

Collaborate With Others

The hospital workforce crisis is pervasive. While individual hospitals can and must take action, the crisis cannot be overcome without collaboration among hospitals and many other organizations.

This collaboration must co-exist with the competition spurred by payment system and marketplace changes that have forced hospitals to become competitive business entities. To survive financially, they have had to compete with each other for market share, managed care contracts, and clinical resources.

Unfortunately, that sense of competition has extended to the workforce arena. As hospitals grapple with an immediate and growing workforce shortage, many are competing with each other for staff by offering hiring bonuses and other short-term incentives. Unfortunately, these actions simply move the shortage around, consume scarce financial resources, and do nothing to fix it.

The Commission firmly believes that collaboration, not competition, is the key to solving the growing workforce shortage. The fact is, the work that must be done is too overwhelming for most hospitals to accomplish on their own, and partnerships are essential. These partnerships may be among hospitals in local communities or through efforts coordinated by regional, state, or national associations.

But collaboration goes beyond the hospital community to educational institutions: local schools, community colleges, technical schools, and universities. It includes financial and intellectual investment by corporations and foundations, as well as working with government and a variety of community and national organizations focused on youth, including faith-based organizations.

The call for collaboration goes beyond moderating the ill effects of competing for workers. It serves another purpose: to bring to a manageable level the enormous complexity and cost of actions that must be initiated and accomplished to solve the shortage.

The Challenges

Challenge 1

Hospitals cannot improve the workforce shortage alone.

Challenge 2

Associations need to use the collective resources of their members and others to support solutions to the workforce shortage.

Challenge 3

Students need to be exposed to health careers early in their education.

Challenge 4

Hospitals need to improve relations with the colleges and universities that train the workforce.

Challenge 5

Hospitals need to work with community, faith-based, and youth organizations that influence career decisions.

Challenge 6

Hospitals need to seek resources from corporations and foundations to help address the workforce shortage.

Challenge 7

Hospitals need to make use of existing government resources such as those available through the 1998 Workforce Investment Act.

Challenge 8

Workers need to be retained in the hospital field as a whole.

Challenge 1

Most hospitals are complex but relatively small entities. Individual hospitals do not have the capacity or resources to improve the workforce shortage alone.

Insight: Nearly half of all hospitals have fewer than 100 beds and fewer than 500 employees representing many occupations.¹

STRATEGIC RECOMMENDATION

Collaborate with other hospitals on a local or regional basis to be more effective at specific workforce recruitment and retention initiatives.

ACTICAL RECOMMENDATION

Collaborate with other hospitals to provide ongoing employee development and worker advancement opportunities.

Example: The Hospital Consortium Education Network (www.hospital-consort.org) is a network of more than 50 hospitals in Northern California that collaborate to provide education and training to its employees. The hundreds of courses offered include specialized clinical certification, new graduate orientation, NCLEX review, RN refresher, leadership/management, and many continuing education programs for a variety of health care providers. Participating hospitals report benefits in cost-effectiveness, consistency,

and quality, and a wide range of opportunities available to employees including hospital-specific programs and opportunities for hospital educators to teach for the network. Contact Rebecca Petersen at becky@hospitalconsort.org or (650) 696-7863.

ACTICAL RECOMMENDATION

Collaborate with other hospitals to create labor pools that can be deployed to alleviate temporary staffing shortages.

Example: Lakes Region General Hospital, a 117-bed hospital in Laconia, NH, and Franklin General Hospital, a 50-bed hospital in Franklin, NH, have teamed up to solve staffing problems in their intensive care units. Together they created “The Nursing Resource Network” (TNRN), a group

of six nurses who agree to shuttle between the two hospitals as staffing needs in the ICUs warrant. The program has created a win-win situation, where nurses earn increased compensation and diversified experience while the hospitals maintain adequate staffing levels that ensure patients receive high-quality care. Contact Ellen Garneau, Vice President of Patient Care and Operations at Lakes Region General Hospital, at egarneau@lrgh.org or (603) 524-3211.

Example: Westbrook Health Center and Tracy Area Medical Services, two rural hospitals in southwest MN, have established a successful collaborative that includes sharing of medical and administrative personnel, equipment, and patient and employee satisfaction initiatives.

Sharing personnel and equipment has resulted in better coverage in clinics and emergency rooms, higher utilization of operating rooms, and expanded home health services. Patient and employee satisfaction has improved, and turnover at both hospitals has decreased. This collaborative has been so successful that a third Minnesota hospital, Murray County Memorial, has joined the consortium and is beginning to share personnel and resources. For more information, contact Valerie Sobrack, Director of Community Relations, at sobrackv@siouxvalley.org or (507)-629-3200.



*T*ACTICAL RECOMMENDATION

Collaborate with other hospitals to create, evaluate, and disseminate information about new work models that increase staff productivity and satisfaction, improve clinical outcomes, and advance patient loyalty.

*T*ACTICAL RECOMMENDATION

Collaborate with other hospitals to change the image of health care careers and to influence youth and others toward health care careers within the community.

Example: Nursing 2000 (www.nursing2000inc.org) is a collaborative effort of hospitals, educators, and professional organizations in the Indianapolis area. The program is implemented by 200 RN volunteers and 3.4 support staff. It is funded by 13 hospitals and health systems.

According to post-high school surveys, more than half of the respondents who participated in the organization's 11-year old "A Day in the Life of a Nurse" program – in which about 500 high school sophomores, juniors, and seniors shadow a nurse at one of 13 participating hospitals each year – have gone on to enroll in nursing school. For further information, please email info@nursing2000inc.org or contact Barbara Mitchell, MSN, RN at (317) 574-1325.

Example: Thirty hospitals in Wisconsin are participating in a statewide youth apprenticeship program for high school juniors and seniors that allow students to obtain high school credits while learning skills in a hospital environment. Earned credits are also accepted at participating occupational and technical colleges.

To date, 90 students have become nursing assistants while attending high school. Contact Diane Peters at dpeters@wha.org or (608) 274-1820.

Example: Hospital representatives throughout the state of Pennsylvania are using a sample educational presentation, developed by the Hospital & Healthsystem Association of Pennsylvania, to speak to various audiences about the nursing shortage and to identify collaborative approaches to addressing the shortage. Hospital representatives are also using association-developed publications to conduct outreach to high school, middle school, and elementary school students. Educational tools are available online at www.haponline.org/regulatory/issues/workforce/career/. Contact Lynn Gurski Leighton at lgleighton@haponline.org or (717) 564-9200.

ACT ACTICAL RECOMMENDATION

Collaborate with other hospitals to offer internships, externships, and after-school activities for young people considering health care careers.

Example: Hospitals in Rhode Island offer secondary students, educators, and college students internships in a variety of health-related



fields, from medical records to nursing.

The hospitals' goal is to offer a centrally located health career information center that will provide students and educators with timely, accurate data on the numerous career paths available. Follow-up activities will include integrated curriculum development and internships. Contact Ruth Ricciarelli at ruthr@hari.org or (401) 274-4274.

