



Roy Cooper, Governor

Todd Ishee, Secretary

TO: Joint Legislative Oversight Committee on Justice and Public Safety

FROM: Todd E. Ishee, Secretary 

RE: Nurse Staffing at State Prisons Report

DATE: February 17, 2023

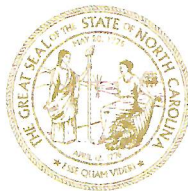
S.L. 2021-180

SECTION 19C.5.(a) The Department of Public Safety [Adult Correction] shall report the following information to the Joint Legislative Oversight Committee on Justice and Public Safety by February 1, 2022, and by February 1, 2023:

- (1) The total number of permanent nursing positions allocated to the Department, the number of filled positions, the number of positions that have been vacant for more than six months, and information regarding the location of both filled and vacant positions.
- (2) The extent to which temporary contract services are being used to staff vacant nursing positions, the method for funding the contract services, and any cost differences between the use of permanent employees versus contract employees.
- (3) A progress report on the implementation of its plan to (i) reduce the use of contract services to provide nursing in State prisons and (ii) attract and retain qualified nurses for employment in permanent positions in State prisons.

MAILING ADDRESS:
 5201 Mail Service Center
 Raleigh, NC 27699-5201

OFFICE LOCATION:
 214 W. Jones St
 Raleigh, NC 27603



An Equal Opportunity Employer

FROM THE OFFICE OF:
 Todd Ishee
 Secretary
 Telephone: 919-457-1155

<https://dac.nc.gov>

The COVID-19 pandemic has had a significant and negative impact on the nursing workforce nationwide. The challenge of recruiting and retaining nursing staff in a correctional environment has been exacerbated by high vacancy rates, mandatory overtime, staff burn out and staff choosing to leave the profession. Additionally, the agency continues to have difficulty with maintaining the pace of increasing market salaries for nursing staff making it impossible to compete with more lucrative nursing opportunities offered by community partners.

Within the prison system all time high vacancy rates of both full-time and agency personnel have been mitigated by reducing hours of nursing coverage at 50% of prison locations and reducing the number of inpatient hospital beds at Central Prison Health Care Complex. This has caused the Agency to continuously lean on Kindred Hospital in Greensboro to house over 30 patients routinely over the past 2 years. This creates greater cost and greater security risk to the agency, the tax payers and the public at large.

North Carolina faces a shortfall of 13,000 nurses, ranking it among the top states for experiencing extreme nursing shortage. Although this report focuses on staffing, technology and automation strategies are also being applied to meet patient care needs.

Nursing Staffing at State Prisons

- (1) The total number of permanent nursing positions allocated to the Department, the number of filled positions, the number of positions that have been vacant for more than six months, and information regarding the location of both filled and vacant positions.**

For purposes of this report, data includes both the Registered Nurse (RN) and Licensed Practical Nurse (LPN) job classifications as of 12/31/22. As *Table 1* indicates, there were a total of 509 permanent nursing positions in these classifications allocated to the Department with 162 positions vacant more than six months. A significant increase from 93 in 2021. It is also important to note that S.L. 2017-57 required the reduction of 196 nursing FTEs, depleting the permanent, full-time workforce available to the Department.

