to begin in Fall 2022

IV. CLC Update (See attached)

V. ACNL Update (See attached)

VI. Roundtable

- Torrance Memorial is on a DEI journey for a couple of years called Caring Justice Committee that consists of physician leaders, bedside staff, and administration. Physician-related issues go to medical executives, operational issues more specific to working at the hospital go through the executive management team. Health inequities have been amongst women that are receiving mammograms. The data has been received and now we are making sure that we are addressing it.
- Cedars Sinai DEI committee has been set up. The executive diversity inclusion committee also is in the strategic direction setting at the organizational level and is assisting Dr. Burnes-Bolton to develop the health equity dashboard, which specifically what we call nursing sensitive outcomes and applies gender, age and, race lens to those.
- Pomona Valley health equity diversity inclusion consists of physicians and frontline staff and is trying to tie health equity to our community benefit plan. We are looking around education and in 2021 took on initiative around translation services, which front line staff identified as a major area of weakness.
- St. Francis Medical Center sent a memo out to the nursing leadership from all the regional chief nursing officers that we want their voices to be heard. We want to know what's making your life difficult and if you have a safe place, and reiterated the ISMP2022 standards for medication practices in hopes of maintaining the just culture and not being afraid to report. We are here to support you, and patient safety.
- PIH Good Samaritan Hospital – Have any of you started to implement LVNs to your skill mix and how is it going?
 - o Orange County Global – Yes, we started late fall of 2021. We hired 2 LVN's to use as a proof of concept to see how it would work. There was a lot of education that had to be done with the charge nurses and the staff about LVNs, their scope of practice and what the differences are. There was success with these two individuals in the ER to educate and discharge lower acuity patients, providing the discharge education and working with the RN to ensure that the throughput of the chair patients is happening timely and

quickly. Success with using LVNs to staff our discharged lounge. LVNs are assigned to nursing administration, not to a specific unit, and, that way we are able to deploy them wherever we need them. Also, sponsoring them to complete their RN degrees.

- Redlands Community – We converted, we have 50% LVN staff and encouraged them to go back to school.
- Prime Healthcare – Viewed our post-acute and behavioral health departments started there with implementing LVNs with the goal of having 30 to 35% of their nursing workforce as LVNs. We then started introducing them into MED surge, telemetry, OB, and the ER. Their availability is much higher than it is for the RN.
- Is anyone experiencing shortages or difficulty in finding qualified LVNs?
 - We've had a variety of candidates and we learned that we need them in the new Grad training. The training has helped them become more effective.
 - No union pushback yet.
 - Misperception of magnet and that you cannot use LVNs which is incorrect.
 - Pomona Valley is using LVN's in our critical care units as work clerk monitor techs.
- Is anybody having issues with and filling vacancies for manager positions, not necessarily director, but manager positions who would be overseeing 100 staff?
 - Yes
 - How do we talk about wellness, but our leaders work 15 to 16-hour days, seven days a week, are always available and never get breaks? We currently do not have a solution, but we are talking about it.
 - Torrance – We recognize how managers are being stretched. We are considering a program on how we could get our managers and our leadership thinking that telecommuting might work.
 - Introducing alternative work schedules.

HASC NURSING ADVISORY COUNCIL 2022 ROSTER

Officers

Chair

Shela Kaneshiro

**Chief Clinical Transformation Officer,
MemorialCare – Shared Services**

Orange Coast Medical Center
9920 Talbert Avenue
Fountain Valley, CA 92708-5115
(714) 378-7434
skaneshiro@memorialcare.org

Members

Theresa Berton, DNP, MBA, RN

**Administrator/Chief Operating Officer/Chief
Nursing Officer**

South Coast Global Medical Center
2601 East Chapman Avenue
Orange, CA 92869-3296
(714) 450-1820
Theresa.Berton@KPCHealth.com

**Edward M. Burns, Jr., MSN, RN, NPD-BC, PCCN-
K,**

Director of Strategic Initiatives

HealthImpact
663 13th Street
Oakland, CA 94612
(951) 525-2105
edward@healthimpact.org

Brandi Cassingham, MSN, RN

Vice President, Patient Care Services/CNO

Saddleback Medical Center
24451 Health Center Drive
Laguna Hills, CA 92653-3689
(949) 452-3644
bcassingham@memorialcare.org

**Kristin Christophersen, DNP, MBA, RN, NEA-
BC, CENP, CPHQ, CLSSGB, FA**

Region I (CA/NV), Chief Nursing Officer

St. Francis Medical Center
3480 East Guasti Road
Ontario, CA 91761-8655
(909) 235-4378
kchristophersen@primehealthcare.com

Charlene Chu, RN, BSN

Administrative Director Acute Care Services

Beverly Hospital
309 West Beverly Boulevard
Montebello, CA 90640-4308
(323) 837-3424
czchu@beverly.org

