

## Meeting Notes: Health Care Personnel Shortages Task Force, December 1, 2009

\*For all materials presented at this meeting please see the Health Care Task Force web site and click on the meetings tab on the right.

Members Attending: Michele Johnson, Chair; Bill Gray, Vice Chair; John Lederer HECB; Mary Looker; Community and Migrant Health; Pat Ward, SBCTC; Clytie Causing, SEIU; Patti Rathbun, DOH; Sally Watkins, WSNA; Linda Tieman, Washington Center for Nursing; Janet McCann, YVCC; Mark Doescher, University of Washington; Jaime Garcia, WSHA; Shirley Aikin (for Frankie Manning); Eleni Papadakis, (Workforce Board).

Staff: Madeleine Thompson, and Barbara Mix, Workforce Board.

Others attending: Andrea McCook, Washington Center for Nursing, David Olson, Wenatchee Valley Hospital; Mark Doescher, Kris Mason, Highline CC; UW Center for Health Workforce Studies, Rochelle Wambach, HECB, Jordana Barclay, Southwest Washington WDC.

Member Apologies: Diane Sosne, SEIU1199

Chair Michele Johnson opened the meeting with welcomes and introductions.

Linda Tieman and Andrea Mcook, from the Washington Center for Nursing (WCN), discussed the latest draft of the Mater Plan for Nursing Education Implementation Recommendations.

The WCN started working on the Master Plan back in 2005 when the Department of Health provided a grant to the WCN to evaluate the effectiveness of nursing education and articulation among programs to increase access to nursing education, along with other tasks.

WCN had eight volunteer work groups (with eight to twelve people per work group) made up of a wide variety of nursing education stakeholders who worked on eight priority action areas. The groups focused on Distance Access, Diversity, Education Design, Faculty Compensation, Faculty Workload, Preparing Future Faculty, RN to BSN/MN Capacity, and Transition to Practice.

The WCN Board of Directors identified four areas for focus: Implement strategies that alleviate the nursing faculty shortage; develop innovative curriculum models and teaching strategies; promote structured transition to practice programs for new nurses; and ensure that increasing ethnic and racial diversity in nursing education is a consistent thread through the implementation of all areas of work. For expanded information on the Implementation Plan, see <http://www.wcnursing.org/master-plan-for-nursing-education> The Master Plan was going to be presented to the WCN Board of Directors on December 2, 2009.

A question was asked about the lack of males in the nursing profession. Andrea acknowledged that this is part of the diversity issue but not a main focus of the diversity group. It is hoped that with diversity being a priority that more information can get out to middle and high schools to get students interested in the nursing profession, not just people of color but males, too.

As one of the priorities is around the nursing faculty shortage, it was mentioned that a challenge is, and has been, staying within the labor rules. The community colleges cannot pay nurse educators more than other educators. A recommendation might be to see if there are any employers who are willing to partner with the schools to pay for a nurse educator salary.

The Master Plan addresses the faculty shortage, but also talks to areas such as number of students enrolling, clinical capacity, space and equipment in programs, prerequisites, college preparation. The goal of the WCN Master Plan is to have a more streamlined system that is barrier free to students. There are conversations going on with community and technical college (CTC) nursing deans to discuss commonly agreed upon prerequisites, admissions, potentially shared curriculum throughout the CTC system. The two- and four-year colleges are also working with employers to ensure that the curriculum meets employers' needs.

Mark Doescher from the University of Washington gave a presentation regarding the need for more doctors, physician assistants, and nurse practitioners. Mark talked about how baby boomers are retiring yet we are not training enough people in these fields. The University of Washington medical school provides training for physicians in five states and we cannot keep up with the demand for doctors, PAs, and nurse practitioners which means that Washington State is competing with other states to attract doctors. These presentations are located on the Task Force meeting page web site at:

For more information, see the WWAMI policy briefs and publications and see Task Force meeting (<http://depts.washington.edu/uwchws/>).

Pat Ward from the State Board for Community and Technical Colleges updated numbers on enrollments in health care programs in CTCs. For example, over the past five years there has been a 218 percent increase for Radiologic Technology while the enrollments for LPNs has decreased by 11 percent.