Table 1

Facility	Registered Nurse			Licensed Practical Nurse		
	Total Permanent Positions	Total Filled Positions	Total Vacant > 6 Months	Total Permanent Positions	Total Filled Positions	Total Vacant > 6 Months
AC Administration	8			8		
Albemarle Correctional Institution	4	3		4	1	2
Alcohol and Chemical Dependency	2	2				
Alexander Correctional Institution	11	4	5	12	7	2
Anson Correctional Institution	9	5	4	7	6	1
Avery-Mitchell Correctional Institution	5	5		5	4	1
Bertie Correctional Institution	2		2	2		2
Caldwell Correctional Center	1					
Carteret Correctional Center				1	1	
Caswell Correctional Center	4	3	1	2	1	
Catawba Correctional Center	1	1				
Columbus Correctional Center	2	2		1	1	
Community Management Office						
Craggy Correctional Center	4	2		1	1	
Craven Correctional Institution	7	3	4	6	2	3
Davidson Correctional Center						
Eastern Correctional Institution	3		2	1	1	
Foothills Correctional Center	6	5	1	6	3	1
Forsyth Correctional Center				1	1	
Franklin Correctional Center	2	2		1		1
Gaston Correctional Center	1	1				
Granville Correctional Institution	4	1	2	4	2	2
Greene Correctional Institution	3	2		4	4	
Harnett Correctional Institution	3	3		4	2	1
Hyde Correctional Institution	2	1	1			
Johnston Correctional Institution	3		1	5	1	3
Lincoln Correctional Center	1					
Lumberton Correctional Center	4	1	3	4	3	
Marion Correctional Institution	8	5	1	8	6	2
Maury Correctional Institution	10	3	6	12	2	10
Mountain View Correctional Institution	6	5	1	3	2	1
Nash Correctional Institution	6	2	2	4	4	
NC Corr Inst. For Women	23	11	8	24	15	8
Neuse Correctional Institution	2		2	5	1	3
New Hanover CC	4	3	1	3	2	
North Piedmont CRV	1	1				
Orange Correctional Center	2		1	1	1	
Pamlico Correctional Institution	1		1	2	2	
Pasquotank Correctional Institution	2		2	5	5	
Pender Correctional Institution	5	4		7	3	1
Piedmont Correctional Institution	8	4	3	9	6	2

Prisons Administration - Central Prison	40	21	15	63	37	24
Randolph Correctional Center				1	1	
Richmond Correctional Institution	2		1	1	1	
Roanoke River Correctional Institution	2		2	2		2
Rutherford Correctional Center	1	1				
Sampson Correctional Center	1	1		2	1	1
Sanford Correctional Center						
Scotland Correctional Institution	7	4	2	14	11	1
Southern Correctional Institution	7	2	4	5	4	
Tabor Correctional Institution	7	6		6	5	1
Tyrrell Prison Work Farm	1		1	1	1	
Wake Correctional Center	2		2	1		1
Warren Correctional Center	3	2	1	3	1	2
Western Correctional Center for Women	2		1	2		1
Wilkes Correctional Center	1	1				
Grand Total 2022	246	122	83	263	152	79
Grand Total 2021	241	161	35	259	173	58

(2) The extent to which temporary contract services are being used to staff vacant nursing positions, the method for funding the contract services, and any cost differences between the use of permanent employees versus contract employees.

Temporary contract nursing services are sourced through two methods. Temporary staff are sourced from the state's contracted temporary employment agency, Temporary Solutions, who may be employed for eleven (11) consecutive months before they are required to take a 30-day break. Prisons contract nurses are sourced from twenty-one (21) competitively bid vendors that provide nursing staff on a short-term, 13-week, contract basis. These contract and temporary positions are paid at hourly rates and are funded by department lapsed salaries.

It should be noted, because contract and temporary nurses may only work on a short-term basis, it inhibits the ability for these employees to assume all responsibilities of a full-time employee. The 30-day break temporary staff are required to take annually, creates a staffing burden for the Department. As a result, the duties assigned to contract and temporary staff employees are less involved and very limited to performing the most basic needs necessary for patient care.

Table 2 below shows the distribution of temporary contract services being used to staff vacant nursing positions. This number has doubled between 2017 and 2021, however decreased significantly in 2022 due to the nursing shortage and lack of competitive rates.

Table 2

December	Total 2021	Total 2022
Contracted Nurses/Temporary Solution Nurses	214	131
Total	214	131

Table 3 and Table 4 below show the cost differences between the use of permanent employees versus contract employees for both registered nurses and licensed practical nurses, respectively. For permanent nurses, estimates include the current benefit value of 30.54% for Social Security and Retirement Contributions. There is a notable gap between the salaries for both registered and licensed practical contracted nursing staff and permanent, full-time nursing staff. This disparity, while necessary to compete in the contractual nursing market, continues to impact the ability to retain, recruit and hire permanent nursing staff. Furthermore, the current contracted nursing rates are no longer competitive with other health care providers.