Challenge 2

Associations need to use the collective resources of their members and others to find solutions to the workforce shortage.

STRATEGIC RECOMMENDATION

State, regional, and national health care and professional associations should collaborate to support their members' workforce efforts.

ACTUAL RECOMMENDATION

Use associations to collect data and spearhead collaborative workforce planning and development efforts.

Example: The Illinois Hospital Association is working with its membership to provide current data on health care professional shortages. The association is bringing together its members, nursing organizations, allied health organizations, state agencies, and educational institutions and using data to develop a statewide plan for all health care professions. Contact Nancy Krier at nkrier@ameritech.net or (630) 231-0474.

Example: HealthONE Alliance, a non-profit partner of HCA in the Denver-based HealthONE hospital system, has donated \$250,000 to create the Colorado Center for Nursing Excellence (CCNE) to address the state's nursing shortage. CCNE will incorporate recruitment, assessment, education, training, retention, career development, and information sharing to increase the number and quality of nurses in the workforce. The grant culminates a one-year study by the Nursing Initiative Work Group, a collaboration of community stakeholders that included the Colorado Health and Hospital Association. CCNE's mission is to build partnerships to enhance the Colorado nursing workforce. Contact Susan Carparelli, CCNE President and CEO, at (303) 322-3515.

Example: In partnership with other health education organizations, Minnesota Hospital and Healthcare Partnership spearheaded a statewide network and collaboration opportunity for hospital leaders and nursing program deans/directors to (1) identify the factors involved with expanding programs and (2) collaboratively work to resolve problematic factors. One product from this initiative is a nursing programs survey that tracks information not collected before, such as nursing student graduate numbers, attrition rates, areas the students come from, where students work after graduation, current employer initiatives to assist nursing students/programs, factors involved to accept more students, and the like. For more information contact Elizabeth Biel at (651) 641-1121.

*T*ACTICAL RECOMMENDATION

Use associations as a communications linchpin to disseminate workforce data, resources, priorities, and needs among hospitals, professions, government, and the public.

Example: The Florida Hospital Association has two broad-based committees devoted to the workforce; one is exclusively for nurses, the other for allied health professionals. Working through its committees and a dedicated web site, the association serves as a resource center for workforce issues. FHA provides information about workforce shortages, future needs, downloadable PowerPoint presentations, a list of hospital and association actions, and links to hospital jobs throughout the state. Visit www.fha.org/nursinghr or contact Cathy Allman at cathya@fha.org or (407) 841-6230.

Example: The New Jersey Hospital Association's Center for Nursing and Health Careers serves as a one-stop resource for students, guidance and career counselors, health care professionals, and executives. The Center partners with critical stakeholders and provides information about: under-

graduate and graduate health educational programs; health careers as second career options; LPN-to-RN mobility programs; sources for financial aid, including tuition assistance, loan forgiveness, and scholarships; refresher courses for those choosing to re-enter the profession; and professional certification and licensure. The Center also provides tools to aid in the recruitment of students to health care professions. Visit www.njharecruitment.com or contact Barbara Tofani at btofani@njha.com or (609) 275-4028.

Example: Minnesota Hospital and Healthcare Partnership created an alliance with Minnesota Organization of Leaders in Nursing to coordinate and implement an initiative that fosters, enhances, and strengthens a positive hospital work environment. The project's goal is to create a workplace environment for nursing practice that enhances respect and recognition of staff while improving care delivery. The project will initially focus efforts in five pilot sites, located in both rural and urban areas, and findings will be applicable to hospitals facing similar worker morale issues. For more information contact Laurel Anderson at (651) 641-1121.

*T*ACTICAL RECOMMENDATION

Use state, regional, and national hospital associations to create multi-year strategic workforce development plans. Have the associations bring together hospitals, educators, and representatives from the health professions.

Example: Arizona Hospital and Healthcare Association is launching the Campaign for Caring, a five-year initiative to attract and support more qualified and increasingly dedicated nurses and health care professionals in the state. Its operational goals are to: (1) increase awareness and attractiveness of health care careers to youth and others of varying age, cultural, and ethnic composition; (2) create and nurture partnerships between academia and delivery systems; and (3) promote best practices and workplace innovation. Contact Fran Roberts, RN, PhD at froberts@azhha.org or (602) 445-4300.



Challenge 3

Children in primary and secondary schools are the future hospital workforce. Students need a solid educational foundation and an early awareness of health profession opportunities.

STRATEGIC RECOMMENDATION

Develop ongoing partnerships with local school systems to increase the pool of potential health care workers.

ACTUAL RECOMMENDATION

Work with local primary and secondary school leaders to improve the effectiveness of basic education.

Example: INTEGRIS Health of Oklahoma City, working with local and state school officials and juvenile authorities, has transformed the Western Village Elementary School from having the lowest test scores and highest truancy rate in the area to the first charter elementary school in the state. INTEGRIS oversees all aspects of managing the school, including staffing, financial management, and curriculum development, which includes a hands-on, arts-integrated curriculum. It also established an After-School Academy, Saturday School, and Summer

Academy where students learn life skills and study in a safe, supervised environment. The school's Positive Directions Mentoring program recruits volunteers from the community to work one-on-one with students for an hour each week to establish caring adult relationships and improve their reading, math, and language skills. Contact program director Tobi Campbell at camptl@integris-health.com or (405) 951-2119.

Insight: People interested in health care careers need a good basic education that includes core math and science curricula.

Insight: Primary and secondary education is failing to prepare many students with the skills needed by hospitals. "Despite widespread efforts to boost reading achievement, the gap between fourth-grade minority and white students is wider than ever. And the divide between the highest- and lowest-performing students in reading has widened, as well." Those are the findings of the 2000 National Assessment of Education Profession, the "nation's report card." The latest results show that the average score for the nationally representative sample of students was 217 on a 500-point scale – the exact same score for tests administered in 1992 and 1998. Overall, slightly less than one-fourth of students were considered "proficient" – the standard set for all children. About 37 percent did not even meet the basic level.²

ACTICAL RECOMMENDATION

Work with secondary school teachers, counselors, and parents to help students understand and consider the wide array of possibilities for career opportunities in health care.

Example: Twenty-five bed Blue Hill Hospital in Maine has added a staff position that makes health care presentations to K-12 students in the county’s schools. Contact Andrea McGill-O’Rourke, Manager of Health Profession Development and Career Advancement, at amcgillorourke@emh.org or (732) 374-2836, ext. 1008.

