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Mr. Rosen:

During the Senate Budget and Appropriations Hearing Committee Hearing several Senators requested additional information in support of questions that were raised during the course of the meeting. In response to their request you will find the following items attached:

1. Department of Military and Veterans Affairs Organizational Charts for 2001 and 2008. (requested by Senator Buono)  
2. The Nursing Task Force Report (requested by Senator Buono)  
3. Energy Efficiency Checklist (requested by Senator Sweeney)  
4. Diversity Statistics for the NJ National Guard (requested by Senator Cunningham)

If any of the Senators require any additional information the Department will be happy to provide for them.

Sincerely,

GLENN K. RIETH  
Major General, NJARNG  
The Adjutant General

Enclosures
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I. Executive Summary

Shortly following his election, Governor-elect James E. McGreevey called for the establishment of a Transition Team to review the organization and missions of the New Jersey Department of Military and Veterans Affairs. During the course of the Team's work, the issue of professional healthcare worker shortages was identified, most specifically in accordance with the fact that the Old Glory wing at the Menlo Park Veterans Home remained unopened. After being sworn into office as The Adjutant General (TAG) of the State of New Jersey, Brigadier General Glenn K. Rieth personally was confronted by the present healthcare professional personnel shortage during a tour of the Menlo Park Veterans Memorial Home where he observed the Old Glory wing, though newly renovated, in fact remained unopened. He was advised that in spite of extraordinary efforts having been made to staff the wing, the Department of Military and Veteran Affairs was unsuccessful in its efforts to attract sufficient and qualified registered nurses, licensed practical nurses and certified nurses aides to meet required coverage levels.

This state of affairs, best exemplified by a nursing shortfall, not only in New Jersey, but also throughout the United States, has assumed alarming proportion. General Rieth quickly undertook measures to charge Deputy Adjutant General Colonel Maria Morgan and Deputy Commissioner for Veterans Affairs, Colonel Emil Philibosian, with organizing a Nursing Shortage Task Force comprised of healthcare professionals, nurses, veteran service organization representatives, and DMAVA employees with the mandate to address the shortfall issue and to offer recommendations for the TAG's review no later than 1 September 2002. The mission of the Nursing Shortage Task Force (NSTF) is to investigate the genesis of the nursing shortage, analyze all existing data, and make salient short-term and long-term suggestions to address and eliminate the nursing shortage within the department.

The financial impact of the nursing shortage has been devastating to the three veterans homes. A total of $4.5 million was spent in FY 2002 on overtime, per diem, and contract nurses – all to cover salaried nursing personnel vacancies. These costs are anticipated to increase in 2003.

There are also associated costs, with respect to quality of life due to the continued erosion of the nursing infrastructure. Nursing staff shortages have been directly linked to degradation in care resulting in both poor outcomes for patients as well as a higher number of lawsuits. Additionally, there are regulatory issues and the risk of licensure violations.
It has been widely recognized that the nursing salaries have been flat for the past decade thereby forcing nurses into other more financially lucrative opportunities and jobs. There have been a number of factors that have exacerbated the shortage of nurses. Identifiable factors contributing to this problem range from job esteem, job satisfaction, long hours of work, inadequate pay, lack of career opportunities to demanding physical work inherent to the nature of nursing. With a dwindling pool from which to hire, the continuity of care within the homes suffers, and there is a lack of vested care in either the veteran or the homes which may be provided by agencies or temporary nurses.

Another disturbing but prominent trend, is the paucity of recognition that society extends to members of the nursing profession in spite of the fact that the single most apparent reason for hospital care is the receiving of nursing care. Coupled with ever-increasing paperwork and documentation requirements, demanding working conditions, and lack of career satisfaction, all contribute to burgeoning job dissatisfaction.

The mandate of the Nursing Shortage Task Force, thus, is to identify and recommend stratagems and courses of action to the Adjutant General, that in short and long-term, can be instituted and implemented to insure that New Jersey’s veterans are accorded the highest standards of professional health care that they so richly deserve.

There are a number of State legislative initiatives designed to:

- Foster incentives such as scholarships (A202), tuition assistance (A1502), and educational loan repayment (S497).

- Establish strategic and long range planning through the New Jersey Collaborating Center for Nursing (S495).

- Specifically assist the New Jersey Department of Military and Veterans Affairs with recruitment efforts, houses, and scholarships (S303).

On the federal side, HR 3487 was signed by the President on 1 August 2002 to develop national grants to support state and local public service announcements and to provide scholarships. Funding needs to be allocated.
Finally, the Nursing Shortage Task Force, after considering all possibilities, acknowledges the following broad recommendations* as the most viable actions needed by the Department of Military and Veterans Affairs to aggressively combat the Departments nursing shortage.

*Develop an overall Nursing Recruitment Strategy that includes a full time nurse recruiter and offers nursing refresher courses. This will require funding and a personnel reclassification.

*Provide incentives such as retention bonuses, increased salaries, scholarships, and tuition, reimbursements and shift differentials. This will require funding.

*Make administrative changes to improve working conditions such as staff ratios, volunteer support, flexible scheduling, and alternative workweeks. This will require funding and regulatory changes.

*Implement a professional development strategy that includes mentoring and Magnet Award designation. Funding would be needed for the Magnet Award designation.

*Note: A full description of the above Nursing Shortage Task Force Recommendations can be viewed in section VII, pages 20 and 21 of this report.
II. Nursing Shortage Task Force

The Department of Military and Veteran's Affairs Nursing Shortage Task Force is composed of the following individuals and the respective organizations they represent. The Task Force is a mixture of diverse representatives from both the health care and nursing professions as well as a broad representation from the Veterans community.

Colonel Maria Morgan, Co-chair, NJ Department of Military and Veterans Affairs
Colonel Emil Philibosian, Co-chair NJ Department of Military and Veterans Affairs
Ms. Andrea Aughenbaugh, NJ State Nurses Association
Ms. Noreen D’Angelo, NJ Department of Health and Senior Services
Mr. Heath Bernstein, Department of the Treasury
Ms. Cris Boutillette, Disabled American Veterans
Mr. James L. Brey, NJ Department of Military and Veterans Affairs
Ms. Mimi Cappelli, NJ State Nurses Association
Mr. Scott Clemmensen, Capital Health Systems
Mr. Kenneth G. Connors, American Legion
Major Dennis Devery, NJ Department of Military and Veterans Affairs
Major Edith S. Freyer, AMVETS
Dr. Melvin Friedman, Menlo Park Veterans Memorial Home
Ms. Robin Goodrich, Veterans of Foreign Wars
Captain Robert Hughes, NJ Department of Military and Veterans Affairs
Ms. Amy Laird, NJ Department of Personnel
Mr. Paul Langevin, Health Care Association of New Jersey
Mr. Richard O. Martin, Military Order of the Purple Heart
Mr. James Manning, Veterans of Foreign Wars
Mrs. Ronnie McGreevey, Muhlenberg Schools of Nursing
Mr. John Mooney, Veterans of Foreign Wars
Colonel Kathleen A. Morrissey, NJ Department of Military and Veterans Affairs
Mr. Charles Myers, NJ Department of Human Services
Ms. Doris R. Neibart, Paramus Veterans Memorial Home
Mr. Joseph E. Romano, Vineland Veterans Memorial Home
Mr. Paul Serdiuk, NJ Department of Military and Veterans Affairs
Mr. Leroy Vegotsky, Jewish War Veterans
Senator Joseph F. Vitale, D, District 19, Woodbridge, New Jersey
Ms. Theresa Wojekoski, NJ Department of Military and Veterans Affairs

The Nursing Shortage Task Force was established in accordance with Brigadier General Rieth’s mandate to quickly address the healthcare workers shortfall. A schedule for the task force meetings was adopted at the initial meeting on 29 May 2002 at the DMAVA Lawrenceville Armory. Meetings were to be convened on the second and fourth Tuesday of each month at 9 a.m. with a report of the Task Force due 1 September 2002. Minutes of the proceedings of the Nursing Shortage Task Force are contained in the Appendix of this report.
III. Background

The New Jersey Veterans Memorial Homes at Paramus, Menlo Park, and Vineland function under the Division of Veterans Healthcare Services within the Department of Military and Veterans Affairs, State of New Jersey.

The mission of the veterans homes is to provide quality health care and related services to those eligible in a dignified, compassionate, and professional manner in accordance with the State of New Jersey, Department of Health and Senior Services Standards for Licensure and the U.S. Department of Veterans Affairs regulations.

New Jersey’s estimated 750,000 veterans and their families have made sacrifices that entitle them to special benefits. Health care is perhaps the largest single issue of concern to the veterans’ community. This is primarily due to the fact that most of the state’s veterans have either reached or are now reaching retirement age.

Both in New Jersey and Nationally, health workforce analysts are reporting a critical nursing shortage. Their forecasts underscore the severity and scope of the shortage, which has reached global levels. The American Health Care Association (AHCA) and American Nurses Association (ANA) reports 106,982 direct care nursing positions are now vacant in nursing homes throughout the United States, including 65,333 vacancies for Certified Nursing Assistants (CNAs), 25,433 vacancies for Licensed Practical Nurses (LPNs), and 16,196 vacancies for Registered Nurses (RNs).

Analysts, forecasters, and researchers are cautioning health care policy makers and decision makers that the future for most health professionals needs to be addressed in order to avoid health care workforce shortages and potential reductions in both the quality and appropriateness of medical care.

New Jersey anticipates a shortage of 14,000 RNs over the next five years. At the present rate, New Jersey will experience a nursing shortage by 2005 with 18 percent of the RN positions unfilled. By 2020, there is a projected 20 percent or 24,000 RN shortfall in the state's RN population. Nurses constitute 40 percent of all health care workers; a 10% nursing shortage has historically been considered a crisis in health care.

AHCA reported that the nursing staffing shortages would lead to problems in elder care in the next decade. It also stated the nursing shortage could lead to fewer services, which will lead to increased problems in accessing long-term care. Nursing homes compete with other health care settings to fill positions from a nursing labor pool that is already strained.
Given the current trends:

- In five years, there will be a demand for 74,500 RNs and 23,786 LPNs.
- By 2005, the nursing workforce will have almost 14,000 unfilled RN positions (18 percent shortfall) and almost 4,000 unfilled LPN positions (17 percent shortfall).
- By 2020, New Jersey will have over 24,000 RN positions unfilled, representing a projected shortfall of 30 percent.

Another prominent trend in New Jersey’s nursing workforce has been the decline of student nursing graduates. Since a peak in 1995 there has been a steady decline in entry-level RN graduates, with a 12 percent decrease between 1998 and 1999. LPN graduates have declined steadily since 1994.

The nursing shortage continues to not only be a crisis in New Jersey, but has now reached national proportions. It is the subject of news media coverage and discussion material for medical and nursing professional groups. Congress has heard testimony on the shortage and there have been several bills introduced in Congress, as well as pending legislation within the State of New Jersey addressing the nursing shortage. The problem has been well defined; there is simply not enough nurses available to provide much needed services. As with any problem, the causes are not one dimensional but multi-faceted as well as the dynamics that led us to the current situation. Simply stated, we are competing for an extremely limited resource in an arena of ever increasing demand.

The Department of Military and Veterans Affairs does not have the necessary tools to be competitive in this arena. In an area where demand is outstripping supply, we see efforts by the private sector to create a "salary" war to lure nurses to their facilities. Recently an advertisement appeared in the Philadelphia Inquirer by a city hospital promising a $30,000 sign-on bonus over three years plus the nurse’s first year apartment rent payment. Other enticements have ranged from car leases for three years to unlimited educational reimbursement. Bidding wars such as this have made it extremely difficult for the veteran nursing homes, with their fixed assets, to be competitive.

Based on several studies and surveys done by the New Jersey State Nurses Association, Colleagues in Caring, and American Health Care Association several major themes have been identified that have contributed to the nursing shortage:

- Stress at the work place
- Lack of administrative support
- Personal time off
- Lack of job satisfaction
- Flexible time schedules
- Staffing levels
- Lack of career mobility
- Poor public image
- Lack of input in case management
- Lack of autonomy
The following graphs visually display the current status of vacancies within the New Jersey Veterans Homes.

### National Turnover Rates

<table>
<thead>
<tr>
<th></th>
<th>RNs</th>
<th>LPNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55.5%</td>
<td>51.57%</td>
<td>76.17%</td>
</tr>
</tbody>
</table>

### DMAVA Turnover Rates (May 2001 to May 2002)

<table>
<thead>
<tr>
<th></th>
<th>RNs</th>
<th>LPNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramus</td>
<td>33%</td>
<td>8.7%</td>
<td>17%</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>29%</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>Vineland</td>
<td>29%</td>
<td>14%</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Impact on Veterans Homes

#### Number of RNs Eligible to Retire

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramus</td>
<td>2</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>2</td>
</tr>
<tr>
<td>Vineland</td>
<td>1</td>
</tr>
</tbody>
</table>

### DMAVA Direct Care Staff Vacancies

<table>
<thead>
<tr>
<th></th>
<th># of Positions Assigned</th>
<th># of Positions Filled</th>
<th>RNs</th>
<th>LPNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
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<td>386</td>
<td>364</td>
<td>6</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Menlo Park*</td>
<td>377</td>
<td>351</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Vineland</td>
<td>379</td>
<td>356</td>
<td>7</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

*These vacancies do not include the vacant wing. To open this wing, we need 12 nurses (RNs/LPNs) and 26 CNAs.
Market

Competition in the Area of the New Jersey Veterans Memorial Homes consists of a number of acute care and long-term care facilities. There are also an unspecified number of facilities, such as ambulatory surgery facilities, offering incentives such as flexible working hours.

<table>
<thead>
<tr>
<th></th>
<th>#Long-Term Care Facilities in Area</th>
<th>#Hospitals in Area</th>
<th>#Assisted Living Facilities in Area</th>
<th>State Government Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramus</td>
<td>39</td>
<td>8*</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>46</td>
<td>14</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Vineland</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

*Does not include competition with New York hospitals.

As a result of the Nursing Shortage Task Force's efforts, the following have been identified as issues that contribute to the nursing retention and shortage:

- Budget constraints
- Restrictive union contracts
- Medicare participant reimbursement
- Aging nursing population
- Competitive healthcare market
- Lack of tuition reimbursement
- Lack of nursing scholarship
- Lack of sign on bonuses for certified Nurse Aide
- Lack of alternate weekends off for CNAs
- Non-flexible schedules
- Staffing level ratio below national average
- Lack of career ladder for RNs
- Federally mandated documentation time constraints
- Limited use of Temporary Employment Service (TES) positions
- Inflexibility of scheduling full-time positions
- Lack of a Nurse Recruiter
- Non-competitive salary scale for RNs and LPNs
- Feeding assistant restrictions
- Lack of Day Care availability
A comparison was made of similar Veteran Nursing Homes in surrounding states to see the impact of the nursing shortage upon their facilities:

Southeastern Veteran's Center, Spring City, Pa.

This is a state-run 304-bed long-term care facility located 30 miles west of Philadelphia in a rural setting between Pottstown and Pheonexville, Pa.

They are experiencing a shortage of 11 nurses. The reason for the nursing shortage is competition with local hospitals and lack of public transportation to the facility.

Sources used to recruit nurses:
- State civil service list
- Job fairs
- Advertising - radio and newspapers
- Colleges and community colleges with nursing programs

Initiatives to attract more nurses:
- Increase salary for RNs and LPNs

Maryland Veterans Home, Charlotte Hall, Md.