Table 3

Registered Nurse Average Pay	Average Hourly Rate 2021	Annualized Rate 2021	Average Hourly Rate 2022	Annualized Rate 2022
Contracted Nurses	\$56.21	\$116,917	\$57.39	\$119,371
Permanent Nurses	\$39.90	\$82,992	\$43.27	\$90,006
Cost Difference	\$16.31	\$33,925	\$14.12	\$29,365

Table 4

Licensed Practical Nurse Average Pay	Average Hourly Rate 2021	Annualized Rate 2021	Average Hourly Rate 2022	Annualized Rate 2022
Contracted Nurses	\$41.63	\$86,590	\$42.66	\$88,732
Permanent Nurses	\$29.62	\$61,610	\$32.41	\$67,432
Cost Difference	\$12.01	\$24,981	\$10.25	\$21,300

Table 5 is a comparison of North Carolina registered nurse and licensed practical nurse salaries according to U.S. Labor Bureau of Statistics. Base salaries are depicted at the 25th, Median, 75th, and 95th percentiles. The Department has made efforts to remain competitive with new hires. However, Table 5 below indicates compression within the higher percentiles indicating an in-range adjustment should be reviewed for the most tenured complement of nurses to continue to retain them. In 2022 compression issues remain unchanged.

Table 5

	NC RN Annual Salary	NC DPS RN Annual Salary		NC LPN Annual Salary	NC DPS LPN Annual Salary
90 th Percentile	\$94,750	\$81,402	90 th Percentile	\$59,126	\$51,500
75 th Percentile	\$81,081	\$72,155	75 th Percentile	\$50,277	\$50,320
Median	\$68,620	\$66,652	Median	\$47,443	\$47,783
25 th Percentile	\$58,850	\$62,600	25 th Percentile	\$34,993	\$46,000
New Grad RN	\$50,000	\$55,324	New Grad RN	N/A	N/A

Source: US Labor Bureau of Statistics

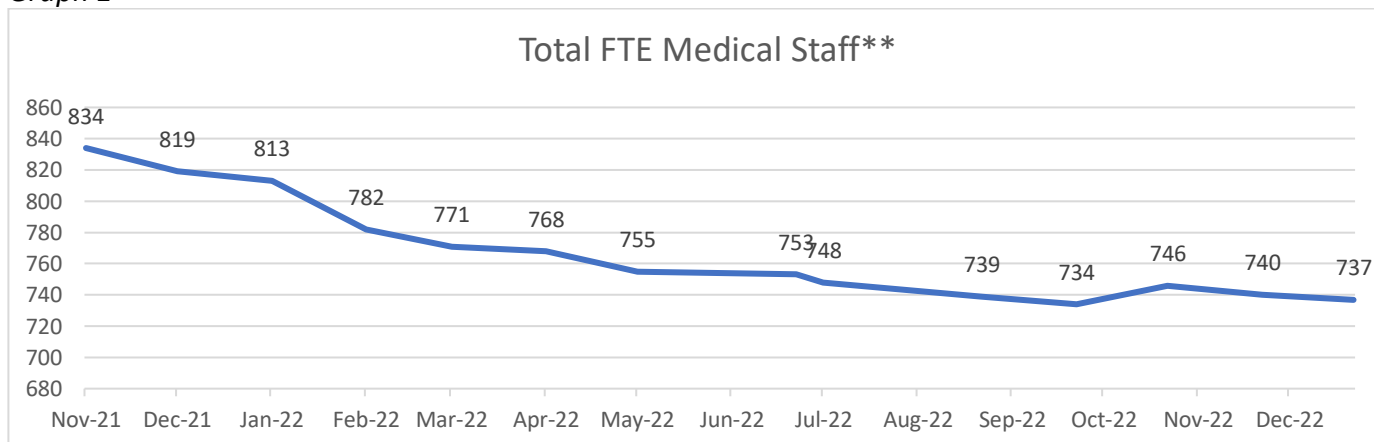
It is important to note, that the private sector data does not include sign-on bonuses, retention bonuses, or salary increase through differential programs which, depending on locations and providers, may be applied in addition to the base salaries depicted. These types of incentive programs are commonly in use by the private sector and would likely create larger differences in overall compensation levels than indicated in this report.