Example: The New Vision program at Oswego (NY) Hospital attracts some of the area’s top high school seniors. College-bound high school students who are interested in a health care career gain clinical experience in a wide range of hospital departments during the year-long program, gaining credits in health occupations while satisfying English and social studies requirements. The program, which has graduated 77 students in four years, has helped students dis-

cover health careers they did not know existed. Contact the Oswego County Board of Cooperative Educational Services, at www.oswegooces.org or Ron Graham at (315) 343-7899

Example: As part of the hospital’s Workforce Supply Strategy, Northwestern Memorial Hospital in Chicago has developed a partnership with the Chicago Public Schools in creating and developing a Medical and Health Careers Academy. This career academy works with two high schools in which their students are immersed in studies focused on health care topics, skills, and career options. Northwestern Memorial actively participates on the Medical and Health Careers Academy Advisory Board, Curriculum Subcommittee and Best Practices



Subcommittee. Annually, the students visit the hospital and are educated on and given an in-depth look at critical areas in the hospital. Employees of the hospital volunteer their time to speak in the classrooms about their jobs and health care. The Medical and Health Careers Academy students

are integrated into Northwestern Memorial’s other youth programs, including the Medical Explorers and student summer internships. Contact: Maria Lin, Program Manager, NM Academy & Human Resources, at mmlin@nmh.org or (312) 926-9531.

Example: The Hospital Youth Mentoring Program is a nationwide initiative that links neighborhood middle school and high school youth with hospital staff who volunteer as mentors. The pilot program was supported by the Commonwealth Fund and administered by The Johns Hopkins Hospital. Fifteen urban medical centers from across the country initially participated in the pilot phase. Twelve have institutionalized their programs and continue to recruit mentors and students. To get in touch with Network members and receive materials and membership information, as well as direct assistance on program design and implementation, contact Deborah Knight-Kerr, Program Manager, at dkkerr@jhmi.edu or (410) 955-1488.

Challenge 4

Community colleges and universities educate most of the hospital workforce. However, the link between these educational institutions and hospitals is too often weak or non-existent.

STRATEGIC RECOMMENDATION

Invest time, people, and funding to build strong, supportive relationships with area colleges and universities.

ACTICAL RECOMMENDATION

Work with local community colleges and universities to develop creative, nontraditional approaches to educating students.

Example: The Cleveland Clinic Health System and Cleveland State University are collaborating to offer an accelerated nursing track. Beginning in May 2002, the program will allow adults with a bachelor's degree in another field to receive a bachelor of science in nursing in 15 months after completing prerequisite courses. The Cleveland Clinic will provide clinical rotations for students and funding to hire additional faculty and staff at the school. Contact Ron Mickler, Jr. at Cleveland State at nursing.adviser@csuohio.edu or (216) 687-3810.

Example: Archbold Medical Center in Thomasville, GA, is partnering with nursing schools for a fast-track nursing program (four semesters).

The schools agree to pay the students' tuition and fees, the hospitals agree to pay the students a living wage while they attend school, and the students commit to working at the hospital for three years. Contact Vice President of Human Resources Zach Wheeler at zwheeler@archbold.org or (229) 228-2744.

ACTICAL RECOMMENDATION

Offer scholarships, internships, and externships to students enrolled in health care programs.

Example: Tri-County Hospital in Lexington, Nebraska, provides student loan repayment and scholarships for physical therapists, respiratory therapists, medical technologists, radiology technicians, and nurses. Contact Cal Hiner, Administrator, at tch_calh@webco.net or (308) 324-8303.

ACTICAL RECOMMENDATION

Collaborate with local educational organizations to provide professional development opportunities for current employees.

Example: Northern Virginia Community College through its "Practice Plus" program provides professional development opportunities to Northern Virginia Regional Hospitals. These include INOVA Health System, Reston Hospital Center, and Virginia Hospital Center Arlington. The programs, whose intent is to offer career-long learning and vocational pathways, provide classes at nontraditional times to best serve the schedules of working adults. Contact Patti DeiTos at pdeitos@nvcc.vccs.edu or (703) 323-4109.

Example: The Greater New York Hospital Association (GNYHA) and its members are collaborating with SEIU Local 1199 in New York City and the City University of New York to provide

nursing education opportunities to union members. In the interest of expanding nursing programs that are available to union employees, GNYHA has hosted meetings with seven associate degree schools of nursing affiliated with GNYHA members and the 1199/SEIU Employment-Training and Job Security Fund. A Training Fund representative has visited each school and reviewed the curriculum. Negotiations have focused on issues of admission requirements, courses that will be accepted for transfer credit, tuition payment policies, course scheduling, and student support services. The SEIU Local 1199 Training and Upgrading, Job Security and Planning and Placement Funds are being used to fund these education positions. Contact GNYHA's Patricia O'Brien at obrien@gnyha.org or (212) 246-7100 or SEIU's Debbie King at dking@1199etjisp.org or (212) 494-0524.

Example: North Shore University Hospital, a member of the North Shore-Long Island Jewish Health System, is partnering with Nassau Community College to create an on-site degree program for nonlicensed employees who want to become RNs. The current nursing staff marketed the program to other employees, and 300 applications were received. Some employees were provided with remedial training for basic skills before they could meet the requirements for the RN program. The system pays for tuition up front and does not require a continuing employment commitment from the student workers. Contact system CNO Maureen White at mwhite@lij.edu or (718) 470-7817.

ACTICAL RECOMMENDATION

Partner with local educational institutions to address their shortages of faculty, clinical training sites, and other capacity barriers.

Example: Funded through a competitive grant from the U.S. Department of Health and Human Services, Wyoming Valley Health Care System is teaming up with the University of

Scranton to expand the nurse anesthetist training program. Lack of clinical space had been a barrier to increasing enrollment. Through this partnership, Wyoming Valley's four rural hospitals will serve as clinical training sites for the program. Contact Barbara Halesey at bhalesey@wvhcs.org or (570) 552-8800.



Example: Through joint efforts of the Greater Houston Partnership and the Gulf Coast Workforce Board, area hospitals committed 25 FTEs to serve as faculty for local colleges and universities to allow an increase in nursing school enrollment of 218 for Fall 2001. Contact Karen Love at karen.love@theworksource.org or (713) 499-6651.

Insight: Nearly 40 percent of nursing schools that report they do not accept all qualified applicants into entry level baccalaureate nursing programs point to faculty shortages as a reason.³

*T*ACTICAL RECOMMENDATION

Partner with educational institutions to identify realistic expectations for new graduate competencies and readiness to work.

Example: Members of the North Carolina Hospital Association work with multiple organizations, including the Allied Health Council, the North Carolina Center for Nursing, and the SHEPS Center, to meet current and future needs of health care professionals and their employers. Collectively, these organizations are addressing education practice collaboratives and the potential for competency-based education to meet student and employer needs. Contact Kathy Heilig at (919) 677-2400.

*T*ACTICAL RECOMMENDATION

Organize local or regional roundtables of hospital executives, educators, and clinical leadership to provide feedback links between education and employers.

Example: The Kentucky Hospital Association created the Center for Health Care Professions to focus on the education and re-education of Kentucky's health care workforce and the attraction and retention of practitioners. The Center works with hospital administrators, deans of education systems, licensing boards, hospital clinicians, and professional associations to coordinate workforce development efforts throughout Kentucky. Contact Joy M. Knight at jknight@kyha.com or (502) 426-6220.

