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# **Health Care Sector Employment Initiative**

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Discussion Document  
for Defining Issues and Proposing Solutions

November 2001

Phase I

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## Background

### Shortages in the Health Care Sector

#### **FACTORS CREATING THE SHORTAGES**

**The shortages are emerging due to many factors. Including:**

- 1) An aging population is creating both an increase in the demand for health care services and limiting the pool of qualified health care workers. The number of Oregonians aged 65 years is expected to increase by over 100% to 936,000 by 2025. Health care workers are retiring before replacements can be trained.
- 2) Significant industry growth that is expected to continue.
- 3) Changing context of health care delivery has altered care settings – hospital stays have decreased, patient acuity has increased in hospitals, outpatient stays have increased and home health care needs are high.
- 4) Cost containment strategies such as consolidating hospitals and long-term facilities have changed the skill mix needed by the health care team.
- 5) Other industries are attracting skilled workers away from health care professions and workers are leaving for less demanding or more rewarding jobs (e.g. 24/7 shifts, overtime issues, physical demands, emotional stress).

**Good News for Oregon is:**

- 6) Even though the shortage is exacerbated by the lack of training facilities, indicators suggest that individuals are interested in health care professions.
- 7) The results of a five county survey of full-time job incumbents aged 18-55 earning \$40,000 or less revealed that health care workers described themselves as more satisfied with their jobs, more likely to call their job a "career," and more likely to remain in their field than workers in other professions and occupations.
- 8) When the respondents from the above study were asked how interested they were in working in certain industries, the health care industry ranked second.
- 9) Health care worker shortages in Oregon do not appear to be as acute as they are in other states.

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## Players and Process

### Overview of the Sector Initiative

#### THE SECTOR INITIATIVE PROCESS

##### What is it:

The Oregon Workforce Investment Board (OWIB) is undertaking an employment initiative to alleviate skills and staffing shortages in the health care sector. This is an intensive approach to serving the workforce needs of a specific industry or group of related occupations. It involves building relationships, expertise and understanding of the challenges of the industry. This sector has been selected as it is faced with high growth in jobs, high turnover and an aging workforce. The goal is to identify the demands of the industry that are not being met and to develop strategies to assure an adequate supply of skilled workers and jobseekers who can be successful in these jobs and careers. OWIB, a state level board (with a private sector majority) that advises the Governor on workforce issues, is undertaking the initiative in response to the increasing shortages in the health care industry. Some of the local and regional workforce investment boards have begun initiatives to assist the health care industry; these efforts range in size and scope across the state.

The initiative will assist and support the work of the workforce investment boards, workforce partners, employers, labor and educators to address commonly raised issues/barriers across the entire state (e.g. research and analysis, regulatory issues, curriculum development and articulation). This includes providing assistance to occupation specific initiatives, which are already underway, such as the Oregon Nursing Leadership Council's Strategic Plan.

##### Which occupations should be targeted?

Preliminary research indicates that the occupations listed below are in demand. Projections indicate it will be difficult to fill them unless innovative strategies are adopted by workforce partners, educators, labor and employers to address: recruitment, retention, working conditions, wage and benefits issues, capacity expansion and professional development opportunities. The sector initiative will select occupations along the wage continuum – from entry-level opportunities with mobility to jobs with self-sufficient wages. The initial list of targeted occupations include:

Medical Records Clerk/Office Assistant, Medical Transcriptionists, Medical Interpreters, Certified Nursing Assistants, Certified Medical Assistants, Radiologic Technicians/Technologists, Licensed Practical Nurses, and Registered Nurses.

## **When will the activities occur?**

### **Phase I – Fall 2001-Spring 2002.**

This phase will involve:

- (a) Performing Sector Research and Analysis including reviewing pertinent literature and collecting demographic data;
- (b) Identifying overly restrictive regulatory requirements unnecessarily impeding expanding the applicant pool, exploring best practices, and convening stakeholder teams; and
- (c) Drafting a Health Care Sector Strategic Action Plan developed by the Steering Committee and teams; and
- (d) Holding a summit to get public comments on the plan.

### **Phase II (Implementation Phase)**

This phase will involve short term and long-term goals from six months to one year and longer as necessary. This will include developing curriculum, designing programs and building resource plans.