(3) A progress report on the implementation of its plan to (i) reduce the use of contract services to provide nursing in State prisons and (ii) attract and retain qualified nurses for employment in permanent positions in State prisons.

Nursing approves the use of contract services at facilities based on current vacancies. The vacancy rate and subsequently travel nurse approvals are adjusted to meet patient care needs. Other strategies such as float pool nurses and reduction in hours of service are also utilized. Due to the increasing vacancy rate system wide, there has been an increase in the utilization of travel nurse approvals. In the best interest of the patients being cared for within DAC, this process will continue until staffing levels improve and stabilize.

Graph 1 demonstrates the decline of filled positions in 2022. RN net loss of 62 and LPN net loss of 29.

Graph 1



Current Efforts to Reduce Nurse Vacancies

Several efforts are underway to address nursing position vacancies. The COVID-19 Pandemic has limited our ability to move forward as planned with many of our initiatives. Below is a summary of efforts currently underway to help reduce nursing vacancies. Some of these initiatives will require additional funding and therefore further fiscal analysis, to expand or continue.

RN New Graduate

This program began in September 2017 and continues presently. The Department has been successful with attracting nurse graduates to work in correctional nursing. The program focuses on recruitment of senior nursing students or recent nursing student graduates who will be licensed as a Registered Nurse in North Carolina or eligible to practice in North Carolina under a compact/multi-state license within 6 months of their State online employment application. Those eligible can apply, interview, and have a contingent offer of employment issued with a starting salary of \$55,000, provided the applicant successfully graduates and becomes licensed. If for any reason eligible applicants do not graduate or do not become licensed within 6 months of the date of their application, the initial contingent offer is rescinded, and they will be required to re-apply once they are licensed. There have been approximately twelve new graduates hired within the Department since the inception of this program.

Facilities continue to face concerns with providing a supportive experience for new graduates while experiencing high vacancy rates. This is not a highly desired strategy currently.

Senior RN Student Clinical Rotations

Staff continues to work with local community colleges and universities to get senior nursing students approved and cleared to perform their 160 required clinical rotations at Central Prison. This allows the Department to introduce them to correctional nursing and promote employment opportunities after graduation /licensure. These nurses, in turn, would be eligible to apply through the RN Statewide-Continuous posting prior to graduation. Most facilities are unable to provide a sufficient time and resources for mentorship activities. Student clinical assignments are considered on a case-by-case basis.

Regional Recruiters for Healthcare Professional Positions

DAC Human Resource Recruiters continue to collaborate with DAC Communications concerning initiatives to increase DAC visibility and the flow of nursing applications. Recruiters have begun transitioning from virtual recruitment activities to more in-person events and job fairs. Because of the increased vacancy rates, most prisons are scheduling a recruitment event every month to address vacancies in all classifications, to include nursing. The Department continues to collaborate to find unique and inventive options for recruiting.

Nursing Resource Liaison/School Nurse Recruiter

The Prisons School Nurse recruiter continues to maintain a presence at various schools, nursing hiring events and job fairs to focus on nursing recruitment. In addition, the nurse recruiter now serves on various nursing school boards to continue to increase awareness of correctional nursing. This position also coordinates clinical placement of all nursing students on clinical rotations.

Nurse Floating/Rotating Staff Pool

The Department has increased the use of floating/rotating registered nurse pools in all regions of the state to assist with and provide relief with the day-to-day vacancies at prison facilities. Float nurses are trained in nursing operations at all acuity and custody levels to allow for the provision of nursing assistance where most critical at prisons within their geographic area. This retention program is intended to minimize or mitigate job burnout and also offer the float nurse a variety of assignments in different specialty areas.

New Nurse Orientation (NNO) and Nursing Leadership Orientation

This program has been revised and is on-going to include specific on-boarding efforts, a process through which new employees acquire the necessary knowledge, skills, and behaviors to become effective organizational members. The on-boarding process includes formal meetings, lectures, videos, printed materials, or computer-based orientations to introduce newcomers to their new jobs and organizations. This includes a structured orientation and preceptorship of nurses (i.e., training specifically with an experienced RN) but it also includes the assignment of a buddy who is available to provide a personable approach to blending socially into the organization. Research has demonstrated that these socialization techniques lead to positive outcomes for new employees such as higher job satisfaction, better job performance, greater organizational commitment, and reduction in occupational stress thus leading to better retention.