This is a state-run 378-bed long-term care facility located in southern Maryland. Their nursing staff is hired via a contracted staffing agency.

They are experiencing a shortage of 10 nurses. The reason for the RN shortage is their salaries are not competitive with local hospitals salaries.

Sources used to recruit nurses:
- Job fairs
- Newspaper and trade magazine ads
- Nursing colleges and schools
- Vocational-Technical Centers

Initiatives to attract more nurses:
- Encourage LPNs to return to school under scholarship program to obtain a RN license.

Long Island State Veterans Home, State University of New York at Stony Brook, Stony Brook, New York.

The Long Island State Veterans Home is part of the State University of NY. The campus has a University Medical School, Hospital and Nursing Home. The long-term care facility has 350 beds. Currently they are not experiencing a shortage of nurses.
Initiatives to attract nurses:

- Continuous recruitment via newspapers, job fairs, trade magazines
- Medical School with adjunct RN program
- 10 hour shifts and benefits (sick/vacation/personal days off)

Legislative Initiatives

The following are legislative actions pending that will support elimination of the nursing shortage:

**H.R. 3487 Nurse Reinvestment Act**

The President of the United States signed this bill on August 1, 2002.

- Creates grants to support State and local public service announcements promoting the nursing profession.
- Expands eligibility for nursing loan repayment program to include service in private hospitals, State and local departments of public service, skilled nursing facilities, home health agencies, hospice programs, and ambulatory surgical centers.
- Provides nursing scholarships in exchange for nursing services for repayment purposes.
- Grants applicant preference who have the greatest need and are willing to serve in geographic areas with nursing shortages and need.

The following legislative bills have been referred to committee at the State level:

- **A-202** - Establishes the Excellence in Nursing Scholarship Program; appropriates $5,000,000.

- **S-303** – Creates continuing education and nurse recruitment pilot program in DMAVA and provides funding to existing nurse education program in DHS; appropriates $498,000 (referred to Senate Health, Human Services and Senior Citizens Committee).

- **S-495** – Establishes New Jersey Collaborating Center for Nursing; appropriates $1,200,000 (referred to Senate Health, Human Services and Senior Citizens Committee).

- **S-497** – “Nursing Student Incentive Loan redemption Program Act;” appropriates $5 million (referred to Senate Health, Human Services and Senior Citizens Committee).

- **A-1502** – Establishes Nursing Student Support Program (referred to Assembly Appropriations Committee).
IV. Short-Term Strategies

The following are actions recommended by the Nursing Shortage Task Force (NSTF) that would immediately address the challenge of recruiting and retaining nursing personnel and create employment opportunities with DAVA that are attractive and competitive.

- **Job/Position/Title Changes Appropriate to the Department of Military and Veterans Affairs**
  The need exists to unlink DAVA from the Department of Human (DHS) Services and their existing titles as a matter of convenience and experience. Unfortunately the title of Human Services Assistant and Technician are not reflective of this department work. DAVA’s acuity levels are much higher than DHS and consequently require a higher skill level. This must be translated into new titles that reflect this need, and the corresponding higher compensation level.
  Recommendation: The creation of variant titles of Certified Nurses Assistant I and II. This would create an equitable salary scale plus establish a career path for upward mobility for workers in these titles while attracting competent individuals.

- **Nursing Recruitment Strategy**
  Identify and analyze creative ways and untapped areas to attract nurses to work at the veterans homes.
  Recommendation:
  - Contact nurses on the nursing inactive list regarding employment opportunities in the New Jersey Veterans Homes on a full time, part-time or flexible scheduling basis.
  - Develop a centralized, focused strategy for the three veterans homes.
  - Contact military retirees with nursing backgrounds about employment opportunities.

- **Nurse Recruiter**
  This full time position would be responsible for recruiting nurses, conducting a public relations campaign for DAVA, and developing a refresher program, while providing oversight to continuing education requests.
  Recommendation: Request the creation of a new position and corresponding position number from Office of Management and Budget (OMB) and Department of Personnel (DOP).

- **Certified Nurse Aide Weekend Schedule**
  Currently, Paramus and Vineland Veteran Homes are not permitted to accommodate scheduling CNAs to have alternate weekends off. CNAs must work every weekend at the two homes. This constraint reduces the ability of the homes to recruit and hire CNAs due to other employers granting weekends off.
  Recommendation: Petition DOP and OMB to change the current job title requirement to allow for weekends off.
• **Nursing Bonuses**
  This program is a three-tier approach. Bonuses would reward and acknowledge the currently employed nurses, insuring their continued employment, while creating a financial competitive arena to attract new nurses.
  **Recommendation:** The creation of three bonus programs.
  * Retention Bonus: bonus based on years of service to this department.
  * Educational Incentive Bonus: bonus based on educational degrees.
  * Recruitment Bonus: for recommending, recruiting, and employing a nurse.

• **Registered Nurse Refresher Course**
  The creation of RN refresher courses in each of the three veterans homes. Non-active nurses would be sought out to upgrade their skill levels to current requirements through certified courses taught at each home. Course fee waivers would be granted to any nurse who is hired by the home for employment.
  **Recommendation:** Contract with colleges and vocational schools in the immediate area of the homes for contracted refresher courses.

• **Nursing Scholarship Program**
  Re-institute the Nursing Scholarship Program in all three nursing homes. Historical data has shown a proven success that employees who have participated in this program have felt a loyalty to the home and have continued their employment with the same facility upon graduation.
  **Recommendation:** The creation and funding of two (2) nursing scholarships per home.

• **Facility Interview Teams**
  Creation of a professional team of individuals to survey employees at each veterans home on each shift. The team members should be independent of the facility administration. This would provide much needed unbiased input as to what is needed to retain and recruit nursing staff.
  **Recommendation:** DCVA appoints a three-member panel to conduct interviews.

• **License Practical Nurses Authorized Hiring Rate**
  Raise the LPNs hiring rate from the 4th step to the 5th step. All currently employed LPNs not at the 5th step be brought up to the 5th step.
  **Recommendation:** Request an amendment to the salary regulation from the Governors Office on Employee Relations and DOP.
V. Long-Term Strategies

The following recommendations from the Nursing Shortage Task Force (NSTF) address the need for continuous improvement of the working environment within the homes to attract, recruit, and retain the care providing staff while being competitive and mindful of our future needs.

- **Salaries**
  
  Increase both the Registered Nurse and Licensed Practical Nurses salary ranges and incorporate a shift differential. Nursing salaries have been flat for the past decade. Increasing the range would make DMAVA competitive with other long-term care nursing homes.
  
  Recommendation: Joint request with DHS to OMB and DOP to raise salary ranges for both series of titles and include an enhanced shift differential.

- **Department of Health and Senior Services (DHSS) Dialogue**
  
  Feeding assistants. Currently federal regulations preclude the use of volunteers to feed residents. Use of feeding assistants would dramatically reduce the amount of time invested by our ancillary workers for this function, and allow them to address the more critical areas.
  
  Recommendation: Petition DHSS to waive or change the regulation in anticipation of the adoption of the federal changes allowing more flexibility.

- **Staffing Level Ratio**
  
  Current Department of Health and Senior Services (DHSS) acuity levels are at minimum standards. They do not reflect our resident population and result in a detriment of care to our residents due to lower staffing levels. The resident population would be better served with higher staffing levels.
  
  Recommendation: Immediate dialogue with DHSS to change current regulations regarding feeding assistants and staffing ratios.

- **Magnet Award Designation**
  
  As the name implies, the Magnet Designation would serve as a "magnet" in attracting quality Nurses and establishing a quality reputation for the veteran homes. The Magnet Recognition Program is administered by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association. The program uses pre-set standards of excellence to evaluate the facility. The selection criteria address nine areas: nursing philosophy and structure, expertise of nursing administration, fiscal resource management, nursing process, organizational environments that support professional practice, quality assurance programs, ethics, nursing research, and diverse client population recognition. The designation of "Magnet" facility is tangible recognition of professional achievement of an institution that supports the highest quality of professional nursing practices, adheres to standards for improving the quality of patient care, and is attentive to the cultural and ethnic diversity of its patients. This designation
serves as an excellent recruiting tool to attract and retain qualified nurses who promote quality patient care by providing excellence in nursing services while seeking a higher degree of professionalism and personal satisfaction in their nursing careers.

Recommendation: Evaluate the feasibility of applying for Magnet designation.

- **Child Day Care Centers**
  This would serve to attract prospective nursing staff by offering childcare as a benefit at their place of employment.
  Recommendation: Evaluate the feasibility of veteran home run day care verses voucher system for day care.

- **Alternative Work Program**
  Participate in a flexible/alternative work program, for example, 13 hour, 20 minute work shift. Participants would work three days and have four days off. This program would address the quality of life issues raised by nurses; time off for personal reasons.
  Recommendation: Surveying the three veteran nursing homes for voluntary participants for this program. With the cooperation and concurrence of the labor unions implement this program within 90 days.

- **Part-Time and Temporary Hires**
  The need exists for the discretionary use of part-time and temporary positions by the veterans home Chief Executive Officers (CEOs) to properly schedule staff without being in violation of existing OMB and DOP regulations. Allow for the creation of two part-time positions for every budgeted full-time position.
  Recommendation: DOP to provide guidance on the methodology needed for revising positions into part-time to allow more hiring flexibility.

- **Temporary Employment Service (TES)**
  Extend flexibility to the veteran's homes to hire qualified individuals to work beyond the restrictive 944 hours per year.
  Recommendation:
  - Petition OMB and DOP to ease the current regulations governing the use of part-time and temporary employees.
  - Invite DHS to join DMAVA in this pursuit.
  - Develop and foster legislative support for these actions.
• **iNOVAR Systems**
  This computer-generated system, currently instituted at DHS, undertakes scheduling tasks and tracking of various statistics for the homes, thus freeing up nursing personnel time.
  **Recommendation:** Have a presentation given by a company representative or see an actual application of the program currently working and address how it will/can benefit DMAVA.

• **Mentoring Program**
  Hire retired nursing personnel to instruct newly hired nursing employees regarding the intricacies and nuances of each shift and floor. This reference person would help new hires adjust more quickly to the job.
  **Recommendation:**
  ♦ Have the Human Resource Department at each home collect data on all retirees and construct a list of all names.
  ♦ Have identified individuals, by DCVA, construct guidelines and syllabus for use by all homes as a Standard Operating Procedure for this program.

• **Grants/Foundation**
  Pursue grants from various federal government and private organizations e.g., Robert Wood Johnson Foundation, for identified experimental areas.
  • Career mentoring summer internship program. Establish a program whereby DMAVA would recruit and hire high school and college age students, through summer jobs for youths, that foster positive work experience in the nursing profession.
  • Electronic upgrade. Identify one veterans home and use it as a test facility to completely upgrade all systems of monitoring and recording information on patients electronically. Example: equip all RNs with PDAS, e.g. Palm Pilots, that would record nurse’s notes and send directly to residents file electronically. Equip all doctors with a blackberry, a hand held wireless messaging device that records and executes all doctors’ notes/recommendations electronically.
  • Legislation. Enlist the support of all veteran service organizations to support legislation which enables and/or ameliorates the health care professional shortage at the veterans homes.
  **Recommendation:** Explore a structure to provide oversight for a grants/scholarship program.

• **Foreign Nurse Recruitment**
  Nurse recruiter will also focus on the feasibility of establishing a foreign nurse recruitment program.
  **Recommendation:** Recruit qualified nurses from foreign countries.
VI. Feasibility Analysis

The financial impact of a nursing shortage is generally displayed by a dramatic increase in costs. These increases are due to paying large amounts of overtime to nurses, the use of expensive contract nursing agencies and the increased use of per diem nurses to cover salaried nurses vacancies. These costs amounted to DMAVA spending $1.4 million in nursing overtime, $2.5 million in contract nursing services, and $616,000 in per diem nurses for Fiscal year 2002 in the three Veterans Memorial Homes.

The members of the Task Force quickly recognized and appreciated the financial implications that are attendant to a number of the recommended initiatives. The Task Force undertook an analysis of the initiatives in order to identify their cost impact. What follows is the fiscal analysis broken down into short-term or immediate strategies, and long-term, timed courses of action that will have a positive and beneficial impact in addressing the nursing and healthcare professional shortage.

Short-Term Strategies

♦ Initiate-Job/Position/Title change for Certified Nurses Aides/Technicians

CNAs and CNTs currently posses H08 Step 1 and H11 Step 1 ranges respectively. The proposed increase would change them to H10 Step 4 and H13 Step 2 respectively. This is an average increase of $7,301 and there are 456 employees that would be eligible. Fringe benefits would cost an additional 24.15%.

♦ Nurse Recruiter

The title of Nurse Recruiter is not an authorized title within the title code of the New Jersey Department of Personnel. Representatives from DMAVA’s Human Resource Division will work closely with DOP representatives to accurately identify the duties and responsibilities required of this position for proper classification purposes. It is anticipated that the proposed position will closely reflect the duties appropriate to titles within the title range of P 26 – 28 plus fringe benefit cost of 24.15%.

♦ Certified Nurse Aide Weekend Schedule

The three Veterans memorial homes estimate that 68 additional CNA\CNT positions would be necessary in order to be able to award every other weekend off. Fringe benefits cost is an additional 24.15%.
• Nursing Bonuses

**Retention Bonus:**
- $2000 awarded for less than 1 year of service for nine (9) nurses
- $2500 awarded for 1 year of service but less than 2 years for ten (10) nurses
- $3000 awarded for 2 years of service but less than 3 years for ten (10) nurses
- $1000 awarded for 3 years of service and above for forty-nine (49) nurses

**TOTAL**
- $49,000
- $122,000

• Educational Incentive Bonus

- $1000 for a Bachelors of Science in Nursing for forty five (45) nurses
- $1500 for a Masters of Science in Nursing for two (2) nurses
- $2500 for a Certificate as a Clinical Specialist for zero (0) nurses
- $500 for a Certificate in a Nursing subspecialty for nine (9) nurses
- $1500 for a Masters Degree other than Nursing for zero (0) nurses
- $1000 for a Bachelor’s Degree other than Nursing for one (1) nurse

**TOTAL**
- $45,000
- $3,000
- $0
- $4,500
- $0
- $1,000
- $53,500

• Recruitment Bonus

For recommending, recruiting and hiring a nurse. Estimate considers that six (6) nurses will be recruited and hired.

- $6,000

• Nursing Scholarship Program

Two scholarships per institution for a total of six (6) employees at $1000 each.

(Note: Plus variable personnel replacement costs while attending classes.)

- $6,000
Registered Nurse Refresher Course

After an extensive search of various colleges and vocational technical schools throughout the state, it was discovered that a nurse refresher course with an emphasis on geriatric nursing was not available. Refresher courses are available in various hospitals with an emphasis on acute care delivery. In contacting the New Jersey State Nursing Association President, it was learned there are no standards for creating a nurse refresher course. The President of NJSNA has agreed, with tentative agreement from a representative of the Institute for Nursing, to assist members of DMAVA in developing a practice base nurse refresher course for geriatric nursing. This will be the first such course for skilled nursing and will serve as a template for other nursing homes to emulate.

A reasonable cost estimate for such a course is $750 per nurse. We estimate a total of 15 attendees to the course. $11,250

Facility Interview team

No financial impact.