Pat then discussed the Hospital Employee Education and Training Program (HEET). The first year with the HEET funds has been very successful. SBCTC thinks they are going to have great opportunities for students to make a case before the 2010 legislature for continued funding. All schools in the HEET Program have sustainability built into their project. For more information on HEET, go to the report at <http://www.uoregon.edu/~lerc/pdfs/heetwhitepaper.pdf>

A question was asked about the clinical placement project. SBCTC could not keep funding this program. A request to hospitals went out to see if they would contribute to funding to keep the program operational but due to tight hospital budgets at the time, they decided not to contribute, so the statewide clinical program no longer exists. The Nursing Clinical District 1 has gone back into effect.

Patti Rathbun from the Department of Health gave a brief update on the report to the legislature on the health workforce study. Unfortunately the report is not ready for distribution at this time. DOH is conducting an internal review but as soon as it is ready for public release, Patti will pass the report on to health care task force members.

Due to budget cuts the Department of Health decided to suspend the health care worker surveys. There is data but there is no regular analysis by a third party. The analysis is as critical as the data but DOH doesn't have the funds to do the analysis.

Members discussed that there might be a way to re-deploy funding only to the types of surveys that are most needed; finding ways to leverage state dollars;

Members largely agree that policymakers should require that the health care worker surveys be completed and analysis funded. As mentioned, having the raw data is not helpful unless it can be analyzed and used by the public and private health care entities.

The next item on the agenda was for Task Force members to agree to priorities that should be emphasized in 2010. Madeleine put together a list of the priorities and e-mailed first to Michele and Bill and then to the entire task force. The final list is as follows:

## **Priorities for 2010**

**1. Reprioritize Health Care Workforce Issues.** In the current economic downturn, health care jobs are still among the most secure for the near and long term. Our policymakers should renew focus on health care education and training and other health care workforce issues.

Our state is still facing an acute structural workforce crisis in the healthcare industry that needs long-term attention from policymakers. While health care vacancies declined in 2009 the health care industry still tops all industries in the numbers of vacancies reported (over 7, 500 vacancies), and vacancies for registered nurses are the highest of any occupation (over 2,600 vacancies). While there are reports of a tighter job market for some nursing graduates, we know this is likely due to many workers delaying retirement in response to the current economic downturn. We also know these workers will eventually have to retire and many will be among the aging population seeking health care. We ask the Governor and Legislature to reprioritize health care workforce issues to better meet worker and industry needs.

**2. Maintain Effective Policies and Programs.** In the current budget crisis more people than ever are seeking to update their skills and improve their employment prospects by going back to school. We ask the Governor and the legislature to, if not enhance, then at least maintain the programs and strategies that are proving effective.

The Legislature and the Governor have created policies and programs in recent years that have proven positive benefits such as: reducing health care personnel shortage needs, improving diversity of the health care workforce and employment and earnings outcomes for diverse populations, and providing education and family-wage job prospects for low-skilled, and/or working adults. These policies and programs include:

- High demand funding
- Opportunity Grants
- Expanding the State Need Grant to part-time students allowing low-wage working adults to become eligible
- Hospital Employee Education and Training which enables entry-level hospital workers to gain training onsite and/or online and move into high demand positions.

High Demand funding, Opportunity Grants, and the Hospital Employee and Training program have had the added benefit of leveraging private resources to expand our educational capacity. Programs like these support our economy and workers.

**3. Expand Health Care Education Capacity on Demand.** In 2009 enrollment in the Worker Retraining program increased by 77% and community and technical colleges and private career

schools have not been able to meet student demand. Colleges and universities are over-enrolling students in an attempt to meet student needs but this kind of activity can only go so far before reductions in education quality become apparent. In health care programs over-enrollments are often not allowed because of laws and codes that protect quality. Task Force Members and a variety of health care workforce stakeholders have been seeking private, foundational and American Recovery and Reinvestment Act funding to help to expand capacity in health care education programs but in the long-term the Health Care Personnel Shortage Task Force requests that the Governor and Legislature create a long-term, funding source for high employer demand programs to expand and contract in accordance with future supply and demand projections.

Improved data collection and analysis would also allow educational institutions to work with employer stakeholders and state entities to create enrollment and completion targets, that could be included as part of Performance Agreement with the state.