Sign-on and Retention Bonus Program

An expansion of the sign-on bonus program was approved by OSHR and implemented in April of 2022. This expansion included all prison facilities and offered higher bonus amounts to remain competitive and attract additional candidates. The Department funds this program through the use of lapsed salaries as follows:

Classification	Job Code	Bonus Amount
Charge Nurse	32000607	\$10,000
Health Care Technician I	32000600	\$1,500
Health Care Technician II	32000601	\$2,000
Licensed Practical Nurse	32000608	\$4,000
Registered Nurse	32000653	\$10,000

Several hiring events have been held for nurses in the last few months promoting the medical sign-on bonuses. The program was expanded in November of 2021 to include any prison facility with a nursing vacancy rate above 20%. Since 2021, the sign on bonus has been awarded to eighteen (18) qualified LPN candidates and twenty-five (25) qualified RN candidates. DAC has learned that other state agencies have increased their sign on bonus amounts for their registered nurse, licensed practical nurse and Health Care Technician vacancies. If funding can be identified, DAC will request to increase the current bonus amounts to match what other agencies are presently offering to remain competitive in the current market. Once approved, the Department will enter into a marketing campaign to be rolled out statewide and incorporated into on-going recruitment events. Since the onset of the pandemic, sign-on bonuses have become standard among employers recruiting nurses.

Flexible Shift Scheduling

During 2022, many facilities converted their nursing shifts to 12 hours to meet employee job satisfaction goals. To further meet employee job satisfaction goals, nursing services will move forward with offering employee self-scheduling in 2023. Nursing services offers staff a variety of shift options where feasible including 8 hour, 10 hour, 12 hour and weekend options.

Critical Nursing Staffing Supplemental Pay

During 2022 there were no additional funds approved for critical nursing supplemental pay. With the ending of the pandemic any exception to the Communicable Disease Emergency Policy would no longer be applicable.

Use of Unlicensed Assistive Personnel

Although licensed nurses are essential to many aspects of establishing and implementing the health care plan, Unlicensed Personnel can provide much support to the nursing team. DAC is broadening the use of unlicensed personnel (UAP); specifically, by recruiting Certified Nursing Assistant IIs and Medical Assistants. With supervision, these health care personnel can perform tasks such as medication administration, lab collection, blood glucose monitoring, vital signs, assist physicians, participate in emergency care and support the telehealth program. Use of

UAP is a cost-effective way to procure patient care staff to meet the healthcare needs of the offender population. DAC has begun hiring Certified Medical Assistants through both Temporary Solutions and the agency' contracted nursing services vendors to incorporating these staff into our health care delivery plan. In 2022 Nursing Services adjusted the requirements for our full-time Unlicensed Assistive Personnel candidates to include Emergency Medical Technicians and Medical Assistants. The Health Assistant II positions were recently approved for continuous posting to support recruitment efforts.

	2021	2022
UAP – Travel Agency	0	68
UAP – Temp Solutions	22	16
UAP - FTE	191	156
Total	213	240

Expedited Salary Approval for Registered Nurses and Licensed Practical Nurses

During 2021, salary delegation for Registered Nurse and Licensed Practical Nurse position salaries was approved by DPS Human Resources to be managed at the Division of Prisons level. This delegation eliminated steps in the hiring process reducing the time between the nurse’s interview and the Conditional Offer of Employment. Additionally, during hiring events at multiple sites across the state, a same day or up to 72-hour salary approval approach was utilized. Offering a salary with this short turnaround time assisted in securing candidates and start dates quickly. The agency continues to adjust steps to reducing timeframes in the hiring process.

Student Loan Forgiveness/Grants

As a potentially significant recruitment and retention tool, DAC is committed to pursuing all opportunities available to participate in student loan forgiveness/grants programs, including those available through the US Health Services and Resources Administration (HRSA) and others, for new graduate nurses who work in approved facilities in rural or hard to recruit for geographic areas. Although this option is already available to some locations, efforts will continue to better promote the program to current and new nurse candidates through enhanced communication and promotion. DAC will also work to get other qualifying locations approved.