Jennifer Cord, RN, MBA, DNP, NE-BC

Chief Nursing Officer

Providence Mission Hospital
27700 Medical Center Road
Mission Viejo, CA 92691-6474
(949) 364-4241
Jennifer.Cord@stjoe.org

Karen Grimley, RN, PhD, MBA, FACHE, NEA-BC

**Chief Nurse Executive, Assistant Dean UCLA
School of Nursing**

Ronald Reagan UCLA Medical Center
757 Westwood Plaza
Los Angeles, CA 90095-8358
(310) 267-9304
kgrimley@mednet.ucla.edu

Susan Herman, RN, DNP, MSN, NEA-BC, CENP

Chief Nursing Officer

Miller Children's & Women's Hospital Long Beach
2801 Atlantic Avenue
Long Beach, CA 90806-1737
(562) 933-8001
sherman@memorialcare.org

Azeem Jan
Chief Nursing Officer
Ballard Rehabilitation Hospital
1760 West 16th Street
San Bernardino, CA 92411-1150
(909) 473-1271
ajan@ballardrehab.com

Trudy Johnson, MA, RN, NEA-BC, FNAP
Chief Nursing Executive Officer
California Hospital Medical Center
1401 South Grand Avenue
Los Angeles, CA 90015-3010
(213) 742-5623
Trudy.johnson@dignityhealth.org

Awa Jones, RN, BSN, MSHCM
Nursing Executive
USC Norris Comprehensive Cancer Center and
Hospital
1441 Eastlake Avenue
Los Angeles, CA 90089-9170
(323) 865-3152
awa.jones@health.usc.edu

Evelyn Ku, RN, MSN
Vice President/Chief Nursing Officer|
Administration
Henry Mayo Newhall Hospital
23845 McBean Parkway
Valencia, CA 91355-2083
(661) 200-1029
kuet@henrymayo.com

Ellen Kuhnert, DNP
Chief Nursing Officer
Orange County Global Medical Center
1001 North Tustin Avenue
Santa Ana, CA 92705-3577
(714) 953-3610
Ellen.Kuhnert@kpchealth.com

Nancy Lee, BSN, MS, NEA-BC
Senior Vice President, Operations/Chief Nursing
Officer
Beverly Hospital
309 West Beverly Boulevard
Montebello, CA 90640-4308
(323) 725-4355
nlee@beverly.org

Kimberly C. Long, RN, DHA, MSN, FNP, FACHE
Chief Executive Officer
Association of California Nurse Leaders
2520 Venture Oaks Way
Sacramento, CA 95833
(916) 779-6949
kimberly@acnl.org

David Marshall, JD, DNP, CENP, FAAN
Senior Vice President/Chief Nursing Executive
Cedars-Sinai Health System
8700 Beverly Blvd.
Los Angeles, CA 90048
(310) 423-2115
david.marshall@cshs.org

Theresa Murphy, RN, MS, CENP
Chief Nursing Officer
USC Verdugo Hills Hospital
1812 Verdugo Boulevard
Glendale, CA 91208
(818) 952-4603
theresa.murphy@med.usc.edu

Roz Nolan, RN
Chief Nursing Executive Officer
Community Hospital of San Bernardino
1805 Medical Center Drive
San Bernardino, CA 92411-1214
(909) 806-1481
roz.nolan@dignityhealth.org

Lori Paschall
Chief Nursing Officer
Menifee Global Medical Center
28400 McCall Boulevard
Menifee, CA 92585-9537
(951) 679-8888 Ext. 7252
Lori.paschall@kpc.health

Ramona Pratt, RN, MSN, MSHCA
Chief Nursing Officer
PIH Health Whittier Hospital
12401 Washington Boulevard
Whittier, CA 90602-1099
(562) 698-0811 Ext. 12755
ramona.pratt@pihhealth.org

Janet Ruffin**Chief Nursing Officer**

Temecula Valley Hospital
31700 Temecula Parkway
Temecula, CA 92592-5896
(951) 331-2218
janet.ruffin@uhsinc.com

Darlene Scafiddi, RN, MSN, NEA-BC**Executive Vice President, Patient Care Services**

Pomona Valley Hospital Medical Center
1798 North Garey Avenue
Pomona, CA 91767-2918
(909) 865-9879
darlene.scafiddi@pyhmc.org

Michelle Sterling**Chief Nursing Officer**

Rancho Los Amigos National Rehabilitation Center
7601 Imperial Highway
Downey, CA 90242
(562) 385-7911
msterling@dhs.lacounty.gov

Bonita Veal**Chief Nursing Officer**

South Coast Global Medical Center
2701 South Bristol Street
Santa Ana, CA 92704-6278
(714) 754-5516
Bonita.Veal@KPCHealth.com