## **THE PLAYERS**

### **How will it be organized?**

There will be a State Steering Committee made up of key stakeholders to help direct the initiative and review the work of three Strategy Teams. This committee is co-chaired by two Oregon Workforce Investment Board members, one representing business and the other labor. The Governor's Office of Education and Workforce Policy will be recruiting others to serve on this committee with the input of the co-chairs.

The Steering Committee will meet three to four times in Phase I. The Steering Committee will be asked to work on Phase I of the project starting in late Fall 2001, with an anticipated completion date of Spring 2002. Those members who are interested will be asked to continue to work through Phase II, the implementation phase, through out the remainder of 2002.

The Steering Committee is charged with designing strategies that will further the overall goals of the initiative. This means finding common missions and goals that benefit employers and workers and assure safe and affordable health care. The process for the initiative requires building effective partnerships through trust, adopting shared leadership principles and finding solutions through cooperative efforts.

The Co-Chairs will emphasize the need to have a safe and open forum for the sharing of ideas, challenges and questions and ask everyone to be open to re-thinking ways that the workplace, education and regulatory environments currently operate. Participants will be asked to avoid taking positions that merely furthers a particular organization's agenda and stay focused on meeting the initiative's common missions and goals. This includes making a commitment to finding new ways of doing business and forming unusual partnerships. The process will include ground rules that ask members to identify problems and solutions in a manner that is respectful to the other partners at the table.

The specific tasks of the Steering Committee include:

- Identify the general purposes and strategic goals of the initiative noting that the initiative's primary focus is directed to issues that are best solved at the state level;
- Review the initial and supplemental list of issues that have contributed to the shortages;
- Ranking the importance of resolving the identified issues;
- Conduct a general review of collected and summarized information on health care programs and any occupational specific strategic plans;
- Identify an initial list of health care occupations to target considering where:
  - Growth is high in terms of percentage and actual number of openings;
  - Demand exceeds supply by significant amounts;
  - Failure to fill openings will have largest impact on the quality of care; &
  - Solutions require or need work at the state level to resolve.
- Assign tasks to the Strategy Teams;
- Review the recommendations of each team including the ratings that the teams have given to the importance of resolving the issues and the effectiveness and ease of implementing the proposed strategies to address the issues;
- Review a compiled list of the potential barriers to successful implementation of the recommended strategies developed by the teams and suggest how to manage these;
- Propose final list of recommended strategies to the OWIB, the Governor, interested legislative members, and legislative taskforces;
- Assure a clearinghouse of best and promising practices is established;
- Work with stakeholders to find the resources to implement the plan; and
- Oversee the implementation work in Phase 2.

### **What are the roles of the Three Strategy Teams?**

The teams will review issues and possible solutions and address tasks listed below. The teams will concentrate on tactical thinking and addressing issues that need to be resolved at the state level. The specific pre-meeting and meeting tasks are listed below. The OWIB Co-Chairs and the Governor's Office of Education and Workforce Policy will appoint the members of the teams. Each team will be asked to complete its tasks in Phase I by Spring 2002.

## **Mission of the Strategy Teams**

- 1) Propose additions, deletions or modifications to the agreed upon list of issues that have contributed to the shortages that have been assigned to the respective teams. If there is a need for cross-group discussions, small cross-team meetings will be held.
- 2) Refine and add to the list of possible solutions and strategies and best practices that can address the issues on the completed list and rank them in order of importance of addressing.
- 3) Rate, through a criticality survey, the strategies according to effectiveness and ease of implementation;
- 4) Select priority items from the survey results and define what is needed to undertake the strategies; and
- 5) Propose a Strategic Action Plan for the tasks assigned to the team.

## **Workplace Issues Team (WIT)**

WIT will be made up of statewide employers, health care organizations, labor organizations, advocates, and representatives of key regulatory boards. This team will:

- (a) Detail the needs of the industry and concerns of workers and labor organizations;
- (b) List factors contributing to the difficulties in meeting these needs and concerns;
- (c) Rank the importance of resolving the identified issues/needs/concerns;
- (d) Compile a list of the potential barriers to successful implementation of the recommended strategies developed by the team and suggest how to manage these;
- (e) Critique the proposed career framework from the EST; and
- (f) Propose ways employers, labor and regulatory boards and others can minimize or address the factors contributing to the shortages.