Licensed Practical Nurses Authorized Hiring Rate

Differential between 4th and 5th step is $1,307 per LPN for five (5) LPNs plus fringe cost of 24.15% $8,100
Long-Term Strategies

♦ Foreign Nurse Recruitment Strategy

It is estimated that it will cost roughly $4500 in travel costs only for recruitment of a nurse from a foreign country. It is estimated that we could recruit 10 foreign nurses.

$45,000

♦ Nursing Salary increases

<table>
<thead>
<tr>
<th>Home</th>
<th>RNs</th>
<th>LPNs</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menlo Park</td>
<td>43</td>
<td>38</td>
<td>81</td>
</tr>
<tr>
<td>Paramus</td>
<td>49</td>
<td>23</td>
<td>72</td>
</tr>
<tr>
<td>Vineland</td>
<td>38</td>
<td>35</td>
<td>73</td>
</tr>
<tr>
<td>TOTAL</td>
<td>130</td>
<td>96</td>
<td>226</td>
</tr>
</tbody>
</table>

Average RN earns $45,000

Average LPN earns $38,000

Total Nursing Salaries $5,850,000

Approximate Increase @ 5% + 24.15% fringe = Total Cost $9,498,000

Total Nursing Salaries $589,000

Shift Differential

Total Number RNs, LPNs, CNAs On Night Shift 450
Shift Differential Pay per staff member $550 x
TOTAL + 24.14% Fringe Benefit Cost $307,000

♦ Department of Health and Senior Services dialogue

The use of volunteers to assist in feeding residents does not have a specific financial impact but may ultimately provide cost savings.

♦ Staffing Level ratio

It is determined that if CNA/CNTs were awarded every other weekend off the by-product would be an increase in acuity levels more in line with DMAVA's goals.
♦ Magnet Award Designation

<table>
<thead>
<tr>
<th>Application fee</th>
<th>$1,000</th>
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<tr>
<td>Appraisal fee</td>
<td>$8,000</td>
</tr>
<tr>
<td>Site visit fee</td>
<td>$6,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

♦ Alternative Work Program

No financial impact.

♦ Part-Time and Temporary Hires

The conversion of full time nursing positions into 2 part time positions would provide net cost savings. Converting 18 full time positions into 36 part time positions would have the same effect on the overall salaries. The savings are generated by the difference in fringe benefits awarded to full time employees versus part time employees. The net fringe benefits savings are 2%. The savings would be based on $810,000 worth of salaries. $16,200

♦ Temporary Employment Service (TES)

May provide a net reduction in costs due to the reduced cost of pay TES employees versus paying contract-nursing agencies.

♦ iNOVAR Systems

See Appendix C.

♦ Child Day Care Center

See Appendix D

♦ Mentoring Program

No financial impact.

♦ Grants/Foundation

No financial impact.
VII. Final Recommendations of the Task Force

The Nursing Shortage Task Force, after reviewing all information and analyzing all possibilities, recommends the following strategies in alphabetical order.

Incentive Strategy:

- **Nursing Salaries.** Increase both Registered Nurse and License Practical Nurse salaries so they are competitive in the industry.
- **Nursing Bonuses.** Create a financial bonus program for years of service, educational degrees, and nurse recruitment and retention.
- **Nursing Scholarship Program.** Create funding for multiple Scholarships for each Veterans Home.
- **Tuition Reimbursement.** Reimburse nurses for advance or specialty degree courses completion.
- **License Practical Nurse (LPN) Authorized Hiring Rate.** Bring all currently employed LPNs to the 5th step of the salary range.
- **Shift Differential.** Determine appropriate compensation to be paid staff for working various shifts.

**TOTAL COST: $1,091,600**

Nursing Recruitment Strategy:

- **Nurse Recruiter.** Create a new position responsible for continuous recruitment of Nurses.
- **Registered Nurse Refresher Course.** Sponsor a RN refresher course at each Home to attract Nurses.
- **Facility Interview Teams.** Create a three-member team to gather and tabulate input from Nursing Homes’ staff.

**TOTAL COST: $71,250**

Professional Position Development Strategy:

- **Mentoring Program.** Hire former retired nurses to serves as resource person in helping newly hired nurses adjust to the job.
- **Grants/Foundation.** Develop structure to provide oversight for a grants/scholarship program.
- **Magnet Award Designation.** Evaluate feasibility of applying for this designation.

**TOTAL COST: $15,000**
**Staffing Alignment Strategy:**

- **Staffing Level Ratio.** Request acuity levels for DMAVA Veteran Homes are reevaluated to properly reflect care levels.
- **Staffing Schedule.** Create two part-time positions from one full-time position.
- **Alternate WorkWeek.** Institute voluntary three-day workweek in participating Homes.
- **Certified Nurse Aide (CNA) Weekend Schedule.** Request changes to allow CNAs every other weekend off in the two non-conforming Homes.
- **Volunteer Support.** Request waivers from the Department of Health and Senior Services to licensing regulations for the use of feeding assistants.
- **Temporary Employment Services (TES).** Request easement of regulation on use of TES and the 944-hour per year restriction.
- **iNOVAR System.** Determine feasibility of this computer generated scheduling/ tracking program for use in DMAVA Veterans Homes.

**TOTAL COST: $2,023,531**

**Variant Title (CNA):**

- Explore the creation of variant titles for Certified Nurse Assistant I and II through a reclassification with the Department of Personnel.

**TOTAL COST: $4,133.00**
VIII. Appendix A

The Department of Military and Veterans Affairs oversees the three (3) New Jersey Veterans Memorial Homes. The Veterans Homes are conveniently located in northern, central and southern New Jersey at Paramus, Menlo Park and Vineland. A brief description follows:

**New Jersey Veterans Memorial Home at PARAMUS**
Bergen County
Mrs. Doris Neibart, Chief Executive Officer
Telephone #201-967-7676, ext. 200

Total number of Beds: 336  
Current Number of Residents: 324  
Special Needs Unit – 42 bed capacity

**New Jersey Veterans Memorial Home at MENLO PARK**
Middlesex County
Dr. Melvin Friedman, Chief Executive Officer
Telephone #732-452-4102

Total number of Beds: 272*  
Current Number of Residents: 266  
Special Needs Unit – 40 bed capacity  
Adult Day Care – 32 resident capacity  
Existing Special Needs Unit – 32 resident capacity

*This does not include a vacant Special Needs Unit with a 40-bed capacity. This vacant unit will eventually care for 40 special needs/dementia residents. To staff this unit 24 hours a day, 7 days a week, 12 nurses (combination of Registered Nurses and Licensed Practical Nurses) and 26 Certified Nursing Assistants (CNAs) must be hired. This vacant unit will continue to remain a problem as long as the nursing shortage exists.

**New Jersey Veterans Memorial Home at VINELAND**
Cumberland County
Mr. Joseph E. Romano, Chief Executive Officer
Telephone #856-696-6350

Total number of Beds: 232  
Current number of Residents: 237*  
*Downsizing for Replacement Facility  
Special Needs Unit – 50 bed capacity  
(downsizing to 32 bed special needs unit)
## Comparison Table

<table>
<thead>
<tr>
<th>DMAVA Veterans Homes</th>
<th>Dept. Human Services Other State Facilities</th>
<th>Federal VA Facilities</th>
<th>University of Medicine &amp; Dentistry of NJ (UMDNJ)</th>
</tr>
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<tbody>
<tr>
<td>III. Registered Nurse</td>
<td>Starting Salary Range</td>
<td>IV. Registered Nurse</td>
<td>VI. Starting Salary Range</td>
</tr>
<tr>
<td>Step 7</td>
<td>$48,129.62 - $51,611.00</td>
<td>Same State Salary</td>
<td>$47,895.00 - $65,127.00</td>
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<tr>
<td>BSN - $500.00 (U.S. Accredited)</td>
<td>No career ladder</td>
<td>Scale</td>
<td>$50,767.00 - $73,282.00</td>
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<tr>
<td>MSN - $1,000.00</td>
<td>$1,000.00</td>
<td>Same as DMAVA</td>
<td>$53,639.00 - $60,313.00</td>
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<tr>
<td>Ed. Incentive Payment for 1 Yr. Per Diem, Per Hour</td>
<td>$30.00</td>
<td>Associate Degree</td>
<td>$50,313.00 - $80,212.00</td>
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<td></td>
<td></td>
<td>BA/Associates 1 Year</td>
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<td>BA/BSN/Associates 2</td>
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<td>Years Master Degree</td>
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<td>Less Paperwork</td>
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<td>No MDS</td>
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<td>Work Load Consistent</td>
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<td>with Developmental</td>
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<td>Disabilities/ Mental</td>
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<td>Health</td>
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<td>Difference in</td>
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<td>Supervisory/Management</td>
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<td>Responsibilities</td>
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<tr>
<td>Licensed Practical Nurse</td>
<td>Starting Salary Range</td>
<td>V. Registered Nurse</td>
<td></td>
</tr>
<tr>
<td>Step 4</td>
<td>$32,385.49 - $38,796.00</td>
<td>Same State Salary</td>
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<tr>
<td>Per Diem, Per Hour</td>
<td>$20.00</td>
<td>Scale</td>
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<tr>
<td>Clothing Allowance Across the Board</td>
<td>$550.00</td>
<td>Associate Degree</td>
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<td>BA/Associates 1 Year</td>
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<td>BA/BSN/Associates 2</td>
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<td>Years Master Degree</td>
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<td>Less Paperwork</td>
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<td>No MDS</td>
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<td>Work Load Consistent</td>
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<td>Difference in</td>
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<td>Responsibilities</td>
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<td></td>
<td>Licensed Practical Nurse</td>
<td>Starting Salary Range</td>
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<td>No Experience</td>
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<td>6 Months Experience</td>
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<td>1 Year Experience</td>
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<td></td>
<td></td>
<td>2 Years Experience</td>
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<td>$27,770.00</td>
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<td>$31,157.00</td>
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<td>$34,139.00 - $34,865.00</td>
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<td>$35,624.00 - $38,864.00</td>
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<td></td>
<td>Orientation 6-8 weeks</td>
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<td>Increase of salary 7/1/02</td>
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<td>8% added to rate position that is transferable</td>
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<td></td>
<td>Sign on Bonus - $5,000</td>
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<tr>
<td></td>
<td></td>
<td>RN Referral Bonus - $2,000 received for referring new nurse</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Tuition Reimbursement $3,000</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>VII. Registered Nurse</td>
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<tr>
<td></td>
<td></td>
<td>$48,000 - $65,000 depending upon experiences/degree status</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>BSN - $750</td>
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<td></td>
<td>MSN - $1,000</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Certification - $1,690</td>
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IX.
<table>
<thead>
<tr>
<th>Facility</th>
<th>Incentives</th>
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</thead>
<tbody>
<tr>
<td><strong>Statewide:</strong></td>
<td></td>
</tr>
<tr>
<td>UMDNJ</td>
<td>$2,000 for referring new RN and $5,000 sign-on bonus.</td>
</tr>
<tr>
<td>Genesis Healthcare</td>
<td>$4,000 sign-on bonus.</td>
</tr>
<tr>
<td>Nursing Solutions, Inc. (NSI)</td>
<td>$13,000 sign-on bonus.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paramus:</strong></td>
<td></td>
</tr>
<tr>
<td>Emerson Health Care Center</td>
<td>Tuition assistance.</td>
</tr>
<tr>
<td>St. Joseph’s Hospital</td>
<td>$3,000 sign-on bonus.</td>
</tr>
<tr>
<td>Passaic Valley Hospital</td>
<td>$5,000 sign-on bonus.</td>
</tr>
<tr>
<td>Valley Hospital</td>
<td>$7,500 sign-on bonus, tuition reimbursement, uniform allowance.</td>
</tr>
<tr>
<td>Bergen Regional Medical Center</td>
<td>SNS salary - $70,000/year.</td>
</tr>
<tr>
<td>UMDNJ</td>
<td>$5,000 sign-on bonus, $2,000 RN referral bonus, $3,000/year tuition reimbursement.</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Menlo Park:</strong></td>
<td></td>
</tr>
<tr>
<td>Trinitas Hospital</td>
<td>$10,000 &amp; $5,000 sign-on bonus.</td>
</tr>
<tr>
<td>Carrier Clinic</td>
<td>$2,500 sign-on bonus.</td>
</tr>
<tr>
<td>Capital Health System</td>
<td>$5,000 sign-on bonus.</td>
</tr>
<tr>
<td>Meridan Offer Program</td>
<td>24-hour weekend assignment, receives full time benefits, receives financial assistance to obtain RN degree, scholarships, flexible time.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vineland</strong></td>
<td></td>
</tr>
<tr>
<td>South Jersey Hospital System</td>
<td>$3,000 sign-on bonus.</td>
</tr>
<tr>
<td>Kessler Memorial Hospital</td>
<td>$10,000 sign-on bonus.</td>
</tr>
<tr>
<td>Burdette Tomlin Hospital</td>
<td>$15,000 sign-on bonus with a 2 year commitment to Pediatrics, $10,000 sign-on bonus for a 2 year commitment to the Emergency Room/Medical Surgical Services.</td>
</tr>
</tbody>
</table>
Recruiting Efforts

1. Print advertisements are routinely placed in the following newspapers:

   Newark Star Ledger
   Home News Tribune
   Asbury Park Press
   Bridgewater Courier News
   Ocean County Observer
   Ocean County Beacon
   Ocean County Reporter
   Trenton Times
   Daily Journal
   Atlantic City Press

2. Radio advertising commercials (ran five times per day for two weeks and three times per day for four weeks at a cost of $8,400).

3. A thirty (30) second television commercial was produced with ComCast Cablevision of New Jersey. During 13 weeks the commercial aired 858 times on three networks that were identified by ComCast as possessing the appropriate demographics for recruitment efforts. The total cost of this contract was $12,420.

4. Membership in the College Central Network Internet site that allows the facility to list job opportunities at 17 colleges in the state, many with nursing programs. This service is free to government agencies. No response was received.

5. Contacted employment placement offices at Kean University, Schools of Nursing, and the Joint Nursing Program of UMDNJ.

6. Established academic collaborations with colleges and universities.
   - Paramus: Seton Hall University, Montclair State University, Felician College, St. Thomas Aquinas College, Bergen County Community College
   - Menlo Park: Middlesex County College, Kean University, Rutgers University, Seton Hall University
   - Vineland: Cumberland County College, Cumberland County VocationalTechnical Center

7. Each of the veterans memorial homes have participated in job fairs throughout the state.

Web Site Posting of Vacancies

State of New Jersey Web Sites.
IX. Appendix B

The following is a compendium of minutes of the meetings held by the Nursing Shortage Task Force:

NURSING SHORTAGE TASK FORCE

MEETING SCHEDULE

29 May 2002

11 June 2002

25 June 2002

9 July 2002

23 July 2002

13 August 2002

27 August 2002

All meetings will be held on Tuesdays, 9 a.m. to 11 a.m. at the Lawrenceville Armory, Lawrenceville, New Jersey.
NEW JERSEY DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

NURSING SHORTAGE TASK FORCE MEETING

Wednesday, 29 May 2002

Lawrenceville Armory

MINUTES

The 1st meeting of the Nurse Recruitment Task Force was held on 29 May 2002, 9 a.m., at the Lawrenceville Armory. The following individuals were in attendance:

Brigadier General Glenn K. Rieth, Department of Military and Veterans Affairs
Colonel Maria Morgan, Department of Military and Veterans Affairs
Colonel Emil H. Philibosian, Department of Military and Veterans Affairs
Ms. Cris M. Boutilette, Disabled American Veterans
Ms. Mimi Cappelli, NJ State Nurses Association
Mr. Kenneth G. Connors, American Legion
Major Dennis Devery, Department of Military and Veterans Affairs
Dr. Melvin H. Friedman, Menlo Park Veterans Memorial Home
Mr. Paul R. Langvin, Health Care Association of New Jersey
Mr. Richard O. Martin, Military Order of the Purple Heart
Mr. Rich McGuire, Department of Human Services
Colonel Kathleen A. Morrissey, Department of Military and Veterans Affairs
Mr. Charles R. Myers, Department of Human Services
Ms. Doris Neibart, Paramus Veterans Memorial Home
Mr. Joseph E. Romano, Vineland Veterans Memorial Home
Mr. Paul Serdiuk, Department of Military and Veterans Affairs
Mr. Leroy Vegotsky, Jewish War Veterans
Ms. Mary B. Wachter, Department of Health and Senior Services
Ms. Theresa C. Wojekoski, Department of Military and Veterans Affairs
**Discussion/Decision**

**Welcome**
Brigadier General Glenn K. Rieth welcomed the committee participants and expressed his thanks for their concern and involvement as members of this Task Force.

