

HDMC Planning Team – Subcommittee Staff Subcommittee

I. Executive Summary

- **Purpose**
 - The purpose of this subgroup is to ensure a robust workforce transition plan for Hiram W. Davis Medical Center (HDMC) employees in the event of closure, maintaining continuity of patient care and minimizing workforce disruption.
 - The plan addresses multiple aspects of workforce transition including assessment, redeployment, retention, and employee development and support.
 - The focus on transparency, dignity, and person-centered support aligns with best practices in organizational change.
- **Overview of findings**
 - **Petersburg Area:** Petersburg is a small city with a population of 33,309 (2023) and 4,221 businesses. In 2018, 25 businesses were added to the Petersburg Chamber of Commerce business directory, down from 33 in 2017. The local economy employs 19,082 people and has an unemployment rate of 12.2%. The largest industries in Petersburg include Professional Services (257), Restaurants (123), and Entertainment Agencies & Bureaus (79).
 - **Current Staffing Levels:** As of July 2025, HDMC employs 149 classified staff and 37 wage staff with a vacancy rate of 21.5% and a turnover of 37%.
 - **Departmental Transfer:** About 36 staff (Dental, Pharmacy, Lab, Radiology, Therapy) will transition to the Central State Hospital (CSH) new building in 2027, which is located on the same campus, leaving approximately 113 staff to be placed.
 - **Retirement Eligibility:** As of July 2025, HDMC has 48 classified staff eligible for service retirement: 11 who are at least 50 years of age with 10 years of service and 37 who are 55 years of age or older with at least 5 years of services.
 - **Maintaining Positions:** Certain positions must be maintained until the last patient is discharged to ensure quality of care and safety. These include nursing staff, physicians, Physical Therapists (PT), Occupational Therapists (OT), Speech/Language Pathologists (SLP)_P, Pharmacy, Dietary, Social Workers, administrative leadership, HIM and IT. Staffing levels for these critical roles will need to be adjusted proportionally as the census decreases, but core competencies must be maintained across all until the final patient discharge. A phased reduction approach based on declining census is recommended.
 - **Knowledge Transfer:** HDMC clinical expertise represents a valuable strategic asset that must be transferred throughout the DBHDS system. Targeted knowledge transfer and competency development programs will significantly enhance the system-wide capability to manage medically complex patients,

particularly at facilities such as CSH, SEVTC, PGH, and VCBR where medically complex cases are increasing.

- **Key recommendations and anticipated outcomes**
 - **Geographic-based placement strategy:** Prioritize placements within DBHDs facilities within 50 miles, with special emphasis on CSH due to its proximity and expansion.
- **SEVTC Transition and Incentive Plan:** Offer transition assistance, such as relocation reimbursement to staff volunteering to transfer to critical need positions. Incentivize transfer with competitive pay agreement with 1 year tenure agreement (offer to earlier adopters – will need a cut off date).
- **VCBR/PGH Transition and Incentive Plan:** Offer transition assistance, such as relocation reimbursement to staff volunteering to transfer to critical need positions. Incentivize transfer with competitive pay agreement with 1 year tenure agreement (offer to earlier adopters – will need a cut off date).
 - **Tiered retention incentives:** Implement progressive retention bonuses for critical staff positions to ensure continuity of care until facility closure, with increasing amounts as closure approaches.
 - **Comprehensive transition support services:** Provide comprehensive support, including career coaching and personalized career planning tools for all affected staff.
 - **Cross-facility skill development:** Continue hybrid cross-training to prepare staff for roles at receiving facilities while maintaining essential services at HDMC.
 - **System Upskilling and Strategic Competency Transfer:** Implement structured knowledge transfer programs to enable within region facilities to better serve medically complex patients through: (1) targeted skills training at SEVTC in specialized skilled nursing care protocols and services, complex care management, and rehabilitation programming; (2) Enhanced clinical competency development at VCBR focusing on medical management, advanced wound care techniques, IV therapy administration, and expanded diagnostic service capabilities; and (3) Structured knowledge transfer to CSH staff in nursing aide skills, clinic service operations, and interdisciplinary care coordination.
 - **Zero-layoff objective:** Utilize natural attrition, strategic vacancies at receiving facilities, and flexible placement options to avoid involuntary separations.
 - **Enhanced communication framework:** Establish multiple communication channels with consistent messaging and regular updates to minimize uncertainty.
 - **Leadership retention strategy:** Develop specific incentives for key leadership positions to maintain organizational stability throughout the transition process.