**4. Expand Health Workforce Diversity.** With the current and looming shortage of health care personnel it is imperative that we draw from every available labor pool. Racial and ethnic minorities are underrepresented in the health care workforce and represent a labor pool that could be expanded as our population becomes more diverse. A health workforce that is as diverse as the population it serves has the added benefit of improving health outcomes for diverse populations.

We need to ensure that racially and ethnically diverse children and adults have access and success in education and improved employment potential. Health care exploration, preparation for postsecondary work and access for working adults to postsecondary education are critical and provide strong employment and earnings prospects. The Governor's Interagency Council on Health Disparities has heard recommendations on from their Health Workforce Diversity Advisory Committee. The Health Care Task Force Members support these recommendations that dovetail with the Health Care Personnel Shortage Task Force strategic plan. Please see the Health Workforce Diversity policy paper and recommendations at: <http://healthequity.wa.gov/Meetings/2009/12-10/docs/Tab07a-WorkforceDiversityPaper.pdf>

**5. Create Targeted Solutions and Accountability Through Data Collection and Analysis.** The Health Care Task Force has a strategic plan for the state, but better local planning and targeted solutions needs data that can only be obtained through the continuance of a health care workforce survey. In 2009, due to budget cuts the Department of Health discontinued the survey authorized by state legislation in 2006. The members of the Health Care Personnel Shortage Task Force recommend that a mandatory survey with licensing renewals should be part of online licensing renewal at the time that online licensing is implemented. This strategy is likely to be more effective in terms of response rate and more efficient in terms of administration.

**6. Strengthen and Expand Credit for Prior Learning, Articulation and Transfer.** Many vets and immigrants have health care credentials through the military or their former countries. Too often we do not accept their prior learning and our institutions do not award credit, or even allow articulation into health care programs. Often individuals are asked to duplicate their learning and take pre-requisites. There should be concerted efforts among education and health care stakeholders to award more credit for prior learning, create bridge programs and create seamless transitions through articulation and transfer to increase efficiency for these individuals to gain qualifications to work in WA's health care workforce. One program of note that is helping immigrants with health care qualifications from their home countries to transition to health care

occupations in Washington is the Welcome Back Center located at Highline Community College.

**7. Transforming Health Care Delivery in Relationship to Workforce Issues.** The Health Care Personnel Shortage Task Force provides expertise to the Governor and Legislature on health care education and training needs and issues, and develops and monitors progress on our state's strategic plan to address health care personnel shortages. However, with regard to making recommendations on health care delivery transformation the Task Force is limited in its membership and scope. We suggest creating a policy leadership group in health care delivery such as interdisciplinary training, super clinics, medical homes, community care, workplace environment and other topics and include health care workforce shortage issues as a primary related concern that is part of new delivery models. This group should include membership from the Health Care Personnel Shortage Task Force to address the structural changes necessary for the industry to be competitive.

Next was an update on various topics from Task Force lead staff: Madeleine provided an update on the Governor's Interagency Council on Health Disparities. Madeleine is Eleni's designee on that Council and she also chairs the Health Workforce Advisory Committee. This committee met several times, with the last meeting being held in September. The group prioritized several areas to work on, including youth and cultural competencies. The staff for the diversity committee has not had time to get the recommendations out to the group but as soon as Madeline receives the report, she will pass this information on to the task force.

See the report at:

Task Force staff attended a meeting of the Australian Health Workforce Institute while she was on vacation in Australia. This Institute has been established to address health care workforce shortages in Australia as well as to make recommendations for the global shortage of health care personnel. They asked Madeleine to present on Washington's Health Care Personnel Shortage Task Force, strategies and progress. They were very impressed with Washington's work, particularly the methodology for determining the gap between supply and demand as conducted by the Workforce Board, and also with the strategies to incentivize health care education programs to expand via methods such as high demand funding. Similar problems exist in Australia related to program demand and limited ability to expand. There is also a concerted effort to redesign health care delivery and focus on the workforce implications of new delivery models.

Next steps: Madeline will forward the legislative priorities and the Task Force 2009 Annual report for Task Force members to review. A teleconference will be set up if needed during the legislative session. The next face-to-face task force meeting will be held in April or May. Actual dates and times will be forwarded to committee members in February.