**Introduction**
Colonel Emil H. Philibosian and Colonel Maria Morgan are Co-Chairpersons of the Task Force. Committee attendees introduced themselves.

**Purpose**
Nursing shortage challenges presently being experienced will be addressed in the areas of recruitment and retention. The Governor and the Department's priority are to obtain adequate staffing at the three New Jersey Veterans Memorial Homes.

**Committee Deadline**
Recommendations for long and short-term goals are to be forwarded to the Governor's Office by 1 September 2002 for approval, action, and legislative support.

**Department Overview**
Colonel Philibosian provided a Department overview of Veterans Programs, Veterans Benefits, Veterans Haven/Homeless Program, Veterans Healthcare Services, and the challenges facing the Division with regard to the recruitment and retention of staff.

**Turnover Rates**
National turnover rates of nursing staff are 50%. DMAVA rates are at 33%.

**Challenges in Nursing**
Discussion resulted in the following challenges:
* Budget constraints;
* Medicare participant reimbursement;
* Staff substitution for lesser functions of resident care, i.e., feeding, ambulating;
* Staffing for the closed wing at Menlo Park;
* Union contracts;
* Aging nursing population;
* Competitive health care market and services;
* Reassessment of residents to determine placement, i.e., long-term care versus assisted living arrangements;
* Staff certification requirements differing between DMAVA and DHS;
* Salary increases will not solve the problem;
* Set schedule for every weekend assignments;
* Lack of sign-on/referral bonuses;
State Nurses Association

Ms. Mimi Cappelli stated there is a need to go to the nurses for nursing solutions. The 110,000 licensed New Jersey nurses were surveyed regarding working conditions. Major concerns verbalized were:

* Lack of tuition reimbursement/scholarship funding;
* Staffing level ratios differ, i.e., 4.1 nationally, 3.2 in the private sector, and 2.9 in DMAVA;
* Reconfigure facility to accommodate residents requiring lesser care;
* Federal mandates requiring documentation within time constraints.

It costs approximately $42,000 to replace a medical surgical nurse and approximately $64,000 to replace a specialty nurse.

Legislative Initiatives

The following legislative bills have been referred to committee:

* A-202 – Establishes the Excellence in Nursing Scholarship Program; appropriates $5,000,000 (referred to Assembly Education Committee);
* S-303 – Creates continuing education and nurse recruitment pilot program in DMAVA and provides funding to existing nurse education program in DHS; appropriates $498,000 (referred to Senate Health, Human Services and Senior Citizens Committee);
* S-495 – Establishes New Jersey Collaborating Center for Nursing; appropriates $1,200,000 (referred to Senate Health, Human Services and Senior Citizens Committee);
* S-497 – "Nursing Student Incentive Loan Redemption Program Act;" appropriates $5 million (referred to Senate Health, Human Services and Senior Citizens Committee);
* A-1502 – Establishes Nursing Student Support Program (referred to Assembly Appropriations Committee).
Scholarship Funds

It was suggested the above bills be prioritized and legislative endorsement be given to the bills most likely to receive Governor approval. Department of Human Services $150,000 scholarship funding was increased within DHS to $300,000. The funding provides 20 to 40 scholarships per year. In the 1980’s, DMAVA’s scholarship program provided approximately 25 scholarships. Eighteen (18) scholarship recipients currently remain with DMAVA.

Nursing Strategies

Job Satisfaction Surveys;
Involvement in health care affiliation programs;
National Guard incentives;
Refresher courses;
Work placement/flexible schedules;
Country club open houses;
Additional vacation time;
National Guard medical units into veterans homes on weekends;
Overtime financial incentives, i.e., extra $100 and time and a half for shift differential;
Maintain training programs within the veterans homes (detrimental to train via outsourcing);
Employ nursing students as nursing assistants;
Sign-on bonus bill through Department of Personnel/Legislature;
Extend salary range for Licensed Practical Nurses/establish career ladder for Registered Nurses;
Research funding sources through foundations;
Consider nurse recruiter/foreign recruiter.

Next Steps

The Chief Executive Officers of the Veterans Memorial Homes will inquire as to when the last job satisfaction survey was completed.

Establish a liaison with DHS to work on similar issues.

Ms. Cappelli will research nursing retention strategies that have worked in the past.

Mr. Serdiuk will give a detailed description on the successful program being implemented in DHS with regard to the 3 day, 13 hour workday.
Mr. Serdiuk will research the disparity between UMDNJ and DMAVA benefits.

Beginning in June and thereafter, meetings will be held the 2nd and 4th Tuesday from 9 a.m. to 11 a.m. at the Lawrenceville Armory, Classroom 1. Dates are as follows:

* 11 June
* 25 June
* 9 July
* 23 July
* 13 August
* 27 August
NURSING SHORTAGE TASK FORCE

AGENDA

11 JUNE 2002

Review of 29 May Minutes

Short-Term Strategies

- Satisfaction Survey Status
- Tuition Reimbursement
- Sign-on Bonuses
- 501(c)3 Foundation
- UMDNJ versus DMAVA Comparison

Long-term Strategies
NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

NURSING SHORTAGE TASK FORCE MEETING

Wednesday, 11 June 2002

Lawrenceville Armory

MINUTES

The 2nd meeting of the Nurse Recruitment Task Force was held on 11 June 2002, 9 a.m., at the Lawrenceville Armory. The following individuals were in attendance:

Brigadier General Glenn K. Rieth, Department of Military and Veterans Affairs
Colonel Emil H. Philibosian, Department of Military and Veterans Affairs
Ms. Andrea Aughenbaugh, NJ State Nurses Association
Mr. James L. Brey, Department of Military and Veterans Affairs
Mr. Kenneth G. Connors, American Legion
Dr. Melvin H. Friedman, Menlo Park Veterans Memorial Home
Ms. Robin Goodrich, Veterans of Foreign Wars
Mr. Paul R. Langevin, Health Care Association of New Jersey
Mr. Richard O. Martin, Military Order of the Purple Heart
Mrs. Ronnie McGreevey, Muhlenberg Schools of Nursing
Colonel Kathleen A. Morrissey, Department of Military and Veterans Affairs
Ms. Doris Neibart, Paramus Veterans Memorial Home
Mr. Joseph E. Romano, Vineland Veterans Memorial Home
Mr. Paul Serdiuk, Department of Military and Veterans Affairs
Mr. Leroy Vegotsky, Jewish War Veterans
Ms. Theresa C. Wojekoski, Department of Military and Veterans Affairs
Welcome

Brigadier General Glenn K. Rieth and Colonel Emil H. Philibosian welcomed the committee participants and expressed their thanks for the concern and involvement of members of this Task Force.

Purpose

Nursing shortage challenges presently being experienced will be addressed in the areas of recruitment and retention. The Governor and the Department’s priority is to obtain adequate staffing at the three New Jersey Veterans Memorial Homes.

Committee Deadline

Recommendations for long and short-term goals are to be forwarded to the Governor’s Office by 1 September 2002 for approval, action, and legislative support.

Minutes

The minutes of the 29 May meeting were accepted.

Reference Materials

Reference materials addressing staffing shortages were distributed.

Challenges in Nursing

Challenges:
* Budget constraints;
* Medicare participant reimbursement;
* Staff substitution for lesser functions of resident care, i.e., feeding, ambulation;
* Staffing for the closed wing at Menlo Park;
* Union contracts;
* Aging nursing population;
* Competitive health care market and services;
* Reassessment of residents to determine placement, i.e., long-term care versus assisted living arrangements;
* Staff certification requirements differing between DMAVA and DHS;
* Salary increases will not solve the problem;
* Set schedule for every weekend assignments;
* Lack of sign-on/referral bonuses;
* Lack of tuition reimbursement/scholarship funding;
* Staffing level ratios differ, i.e., 4.1 nationally, 3.2 in the private sector, and 2.9 in DMAVA;
* Reconfigure facility to accommodate residents requiring lesser care;
* Federal mandates requiring documentation within time constraints.
The work environment is the first area that should be addressed. Nursing/staffing shortages are cyclical. During the last nursing shortage, the Department of Health and Senior Services created a system that allowed facilities to obtain funds for recruiting and retention strategies. A long-term solution would be obtaining "Magnet Award" designation for the three veterans homes. This is an extensive process establishing excellence in nursing and would be worthwhile in attracting nurses seeking employment. The short-term solution is money. Suggestion was to join together and pursue this with the Department of Human Services.

UMDNJ is competitive with RN salaries; not with LPN. The problem is the salaries in the three homes "flatten," there is no room for advancement. UMDNJ is "in" the state system, but not "of" the system. They receive state funding, but are not governed by Title 4 and the Salary Regulations. UMDNJ establishes their salaries apart from the Department of Personnel. They currently have a sign-on and referral bonus.

Next Steps:

Menlo Park is the only facility of the three veterans facilities where the Certified Nursing Assistants (CNAs) have every-other-weekend off. This creates hiring problems at the Paramus and Vineland facilities and would require additional employees and funds. Administrative intervention on the part of the state (Civil Service) is required in initiating a change in defining the workweek to establish every-other-weekend off for CNAs.

Mr. Dennis Bock, Department of Human Services, Division of Mental Health and Hospitals, instituted an alternate workweek program with 13 hour and 20 minute shifts, three days a week, four days off; at a substantial cost savings. This was done on a volunteer basis. Mr. Serdiuk will invite Mr. Bock to the next meeting to discuss the process in implementing the program.

The Department of Human Services utilizes a computer-generated system (iNOVAR) that does scheduling and determines the next person for overtime and days off. This would remove substantial paperwork from
| Nurse Recruiter Employment | Supervisors of Nursing Services. Mr. Serdiuk will ask that a representative from the Department of Human Services attend the next meeting and describe in detail this system. Pursue the hiring of a nurse recruiter for the Department who can devote 100% to recruitment strategies. |
| Mentorship/Refresher Courses | Schools and institutions are always seeking furthering education opportunities. Recommend seeking out nurses who have left the workforce through the offering of “Nurse Refresher Courses.” New technology and apprehension fear factors are a major concern for these nurses. Recommend instituting refresher courses through outside vendor contracts or designing and implementing this offering specific to long-term care. Statistics indicate that recruiting efforts should begin in grammar school, at the 5th grade level and through high school. |
| Per Diem Pools | Consider establishing a “Statewide Per Diem Pool” of part-time nurses to assist in staffing of all state facilities. |
| Day Care Services | Surveys show employees are in need of:  
* Child Day Care;  
* Flexible time schedules (coordinated with childcare).  
Contract/regionalize child day care centers within areas of the state.  
Establish a voucher system to reimburse for childcare. |
<p>| Special Purpose Account | Create a Special Purpose Account, under DCVA authority, for nursing education, scholarships, and bonuses. |
| Department of the Treasury | Mr. Breu will request a representative from the Department of the Treasury attend the next meeting. |
| Department of Personnel | Mr. Serdiuk will request a representative from the Department of Personnel attend the next meeting. |
| Facility Interview Team | A team of medical professionals should be created to survey employees in the veterans homes on each shift. This team should be independent of the facility |</p>
<table>
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<th>Adjournment</th>
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<td>Next Meeting</td>
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administration. This would indicate to the employees “we care.”

11 a.m.

25 June 2002, 9 a.m. to 11 a.m., Lawrenceville Armory.
NURSING SHORTAGE TASK FORCE
AGENDA

25 June 2002

Review of 11 June Minutes

Department of Personnel:

Every-other-weekend off for CNAs
Nurse Recruiter Position
Child Day Care Services
Status of bills for sign-on/referral bonuses

Department of the Treasury:

Special Purpose Account
Voucher System for Child Care

Department of Human Services:

Alternate Workweek Program
iNOVAR Computer Generated System
Magnet Award Designation

Chief Executive Officers:

Report on Survey of Nurses
Volunteer Feeding Program
NEW JERSEY DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

NURSING SHORTAGE TASK FORCE MEETING

Tuesday, 25 June 2002
Lawrenceville Armory

MINUTES

The 3rd meeting of the Nurse Recruitment Task Force was held on 25 June 2002, 9 a.m., at the Lawrenceville Armory. The following individuals were in attendance:

Brigadier General Glenn K. Rieth, Department of Military and Veterans Affairs
Colonel Maria Morgan, Department of Military and Veterans Affairs
Ms. Andrea Aughenbaugh, NJ State Nurses Association
Ms. Noreen D’Angelo, Department of Health and Senior Services
Major Edith S. Freyer, AMVETS
Mr. Kenneth G. Connors, American Legion
Dr. Melvin H. Friedman, Menlo Park Veterans Memorial Home
Mr. Robert W. Hughes, Department of Military and Veterans Affairs
Ms. Amy Laird, Department of Personnel
Mr. Richard O. Martin, Military Order of the Purple Heart
Mr. John G. Mooney, Veterans of Foreign Wars
Colonel Kathleen A. Morrissey, Department of Military and Veterans Affairs
Mr. Joseph E. Romano, Vineland Veterans Memorial Home
Mr. Paul Serdiuk, Department of Military and Veterans Affairs
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<th>Discussion/Decision</th>
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<td>Welcome</td>
<td>Brigadier General Glenn K. Rieth welcomed the committee participants and reiterated thanks for their concern and involvement as the members of this Task Force. He also stated that the Department of Personnel approved one-year extensions for direct care staff with regard to the Early Retirement Incentive.</td>
</tr>
<tr>
<td>Purpose</td>
<td>Nursing shortage challenges presently being experienced will be addressed in the areas of recruitment and retention. The Governor and the Department’s priority are to obtain adequate staffing at the three New Jersey Veterans Memorial Homes.</td>
</tr>
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<td>Committee Deadline</td>
<td>Recommendations for long and short-term goals are to be forwarded to the Governor’s Office by 1 September 2002 for approval, action, and legislative support.</td>
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<td>Acceptance of Minutes</td>
<td>Co-Chair Colonel Maria Morgan called the meeting to order and asked the committee for comments/corrections to the meeting minutes of 11 June. There being no comments, on a motion made by Dr. Friedman and seconded by Mr. Serdiuk, the minutes were accepted. All members were in favor.</td>
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<td>Reference Materials</td>
<td>Reference material “Nursing’s Agenda for the Future” focusing primarily on the nursing shortage and a statewide RN Wage and Salary Comparison Survey was distributed. Also, a Request for Proposal (RFP) for Child Day Care Services at the Vineland Developmental Center was distributed.</td>
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<td>Challenges in Nursing</td>
<td>Challenges:</td>
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DMAVA and DHS;
* Salary increases will not solve the problem;
* Set schedule for every weekend assignments;
* Lack of sign-on/referral bonuses;
* Lack of tuition reimbursement/scholarship funding;
* Staffing level ratios differ, i.e., 4.1 nationally, 3.2 in the private sector, and 2.9 in DMAVA;
* Reconfigure facility to accommodate residents requiring less care;
* Federal mandates requiring documentation within time constraints.