Bonus Budget Initiatives

The 2022-2023 budget provided an additional \$500 for employees requiring frequent in-person contact. It also extended payments for employees working in high-need facilities through June 30, 2022. Both of these budget initiatives will help with retention of our nursing staff.

Nursing Market Study

DAC has begun offering new hires more competitive salaries to support recruitment. It is important to ensure the Department’s Registered and Licensed Practical Nurses are being paid within a range equitable to the current market rate. Salaries in line with what is being offered in the private sector for comparable nursing work is essential in the Department’s ability to compete and succeed in recruitment and retention efforts. A market study was completed in January 2021. Although the sign on-bonus program has since been implemented, no other actions to address existing employee salaries have been taken. Given the dynamics of the health care labor market, a current study is warranted. To that end, DAC is looking forward to information resulting from OSHR’s implementation of the Mercer Compensation Study.

Extended Duty

During the pandemic, DPS received approval for a group of nursing staff who are exempt from the hours of work and overtime provisions of FLSA to be approved for Extended Duty for a temporary period. This group of nurses assisted our facility nursing staff across the state in administering vaccines to the offender population. These staff

worked extra shifts above their normal work schedules not to exceed 20 hours per week and received additional pay on a straight-time basis. During this project it was realized the Department has an internal pool of trained nurses that could be utilized to fill gaps with unfulfilled care roles within our organization. With current nursing shortages across North Carolina, nursing staff often take the opportunity to provide services for other health care providers to supplement their income through secondary employment. Expanding this program on a permanent basis would allow DAC to utilize this nursing resources internally and could result in a float pool of up to 50 fully trained DAC nurses that would provide needed relief to our registered and licensed practical nurses. A request was submitted to offer extended duty to 36 nursing staff in September 2021 and again in February 2022, however approval was not granted.

Proposed Efforts to Reduce Nurse Vacancies

The COVID-19 Pandemic has limited the ability to move forward as planned with many of initiatives. Below is a summary of proposed initiatives to reduce nursing vacancies. Some of these proposals will require additional research and fiscal analysis if considered for implementation.

Shift Differential Pay

Flexible and untraditional scheduling has created grey area as it relates to shift differential pay. Shift premium rules are no longer defined in policy. To clarify premium pay rules and utilize this incentive pay as a recruitment tool, DAC proposes utilization of shift differential pay, as follows:

- 2nd shift additional pay - 15% (where the majority of working hours fall after 4 pm)
- 3rd shift additional pay - 20% (where the majority of the working hours fall after 6 pm)
- 1st shift Weekend shift additional pay - 10% (where the majority of working hours fall before 6 pm)
- 2nd shift weekend additional pay - 25% (where the majority of working hours fall after 4 pm)
- 3rd shift weekend additional pay - 30% Where the majority of working hours fall after 6 pm)

Tiered/Incentivized Salary Plan

As purposed in last year's report, this program is directed towards early to mid-career Registered Nurses and Licensed Practical Nurses to assist with recruitment and particularly, retention. DAC proposes a tiered salary plan for nurses. The proposed plan would be based upon actual worked years of experience, using the state's current base salary schedule. Steps would be broken down at the following experience levels:

- New Graduate
- 1-5 years
- 6-10 years
- 11+ years

Each nurse would be assessed based on actual years of nursing experience and would be placed in the tier at which their experience level qualifies. For example, all nurses who have 1-5 years of experience would be hired at the same salary level. Nurses would advance to the next tier/level when they attain the required years of experience. Comparisons can be made by looking at salaries in the private sector for 2-, 3-, 4-, and 5-year nurses. This plan would provide an incentive to nurses to remain employed to advance to the next level. Additional research is needed to determine salary for each level is at the current market rate. A salary study would also be required prior to implementation to ensure internal equity and overall fiscal impact of such a plan.

Employee Referral Bonus Program

This is a proposal to create a policy and plan in conjunction with OSHR to reward current employees who refer qualified candidates for several classifications of established, difficult to recruit positions. Registered and licensed

practical nurses would be included in this program. There would be a payout to the referring employee with the first active pay period that the candidate is employed. There would be a supplemental payout once the referred employee reaches a pre-determined employment milestone. All payouts are subject to qualifying guidelines which would ensure that both the referring and the referred are in good employment standing at the time of payout.