Joyce Volsch, PhD, MS, RN, NEA-BC**Chief Nursing Executive**

Redlands Community Hospital
350 Terracina Boulevard
Redlands, CA 92373-4897
JVolsch@redlandshospital.org

Mary Wickman**Director, Nursing Program**

Vanguard University
55 Fair Drive
Costa Mesa, CA 92626
(714) 668-6101
mary.wickman@vanguard.edu

Mary Wright, RN, MSN, RNC-OB, CENP**Senior Vice President, Patient Services/Chief Nursing Officer**

Torrance Memorial Medical Center
3330 Lomita Boulevard
Torrance, CA 90505-5073
(310) 517-7086
Mary.Wright@tmmc.com

Irena Zuanic**Chief Nursing Officer**

PIH Health Good Samaritan Hospital
1225 Wilshire Boulevard
Los Angeles, CA 90017-1901
(213) 977-2308
Irena.Zuanic@pihhealth.org

Staff**Teri Hollingsworth****Vice President, Human Resource and Education Services**

Hospital Association of Southern California
515 South Figueroa Street
Los Angeles, CA 90071-3300
(213) 538-0763
thollingsworth@hasc.org

Sheree Lowe**Vice President, Policy**

California Hospital Association
1215 K St.
Sacramento, CA 95814
(916) 552-7576
slowe@calhospital.org

NO ON THE

UNEQUAL PAY

MEASURES
INEQUITABLE. COSTLY. RISKY.



Unequal Pay Measures Are Inequitable for Workers, Harmful for Patients and Risky for Our Communities

SEIU-UHW has filed 10 **risky and inequitable** ballot initiatives in 10 cities aimed for the November 2022 ballot.

- | | | | | |
|-----------|---------------|-----------------|----------------|-----------|
| ■ Anaheim | ■ Los Angeles | ■ Long Beach | ■ Culver City | ■ Duarte |
| ■ Downey | ■ Inglewood | ■ Monterey Park | ■ Baldwin Park | ■ Lynwood |

These measures would set new, arbitrary pay requirements for *some* health care workers in *some* health care facilities in only these cities, while **excluding thousands of health care workers doing the same jobs**. We all agree health care workers are heroes, but these measures are deeply flawed, inequitable, and will hurt workers and patients.

Here's why a broad coalition of health care providers and community organizations oppose these measures:



Measures are inequitable, arbitrary and discriminatory.

- The measures would set a new \$25/hr minimum wage standard for certain workers at private hospitals, hospital-based facilities and dialysis clinics, but completely **exclude** workers who do the exact same job at public hospitals, clinics, and health care facilities, including all University of California and county hospitals and clinics.
- The measures also completely **exclude** workers at health care facilities not affiliated with hospitals, including community health clinics, Planned Parenthood clinics, nursing homes, medical centers, and more.
- The measures apply to non-clinical workers like janitors, housekeepers and landscapers at hospital-based facilities, but **exclude** clinical workers like nursing assistants, medical technicians, and other workers in non-covered facilities.
- In fact, the vast majority of health care workers in each city are excluded by the measures.



Measures deepen inequities in our health care system and jeopardize access to care.

- These measures mandate higher wages for workers at private health care facilities but provide zero increases for workers at public hospitals and smaller clinics that primarily serve uninsured and disadvantaged communities. This will lead to workforce shortages at smaller clinics and public health care facilities, **jeopardizing access and quality of care for Southern California's most disadvantaged and already underserved communities.**
- Because these measures would significantly increase costs by hundreds of millions of dollars every year for health care providers already struggling due to the pandemic, they will force many hospitals, clinics, and other providers in Southern California to cut back services or even close, putting patients at risk and forcing them to travel farther for vital services like maternity care, behavioral health, cancer care, and more.



Measures would increase costs to consumers and patients who are already struggling to make ends meet.

- These measures would **increase health care costs** throughout Southern California by **hundreds of millions of dollars every year** – translating to higher costs for insurance and medical copays for families already struggling to deal with the high cost of living.



Measures put city bureaucrats in charge of policing wages.



- City officials are having a difficult time addressing pressing problems like homelessness, crime, and high housing prices. The **last thing we should do is put these same city governments in charge of enforcing arbitrary and inequitable wage policies** for thousands of employees when they are struggling to address core issues that affect everyone.



Health care workers receive strong pay and benefits that reflect and recognize their special role.

- Hospitals and health care providers go to great lengths to pay all health care workers competitive, living wages with strong benefits.
- In fact, the average nurse working in a Southern California hospital earns \$57 per hour, the average clinical worker earns \$28 per hour, and the average non-clinical worker in a hospital earns approximately \$18 per hour.
- We all agree health care workers are heroes. But these deeply flawed measures are inequitable, costly and will jeopardize access to care for patients.