Department of Personnel (DOP)

Representative from DOP spoke of our meeting last year with the Governor’s Office of Employee Relations (OER), DHS, and DMAVA where alternatives were explored to current fixed work schedules, title upgrade for LPNs, and retention bonuses. The issue will be brought before the new administration and DOP. Director/DVHS will forward information to DOP representative who will re-engage with OER on the status.

Staff Scheduling

The CEOs are requesting flexibility in the scheduling of staff without violating state rules and regulations. As an example, one 40-hour position, with two part time (20 hour) positions. We are currently limited in the number of individuals that we can hire into one position.

Another issue is part time positions (TES – Temporary Employment Service) are limited to 944 hours a year. The facilities often find an excellent employee who is willing to work, but we then must limit the number of hours they work. The unions are not in favor of TES. The facilities need flexibility in a rigid system. The CEOs would prefer to hire part time personnel rather than agency. If we rely too heavily on agency nurses, there may be a problem with continuity of care.

Bonuses and Scholarships

DMAVA has supported DHS’s proposal for bonuses and scholarships. This proposal was forwarded to the Governor’s Office. No response has been received to date.

Nurse Recruiter Position

There is a need to look at a full time nurse recruiter position in Central Office or in each of the facilities. This employee would recruit direct care staff and schedule refresher courses. A number of state agencies utilize an
individual within their Human Resources Division (HRD). There is precedent within the state for a recruiter with the position in HRD. DMAVA HRD representative will survey other state departments to see what they have with regard to a recruiter position. Refresher courses are offered throughout the state, but often requires affiliation with a facility, county college, or medical center. They are expensive; approximately $700 to $800 per nurse. Refresher courses are often specific to institution, i.e., acute care, and long-term care. We need to look at the community colleges that are offering refresher courses. There are ongoing CNA courses at hospitals and community colleges throughout the state. A suggestion was made to advertise on-site refresher courses, with no cost to nurses, if they agree to work at the facilities. DOH&SS representative will bring a copy of CNA courses available to the next meeting.

Child Day Care

There are child day care programs in place in state government. A program run at the Vineland Developmental Center was successful for approximately four years, accommodating approximately 47 children. This program was contracted through a private vendor. Childcare needs to be close, safe, and convenient. HRD and Fiscal Division (FD) representatives will provide a cost comparison of the three veterans homes. CEOs will survey their staff to see how many are interested in childcare services.

Department of the Treasury

A Treasury representative was invited to this meeting but was unable to attend; will be at the next meeting. Treasury input is needed, due to the fiscal impact of all issues being addressed.

DHS 13.20 Hour Work Week & iNOVAR Scheduling System

Department of Human Services representative was unable to attend meeting. He will be at the 9 July meeting to discuss the alternate workweek program and iNOVAR Scheduling System.

Magnet Recognition Program

Director/DVHS will invite Ms. Mary Moon Allison to the 9 July meeting to discuss the process of the Magnet Recognition Program.

Job Satisfaction Surveys

Job satisfaction surveys from Menlo Park and Vineland were discussed. Out of 78 surveys distributed to RNs and LPNs at Vineland, 10 responses were returned. Menlo
Park designated 2 RNs, 2 LPNs, and 2 CNAs to talk to their peers and then met with the Director of Nursing Services to discuss results. Concerns were salaries, flex time, childcare, part time work vs. part time benefits, inordinate amount of paperwork, etc. Staff who have left Menlo Park were not dissatisfied with their jobs. Collaboration should be made between the three facilities to develop one survey. This can be used as a marketing tool. The Deputy Adjutant General will forward a copy of the survey from the State Nurses Association to the CEOs.

**Feeding Program**

There may be a licensure issue with volunteers feeding residents. State regulations will be reviewed. Feeding covers a wide range of issues from socialization to swallowing and choking on food. CEOs will check to see the percentage of their residents who may be eligible to be fed by volunteers.

**Volunteers & Other Programs**

Volunteers at the three veterans facilities are often from the veterans organizations and their ladies auxiliaries. Considered an unsigned contract. Due to the number of residents in veterans facilities who are unable to ambulate to group activities, the volunteers often work one on one with the residents.

**Recruitment**

Areas that should be examined:
- Nurses on the inactive list;
- Nurses who have retired from the military;
- Reserve component to include schools.

**Adjournment**

11 a.m.

**Next Meeting**

9 July 2002, 9 a.m. to 11 a.m., Lawrenceville Armory.
NURSING SHORTAGE TASK FORCE
AGENDA
9 July 2002

Review of 25 June Minutes

Department of Personnel:
  Every-other-weekend off for CNAs
  Sign-on and Retention Bonuses

Department of the Treasury:
  Special Purpose Account

Department of Human Services:
  Alternate Workweek Program
  iNOVAR Computer Generated System

Department of Military and Veterans Affairs:
  Nurse Recruiter
  Child Care
  Refresher Courses
  Magnet Award Designation

Chief Executive Officers:
  Staff Surveys – Job Satisfaction

Department of Health and Senior Services:
  Use of Volunteers

Miscellaneous:
  Scholarships – Tuition Reimbursement
  Continuing Education
  Inactive Licenses and other Databases
  Use of Reserve Forces to Augment Staff
NEW JERSEY DEPARTMENT OF MILITARY 
AND VETERANS AFFAIRS 

NURSING SHORTAGE TASK FORCE MEETING 

Tuesday, 9 July 2002 
Lawrenceville Armory 

MINUTES 

The 4th meeting of the Nurse Recruitment Task Force was held on 9 July 2002, 9 a.m., at the Lawrenceville Armory. The following individuals were in attendance:

Colonel Maria Morgan, Department of Military and Veterans Affairs 
Colonel Emil H. Phlibosian, Department of Military and Veterans Affairs 
Ms. Andrea Aughenbaugh, NJ State Nurses Association 
Ms. Noreen D'Angelo, Department of Health and Senior Services 
Mr. Dennis P. Bock, Department of Human Services 
Mr. J. Scott Clemmensen, Capital Health Systems 
Mr. Kenneth G. Connors, American Legion 
Major Dennis W. Devery, Department of Military and Veterans Affairs 
Major Edith S. Freyer, AMVETS 
Dr. Melvin H. Friedman, Menlo Park Veterans Memorial Home 
Captain Robert W. Hughes, Department of Military and Veterans Affairs 
Ms. Amy Laird, Department of Personnel 
Mr. James W. Manning, Veterans of Foreign Wars 
Mr. Charles R. Myers, Department of Human Services 
Mrs. Ronnie McGreevey, Muhlenberg Schools of Nursing 
Mr. John G. Mooney, Veterans of Foreign Wars 
Colonel Kathleen A. Morrissey, Department of Military and Veterans Affairs 
Mrs. Doris R. Neibart, Department of Military and Veterans Affairs 
Mr. Lou Nykta, Department of Human Services 
Mr. Joseph E. Romano, Vineland Veterans Memorial Home 
Mr. Paul Serduk, Department of Military and Veterans Affairs
**Welcome**

Colonel Emil H. Philibosian, Deputy Commissioner for Veterans Affairs welcomed the committee participants and reiterated thanks for their concern and involvement as the members of this Task Force.

**Purpose**

Nursing shortage challenges presently being experienced will be addressed in the areas of recruitment and retention. The Governor and the Department’s priority are to obtain adequate staffing at the three New Jersey Veterans Memorial Homes.

**Committee Deadline**

Recommendations for long and short-term goals are to be forwarded to the Governor’s Office by 1 September 2002 for approval, action, and legislative support.

**Acceptance of Minutes**

Co-Chair Emil J. Philibosian, Deputy Commissioner for Veterans Affairs called the meeting to order and asked the committee for comments/corrections to the meeting minutes of 23 June. On a motion made by Mr. Connors and seconded by Dr. Friedman, the minutes were accepted with corrections. All members were in favor.

**Challenges in Nursing**

Challenges:

* Budget constraints;
* Medicare participant reimbursement;
* Staff substitution for lesser functions of resident care, i.e., feeding, ambulating;
* Staffing for the closed wing at Menlo Park;
* Union contracts;
* Aging nursing population;
* Competitive health care market and services;
* Reassessment of residents to determine placement, i.e., long-term care versus assisted living arrangements;
* Staff certification requirements differing between DMAVA and DHS;
* Salary increases will not solve the problem;
* Set schedule for every weekend assignments;
* Lack of sign-on/referral bonuses;
* Lack of tuition reimbursement/scholarship funding;
* Staffing level ratios differ, i.e., 4.1 nationally, 3.2 in the private sector, and 2.9 in DMAVA;
* Reconfigure facility to accommodate residents requiring less care;
*Federal mandates requiring documentation within time
Constraints.

Department of Human Services representative, Mr. Dennis
Bock, addressed the group regarding the alternate
workweek program and iNOVAR Scheduling System.
DHS has had success in the recruiting of nurses but not
retention of nurses. DHS representatives traveled to each
of their psychiatric facilities; 4 adult and 3 specialty
facilities. They visited every ward, every shift, every day,
to meet with nurses and address their concerns. Presently,
all have difficulties recruiting nurses. The degree of
difficulty depends on location of hospitals within the state.
The issues brought up, the majority of the time, are as
follows:
a. Mandatory Overtime
b. Overlapping of shifts
c. Workload
d. Problems with administration
e. Spending at least 2 hours after their shift doing
 administrative paperwork

Head nurses and nurse managers have the same complaint
— too much time for administrative paperwork. They are
also frustrated because this is time consuming and more
often than not, they do not take breaks or lunch.

Mr. Bock discussed iNOVAR, the web based scheduling
system. This system allows individuals to input the
number of staff working, criteria i.e. holidays, days off
etc. The iNOVAR system can provide staffing schedules,
overtime (OT) reports, and assist in planning staff ratios.
It also tracks licenses, degrees, specialties, number of OT
hours and other information relative to staffing. iNOVAR
input is being done by para professionals or tech
assistants, this relieves the Supervisor of Nursing (SON)
from this administrative responsibility. However, the
Supervisor of Nursing continues to be responsible for
staff. The SON is now available to go to the wards,
relieve nurses for breaks and lunches. Staff nurses can
now go to training, where before training was done on OT.
The para professionals who input the information are part
of the nursing staff.

Mr. Bock discussed the Alternative Work Program (AWP)
program (See attachment). It has been instituted for
nursing staff (RNs). DHS had looked into 12-hour shifts. With 12-hour shifts there was no overlap of personnel at the beginning or the end of a shift. The time where personnel shared information, completed paperwork etc. In instituting the AWP program, the shift is 13 hours and 20 minutes, 3 days on and 4 day off. The program produced the following:

a. Increased continuity of care
b. Increased nursing coverage
c. AWP is based on teamwork. Working out holidays and days off, all scheduling times.
d. Nurses now have input into their schedules, coordinate their own schedules and holiday coverage.
e. The AWP Program was approved by CWA
f. AWP decreased the number of call outs
g. DHS hospitals participating in the AWP program, on a volunteer basis; once they see it working, all want to participate,
h. This AWP Program is a great recruiting tool.
i. Nurse attrition levels are down from 165 to 114.

Mr. Bock further explained the AWP program. When a nurse takes a day off, they are charged 13 hours and 20 minutes. If there is a holiday, they receive 8 hours of holiday pay. This program has allowed nurses, to better plan their lives.

Mr. Bock discussed recruiting issues. Interviews are not done at the facility where employment will take place. CEO, Director of Nursing and Human Resource Person are part of recruiting team. Interviews and fingerprints are done that day. A letter of commitment is given to the prospective individual pending a physical, return of fingerprints and references. The individual should also be given a start date. This allows the person to stop looking for employment and focus on his/her upcoming employment. Follow-up, on new hires is the #1 priority for HRD.

When recruiting nurses, focus on the nurses areas of comfort level. Supervisors of Nursing Services and staff if happy, become the solution to retention. DHS is also looking at bringing in retired nurses to work a few hours/shift. DHS is also looking at Scholarship Programs; working with community colleges on the grounds of hospitals/facilities. Mr. Clemmensen discussed Capital
NURSING SHORTAGE TASK FORCE
AGENDA
23 July 2002

Review of 9 July Minutes

Capital Health Initiatives

Magnet Award Designation

Department of Treasury:
    Special Purpose Account

Department of Military Veterans Affairs:
    Child Care
    Refresher Courses
    Continuing Education
    CNA Titles
    Military Reserves Augmentation

Chief Executive Officers:
    Staff Surveys – Job Satisfaction
NEW JERSEY DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

NURSING SHORTAGE TASK FORCE MEETING

Tuesday, 23 July 2002

Lawrenceville Armory

MINUTES

The 5th meeting of the Nurse Recruitment Task Force was held on 23 July 2002, 9 a.m., at the Lawrenceville Armory. The following individuals were in attendance:

Colonel Maria Morgan, Department of Military and Veterans Affairs
Colonel Emil H. Philibosian, Department of Military and Veterans Affairs
Ms. Andrea Aughenbaugh, NJ State Nurses Association
Ms. Noreen D'Angelo, Department of Health and Senior Services
Mr. J. Scott Clemmensen, Capital Health Systems
Mr. Kenneth G. Connors, American Legion
Dr. Melvin H. Friedman, Menlo Park Veterans Memorial Home
Captain Robert W. Hughes, Department of Military and Veterans Affairs
Ms. Amy Laird, Department of Personnel
Mr. James W. Manning, Veterans of Foreign Wars
Mr. Richard O. Martin, Military Order of the Purple Heart
Mr. Patrick Mulligan, Department of the Treasury
Mr. Charles R. Myers, Department of Human Services
Colonel Kathleen A. Morrissey, Department of Military and Veterans Affairs
Ms. Doris R. Neibart, Department of Military and Veterans Affairs
Ms. Barbara L. O'Brien, Magnetic HealthCare Strategies, LLC
Mr. Joseph E. Romano, Vineland Veterans Memorial Home
Mr. Paul Serdiuk, Department of Military and Veterans Affairs
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<tr>
<td>Welcome</td>
<td>Colonel Emil H. Philibosian, Deputy Commissioner for Veterans Affairs welcomed the committee participants and reiterated thanks for their concern and involvement as the members of this Task Force. The first draft of the Nursing Shortage Task Force Report to the Adjutant General was distributed to all, which include strategies and recommendations on both a short and long-term basis. Colonel Philibosian requested that this draft report be reviewed and comments discussed at the 13 August meeting.</td>
</tr>
<tr>
<td>Purpose</td>
<td>Nursing shortage challenges presently being experienced will be addressed in the areas of recruitment and retention. The Governor and the Department's priority are to obtain adequate staffing at the three New Jersey Veterans Memorial Homes.</td>
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<td>Committee Deadline</td>
<td>Recommendations for long and short-term goals are to be forwarded to the Governor's Office by 1 September 2002 for approval, action, and legislative support.</td>
</tr>
<tr>
<td>Acceptance of Minutes</td>
<td>Co-Chair Emil J. Philibosian called the meeting to order. He then asked the committee for comments/corrections to the meeting minutes of 9 July. Under Department of Personnel regarding the retention bonus package, Ms. Laird suggested changing “This may be implemented in the next few weeks” to “It is hopeful this will be implemented in the next few weeks.” On a motion made by Mr. Connors and seconded by Mr. Romano, the minutes were accepted as amended. All members were in favor.</td>
</tr>
<tr>
<td>Materials Distributed</td>
<td>First draft of the Nursing Shortage Task Force Report to The Adjutant General; copy of revised 9 July minutes.</td>
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*Lack of tuition reimbursement/scholarship funding;
*Staffing level ratios differ, i.e., 4.1 nationally, 3.2 in the
  private sector, and 2.9 in DMAVA;
*Reconfigure facility to accommodate residents
  requiring less care;
*Federal mandates requiring documentation within time
  Constraints.