Retention Bonus Program

Private sector health care providers have complimented their sign on bonus programs with a retention bonus program (Table 6). OSHR has a provision to provide a retention bonus as a method of retaining a group of employees when the agency is offering a sign-on bonus as a recruitment incentive to attract qualified candidates in critical positions that have labor market shortages. It is recommended that the retention bonus be offered to all full-time nursing staff in return for an eighteen (18) month commitment which should stabilize the workforce. The retention bonus offering promotes longevity among existing employees who are trained and experienced. Health care entities such as UNC and ECU hospital systems already offer this incentive program offering double and triple the rates below.

Table 6 *not all filled positions would qualify based on OSHR guidelines

Classification	Number of Filled Positions	Bonus Amount	Cost
Health Care Technician I	30	\$1,500	45,000
Health Care Technician II	156	\$2,000	312,000
Licensed Practical Nurse	152	\$4,000	608,000
Registered Nurse	373	\$10,000	3,730,000
Retention Bonus Costs			4,695,000
Ineligible new hire RN	(25)		(\$250,000)
Ineligible new hire LPN	(18)		(\$72,000)
Net Cost			4,373,000

Internal Staffing Response Team

A current industry trend is to develop an internal temporary staffing workforce. These are unbenefited contractual positions who would pay at a higher rate by DAC, but not by a third-party vendor (travel agency). DAC would realize a significant cost savings by cutting the overhead paid to the third-party vendor and a higher rate of pay could be offered to the temporary staff.

Temporary Solutions rates are not competitive enough to recruit nurses in today’s market. This is evidenced by the DAC only recruiting 2 RNs and 3 LPNs. Travel agency rates are more lucrative; however, this plan could allow us to compete with those rates while realizing a cost savings.

DAC Travel Agency rates are not competitive. A fall 2022 survey conducted by DPS revealed our vendors do have a pool of candidates, however those candidates are selecting employment with other agencies (such as DHHS) who are offering higher rates as sited below. A DHHS rate match was requested by nursing services in February 2022 and September 2022 but was not approved.

Table 7 demonstrates costs paid to travel agencies, temporary solutions, and travel nurses. A cost savings is calculated based on industry standard of 70% nursing / 30% vendor fees. Departmental savings are demonstrated

when unbenefited temporary staff are hired directly by DAC at a higher rate rather than utilizing a third-party vendor.

Table 7

	RN Pay Rates	LPN Pay Rates
DHHS Flat Rate to paid to travel agency	\$87	\$64.00
DAC rate paid to travel agency	\$56.21	\$41.43
Travel agency rate paid to nurse *est.	\$39.34	\$29.00
DAC Internal Staffing Response Team Rate	\$45.00	\$32.00
Temporary Solutions Rate	\$33 - \$35	\$26-\$28
Potential Savings per hour	\$11.21	\$9.43
Potential Annualized savings per staff	\$23,316	\$19,614
Potential Savings based on # current contractual staff	82 x \$23,316 = 1,911,912	50 x \$19,614 = 980,720
Total Savings	\$2,892,632	

Nurse Supervisor Orientation

In an effort to complement the new on-boarding process for nursing staff, the Nurse Supervisor orientation is being revised to include online classes and seated management leadership classes offered by the Office of State Human Resources (OSHR), including Leading at all Levels (LAAL). The LAAL provides integrated, competency-based, comprehensive, and cost-effective curricula for NC state government leaders at all levels. Leadership, a process of proactively influencing others, is necessary at every level of the organization for healthy, effective, and efficient work environments. LAAL spans four levels: executive, middle manager, frontline supervisor, and individual contributor. Each of the three primary levels (middle manager, frontline supervisor, and individual contributor) has its own curriculum. Each curriculum centers on the development of key actions and behaviors to demonstrate effectiveness in the following competency areas: integrity, leading people, managing work, creating a learning climate, change leadership, technical/ professional knowledge, and customer service. Implementation of this training remains a new goal for 2023, as staffing levels were critical throughout 2022.