Example: The Dallas-Fort Worth Hospital Council brings together the deans of community colleges and non-private colleges with hospital leaders to discuss educational and employment needs. The Council also works with colleges and hospitals individually and facilitates funding from the state and hospitals for student slots. Contact John Gravas at johng@dfwhc.org or (972) 719-4900.

*T*ACTICAL RECOMMENDATION

The American Hospital Association should partner with associations of community colleges and universities to develop a checklist of characteristics for successful hospital-education training partnerships.

*T*ACTICAL RECOMMENDATION

The American Hospital Association should convene a national roundtable of hospital executives, educators, and clinical leaders to create links between educators and health care employers.

Challenge 5

Hospitals need to work with community, faith-based, and youth organizations that influence career decisions.

STRATEGIC RECOMMENDATION

Partner with local community organizations to attract students to careers in health professions.

Example: More than 32,000 young men and women participate in Health Careers Exploring, a Learning for Life program, where students age 14-20 learn about a

wide range of health careers. Working with employers in over 960 schools and health-related organizations, these youth learn and explore careers in an array of differ-

ent fields, including physician/surgeon, nursing, radiology, dentistry, veterinary medicine, and more. Contact Peggy Chestnut at (972) 580-2433 or pchestnut@netbsa.org.

Challenge 6

Hospitals need to seek resources from corporations and foundations to help address the workforce shortage.

STRATEGIC RECOMMENDATION

Partner with corporations and foundations to attract students to health care careers.

Example: Johnson & Johnson has launched a multi-year, \$20 million media and scholarship effort to attract people to careers in the nurs-

ing profession. Johnson & Johnson is partnering with hospitals and nursing organizations in major U.S. cities to produce galas that honor

health professionals and raise scholarship funds. Contact Doug Michels, President of J&J Health Care Systems Inc., at (732) 562-3598.

Challenge 7

The 1998 Workforce Investment Act created a state and local-based system to connect employment, education, and training services to better match workers to labor market needs. In general, health care has not made use of these programs.

STRATEGIC RECOMMENDATION

Partner with local workforce development councils.

Example: Pierce County, Washington's three largest non-governmental employers - MultiCare, Good Samaritan, and Franciscan Health Systems - are partnering with local schools, labor, and the Pierce County Workforce Development Council to increase the pool of candidates for health services occupations. The Council was established as part of Washington's implementation of the Workforce Investment Act; \$300,000 has been allocated for the health care initiative. Efforts include development of four career paths to help facilitate entry into health care or career movement forward, and expanding and enhancing training capacity. Contact Jody Lynn Smith, MultiCare's Director of Employee Relations and Employment, at jody.smith@multicare.org or (253) 403-1372.

Insight: For information and tools on the Workforce Investment Act (WIA), as well as updates on state-based WIA implementation plans, visit <http://usworkforce.org/>

Challenge 8

When retention is viewed only as an individual hospital issue, opportunities to retain workers in health care across a career may be missed. Workers need to be retained in the hospital field as a whole.

STRATEGIC RECOMMENDATION

Work with other hospitals to retain workers in health care when they move to another community or seek a new job.

TACTICAL RECOMMENDATION

Broaden the concept of upward mobility to develop career paths that cross institutions but remain within health care.

Example: Many New York hospitals participate in a job security program established as part of SEIU Local 1199's Employment-Training and Job Security Fund. The program guarantees employment opportunities to laid-off employees. If another participating facility has a job opening in the same category as a laid-off employee, the worker is guaranteed a 30-day probationary employment period at that other hospital. Binding arbitration is offered to employees who are not hired after their probation period. Contact SEIU's Debbie King at dking@1199etjisp.org or (212) 494-0524.

TACTICAL RECOMMENDATION

Explore the advantages and disadvantages of benefits portability and seniority portability to help retain employees within the health care delivery field.

Example: The development of the Teachers' Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) in higher education increased the retention of faculty in colleges and universities.

TACTICAL RECOMMENDATION

Have hospital associations develop benchmark retention data for their members to monitor improvements in field-wide retention.

- 1 Health Forum LLC, Hospital Statistics 2002. Chicago: Health Forum, 2002, Table 2.
- 2 School Library Journal, May 2001, p. 20.
- 3 American Association of Colleges of Nursing, 2000-2001 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing. Washington, DC: American Association of College of Nursing, 2001.

Build Societal Support

Hospitals are the very core of the nation's health care infrastructure. In addition to being open all hours of every day to care for the sick and injured, hospitals benefit the nation and its communities in many other ways. They subsidize care for those who cannot pay. They improve community health status by providing community health services, such as health fairs, free vaccinations, and smoking cessation programs. In many communities, the hospital is the largest employer and a major part of the economy. Hospitals also maintain the capability to respond to a variety of disasters. September 11 and its aftermath served as a stunning reminder that America's hospitals are places of great comfort and assurance when times are toughest.

The ability of each hospital to continue serving its community is directly related to its ability to maintain an adequate number of motivated and well-trained caregivers and support personnel. Thus, the hospital worker shortage threatens communities as a whole as well as the individuals who are a part of them.

Society, through government and community action, needs to make sure the health care system has the infrastructure and resources to meet community needs. Its responsibilities to hospitals go beyond providing adequate reimbursement for patients who are part of public programs.

The American public, businesses, and governments all count upon a well-staffed hospital system. Just as hospitals must make changes to address the workforce shortage, the broader society must also understand and support the actions that must be taken to eliminate the shortage of caregivers and support personnel.

Because society faces needs and demands in many arenas, hospitals cannot assume that their problems are highly visible to government, business, or the local community. Hospital leaders must work in each of these arenas to increase societal understanding and build support for addressing hospital challenges, including workforce challenges.

The recommendations in this chapter address actions that governments, business, and educational systems must undertake, with the participation and support of hospital leaders and state, regional, and national hospital associations. While this chapter does not contain specific case examples, the Commission recognizes and applauds the advocacy agendas that already are in place to address many of the challenges cited.

The Challenges

Challenge 1

Society needs to increase its investment in the health care system.

Challenge 2

Hospitals need resources to invest in new technologies that improve work and patient care.

Challenge 3

Excessive regulations and standards that result in paperwork and fragmentation are a major source of worker dissatisfaction.

Challenge 4

Many employment policies favor retirement and discourage creativity in retaining older workers.

Challenge 5

Unique training and licensure of health professions hinder interdisciplinary solutions to the workforce shortage.

Challenge 6

There is a need for better data about workforce supply and demand.

Challenge 1

Society's continuing underinvestment in its health care system severely hinders hospitals' abilities to solve the workforce shortage.

STRATEGIC RECOMMENDATION

Government programs, private funders, and all insurance payers must financially support the development of well-trained caregivers and support personnel.

TACTICAL RECOMMENDATION

All payers should support at least the clinical education component of training in the health professions through scholarship and reimbursement of hospital-sponsored efforts.

TACTICAL RECOMMENDATION

Medicare should provide support for the clinical education of nurses, pharmacists, and therapists that compares more closely with the support now provided for physician education.

