

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.hospitalconsort.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.

ACTUAL 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.

ACTUAL 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.

ACTUAL 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 DeTos 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.