Child Day Care
This issue was tabled for the next meeting.

Department of the Treasury
A Treasury representative was invited to this meeting but
was unable to attend; will be at the next meeting.
Treasury input is needed, due to the fiscal impact of all
issues being addressed.

Refresher Courses
This issue was tabled for the next meeting.

Magnet Recognition
Program
Director/DVHS invited Ms. Mary Moon Allison to the 9
July meeting, she required a consultant fee, lodging and
travel reimbursement. COL Morrissey located another
individual within the state who will accept reimbursement
for mileage only. This individual will be present at the
next meeting to discuss the Magnet Recognition Program.

CNA Titles
This issue was tabled for the next meeting.

Job Satisfaction Surveys
This issue was tabled for the next meeting.

Military Augmentation
This issue was tabled for the next meeting.

DOH&SS
Under current DOH&SS regulations, volunteers cannot
feed residents. Current regulations state, personnel who
feed residents must work within the Department of
Nursing (at each facility). This issue is closed.

Adjournment
11 a.m.
NURSING SHORTAGE TASK FORCE
AGENDA
13 August 2002

Review of 23 July Minutes

Department of Military and Veterans Affairs:

Review Draft Report
Prioritization of Strategies

Department of Personnel:

CNA Title Reclassification

Chief Executive Officers:
Staff Surveys – Job Satisfaction
NURSING SHORTAGE TASK FORCE
AGENDA
27 August 2002

Review of 13 August Minutes

OMB (Department of the Treasury) Report:
   Conversion of Full Time to Part Time Positions

Final Report to The Adjutant General:
   Discussion of Strategies
   Feasibility Analysis Review
NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

NURSING SHORTAGE TASK FORCE MEETING

Tuesday, 13 August 2002
Lawrenceville Armory

MINUTES

The 6th meeting of the Nurse Recruitment Task Force was held on 13 August 2002, 9 a.m., at the Lawrenceville Armory. The following individuals were in attendance:

Colonel Maria Morgan, Department of Military and Veterans Affairs
Colonel Emil H. Philibosian, Department of Military and Veterans Affairs
Mr. James L. Brey, Department of Military and Veterans Affairs
Mr. J. Scott Clemmensen, Capital Health Systems
Mr. Kenneth G. Connors, American Legion
Ms. Noreen D'Angelo, Department of Health and Senior Services
Lt. Colonel Dennis W. Devery, Department of Military and Veterans Affairs
Major Edith S. Freyer, AMVETS
Dr. Melvin H. Friedman, Menlo Park Veterans Memorial Home
Captain Robert W. Hughes, Department of Military and Veterans Affairs
Ms. Amy Laird, Department of Personnel
Mr. Paul R. Langevin, Health Care Association of New Jersey
Mr. James W. Manning, Veterans of Foreign Wars
Mr. Richard O. Martin, Military Order of the Purple Heart
Mrs. Ronnie McGreevey, Muhlenberg Schools of Nursing
Mr. John G. Mooney, Veterans of Foreign Wars
Mr. Charles R. Myers, Department of Human Services
Colonel Kathleen A. Morrissey, Department of Military and Veterans Affairs
Mr. Paul Serdiuk, Department of Military and Veterans Affairs
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<td>Purpose</td>
<td>Nursing shortage challenges presently being experienced will be addressed in the areas of recruitment and retention. The Governor and Department’s priority is to obtain adequate staffing at the three New Jersey Veterans Memorial Homes.</td>
</tr>
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<td>Committee Deadline</td>
<td>Recommendations for long and short-term strategies are to be forwarded to the Governor’s Office by 1 September 2002 for approval, action, and legislative support.</td>
</tr>
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<td>Acceptance of Minutes</td>
<td>Co-Chair Maria Morgan called the meeting to order. She then asked the committee for comments/corrections to the meeting minutes of 23 July. On a motion made by Mr. Brey and seconded by Mr. Connors, the minutes were accepted. All members were in favor.</td>
</tr>
</tbody>
</table>
| Materials Distributed | *Second draft of the Nursing Shortage Task Force Report to The Adjutant General;  
*Priority Ballet;  
*Update on federal legislation H.R. 3487;  
*Circulars listing employment opportunities at Robert Wood Johnson University Hospital and the Division of Mental Health Services. |
| Challenges in Nursing | Challenges:  
*Budget constraints;  
*Medicare participant reimbursement;  
*Staff substitution for lesser functions of resident care, i.e., feeding, ambulating;  
*Staffing for the closed wing at Menlo Park;  
*Union contracts;  
*Aging nursing population;  
*Competitive health care market and services;  
*Reassessment of residents to determine placement, i.e., long term care versus assisted living arrangements;  
*Staff certification requirements differing between DMAVA and DHS;  
*Salary increases will not solve the problem;  
*Set schedule for every weekend assignments;  
*Lack of sign-on/referral bonuses;  
*Lack of tuition reimbursement/scholarship funding; |
Nursing Shortage Task Force Report to The Adjutant General

*Staffing level ratios differ, i.e., 4.1 nationally, 3.2 in the private sector, and 2.9 in DMAVA;
*Reconfigure facility to accommodate residents requiring less care;
*Federal mandates requiring documentation within time constraints.

The second draft of the Nursing Shortage Task Force Report to The Adjutant General, dated 13 August, was distributed to all. This report includes strategies and recommendations on both a short and long-term basis. A ballot was distributed and task force members were asked to rank, in priority order, their top five recommendations. The ballots were collected and tallied. Task Force members stated that several strategies should be grouped, such as tuition reimbursement and bonuses, shift differential and workweek change, and nurse recruiter and refresher courses. Suggestion was made to include a feasibility study with the Task Force Report on overtime and agency nurse expenditures at the three New Jersey Veterans Memorial Homes. Funds spent on agency and contract nurses could be used to implement recommendations. Annex D regarding Child Day Care Services will be incorporated into the report at a later date.

Job Satisfaction Surveys

The nursing shortage surveys from the three New Jersey Veterans Memorial Homes were discussed. There was a minimal number of responses received from employees:

*Decreased time for patient care;
*Negative work environment;
*Increased patient load;
*Quality of nursing care has declined;
*Employees are exhausted and discouraged;
*“Floating” between units.

Responding to surveys can be compared to voter turnout during elections; poor turnout. Suggestions for improving surveys:

*Word surveys differently;
*Keep questions positive (perhaps negative wording of questions illicit negative response);
*Employees ask, why respond, nothing will get done (change to show input brings results);
*Use survey team that is not part of the workplace;
*Communicate (DMAVA has Task Force working on
**Recommended Priority Strategies**

Tabulation of ballots; issues listed in priority order:

1. Salaries – increase of salaries for RNs & LPNs;
2. CNA every-other-weekend off and title change;
3. Nurse Recruiter Position – new position responsible for recruiting nurses and refresher courses;

**Legislative Update**

H.R. 3487, the Nurse Reinvestment Act, passed both Houses as amended by the Senate and became Public Law 107-205 on 1 August 2002. H.R. 3487 authorizes appropriations for all programs from FY 2003 through FY 2007.

**CNA Titles -- Classification Issue**

A positive meeting was held between DMAVA, DOP, and the Governor's Office of Employee Relations (OER). All would like something in place before contract negotiations.

CNA licensure is a state and federal requirement. It is not a classification issue. Per DOP, the basic tasks/duties are the same except for certification.

The following was noted:

*CNAs must attend a 90 hour training course;
*CNAs pass examination for certification;
*Job duties are different (the needs of the population served within the three New Jersey Veterans Memorial Homes);
*Can be compared to RNs in the private sector; nurses are paid for their specialty skills or certifications, i.e., Operating Room Nurse, Critical Care Nurse, etc.

**Governor’s Office of Employee Relations Meeting (OER)**

Follow up correspondence will be forwarded to the OER and DOP.

**Public Affairs Office**

PAO was questioned about job fairs, advertisements in
local newspapers, and a video portraying the New Jersey Veterans Memorial Homes. PAO is currently running articles regarding nurses, CNAs, etc. in local newspapers. This is an area that must be addressed daily, 52 weeks a year.

Feasibility Analysis

Everyone was asked to review all the initiatives included in the Feasibility Analysis of the draft report, including monies proposed for the increase in salaries and shift differential (whether we are offering enough), and report on at the next meeting.

Motions Made

The ballots were counted. A motion was made by Mr. Brey and seconded by Ms. D’Angelo to focus on 4 short-term and 4 long-term strategies. All members were in favor. All strategies will eventually be addressed. The Department will initially focus on the top four (4) strategies.

On a motion made by Colonel Morgan and seconded by Ms. Laird, it was agreed to move foreign nurse recruiting from short term to long term strategy, due to overall cost, investment in resources, and may be difficult to pursue as a state agency. All members were in favor.

Department of the Treasury

An OMB representative will provide a cost analysis at the next meeting with regard to the conversion of one 40-hour position to two or three part-time positions.

Adjournment

11:10 a.m.

Next Meeting

27 August 2002, 10 a.m. to 12 p.m., in the Lawrenceville Armory classroom. Following the meeting, there will be a luncheon hosted by Colonel Morgan and Colonel Philibosian in the Garden Room of the armory thanking everyone for their support.

Please confirm your attendance at the next meeting and luncheon by contacting Ms. Karen Wallace at 609-530-6766.
Addendum to minutes of 13 Aug 2002 meeting

The following is an analysis of the Nursing Shortage Task Force (NSTF) prioritization of the actions to be taken, both short term and long term, to address the current nursing shortage faced by DMAVA.

Methodology:

- 22 Task Force members provided input and discussion subsequent to review of the first draft of the report to the Adjutant General of the Nursing Shortage Task Force.
- The twenty (20) strategies developed and identified were categorized into "short term" and "long term" categories.
- Scoring was accomplished by identifying the five (5) most important overall strategies, and then ranking the strategies from 1-5, with 1 being the most important with subsequent strategies in descending order of importance, inclusive of both short term and long term strategies.
- Ranking was accomplished by tabulating the "raw" unweighted score for each strategy.

The following strategies are listed in descending order of importance, regardless of short term or long term designation.

1. **Salaries.** Joint request with DHS to increase the salaries of both RNs and LPNs.

2. **Certified Nurse Aide (CNA) Weekend Schedule.** Request necessary changes to allow CNAs every other weekend off.

3. **Nurse Recruiter.** Create a new position responsible for recruiting nurses for the three Veteran Nursing Homes.

4&5. **Nursing Bonuses.** Create the following bonus programs; Retention Bonus, Educational Incentive Bonus, and Recruitment Bonus.
Recruitment Strategies

Compensation Strategies

- Adjust RN salary scale, moved midpoint to 6 years
- Create a higher RN salary scale for units where there is a market demand

- Certification Pay
- Weekend Program 36 hours pay for 24 hours worked
- Summer Bonus Program for working extra shifts
Retention Initiatives

New Employee Follow Up

- Nurse Manager welcome letter
- New employee orientation
- New employee preceptor
- Recruiter 90 day follow up with new employee
Retention Initiatives – Cont’d

Compensation Initiatives

- RN Preceptor Pay
- Preceptor Bonus if new employee stays 1-2 years
- RN Charge Pay
- Unit New Employee Retention Bonus
  (Based on retention, turnover, reduction in agency use)
- New RN salary scales
Retention Initiatives – Cont’d

Employee Benefits Initiatives

- Ensure benefits program is competitive
- Educate employees on benefits to improve perception
- Implement benefits that recognize employee longevity
  ➢ 100% Educational Assistance for 10 years of service
  ➢ 50% employer match up to 2% of salary on an employee TSA contribution at 15 years of service
  ➢ Increase in pension contribution with years of service
  ➢ Increase in amount of vacation with years of service
Retention Initiatives – Cont’d

Employee Activities

• Employee Service Awards
• CHS sponsored sporting events
• Employee Activities Committee
Community Applicant Development Strategies

Relationship with High Schools and Colleges

- Trenton H.S. Medical Arts Academy
- H.S. students internship program
- College students summer externship program
- Relationships with College of NJ, MCCC, BCCC
- Career day for Guidance Counselors
- "Bring your Child to Work Day"
Recruitment & Retention Communications

Applicant Information

- 'Brand” recognition in advertising
- Internet website advertising
- Recruitment display
- Recruitment brochures
- College Loan Forgiveness Program
Recruitment & Retention
Communications – Cont’d

• Employee Information

- Capital Letter (Employee News Letter)
- E-mail
- Pulse (Quarterly CHS Magazine)
- Bulletin Boards (Employee Activities, Benefits, Job Openings)
- Department Meetings
- CHS Town Meetings (Employee Meetings with CEO)
- Benefits Communication Plan
- Employee Referral Program
SIGN-ON BONUSES!!!

All Registered Nurses who join the nursing team at Capital Health System will receive a sign-on bonus based on the following schedule:

<table>
<thead>
<tr>
<th>Payment Schedule</th>
<th>Telemetry, NICU, ED, OB, Dialysis</th>
<th>All other new RN's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following 90 days of employment</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Following six months of employment</td>
<td>$2,000</td>
<td>n/a</td>
</tr>
<tr>
<td>Following one year of employment</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$5,000</td>
<td>$2,000</td>
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Please call your Nurse recruiter for further details!

Sharon Newman (Fuld Campus)
609-815-7574

Debbie Karl (Mercer Campus)
Recruiting & Retention Measurement

- Employee Turnover
- Exit Interview Information
- Hire and Term Information
- Number of Open Positions
- Utilization of Agencies for RNs
RN Turnover Comparison To All Employees

12 Month Turnover
- RNS – 18.7%
- All Emps. – 16.9%
2002 RN Hires and Terms

- Terms

- Hires
The NJ Hospital Association Provides...