TACTICAL RECOMMENDATION

Government programs should provide the necessary resources to ensure the education of future generations of caregivers including adequate Medicare funding for graduate medical education and adequate Public Health Service funding for health professions education and training.

STRATEGIC RECOMMENDATION

Government programs, private funders, and all insurance payers must provide hospitals with payments that reflect the real labor market costs required to attract and retain an appropriate number and mix of qualified staff.

TACTICAL RECOMMENDATION

Medicare should annually provide a full marketbasket increase to cover the labor costs incurred by hospitals and other health care providers.

TACTICAL RECOMMENDATION

Government programs must provide for additional funding when hospital labor costs rise due to the enactment of legislation or the implementation of regulations that raise wage rates or increase required numbers of workers.

Challenge 2

New technologies that improve work compete for scarce hospital resources with new diagnostic and treatment technologies expected by the community. Hospitals need resources to invest in both kinds of technology.

STRATEGIC RECOMMENDATION

Both government and private sector support are needed to allow hospitals to introduce the essential technology that facilitates hospital work improvement efforts.

TACTICAL RECOMMENDATION

AHA should convene the health care delivery community, information system vendors, and payers to explore the development of standardized information systems for health care delivery based on common IT platforms.

TACTICAL RECOMMENDATION

The federal government and the private sector should fund demonstration projects that explore how to integrate technology to support hospital work design efforts.

TACTICAL RECOMMENDATION

The federal government should provide financial incentives to spur hospital investment in information technology. The private sector should also financially support such investment.

TACTICAL RECOMMENDATION

Third party payers must reimburse hospitals for the worker training expenses that are required by the introduction of technology. Ongoing training is key to making new technology successful in the work environment.

Challenge 3

Excessive regulations and standards that result in paperwork and fragmentation are a major source of hospital worker dissatisfaction.

STRATEGIC RECOMMENDATION

Government regulations should minimize the administrative burden imposed on health care workers.

TACTICAL RECOMMENDATION

The Centers for Medicare and Medicaid Services should conduct a comprehensive review of its rules, regulations, and instructions with the objective of minimizing paperwork and documentation burdens imposed on hospital workers.

TACTICAL RECOMMENDATION

Regulations and accreditation standards established to ensure the quality and safety of hospital services should focus on desired outcomes, while leaving hospitals free to organize tasks in the most efficient and satisfying way for patients and workers.

TACTICAL RECOMMENDATION

Information required for payment should not impose special-purpose recordkeeping. Documentation requirements should be by-products of routine hospital operating and information systems so that worker time presently devoted to special purpose documentation can be returned to the care of patients.

STRATEGIC RECOMMENDATION

Regulations that govern specific practices of individual occupations should not impede the delivery of the right care, at the right time, by the right person, in the right setting.

TACTICAL RECOMMENDATION

A national research and demonstration project should be established to develop new practice acts that reflect the education, skills, and competencies of today's caregivers.

TACTICAL RECOMMENDATION

Hospitals should develop new models of accountability for measuring and documenting worker competencies that can be used to work with regulators toward regulatory improvements.

Challenge 4

Many employment policies favor retirement and discourage creativity in retaining older workers.

STRATEGIC RECOMMENDATION

Government and employer-based retirement policies need to change to encourage older workers to remain in the workforce.

ACTICAL RECOMMENDATION

ERISA should be revised to eliminate provisions that limit employers' ability to offer flexible work arrangements to older workers.

Insight: Limitations on in-service pension distributions may hinder employers' efforts to implement phased retirement programs.

Insight: The Social Security tax in particular discourages spouses from continuing to work. Because the spouse is entitled to half of their mate's benefit whether the spouse works or not,¹ there is little or no additional benefit to be gained for Social Security taxes the spouse pays.

ACTICAL RECOMMENDATION

The payment formulas of defined benefit retirement plans should be revised so that they no longer discourage partial employment at the end of a career.

Challenge 5

Unique training and licensure of health professions hinder interdisciplinary solutions to the workforce shortage.

STRATEGIC RECOMMENDATION

Education in the health professions and allied health professions needs to emphasize interdisciplinary training to facilitate team-based approaches to patient care.

TACTICAL RECOMMENDATION

A national summit on education in the health careers should be held to develop coordinated and collaborative education and training programs.

TACTICAL RECOMMENDATION

Professional societies and associations need to work together and support new approaches to patient care.

Challenge 6

The lack of ongoing systematic data collection and analysis about health care workforce supply and utilization contributes to cyclical periods of worker shortages and oversupply.

STRATEGIC RECOMMENDATION

Provide consistent resources for workforce data collection, analysis, and publication to avoid future shortages and oversupply.

ACTICAL RECOMMENDATION

The federal government should support the development of an ongoing, multi-disciplinary baseline of information on health care training and employment.

ACTICAL RECOMMENDATION

Hospital associations should support national and state funding for data collection on workforce supply and projections for the future, and contribute data from their members.

ACTICAL RECOMMENDATION

The hospital community should seek an appointment to the U.S. Department of Labor's Council on the 21st Century Workforce.

ACTICAL RECOMMENDATION

Foundations should expand their workforce initiatives beyond studies of educational programs and individual professions, to study workforce issues from the perspective of the employer and work teams.

¹ A. Reynolds, "Work Opportunities and Incentives for Older Americans," in *Working Through Demographic Change*. Boulder, Colorado: Human Resource Services, Inc, 2001, p.81.

Commission Conclusions

Hospitals face both short- and long-term shortages of care-givers and support personnel. These workforce shortages reflect fundamental changes in population demographics, career expectations, work attitudes, and worker dissatisfaction. The shortages will not disappear with either the current or the next economic downturn. They require immediate and sustained action by hospitals, associations, schools and universities, foundations, businesses, and governments. Without such action, our society will face a major crisis in health care.

The members of the AHA Commission on Workforce represent a wide range of backgrounds, professions, and perspectives from inside and outside the hospital field. Together, we have developed recommendations that must be acted upon if our nation is to prevail over current and looming workforce shortages. We have titled our report *IN OUR HANDS* because we believe that hospital leaders must be the driving force behind the changes and initiatives necessary to prevent workforce shortages from becoming a national and local health care crisis.

While technology, market share, financial performance, physician recruitment, and facilities management are all important to a hospital's success, they fail to include an important truth: health care is always about people caring for people.

For decades, human resources has been treated as just one of many hospital support departments. This must change. Human resources in today's hospital must be seen as central to the organization's strategic direction, equally important as finance and program development. Every hospital and health system needs an effective, long-term human resource strategy that includes input and a partnership with hospital workers.

The recommendations in this report are not a menu from which hospitals, the professions, or society-at-large may make particular selections. Rather, the recommendations are a comprehensive set of actions that are intended to be simultaneously addressed with sustained attention and commitment.

The recommendations provide an opportunity to make fundamental improvements in health care organizations and in the work of both care-givers and support personnel. Now is the time for hospitals and health systems to make the changes that address the current shortage and that can help prevent a long-term crisis. The changes are not easy ... but they are necessary.