II. Subgroup Scope and Objectives

- Address workforce transition under §37.2-316.
- **Goals:** Safeguard patient care, redeploy as many staff as possible within DBHDS, and support employees throughout the transition.
- **Target Population:** 149 classified and 37 wage staff across direct care, nursing, admin, clinical and support roles.
- **Perspectives Represented:** Facility leadership, Human Resources teams, DBHDS workforce consultants, individual staff, Department of Human Resources, external community partners and constituents.
- **Subgroup Leads:** Dr. Jarvis Griffin, CEO of Hiram Davis Medical Center; Kassi Cibulka, Chief Human Resources Officer, DBHDS; Tracy Salisbury, Deputy Chief Human Resources Officer, DBHDS; Stacy Pendleton, Deputy Human Resource Director of DHRM.

III. Methodology

- **Planning Meetings:** Held on December 17, 2024; January 29, 2025; March 17, 2025, April 28, 2025; May 29, 2025; and June 13, 2025.
- **Departmental census-based plans:** HDMC Department Heads provided plans addressing staffing needs for various census levels in preparation for the anticipated census reduction in January 17, 2025.
- **Exit Interviews:** Commencing in January 2025, staff voluntarily separating from HDMC received exit interviews, and those in critical roles were offered retention options. Information from each separation was evaluated to inform retention strategies for current staff.
- **Topics Covered:** Staffing requirement guidelines and recommendations from CMS and TJC, Census and acuity-based staffing, training and competency, transition planning, recruitment across DBHDS, retention bonus and risk mitigation.
- **Coordination:** Human Resources has had over 55 staff interviews to date and will continue until 100% completion. Meetings with colleges and universities to offer degree, certification opportunities and agency-driven leadership and skilled nursing training onsite.
- **Stakeholder Consultation:** Direct staff input used in shaping the placement and support priorities, retention and engagement strategies, hybrid schedules for cross-training and skill development and transference.
- **Family and Resident Council:** Monthly meetings with the HDMC Family and Resident Council to address concerns, provide information and updates, gather feedback on transition plans, and ensure continuity of care priorities reflect patient and resident rights and needs.
- **Document analysis:** Review of relevant Va Code, staffing reports and plans, CMS and TJC regulations, organizational charts, and relevant policy documents.
- **Literature review:** Analysis of peer-reviewed research and industry best practices for facilities transitions and workforce change management.

- **State Agency Collaboration:** Ongoing coordination with Department of Human Resource Management (DHRM) to align transition strategies with state employment policies and maximize placement opportunities.
- **Benchmarking:** Comparison with historical DBHDS facility closures and staff transitions completed as part of DOJ settlement agreement.
- **Data analysis:** Review of workforce demographics, US Census Bureau data, facility and system turnover and retention statistics, vacancy rates, and geographical distribution of staff and competency needs and resources.

IV. Workforce Overview and Needs Assessment

- **Staffing Summary:** There are currently 149 classified staff as of July 2025.
 - Approximately 36 staff will transition to Central State Hospital within their department in FY 2026.
 - Remaining 113 staff members will be targeted to redeployment to PGH, VCBR, SEVTC, ESH, and Central Office.
- **Risks Identified:** Geographic relocation preferences, emotional strain and some credential mismatches.
- **Data Sources:** Workforce census reports, DHRM policies, CAPPS Manual, CMS compliance data, literature review, and direct staff interviews.
- HDMC currently has 32 patients for its census.

V. Plan and Recommendation

- **Guiding Principles**
 - Transparency, dignity, person-centered support and continuity of patient care.
- **Facility remains open:** No employee transition required; right size facility according to new build or restructured services.
- **Transition Process**
 - **Assessment and Planning-**Continue interviews and map preferences
 - **Wage Reductions:** Wage reduction will occur through two primary methods: (1) Review and elimination or freezing of non-essential classified positions and (2) Review and elimination or freezing of non-essential wage positions. Eliminating double dippers, with the exception of those supporting direct care. (Based on census - review transfer opportunities ongoing.)
 - **Hiring Freeze:** Suspend further recruiting based on census needs and acuity levels, ensuring appropriate staffing size, responsible resource management, and concentrated clinical competencies.
 - **Exit Interviews:** Continue to offer structured conversations with separating staff to document experiences and get feedback to improve. Offer options to attempt to retain valuable staff as well as account for the reasons of separations.