- Member Education

- Nursing Summits - Quality Patient Care Advisory Committee

- Colleagues in Caring partnership

- Center for Nursing and Health Careers
NJ Legislative Measures

- Several bills were introduced in Trenton last session to address the problem of recruitment, retention and education. Through efforts of the NJHA and the State Nurses Association the following bills were signed into law by Acting Governor DiFrancesco:
  - **S-2208/A-3302** (Matheussen/Thompson) – Enters New Jersey in multistate compact to reduce obstacles for out-of-state nurses
  - **A-3345/S-2204** (Sinagra/Vitale) - Provides funding to the Rutgers College of Nursing to expand their New Brunswick facilities to train more nurses
AND VETERANS AFFAIRS

NURSING SHORTAGE TASK FORCE MEETING

Tuesday, 27 August 2002

Lawrenceville Armory

X. MINUTES

The 7th meeting of the Nurse Recruitment Task Force was held on 27 August 2002, 10 a.m., at the Lawrenceville Armory. The following individuals were in attendance:

Brigadier General Glenn K. Rieth, Department of Military and Veterans Affairs
Colonel Maria Morgan, Department of Military and Veterans Affairs
Colonel Emil H. Philibosian, Department of Military and Veterans Affairs
Mr. Heath Bernstein, Department of the Treasury
Mr. James L. Brey, Department of Military and Veterans Affairs
Mr. J. Scott Clemmensen, Capital Health Systems
Ms. Noreen D'Angelo, Department of Health and Senior Services
Lt. Colonel Dennis W. Devery, Department of Military and Veterans Affairs
Major Edith S. Freyer, AMVETS
Dr. Melvin H. Friedman, Menlo Park Veterans Memorial Home
Captain Robert W. Hughes, Department of Military and Veterans Affairs
Mr. Paul R. Langevin, Health Care Association of New Jersey
Ms. Gay Lutton, Department of Human Services
Mr. John G. Mooney, Veterans of Foreign Wars
Mr. Charles R. Myers, Department of Human Services
Colonel Kathleen A. Morrissey, Department of Military and Veterans Affairs
Ms. Doris R. Neibart, Paramus Veterans Memorial Home
Mr. Joseph E. Romano, Vineland Veterans Memorial Home
Mr. Paul Serdiuk, Department of Military and Veterans Affairs
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<td>Acceptance of Minutes</td>
<td>Co-Chair Colonel Maria Morgan called the meeting to order and asked the committee for comments/corrections to the meeting minutes of 13 August. Ms. Amy Laird, DOP forwarded amendments to the meeting and also to the final document. On a motion made by Mr. Langevin and seconded by Ms. D'Angelo, the minutes were accepted as amended. All members were in favor.</td>
</tr>
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<td>Materials Distributed</td>
<td>August 27, 2002 draft of the Nursing Shortage Task Force Report to The Adjutant General; Amendments to the 13 August minutes from DOP.</td>
</tr>
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<td>Challenges in Nursing</td>
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*Staffing level ratios differ, i.e., 4.1 nationally, 3.2 in the private sector, and 2.9 in DMAVA;
*Reconfigure facility to accommodate residents requiring less care;
*Federal mandates requiring documentation within time Constraints.

A motion was made by Mr. Langevin and seconded by Ms. D’Angelo to amend the minutes as requested by Ms. Amy Laird, DOP. A positive meeting was held between DMAVA, DOP, and the Governor’s Office of Employee Relations (OER). Those present discussed proposals for scheduling options that would cover all nursing titles; RNs, LPNs, and CNAs. These options would promote greater flexibility, provide scheduling options that would positively impact the ability to recruit and retain employees, and help to reduce overtime costs. Ms. Laird also stated DOP’s position regarding CNAs, i.e., licensure, is a federal requirement. DOP has not determined the certification/licensure of CNAs has impacted the duties being performed, thereby warranting a new classification/title. Regarding the creation of CNA 1 and 2 titles, change to “Establish a distinction and/or create a means to compensate HSA and HST positions working in DMAVA long term care facilities, required to hold a CNA license, from those in other environments. To be accomplished either through use of a new title or by negotiating an educational bonus for these employees.”

Mr. Heath Bernstein has been assigned to DMAVA from the Office of Management and Budget. Considering the gravity of the current nursing situation, he is suggesting that DMAVA take vacant full time nursing and direct care positions in the three homes and convert them into part time positions. These part time positions would have partial benefits; no health care benefits. This will assist DMAVA in reducing the use of contract nurses, will save money, and has no impact on DMAVAs budget. It was agreed to by the CEOs and FD to begin slowly, converting 2 full time positions to 4 part time positions. All agreed the nursing recruitment issue changes from day to day; no one is able to project the needs of tomorrow. At this time, DMAVA is not able to fill all vacant direct care positions; it is worth the try to change a few positions from full to part time. The DHS representative suggested moving forward with the conversion of full time to part time, slowly. DHS did not relinquish full time positions; they
used Temporary Employment Services (TES). All agreed taking full time positions and changing them to part time is not the difficult piece; reversing will be more difficult. On a motion made by Mr. Brey and seconded by Dr. Friedman, CEOs are to identify which full time positions they want converted to part time positions and forward this information to the Director/FD.

The final draft of the Nursing Shortage Task Force Report to The Adjutant General was distributed. The following information is still needed to finalize the report:

*Child Day Care Proposal;
*Minutes of 27 August 2002;
*Amendments from the DOP representative;
*Capital Health Systems Presentation

Review of Final Draft by Section:

*Executive Summary: It was decided that only the legislative bill that directly impacts DMAVA will be included in the Executive Summary. All legislation will be included in an Appendix. On a motion made by LTC Devery and seconded by Mr. Langevin, an Appendix will be included with a broad spectrum of issues that are related to nursing legislation.

Nursing Shortage Task Force: On a motion made by Colonel Philibosian and seconded by Mr. Serdiuk, “Nursing Shortage Task Force” should be inserted at the top of Page 4.

Background: On a motion made by Colonel Philibosian and seconded by Mr. Romano, this section was approved as is.

Short-Term Strategies

A proposal was received from Ms. Laird to amend the CNA weekend to a subheading of “Flexible Scheduling Options for All Nursing Titles.” Also, she suggests the first Short-Term Strategy regarding changes in the CNA title be amended to “Look at establishing a distinction and would create a means to compensate HSA and HST positions working in DMAVA long term care facilities” as opposed to current wording.
Under “Nurse Recruiter,” remove “...both domestic and foreign....”

A motion was made by Mr. Serdiuk and seconded by Colonel Morrissey to accept all Short-Term Strategies as is.

**Long-Term Strategies**

Under Staffing Level Ratio Strategy, remove “Recruit qualified nurses from foreign countries.”

Colonel Morgan made a proposal to have a separate Long-Term Strategy on Foreign Nurse Recruitment. Dr. Friedman requested to be on record, that he is opposed to employing foreign nurses for a number of reasons. There are housing, cultural, and supervisory problems. Due to their culture, it is difficult for foreign nurses/Philippine nurses to supervise subordinates. This is a problem in long-term care facilities, as the RN is often the only professional/supervisor on a unit. Colonel Morgan made a motion to adopt the Long-Term Strategy section with the modification to add Foreign Nurse Recruitment as a task for the nurse recruiter. The recruiter will examine the feasibility of establishing a Foreign Nurse Recruitment Program. Remove the language “recruit qualified nurses from foreign countries” from the Staffing Level Ratio Strategy.

**Shift Differential:** A motion was made by Colonel Morgan and seconded by Mr. Brey to delete the Shift Differential under Long-Term Strategy and incorporate the concept into the Nursing Salary Increases under the Feasibility Analysis.

**Alternative Work Program:** Mr. Romano stated he does not wish to limit shifts to 13 hours and 20 minutes. We may want to develop a 4-day, 10-hour workweek. The Department should leave options open. Participating in flexible scheduling, we will better meet the needs of the employees.

A motion was again made by Colonel Morgan and seconded by Mr. Brey to adopt the following changes in the Long-Term Strategies:
*As previously discussed, develop a separate strategy on Foreign Nurse Recruitment.
*Deletion of Shift Differential; incorporate into the Salaries Strategy.
*Modification of the language on the Alternative Work Program as a Flexible Alternative Work Schedule.

Feasibility Analysis

A motion was made by Colonel Morgan and seconded by Mr. Brey to eliminate the Shift Differential bullet.

Recommendations of the Task Force

Colonel Morgan stated the CNA title change was not included in the Recommendations of the Task Force due to the fact that it has a $4 million price associated with it. Mr. Bernstein stated it will not be considered a priority and will be ignored if we do not list the recommendation. It should be included.

Suggestion was made not to prioritize recommendations.

A motion was made by Mr. Brey and seconded by Captain Hughes to remove numbers and headings, keep dollar figures, and alphabetize bullets in the Recommendations of the Task Force.

Appendix

A motion to adopt the Appendix was made and approved by all Task Force members.

Closing

Brigadier General Rieh and Colonel Morgan thanked everyone for their dedication and hard work, especially with the final document changes. The Adjutant General will be taking this report to the Governor's Office within the next week. The final report will be mailed to all Task Force members.

Adjournment

12:15 p.m.
X. Appendix C

iNOVAR Price Quote

The following is a breakdown of costs for the implementation of this computer system.

- License Cost
  
  650 licenses @ $90.00
  
  $58,500.00

- Implementation Cost
  
  650 licenses @ $25.00 per license
  
  $16,250.00

- Training Cost
  
  20-30 students for 2 sessions
  
  $2,800.00

- Annual Support
  
  650 licenses @ $95.00 per license for 24/7
  
  $15,437.50

- iNOVAR Server & Client Fee
  
  iNOVAR Server Licensing Fee
  
  50 People requiring access to iNOVAR Application
  @ cost of $70 per client/License Fee
  
  $3,500

  - iNOVAR Resource Management System runs on a Lotus Notes and Domino Software Platform. The pricing above applies to the Lotus Products that are required to run iNOVAR
  
  - An iNOVAR Client Access License is required for each person accessing iNOVAR via the Web.
  
  - Each PC will need a Web Browser and an Internet Connection
  
  - These charges may vary depending on whether or not the facility is currently using Lotus Notes/Domino
  
  - First year maintenance is included in price. After that, the annual maintenance charge is $9 per client.
  
  - Pricing is based on Lotus Pricing effective February 1, 2002 and is subject to change based on Manufacturer Pricing Changes.

- Total Cost
  
  Total free for 1-year service with 24/7 support
  
  $98,731.50
XI. Appendix D

*Child Day Care Center Price Quote*

A recommendation of the Nursing Shortage Task Force, NSTF, to attract and retain nurses was to provide child daycare at the Veteran's Homes. The following is a brief cost overview of the daycare recommendation.

Child daycare is broken down into two categories:

1. **Voucher System.** This allows nurses and other Veteran Home employees, to utilize a pre-existing child day care center located within close proximity of the facility at a discounted rate. DMAVA would negotiate a specific price, lower than the existing rate, for X number of discounted slots to be utilized by the employees of that Home needing child daycare.

2. **On Site Center.** A certified child daycare provider enters into partnership with DMAVA to provide child daycare services on the grounds of the Veteran Home. The Home's would provide the actual physical facilities and certain support services to the provider. In return, the provider would reduce the direct cost to the employees using the services.

Childcare is composed of three identified classifications:

- Infant. Age range from 6 weeks to 17 months
- Toddlers. Age range from 18 months to 35 months
- Pre-school. 36 months and older

Costs for the above classifications are based on predetermined caregiver to child ratios established by the Division of Youth and Family Services. Consequently the younger the infant the lower the ratio and increased costs.

The following cost analysis is based on currently contracted childcare with a New Jersey State department. All cost is based on a monthly basis.

Cost is based on 45 slots

- Infant - $715.00
- Toddler - $660.00
- Pre-school - $625.00

Median cost for 45 slots @ $667.00 = $30,030.00
Note: this cost does not represent the cost for space, utilities and maintenance.

The following costs are for a voucher system of childcare.

Costs of daycare $900.00 per month.
Less a 25% discounted slots = $675.00
Total cost of 10 discounted slots = $6,750.00 x 3 Homes = $20,250.00
XII. Appendix E
Capital Health System

REGISTERED NURSE

STAFFING STRATEGIES
Engaged Ernest & Young LLP

- To address RN Staffing Shortage at CHS
- To review the Human Resources Recruitment and Retention activities
- To review the Employee Benefits Plans
- To review the Employee Salary Scales
Ernest & Young LLP Analysis

- Turnover
- Focus Groups
- Compensation
- Benefits
- Recruiting & Retention Practices
2001 RN Voluntary Turnover

Employees with less than three years of service accounted for more than half of overall Nursing turnover though they made up less than 1/3 of the total nursing population.

More than 29% left within the first year of employment.

More than 51% of the Nursing separations, left during their first 3 years of employment.
2001 Nursing Voluntary Turnover By Tenure

- <1 Year: 19.7%
- 1-3 Years: 29.5%
- 3-5 Years: 19.7%
- 5-10 Years: 9.8%
- 10+ Years: 21.3%
12 Months Turnover Cash Costs

21.7% Overall Turnover Rate 12 months

<table>
<thead>
<tr>
<th>REPLACEMENT COSTS</th>
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<tbody>
<tr>
<td>Cost Per Replacement FT/PT</td>
<td>$12,414</td>
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<table>
<thead>
<tr>
<th>VACANCY COSTS</th>
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<tr>
<td>Cost Per Vacancy FT/PT</td>
<td>$29,144</td>
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<table>
<thead>
<tr>
<th>TOTAL CASH COSTS</th>
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<tr>
<td>Total Cash Costs Per Separation FT/PT</td>
<td>$41,558</td>
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</table>
Focus Groups

- Employees were asked to pick, from the following list, the two most positive aspects about working at Capital Health System.

(Reasons they would stay)

- Employees were asked to pick, from the following list, the two most negative aspects about working at Capital Health System.

(Reasons they would leave)
Focus Group Work Aspect List

✓ Compensation
✓ Career Development Opportunities
✓ Work Schedule
✓ Work Intensity
✓ Work Atmosphere
✓ Facilities
✓ Immediate Supervisor
✓ Benefits
✓ Work/Life Support
✓ Job Security
### Focus Groups: Category Ranking Summary

#### Negative Ranking
1. Work Intensity
2. Compensation
3. Benefits
4. Facilities

#### Positive Ranking
1. Work Schedule
2. Work Atmosphere
3. Career Development
4. Job Security
Compensation Analysis

Findings:

- Not competitive in the time it took to reach midpoint of salary grade (8-10 years)
- Little acceleration of pay increase in the first few years of service

Recommendations:

- Reduce the number of years to reach midpoint of grade to 6 years
- Accelerate pay increase in the first few years of service, with a "flattening out" in subsequent years
Benefits Analysis

• Evaluate competitiveness of benefits with other hospitals

• Increase health insurance options

• Analyze paid sick time off program
Recruiting and Retention Practices

- Reduce Overall Turnover Rate
- Reduce Vacancy Rate
- Reduce Time Fill Open Positions
- Shift From Agency to Staff Working Supplemental Hours
Solutions

Compensation & Benefits
- Align compensation and benefits
- Accelerate pay to market
- Identify market and competition
- Make investment reallocation decisions

Employment
- Enhance recruiting organization
- Increase applicant pool
- Reduce recruitment cycle times
- Improve selection decisions

SCORECARD

Employee Development
- "Grow Your Own"
- Create career paths
- Provide education and training opportunities
- Develop relationships with nursing schools

New Hire Support
- Improve general and department orientation
- Improve preceptor program
- Develop enhanced specialty orientation
- Develop formal follow up initiatives

Management Practices
- Enhance manager orientation
- Improve supervisor/employee relationships
- Improve flexible scheduling capability
- Hold management accountable
CHS RECRUITMENT & RETENTION INITIATIVES

- Recruitment Initiatives
- Retention Initiatives
- Community Applicant Development
- Communications
- Measurement of Initiatives
Recruitment Initiatives

- Improve the Recruitment Process
  - Hire additional recruitment staff
  - Utilize contract recruiters
  - Automate HR information flow
  - Reduce time it takes to make a job offer
  - Supervisor training
  - Behavioral Interviewing training
Recruitment Initiatives – Cont’d

• Recruitment Sourcing
  - Recruitment nursing school graduates
  - Contact former CHS SON graduates
  - Contact former employees
  - Employee Referral Program (Capital Gains)
  - Participate in Open Houses
  - Hold open houses at CHS
  - Invite RNs to educational programs
  - Foreign Nurse Recruitment (Philippines)
  - Flexible Scheduling (Per Diems, 24/36 Prog.)
NJ Department of Military and Veterans Affairs