The Commission will view its work as successful only if the recommendations of this report are implemented. The recommendations can be the foundation of a strong, sustained, and committed local and national effort to truly build a thriving health care workforce and ensure the health of our communities.

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Appendix 1

COMMISSION CHARGE

To develop bold goals and actionable recommendations to:

- Increase recognition that human resources are a core, strategic resource of hospitals;
- Fully value and invest in workforce recruitment, retention, and development;
- Expand interest in health care careers and educational programs;
- Make hospitals and health systems “employers of choice.”

Appendix 2

AHA COMMISSION ON WORKFORCE FOR HOSPITALS & HEALTH SYSTEMS COMMISSIONER BIOGRAPHIES

CHAIR

Gary A. Mecklenburg is president and chief executive officer of Northwestern Memorial HealthCare in Chicago. Previously, he held various leadership positions at hospitals in Wisconsin and California. Mecklenburg is immediate past chairman of the American Hospital Association and chairman of the Association's Commission on Workforce for Hospitals and Health Systems.

MEMBERS

G. Rumay Alexander, MSN, EdD, RN, is president and CEO of The Roxie Company in Nolensville, Tennessee. Previously, she was senior vice president for clinical and professional practices at the Tennessee Hospital Association, providing guidance on clinically related, nursing, diversity in the workplace, public education, and community health status issues. Alexander is a member of the board of directors of the American Organization of Nurse Executives, a subsidiary of the American Hospital Association, and has a master's degree in nursing.

Dr. Jacquelyn M. Belcher is president of Georgia Perimeter College in Atlanta. In addition to serving on the Governor's Education Reform Study Commission, she has chaired and participated on national councils relating to leadership, business development, and high school and collegiate education. Belcher holds multiple degrees in nursing, a juris doctorate, and a business credential.

Maureen Bisognano is executive vice president and chief operating officer at the Institute for Healthcare Improvement (IHI) in Boston and has dedicated her career to improving health care quality. Prior to joining IHI, she was senior vice president of The Juran Institute, where she supported the implementation of total quality management concepts in health care settings. Earlier, she served as chief executive officer of Massachusetts Respiratory Hospital in Braintree, Massachusetts.

Leo P. Brideau is president and chief executive officer of Columbia-St. Mary's Hospital in Milwaukee, Wisconsin. Previously, he was president of Strong Health Regional Network, chairman of the Health Care Association of New York State, and an assistant professor of community and preventive medicine at the University of Rochester School of Medicine and Dentistry. Brideau is a member of the American Hospital Association's board of trustees and executive committee.

Sandra Bennett Bruce is president and chief executive officer at Saint Alphonsus in Boise, Idaho. She has held this position at Mercy General Health Partners, Muskegon, Michigan, and Berrien General Hospital in Berrien Center, Michigan. Bruce is chairperson of the Idaho Hospital Association and active on the American Hospital Association's region five policy board.

Peter W. Butler is the former president and chief executive officer of the Methodist Health Care System in Houston. He has also served in leadership positions at the Henry Ford Health System in Detroit and Rush-Presbyterian-St. Luke's Medical Center in Chicago. Butler was chairman of the American Hospital Association's Commission on Workforce for Hospitals and Health Systems from April to November 2001.

Stephen W. Daeschner, PhD, is superintendent of the Jefferson County Public Schools in Louisville, Kentucky. He began in this position in 1993 and he holds one of the longest tenures of any large-city superintendent in the nation. In the course of his career, he has held various positions at the teacher, principal, and superintendent levels.

Karen Davis, PhD, is president of The Commonwealth Fund in New York City. Before joining the Fund, she served as chairman of the Department of Health Policy and Management at The Johns Hopkins School of Hygiene and Public Health, where she also held an appointment as professor of economics. Davis served as deputy assistant secretary for health policy in the Department of Health and Human Services and was the first woman to head a US Public Health Service agency.

Laura Easton, RN, is senior vice president of hospital operations and chief nursing executive of Caldwell Memorial Hospital in Lenoir, North Carolina. She has held various nurse executive positions at hospitals in New York, North Carolina, and New Hampshire. Easton is a district representative for the North Carolina Organization of Nurse Executives and was a Kellogg Foundation Public and Health Policy Fellow at the U.S. House of Representatives.

Antonio Flores, PhD, is the president and chief executive officer of the Hispanic Association of Colleges and Universities in San Antonio, Texas. Flores has extensive experience in higher education administration and policy analysis. He has worked at both community colleges and universities, where he has taught and conducted research on higher education issues.

Mary E. Foley, MS, RN, is president of the American Nurses Association in Washington, DC. She was previously employed for 19 years at Saint Francis Memorial Hospital in San Francisco, as both chief nurse executive and a medical-surgical staff nurse. Foley was also a part-time clinical faculty member at San Francisco State University School of Nursing and was the faculty adviser for the student nurses association at the school.

John C. Gavras is president of the Dallas-Ft. Worth Hospital Council. He has held this position for 25 years and previously worked for the Hospital Financial Management Association and the Oklahoma Hospital Association. Gavras has served on American Hospital Association advisory boards, as an adjunct professor at several Texas-based universities, and was the first recipient of the highest non-physician award presented by the Dallas County Medical Society.

Raymond Grady, FACHE, is president and chief executive officer of Evanston Hospital and serves as president of the hospitals and clinics division for Evanston Northwestern Healthcare in Evanston, Illinois. He served as the American Hospital Association's representative to the Accrediting Commission on Education and Health Services Administration for seven years, including a stint as chairman. He is currently a member of the Illinois Hospital and HealthSystems Association's board of directors.

Joyce Grove Hein is chief executive officer at Phelps Memorial Health Center in Holdrege, Nebraska. She has held various leadership positions at hospitals in Louisiana, Mississippi, and Minnesota. Hein holds a master's degree in human and health services from St. Mary's College in Winona, Minnesota.

Troy Hutson, RN, JD, is director of legal and clinical policy at the Washington State Hospital Association in Seattle. Hutson began his health career as a medic in the Army, then attended nursing school and received a commission into the Nurse Corps. After the military, he served as a staff nurse, charge nurse and case manager prior to becoming an attorney.

Anita Langford, RN, MS, is vice president of continuing care at the Johns Hopkins Bayview Medical Center (JHBMC) in Baltimore, Maryland. Prior to her current position, she was senior director for long-term care at JHBMC, director of nursing, and then administrator at the Johns Hopkins Geriatrics Center. Langford has served as an adjunct faculty member at the George Washington University and as a member of various American Hospital Association committees.

Karen L. Miller, RN, PhD, FAAN, is dean and professor of the University of Kansas School of Nursing and the University of Kansas School of Allied Health. Prior to these appointments, she was vice president of nursing and clinical services at The Children's Hospital in Denver, and associate professor at the University of Colorado Health Sciences Center. In 2000, Miller was appointed to the National Advisory Council on Nurse Education and Practice of the Health Resources and Services Administration, part of the Department of Health and Human Services.

