

September 13, 2024

Owen Foster, Chair
Green Mountain Care Board
144 State Street
Montpelier, VT 05602

Re: UVMHC FY2025 Hospital Budget Review Comments

Dear Chair Foster and Members of the Green Mountain Care Board,

Thank you for the opportunity to submit a comment in support of the University of Vermont Medical Center's FY2025 budget proposal.

Access to high quality care for Vermonters is dependent on a highly functioning, well qualified and competent workforce. This can only be achieved when hospitals have the financial agility to invest in supporting the nursing workforce, and in creating a safe environment for staff and patients.

Investing in the nursing workforce does not generate revenue, but it is essential to maintain the health care services that do. The needs of the nursing workforce have grown – whether they are students, novice or experienced nursing professionals. Novice nurses must be supported with transition to practice programs and innovative precepting models.¹ UVMHC experienced a 165% increase in hiring new graduate nurses from 2019 to 2024.² The result is that approximately one-third of the UVMHC workforce has five years or less of experience. Experienced and novice nurses should be supported by mentorship and well-being programs that promote a healthy work environment.³ These evidence-based programs are necessary to improve the retention of nursing professionals and reduce the dependence on hiring new graduate nurses. The time, resources, equipment, facilities, and personnel required to provide high quality programming and onboarding are non-revenue generating expenses that are essential to a hospital's viability, and the quality of the care. To do more with less, will threaten our ability to develop and maintain the high-quality workforce that is a necessary part of patient safety and accessibility.

¹ The IOM's report on the Future of Nursing, includes strategies to support the growth and development of the workforce to support nursing's professional transition to the baccalaureate degree as an 80% prepared workforce, practicing at the full scope of nursing's licensure, and supporting student nurses transition into clinical practice. A key recommendation was the implementation of Nurse Residency or Transition to Practice Programs as a best practice.

Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. National Academies Press (US).

² In 2019 UVMHC hired 93 new graduate nurses while YTD in 2024, UVMHC has hired 154. Totaling all new graduate nurses hired from 2019 to YTD 2024, this accounts for 762 new graduate nurses hired. While there is attrition in this group, this demonstrates the magnitude of experience change in the workforce and recognition of the need to support their professional development through continuing education and training.

³ Recognizing the healthcare workforce instability and crisis, the NAM convened an expert panel to develop the National Plan for Health Workforce Well-Being. This is a comprehensive plan to address strategies to improve the health and well-being of the workforce through a healthy work environment. It provides recommendations for policymakers, health system and hospital leaders, academic program leaders, and clinical professionals. In Priority Area No. 1: Create and Sustain Positive Work and Learning Environments and Culture, they provide recommendation 1.2.D. *Establish mentorship programs to help all health workers thrive in educational, training, and practice environments*. National Academy of Medicine. 2024. *National Plan for Health Workforce Well-Being*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26744>.

Creating a positive learning environment for all healthcare learners is a part of the UVMHC educational mission. The organization serves as the largest clinical site for the three academic nursing programs in the state: the University of Vermont, Vermont State University and Norwich University. This provides approximately 950 individual clinical placement spots for student nurses to work directly in our clinical environment year-round. Additionally, there are nursing assistant trainees, therapy students, paramedic students, social work students, and medical students all within the same clinical space seeking a positive learning experience – to advance their knowledge and serve their community in the future. Investing in resources to support our clinical environments for managing increasing student numbers, as well as novice staff is necessary to maintain quality care. A positive learning environment for both students and novice staff, managed by experienced staff and leadership, can only be developed and maintained when resources are available to provide development, or to implement innovative new strategies like dual-service agreements for Clinical Faculty positions with academic partners.

Escalating violence in patient care environments has contributed to the health care workforce crisis. The need to address workplace violence led the Legislature to enact Act 24 of 2023: *An act relating to crimes against health care workers at hospitals and against emergency medical treatment providers*⁴. Health care workers are five times more likely to experience violence than other professions; a national nursing survey reported 119% increase in workplace violence from March 2021 to March 2022.⁵ Workplace violence contributes to workforce attrition, lack of engagement, and quality of care. Hospitals need flexibility to invest in safe facilities and workplace violence prevention to sustain the workforce, and hospitals' capacity to provide care for their communities.

Hospitals must be able to invest in providing training to keep the workforce safe through de-escalation and self-defense practices, and through a patient centered lens. This training such as Management of Aggressive Behavior (MOAB), Professional Assault Crisis Training (ProAct), and Trauma Informed Care require 4 to 16 hours of class time each and have annual or bi-annual certification requirements – for an organization of 2,000 nurses and thousands more direct care staff, this is a dedicated investment in education and training, as well as the infrastructure to maintain these programs. Hospitals must be able to invest in their aging facilities to employ necessary safety mechanisms like panic buttons, magnetometers, ballistic glass for emergency department triage spaces, lockdown doors, and other costly measures to protect the most precious healthcare resource – the workforce. This can only be accomplished if hospitals have the financial ability and flexibility to invest in these necessary strategies to protect the workforce and maintain access to high-quality care.

Supporting the UVMHC budget as proposed supports the current and future healthcare workforce and our community's access to high-quality care.

Thank you,

Betsy Hassan, DNP, RN, NEA-BC, NPD-BC
Director, Nursing Education & Professional Development
The University of Vermont Medical Center

⁴ [Act 24 of 2023: An act relating to crimes against health care workers at hospitals](#), codified at 13 V.S.A. §§ 1023, 1702; and 18 V.S.A § 1883, (On May 30, 2024, Governor Scott signed Act 24, which allows for hospital staff, and emergency medical treatment providers in pre-hospital and hospital settings to obtain assistance from law enforcement to arrest criminally violent, medically stable individuals. Currently the Law Enforcement Advisory Board has issued a Model Policy that will be used for training and implementation in the near future.

⁵ Ninan, R. J., Cohen, I. G., & Adashi, E. Y. (2024). State Approaches to Stopping Violence Against Health Care Workers. *JAMA : The Journal of the American Medical Association*, 331(10), 825–826. <https://doi.org/10.1001/jama.2024.1140>