Effective 24 DEC 08
# NEW JERSEY NATIONAL GUARD
## ENERGY EFFICIENCY SELF-ASSESSMENT CHECKLIST

<table>
<thead>
<tr>
<th>No.</th>
<th>AUDIT POINT</th>
<th>Y/N</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inspect the exterior of your building.</td>
<td></td>
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<tr>
<td>2</td>
<td>Are exterior doors/windows propped or left open with heat/air conditioning running?</td>
<td></td>
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<tr>
<td>3</td>
<td>Open and close all exterior doors. Are self-closing door mechanisms installed and working properly?</td>
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<tr>
<td>4</td>
<td>Are the garage and bay door closing mechanisms aligned and working properly?</td>
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<td>5</td>
<td>Are the gaskets/seals for the garage, bay, or on other overhead doors serviceable and functioning?</td>
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<tr>
<td>6</td>
<td>Are the overhead doors switched to prevent activation of heating and cooling units when doors are open?</td>
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<td>7</td>
<td>Carefully inspect all openings on your building for cracks and gaps. Is the weather-stripping and caulking around windows, doors, conduits, piping, exterior joints, utility cut-throughs, or other areas of infiltration serviceable?</td>
<td></td>
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<td>8</td>
<td>Are wind screens installed near exterior doors to diffuse or block winter winds?</td>
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<td>9</td>
<td>Are the exterior windows in your building energy efficient thermo-pane or multi-pane windows, or if single pane, are they covered by storm windows?</td>
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<tr>
<td>10</td>
<td>Are the windows in spaces subject to solar heat gain covered with reflective or heat absorbing film?</td>
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<td>11</td>
<td>Are outdoor shading devices or awnings installed for windows with south-southwest exposures?</td>
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<tr>
<td>12</td>
<td>Are all glass panes in your windows and doors serviceable? If/when you find broken or cracked windows, are they quickly replaced?</td>
<td></td>
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<tr>
<td>13</td>
<td>Are the air conditioning condensers shaded to improve efficiency?</td>
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<tr>
<td>14</td>
<td>Landscaping can be practical as well as aesthetically pleasing; inspect to see if the landscaping around your building aids in energy conservation; Are the south-southwest exposures shaded from summer Sun?</td>
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<td>No.</td>
<td>AUDIT POINT</td>
<td>Y/N</td>
<td>REMARKS</td>
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<tr>
<td>15</td>
<td>Does landscaping provide a winter windbreak to north-northeast exposures?</td>
<td></td>
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<tr>
<td>16</td>
<td>Check security lighting to see if it operates efficiently; is Security/outdoor lighting automatically controlled?</td>
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<tr>
<td>17</td>
<td>Are the security lighting levels excessive?</td>
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<tr>
<td>18</td>
<td>Inspect the Interior of your building. Determine which areas of your building are regularly occupied and which areas are used less frequently or are used for storage. Designate these areas as “conditioned” or “unconditioned” spaces. Conditioned spaces are those offices and work areas that are frequently occupied; unconditioned spaces can include offices that are occupied infrequently, hallways, drill floors, supply rooms, etc. openings between conditioned and unconditioned spaces should be treated like exterior openings.</td>
<td></td>
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<tr>
<td>19</td>
<td>Are the walls painted or covered using coatings with good reflectance?</td>
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</tr>
<tr>
<td>20</td>
<td>Are lights turned off in unoccupied spaces?</td>
<td></td>
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<tr>
<td>21</td>
<td>Are lights in common areas and briefing rooms, to include hallways and restrooms controlled by occupancy sensors?</td>
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<tr>
<td>22</td>
<td>Is compact florescent, LED, HID and other energy efficient lighting devices used whenever possible?</td>
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<tr>
<td>23</td>
<td>Many four tube florescent fixtures provide more light than necessary, and over areas that are not being used. Ex. four tubes lighting an area where two tubes will do. The ballasts in florescent fixtures can still consume energy when no tube is installed. Have unnecessary florescent tubes and ballasts been removed, and have the ballasts in non-functioning florescent fixtures been disconnected? Are old ballasts replaced with energy efficient ones when they fail?</td>
<td></td>
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</tr>
<tr>
<td>24</td>
<td>Smaller, lower wattage florescent desk lamps can provide necessary light for specific tasks or work areas without turning on overhead lights; Were applicable, is task lighting used?</td>
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<tr>
<td>No.</td>
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<tr>
<td>25</td>
<td>Are all windows and doors properly aligned and operable, so that they can open and close properly?</td>
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<tr>
<td>26</td>
<td>Are self-closing door mechanisms installed on interior doors that open on to unconditioned spaces?</td>
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<td></td>
</tr>
<tr>
<td>27</td>
<td>Are doors and or windows that open on to unconditioned spaces propped or left open?</td>
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<tr>
<td>28</td>
<td>Are the windows and doors and other openings that separate heated/cooled areas from unheated/uncooled areas adequately sealed?</td>
<td></td>
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<tr>
<td>29</td>
<td>Are other openings between conditioned and unconditioned spaces sealed to prevent air movement and heat transfer?</td>
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<tr>
<td>30</td>
<td>The area above a drop ceiling is most often unconditioned space. Are ceiling tiles serviceable and tight?</td>
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<tr>
<td>31</td>
<td>Building appliances should be inspected for age and condition, as well as to determine if they are Energy Star compliant. Work areas should be free of personal comfort appliances; to include heaters, coffee makers, refrigerators, decorative lighting, televisions, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Do refrigerated drinking fountains or recirculating chilled/heated drinking water systems operate when building is unoccupied? Can they be switched off at the end of the day?</td>
<td></td>
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</tr>
<tr>
<td>33</td>
<td>Many electronic devices continue to draw current when switched off and not in use if plugged in. Electronic devices can be plugged into a switched powerstrip, and the powerstrip switched off when not in use. Are unused electronic equipment and appliances unplugged, or turned off at the power point by using a switched power strip?</td>
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<tr>
<td>34</td>
<td>Is the facility free of personal electric appliances; are all appliances located in a common break area?</td>
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<tr>
<td>35</td>
<td>Are vending machines installed, and do they remain energized during unoccupied periods? (Consult with vending company)</td>
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<tr>
<td>36</td>
<td>Is there a refrigerator in the break area? Is it current and energy efficient?</td>
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<tr>
<td>37</td>
<td>Dust build up on the coils on the back of the refrigerator will reduce efficiency. Are the coils clean and lint free? Is there enough room behind the refrigerator for ventilation for the coils so that heat to escape?</td>
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<tr>
<td>38</td>
<td>Is the seal on the refrigerator door serviceable and tight?</td>
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<tr>
<td>39</td>
<td>Are electronic equipment and appliances in the break area Energy Star compliant?</td>
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<tr>
<td>40</td>
<td>Equipment and appliances with energy management systems often must have the energy management system activated to gain efficiency benefits. Are energy management systems activated?</td>
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<tr>
<td>41</td>
<td>Computers and monitors should be shut down completely, and switched off at the powerstrip at the end of each working day. Network computer CPUs must be turned on each morning, so that the DOIM can install updates and perform scans.</td>
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<tr>
<td>42</td>
<td>Are computers switched off from the power point at the end of each day?</td>
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<tr>
<td>43</td>
<td>Are computer and monitor energy Star features or Power Management systems activated? Are monitors switched off when not in use?</td>
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<tr>
<td>44</td>
<td>Are blinds, curtains or drapes used to help insolate windows? Are the windows in unoccupied spaces covered?</td>
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<tr>
<td>45</td>
<td>Restrooms should have fixtures that are functional and compliant with water conservation measures.</td>
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<tr>
<td>46</td>
<td>Are aerated, flow-restricting heads installed on the showers and sinks?</td>
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<tr>
<td>47</td>
<td>Are plumbing fixtures serviceable and free of drips and leaks?</td>
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<tr>
<td>48</td>
<td>Is the water shut off to leaking fixtures until repairs can be made?</td>
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<tr>
<td>49</td>
<td>Is the potable hot water heater current, serviceable, and energy efficient?</td>
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<tr>
<td>50</td>
<td>Is the Hot water temperature excessive?</td>
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<tr>
<td>51</td>
<td>Is there a time switch on your hot water heater, to provide hot water only when the building is occupied?</td>
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<tr>
<td>52</td>
<td>Are the pipes and the hot water storage tank properly insulated?</td>
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<tr>
<td>53</td>
<td>Are restroom exhaust fans wired to operate only when the lights are turned on?</td>
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<td>AUDIT POINT</td>
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<tr>
<td>54</td>
<td>Programmable thermostats are very useful in conserving energy. Are programmable thermostats installed, and are they being used?</td>
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</tr>
<tr>
<td>55</td>
<td>Are thermostats set to: 68°F in heating season – Day 55°F in heating season – Night 78°F in cooling season – Day Off at night</td>
<td></td>
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<tr>
<td>56</td>
<td>Is the heating system operating on warm days?</td>
<td></td>
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<tr>
<td>57</td>
<td>Are building temperatures adjusted for unoccupied periods?</td>
<td></td>
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<tr>
<td>58</td>
<td>Are thermostats protected by tamper-proof, locking covers? are the thermostats on heating/cooling units are vulnerable to occupant adjustment?</td>
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<tr>
<td>59</td>
<td>Do radiators have thermostatic control valves installed?</td>
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<tr>
<td>60</td>
<td>Are radiators services to bleed trapped are at least twice per season?</td>
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<tr>
<td>61</td>
<td>Are heaters and air conditioners being used in the smallest areas as practicable?</td>
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<tr>
<td>62</td>
<td>Are heating and cooling registers clean, serviceable, and unobstructed?</td>
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<tr>
<td>63</td>
<td>Do heating and cooling systems receive regular scheduled maintenance?</td>
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<tr>
<td>64</td>
<td>Are unoccupied or little used areas are heated or cooled unnecessarily?</td>
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<tr>
<td>65</td>
<td>Are the filters for forced air heating units and ventilation units inspected and cleaned or replaced on a regular basis?</td>
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<tr>
<td>66</td>
<td>Are window and through the wall cooling units removed or properly covered when not in use?</td>
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<tr>
<td>67</td>
<td>Are heating pilot lights on during cooling season?</td>
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<tr>
<td>68</td>
<td>Circulating fans are effective for moving heat from warmer areas to cooler areas and can be used to create a more uniform temperature in difficult to control spaces. Are circulating fans used to move warm air from high ceilings and unused spaces to cooler occupied spaces?</td>
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<tr>
<td>69</td>
<td>Fans can also be useful as an aid for air conditioning units and require much less energy to operate. But fans cool people through convection; they only work if someone is there to feel it. A fan will not cool a room.</td>
<td></td>
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<tr>
<td>70</td>
<td>Is a combination of air conditioning and fans being used to cool work areas?</td>
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<tr>
<td>71</td>
<td>Are fans being employed effectively to cool people – not rooms?</td>
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<tr>
<td>72</td>
<td>Are fans running at the appropriate speed?</td>
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<tr>
<td>73</td>
<td>Is the air conditioning operating on cool days, when opening windows would be effective and appropriate?</td>
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<tr>
<td>74</td>
<td>Operating costs for air conditioners can increase from 3-5% per degree above 78°F. Is the air conditioner temperature setting excessively low?</td>
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<tr>
<td>75</td>
<td>An air conditioner also removes humidity; an oversized unit will cool too quickly, leaving the space cold and clammy. Is the air conditioning unit appropriately sized for the space?</td>
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<tr>
<td>76</td>
<td>Your building SOPs must direct changes to behavior to improve energy efficiency. Do SOPs address energy conservation?</td>
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<tr>
<td>77</td>
<td>Is use of daylight over electric light encouraged? Is daylight being used effectively?</td>
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<tr>
<td>78</td>
<td>Are lights switched off when daylight is sufficient?</td>
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<tr>
<td>79</td>
<td>Are work stations that require high illumination located adjacent to windows?</td>
<td></td>
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<tr>
<td>80</td>
<td>Are activities regrouped/moved into smaller areas which can be conditioned separately from remainder of building?</td>
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<tr>
<td>81</td>
<td>Are off-hour activities rescheduled whenever possible to accommodate partial shutdown of building systems?</td>
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<tr>
<td>82</td>
<td>Can the operating hours for energy using systems be easily extended if necessary to accommodate Off-hour activities?</td>
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<tr>
<td>83</td>
<td>Do personnel close interior shading devices to reduce night heat loss in winter and to reduce solar heat gain during the summer?</td>
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<td>No.</td>
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<tr>
<td>84</td>
<td>Does the building duty roster include a designee each day to close the building; ensuring that all electronic devices, appliances, and computers are shut off at the power point, thermostats are set low, air conditioners and fans are off, curtains/blinds are drawn, and lights are out?</td>
<td></td>
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<tr>
<td>85</td>
<td>Does the building duty roster include a designee each day to ensure that all computer CPUs (not monitors) are turned on each morning to allow for critical updates and scans?</td>
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ADDITIONAL COMMENTS:

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# Ethnic & Gender Statistics

**New Jersey Army / Air National Guard & State of New Jersey**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>NJARNG Membership</th>
<th>% of Guard</th>
<th>NJANG Membership</th>
<th>% of Guard</th>
<th>Combined Membership</th>
<th>Combined %</th>
<th>New Jersey Population</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>3,984</td>
<td>64.2%</td>
<td>1,739</td>
<td>64.9%</td>
<td>5,723</td>
<td>64.4%</td>
<td>5,557,209</td>
</tr>
<tr>
<td>Black</td>
<td>1,150</td>
<td>18.5%</td>
<td>364</td>
<td>13.6%</td>
<td>1,514</td>
<td>17.0%</td>
<td>1,211,750</td>
</tr>
<tr>
<td>Hispanic</td>
<td>650</td>
<td>10.5%</td>
<td>317</td>
<td>11.8%</td>
<td>967</td>
<td>10.9%</td>
<td>1,117,191</td>
</tr>
<tr>
<td>Asian</td>
<td>150</td>
<td>2.4%</td>
<td>52</td>
<td>1.9%</td>
<td>202</td>
<td>2.3%</td>
<td>480,276</td>
</tr>
<tr>
<td>Native American</td>
<td>13</td>
<td>0.2%</td>
<td>5</td>
<td>0.2%</td>
<td>18</td>
<td>0.2%</td>
<td>19,492</td>
</tr>
<tr>
<td>Other</td>
<td>260</td>
<td>4.2%</td>
<td>201</td>
<td>7.5%</td>
<td>461</td>
<td>5.2%</td>
<td>28,432</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>6,207</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>2,678</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>8,885</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>8,414,350</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>NJARNG Membership</th>
<th>% of Guard</th>
<th>NJANG Membership</th>
<th>% of Guard</th>
<th>Combined Membership</th>
<th>Combined %</th>
<th>New Jersey Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5,277</td>
<td>85.0%</td>
<td>2,146</td>
<td>80.1%</td>
<td>7,423</td>
<td>83.5%</td>
<td>4,038,888</td>
</tr>
<tr>
<td>Female</td>
<td>930</td>
<td>15.0%</td>
<td>532</td>
<td>19.9%</td>
<td>1,462</td>
<td>16.5%</td>
<td>4,375,462</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>6,207</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>2,678</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>8,885</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>8,414,350</strong></td>
</tr>
</tbody>
</table>