Jack A. Newman, Jr., is executive vice president of Cerner Corporation in Kansas City, Missouri. Prior to joining Cerner, he served as partner-in-charge of the National Health Care Strategy Practice for KPMG LLP. Newman is a national speaker on the financial and quality of care benefits associated with health care information technology.

Robert J. Parsons, PhD, is a trustee for the Urban South Region of Intermountain Health Care and a professor of economics at Brigham Young University in Provo, Utah. He was a member of the American Hospital Association's Committee on Governance, which helps develop orientation programs for trustees nationwide. Parsons is also active in the Utah Hospital Association and has conducted research published in a number of health care journals.

Limaris L. Perez is assistant practice administrator at Phillips Family Practice in New York City. When she joined the commission, Perez was completing a degree at Pennsylvania State University in health policy and administration. She has completed an internship at the Hospital and Healthsystem Association of Pennsylvania and participated in that organization's statewide patient safety collaborative project.

Randolph B. Reinhold, MD, is chairman of the department of surgery and director of surgical services and the operating room at the Hospital of St. Raphael in New Haven, Connecticut. In addition to holding the rank of professor of surgery at Yale University and Tufts University Schools of Medicine, he is the author of over 50 articles and book chapters. Reinhold has served on several medical staffs in the New England area, including Tufts New England Medical Center, New England Deaconess, and Massachusetts General Hospital.

Robert Riney is senior vice president and chief human resources officer at the Henry Ford Health System in Detroit. Before his appointment, Riney served as vice president for human resource organizational effectiveness and design and vice president for human resources at Henry Ford Wyandotte Hospital. He is chair-elect of the American Society for Healthcare Human Resources Administration, a personal membership group of the American Hospital Association, and previously served as head of that society's diversity task force.

Fran Roberts, PhD, RN, is the vice president for professional services at the Arizona Hospital and Healthcare Association in Phoenix, Arizona. At that organization, she is also the director of the Healthcare Institute and the project director of a Robert Wood Johnson Foundation grant on nursing workforce development titled "Colleagues in Caring." She previously served as executive director of the Arizona State Board of Nursing and is currently first vice president of the Arizona Nurses' Association.

Bruce J. Rueben is president of the Minnesota Hospital and Healthcare Partnership in Minneapolis, Minnesota. Previously, he was president of the Maine Hospital Association and held leadership positions at the Virginia Hospital and Healthcare Association. Rueben also served as a vice president of the Diamond Healthcare Corporation.

Edward S. Salsberg is the executive director of the Center for Health Workforce Studies at the School of Public Health at the University at Albany of the State University of New York in Rensselaer, New York. The Center conducts a wide range of studies on the supply, demand, need, distribution, and use of health personnel in New York and nationally. The Center is one of five centers nationally with a federal cooperative agreement for health workforce studies.

Andrew L. Stern is president of the Service Employees International Union (SEIU) in Washington, DC. SEIU has 1.5 million members – making it the largest and fastest growing union in the AFL-CIO. It is the largest union of workers in hospitals, nursing homes, and health care, representing more than 110,000 nurses and 20,000 doctors.

Sara J. White, RPh, FASHP, is director of pharmacy at Stanford Hospital and Clinics and a clinical professor at the University of California – San Francisco School of Pharmacy. She was an associate director of pharmacy and professor at the University of Kansas Medical Center previously. White is a past president of the American Society of Health System Pharmacists.

EX OFFICIO

Richard J. Davidson has been president of the American Hospital Association in Washington, DC, and Chicago since 1991. He came to the post after 22 years at the Maryland Hospital Association, where he was its first president. Davidson serves on the boards of the Health, Research and Educational Trust and the International Hospital Federation and is a founding director of the Institute for Diversity.

Sister Mary Roch Rocklage, RSM, is chairperson of the board of directors of the Sisters of Mercy Health System in St. Louis, Missouri. Trained as a nurse, Rocklage held various nursing and administrative positions before becoming president of the health care system from 1986 to 1999. Currently, she is chairperson of the American Hospital Association's board of trustees and serves as an adjunct professor of health care administration at St. Louis University and Washington University.

Appendix 3

HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

ALABAMA

Alabama A & M University
Alabama State University
Bishop State Community College
Bishop/Carver Campus
Concordia College
Drake Technical College
Lawson State Community College
Gadsden State C.C. - Valley Street Campus
Miles College
Oakwood College
Shelton State C. C. - Fredd Campus
Stillman College
Talladega College
Trenholm State Tech. College
Tuskegee University

ARKANSAS

Arkansas Baptist College
Philander Smith College
University of Arkansas/Pine Bluff

DELAWARE

Delaware State College

DISTRICT OF COLUMBIA

University of the District of Columbia

FLORIDA

Bethune-Cookman College
Edward Waters College
Florida A & M University
Florida Memorial College

GEORGIA

Albany State College
Clark Atlanta University
Fort Valley State College
Morehouse College
Morris Brown College
Paine College
Savannah State College
Spelman College

KENTUCKY

Kentucky State University

LOUISIANA

Dillard University
Grambling State University
Southern Univ A & M College
Southern Univ/New Orleans
Southern Univ/Shreveport
Xavier University

MARYLAND

Bowie State University
Coppin State College
Morgan State University
Univ of Maryland/Eastern Shore

MICHIGAN

Lewis College of Business

MISSISSIPPI

Alcorn State University
Coahoma Junior College
Hinds Junior College - Utica Campus
Jackson State University
Mary Holmes College
Mississippi Valley State University
Rust College
Tougaloo College

MISSOURI

Harris-Stowe State College
Lincoln University

NORTH CAROLINA

Barber-Scotia College
Bennett College
Elizabeth City State Univ
Fayetteville State University
Johnson C. Smith University
Livingstone College
North Carolina A & T State Univ
North Carolina Central Univ
St. Augustine's College
Shaw University
Winston-Salem State University

OHIO

Central State University
Wilberforce University

OKLAHOMA

Langston University

PENNSYLVANIA

Cheyney State University
Lincoln University

SOUTH CAROLINA

Allen University
Benedict College
Claflin College
Denmark Technical College
Morris College
South Carolina State University
Voorhees College

TENNESSEE

Fisk University
Lane College
LeMoyne-Owen College
Tennessee State University

TEXAS

Huston-Tillotson College
Jarvis Christian College
Paul Quinn College
Prairie View A & M University
Saint Philip's College
Southwestern Christian College
Texas College
Texas Southern University
Wiley College

U. S. VIRGIN ISLANDS

University of the Virgin Islands

VIRGINIA

Hampton University
Norfolk State University
Saint Paul's College
Virginia State University
Virginia Union University

WEST VIRGINIA

Bluefield State College

Appendix 4

HISPANIC SERVING INSTITUTIONS

Non-profit, accredited colleges, universities or systems where total Hispanic student enrollment constitutes a minimum of 25% of the total enrollment, including full-time and part-time students whether at the undergraduate or graduate level.