Arbitrary Exclusions Are Inequitable & Make No Sense

 INCLUDED	 EXCLUDED
<u>Clinician</u> at private hospital	<u>Clinician</u> at county hospital
<u>Patient care technician</u> at dialysis clinic	<u>Patient care technician</u> at Planned Parenthood clinic
<u>Certified Nursing Assistant (CNA)</u> at private hospital	<u>Certified Nursing Assistant (CNA)</u> at public hospital
<u>Aide</u> at private hospital-based clinic	<u>Aide</u> at community clinic (FQHC)
<u>Technician</u> at private hospital	<u>Technician</u> at county hospital
<u>Maintenance worker</u> at private hospital	<u>Maintenance worker</u> at public hospital
<u>Janitorial or housekeeping staff</u> at private hospital	<u>Janitorial or housekeeping staff</u> at county hospital
<u>Groundskeeper</u> at private dialysis clinic	<u>Groundskeeper</u> at community clinic
<u>Security guard</u> at private hospital	<u>Security guard</u> at University of California hospital
<u>Food service worker</u> at private hospital	<u>Food service worker</u> at county hospital
<u>Laundry worker</u> at private hospital	<u>Laundry worker</u> at public hospital
<u>Pharmacy worker</u> at private hospital	<u>Pharmacy worker</u> at University of California hospital
<u>Administrative worker</u> at private dialysis clinic	<u>Administrative worker</u> at public dialysis clinic
<u>Business office clerical worker</u> at hospital-based clinic	<u>Business office clerical worker</u> at community clinic (FQHC)

FQHC: Federally Qualified Health Center

www.NoUnequalPay.com

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 in the amount of \$4,651,404.65.
 Additional information is available at ethics.lacity.org



Association of California Nurse Leaders

Nursing Advisory Council

ACNL Update

July 2022

1. The Association of California Nurse Leaders (ACNL) and Arizona Nurses Association in partnership with Grand Canyon University will be offering the Foundations for Leadership Excellence in Phoenix Arizona in March 2023.
2. Our next Foundations for Leadership Excellence Program in May 2022 in Walnut Creek was successful and the next one will be held in August 8-12, 2022, at the Embassy Suites in San Diego. We will also be hosting our quarterly Regional Meetings on Thursday of that week at the same location. This will allow for expansion of our networking, and introduction of the Foundations participants to existing ACNL members.
3. Our virtual platform implementation has been rescheduled. The new date will be determined once the designation milestones have been met.
4. We are continuing to work very closely with Health Impact, ANA-C and CHA as well as CACN and COADN on the BRN Sunset Review related matters.
5. Our next Annual Program will be held in Rancho Mirage February 5-8, 2023.
6. We are in contract review with UCSF to partner on their Executive Leadership Program. This partnership will make the program available with special ACNL member considerations.
7. The ACNL hosted CNO Summit was held on June 8-9, 2022, at the Sheraton Grand Hotel in Sacramento. There were CNO representatives from hospitals throughout California. Our focus areas for the statewide CNO strategic plan are- Nursing Pipeline; Transition to Care; Nursing Redesign; Value Recognition. The strategic plan tactics will be determined at the follow up meeting to be held in October. Dates are being finalized.
8. The ACNL DEI taskforce has focused on updating DEI educational offerings and assuring the Diversity and Inclusivity values that ACNL holds are embedded in programs and other activities. To date we have revised the curriculum on our Foundations program, provided a webinar by Dr. Anitra Williams and Dr. Sharon Goldfarb, and we are currently offering a series on Nurses taking the lead with DEI presented by Dr. Kupiri Ackerman-Barger on the following dates: June 14 (The value of nursing workforce diversity) , August 17 (Understanding unconscious bias in admissions and hiring), October 10 (Addressing microaggression: Skills for nurse leaders) and December 7 (The role of nurses in promoting health equity). We are currently working on curriculum to assist with the requirement for education on Implicit Bias. We are also finalizing the criteria for a Diversity, Equity, and Inclusion Award to be presented by ACNL.
9. Our podcast series is now national with the Health podcast network.
10. Our membership has reached a recent high of 1297 (as of June 24) within striking distance of our initial goal of 1300.

Respectfully Submitted:

Kimberly C. Long, DHA, MSN, FNP, RN, FACHE (Chief Executive Officer, ACNL)

Nursing Advisory Council **Meeting Schedule**

October 7, 2022
December 2, 2022

8:30 a.m. – 10:30 a.m.
Hospital Association of Southern California
Location: Zoom Link to follow

BRN Board **Meeting Schedule**

August 17, 2022
November 14-15, 2022

Location: Location and time TBD