- **Redeployment and Retraining**-Hold vacancies across DBHDS facilities to prioritize placements. Hybrid work schedules enable cross-training and on-site orientation at new location.
- **Facilitate Upskilling and Competence Transference** – Provide certification, education, and skills support.
- **Retention Bonuses**-Progressive bonuses, paid quarterly or lump sum, aligned with census reduction phases.
- **Employee Career Support and Transition Meetings**-Career transition meetings have started in August 2024. Time slots are available each Tuesday for all three shifts. The schedule will be ongoing through FY2025 and will transition to quarterly in September 2025.
- **Placement Criteria:**
 - Follow DHRM non-competitive transfer policies in the DHRM, Hiring Policy 2.10.
 - Follow DHRM Compensation Policy, 3.05 for retention bonuses and request exception if necessary
 - Follow Relocation policies in the CAPP Manual
 - Follow DHRM Layoff Policy 1.30, if necessary.

VII. Quality Assurance and Risk Mitigation if Applicable

- Metrics on % of staff successfully redeployed
- 30/60/90-day follow-ups with transitioned staff
- Open door policy for staff during and after transitions

IX. Implementation Timeline

Milestone	Target Date
Announcement of Closure Recommendation	August 30, 2024
Offer EAP and dedicated HR hours for staff concerns	September 30, 2024
Deliver Leadership and Transition training (Leadership Academy)	
Staff Recruiting Closure Disclosure I, during recruiting, interviewing, and onboarding, HDMC discloses closure and DBHDS commitment to place all staff.	November 2024
Staffing Recruiting Closure Disclosure II, during recruitment, interviews, and onboarding, HDMC informs candidates that DBHDS cannot guarantee placement. All offers will be time limited.	September 2025
Direct Care Restructuring according to patient need and acuity	August 30, 2025

Grow Your Own fund LPN to RN upskilling in conjunction with Brightpoint Community College and other colleges or universities., Spring semester - 8/25/25 & Spring semester - 12/15/25 Providing Tuition reimbursement and/or individualized scheduling	August 25, 2025
Finalize census-based staffing assessments	September 1, 2025
Certified Nurse Aide (CNA) Training Program, a comprehensive 8-week course designed to prepare participants for certification as CNAs. The program is available to staff members from HWDMC, CSH, PGH, and SEVTC facilities, and successful completion results in CNA certification. To maintain quality of instruction, each cohort is limited to 6 participants.	Ongoing
Peer Mentoring Program: The purpose of this program is to support colleagues in their professional development, facilitate information-sharing, and build a sense of community. There will be at least 10 participants.	Commence: September 2025
Continue 1:1 employee transition meeting	September 1, 2025
Transition of Deputy CHRO to assist HDMC with closure planning and support	August 25, 2025
Wage reductions plan	September 30, 2025
Notification of wage deduction	August 1, 2025
Retention bonuses implementation period	January 10, 2026
HDMC Hiring Freeze	March 10, 2026
CSH Departmental moves	July 1, 2026
Potential reduction of staff after census falls below 30 patients for over 30 consecutive days	
Transition and Incentive Plan	Start: January 10, 2026, and End: March 10, 2026

Potential reduction of staff census falls below 20 patients for over 30 consecutive days	
Final group of staff reduction if census falls below 10 patients for over 30 consecutive days	
Transition to closure for staffing plans	
Follow up with transition employees	
Record retention and transition of point of contact	

X. Monitoring and Evaluation

- Quarterly status updates to DBHDS on redeployment rates and any staffing satisfaction concerns
- Adjust retention and transition plans as needed
- Transparent reporting to community and internal stakeholders.

XI. Appendices

[Current Staffing by Department](#)

[Proposed Staffing Adjustments by Census](#)

[Progressive Retention Bonus Model](#)

[HDMC Preplan 2024](#)

[Staffing Initiatives](#)

[Timelines](#)

Evaluate