ARIZONA

Arizona Institute of Business and Technology - Mesa
Arizona Institute of Business and Technology- Phoenix
Arizona Western College
Central Arizona College
Cochise College
Estrella Mountain Community College
Phoenix College
Pima Community College
South Mountain Community College

CALIFORNIA

Allan Hancock College
Bakersfield College
California State University-Bakersfield
California State University-Dominguez Hills
California State University-Fresno
California State University-Los Angeles
California State University-Monterey Bay
California State University-Northridge
California State University-San Bernardino
California State University-Stanislaw
Cerritos College
Chaffey Community College
Citrus College
College Of The Desert
College Of The Sequoias
Compton Community College

D-Q University
Don Bosco Technical Institute
East Los Angeles College
El Camino College
Fresno City College
Fullerton College
Gavilan College
Hartnell College
Heald College School Of Business-Salinas
Heald College School Of Business-San Jose
Heald College School Of Business-Stockton
Heald College School Of Business And Tech-Hayward
Heald College School Of Business And Technology-Fresno
Heald College School Of Business And Technology-Milpitas
Imperial Valley College
Kelsey-Jenney College
Long Beach City College
Los Angeles City College
Los Angeles County Medical Center School Of Nursing
Los Angeles Harbor College
Los Angeles Mission College
Los Angeles Trade Technical College
Los Angeles Valley College
Merced College
Mount Saint Marys College
Mount San Antonio College
Oxnard College
Palo Verde College
Pasadena City College
Porterville College
Reddy College
Rio Hondo College

San Bernardino Valley College
San Diego City College
Santa Ana College
Southwestern College
The National Hispanic University
University Of Laverne
Ventura College
West Hills Community College
Whittier College
Woodbury University

COLORADO

Adams State College
Community College Of Denver
Otero Junior College
Pueblo Community College
Trinidad State Junior College

FLORIDA

Barry University
Caribbean Center For Advanced Studies-Miami
Florida International University
Miami-Dade Community College
Saint John Vianney College Seminary
Saint Thomas University
Trinity International University
University Of Miami
Valencia Community College

ILLINOIS

City Colleges Of Chicago-Harry S Truman College
City Colleges Of Chicago-Malcolm X College
City Colleges Of Chicago-Richard J Daley College

City Colleges Of Chicago-Wilbur Wright College

Morton College

Northeastern Illinois University

Saint Augustine College

KANSAS

Seward County Community College

MASSACHUSETTS

Urban College of Boston

NEW JERSEY

Englewood Hospital Medical Center

Hudson County Community College

Jersey City State College

Passaic County Community College

Saint Peter's College

NEW MEXICO

Albuquerque Technical Vocational Institute

Eastern New Mexico University-Roswell Campus

Luna Vocational Technical Institute

Mesa Technical College

New Mexico Highlands University

New Mexico Junior College

New Mexico State University-Carlsbad

New Mexico State University-Dona Ana

New Mexico State University-Grants

New Mexico State University-Main Campus

Northern New Mexico Community College

Santa Fe Community College

University of New Mexico Los Alamos Campus

University of New Mexico-Main Campus

University of New Mexico-Taos Education Center

University of New Mexico-Valencia County Branch

Western New Mexico University

NEW YORK

Boricia College

College of Aeronautics

College of Mount Saint Vincent

CUNY Borough Of Manhattan Community College

CUNY Bronx Community College

CUNY City College

CUNY Hostos Community College

CUNY John Jay College Criminal Justice

CUNY La Guardia Community College

CUNY Lehman College

CUNY New York City Technical College

Mercy College

PUERTO RICO

American University of Puerto Rico-Bayamon

American University of Puerto Rico-Manati

Atlantic College

Bayamon Central University

Caribbean Center for Advanced Studies

Caribbean University-Bayamon

Caribbean University-Carolina

Caribbean University-Ponce

Caribbean University-Vega Baja

Colegio Tecnológico Del Municipio De San Juan

Colegio Universitario Del Este

Conservatory Of Music Of Puerto Rico

Escuela de Artes Plásticas de Puerto Rico

Humacao Community College

Inter American University of Puerto Rico

Instituto Tecnológico de Puerto Rico-Manati

Instituto Tecnológico de Puerto Rico-Ponce

Instituto Tecnológico de Puerto Rico-Rio Piedras

Inter American University of Puerto Rico-Aguadilla

Inter American University of Puerto Rico-Arecibo

Inter American University of Puerto Rico-Barranquitas

Inter American University of Puerto Rico-Bayamon

Inter American University of Puerto Rico-Fajardo

Inter American University of Puerto Rico-Guayama

Inter American University of Puerto Rico-Metro

Inter American University of Puerto Rico-Ponce

Inter American University of Puerto Rico-San German

Pontifical Catholic University of Puerto Rico-Arecibo

Pontifical Catholic University of Puerto Rico-Guayama

Pontifical Catholic University of Puerto Rico-Mayaquez

Pontifical Catholic University of Puerto Rico-Ponce

Universidad Adventista de Las Antillas

Universidad Central del Caribe

Universidad del Turabo

Universidad Metropolitana

Universidad Politecnica de Puerto Rico
 University of Puerto Rico-Aguadilla
 Regional College
 University of Puerto Rico-Arecibo
 Campus
 University of Puerto Rico –Bayamon
 Tech University College
 University of Puerto Rico -Carolina
 Regional College
 University of Puerto Rico –Cayey
 University College
 University of Puerto Rico -Humacao
 University College
 University of Puerto Rico -La Montana
 Regional College
 University of Puerto Rico -Mayaguez
 University of Puerto Rico -Medical
 Sciences Campus
 University of Puerto Rico -Ponce
 Technical University College
 University of Puerto Rico -Rio Piedras
 Campus
 University of Sacred Heart

TEXAS

Coastal Bend College
 Del Mar College
 El Paso Community College
 Howard County Junior College District
 Laredo Community College
 Mountain View College
 Odessa College
 Our Lady of the Lake University-San
 Antonio
 Palo Alto College
 Saint Edwards University
 San Antonio College
 South Plains College
 South Texas Community College
 Southwest Texas Junior College
 St Mary’s University
 St Philip’s College

Sul Ross State University
 Texas A & M International University
 Texas A & M University-Corpus Christi
 Texas A & M University-Kingsville
 Texas Southmost College
 Texas State Technical College-Harlingen
 The University of Texas-Pan American
 The University of Texas at Brownsville
 The University of Texas at El Paso
 The University of Texas at San Antonio
 The University of Texas Health Science-
 San Antonio
 The University of Texas of the Permian
 Basin
 University of Houston-Downtown
 University of Saint Thomas
 University of Incarnate Word
 Victoria College

WASHINGTON

Heritage College

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The Workforce Strategy Map

IN OUR HANDS:

HOW HOSPITAL LEADERS CAN BUILD

A THRIVING WORKFORCE

The Workforce Strategy Map