## **Employment Strategy Team (EST)**

The EST will consist of representatives of local and regional workforce investment boards, other workforce partners, state agencies, labor market economists, community based organizations, employers and labor representatives. This team will:

- (a) Evaluate the current labor market information;
- (b) List recruitment and retention issues;
- (c) Rank the importance of resolving the identified issues/needs/concerns;
- (d) Collect existing models and/or build career ladders/framework;
- (e) Identify potential target populations and recruitment and retention strategies; and
- (f) Compile a list of the potential barriers to successful implementation of the recommended strategies developed by the team and suggest how to manage these.

## **Occupational Training and Education Team (OTET)**

This OTET will consist of representatives from K- 12, community colleges, Business Industry Training programs, Oregon University System, private colleges, and private career schools. This team will:

- (a) Assess the current employment and training capacity (types, locations, cost, length, eligibility) and delivery methods and identify needs to meet short and long term demands;
- (b) Rank the importance of resolving the identified needs;
- (c) Critique the proposed career framework from the EST;
- (d) Identify a plan to develop or collect existing core curriculum and competencies for key demand occupations for the agreed upon career ladders/framework;
- (e) List and identify strategies to overcome barriers to increasing the pool of qualified students; and
- (f) Compile a list of the potential barriers to successful implementation of the recommended strategies developed by the team and suggest how to manage these.

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## Obstacles to Responding to Shortages

### Identification of Shortage Issues

#### IDENTIFIED ISSUES AND CHALLENGES

Based on a review of a number of reports from workforce boards, industry associations, councils, government agencies, educational institutions and interviews with various stakeholders, a list of specific issues that may be contributing to the shortages has been compiled. Many issues apply broadly across health care occupations; others are specific to a particular occupation. These issues, which have been identified in literature and by stakeholders, are contributing to the shortages or the inability of players to quickly respond to the shortages.

#### 1. Recruitment and Retention:

- a) Women have dominated the field and limited number of males and minorities enter it
- b) Women have wider career opportunities from which to select so are not choosing health care as frequently
- c) Limited recruitment by persons currently in the field due to concerns over inadequate staffing, physical demands of the job and job stress
- d) Licensed and/or experienced health care professionals are leaving field/not practicing
- e) Limited accurate tools to screen candidates for positions to ensure match between the person and the job
- f) Difficult for job candidates/incumbents to access transportation and child care

#### 2. Education/training issues:

- a) No standardized core courses to articulate among programs/up a career ladder
- b) Limited options for cross-training
- c) Limited training available for specialized areas (rehab, dementia, community care)
- d) No specific licensure for specialized areas
- e) Training timelines are not flexible to accommodate diverse needs of potential candidates
- f) Limited funding for training for students for professional development of some occupations
- g) Insufficient number of clinical training facilities
- h) Lack of capacity to offer programs/classes to meet demand
- i) Not enough qualified faculty to teach classes (e.g. turnover in training positions)
- j) Lack of mentoring or career coaching
- k) Difficult to train individuals with special needs such as English as a Second Language (ESL) or learning disabled

- l) Passing rates of license exams are dropping

### **3. Workplace Conditions**

- a) Wages and non-wage benefits are often not sufficient to attract/retain qualified staff (health care work is more highly regulated and requires more intensive certification than jobs in other industries with comparable wages)
- b) Opportunities for career advancement are sometimes limited and logical career paths do not exist within an employer's system or within the industry
- c) Workloads are sometimes perceived as unrealistic
- d) Health care workers feel they are unable to provide desired level of patient care
- e) Work schedules are not attractive (shift and holiday work, mandatory overtime)
- f) Managers have not been consistently trained in employee relations/supervisory skills
- g) Potential exposure to unsafe working conditions (heavy lifting, bio-hazards)
- h) Health care jobs are stressful and physically demanding
- i) Lack of sufficient support staff in some facilities
- j) Inefficient use of skilled personnel at times
- k) High percentage of temporary or contract workers upsets team stability
- l) High turnover or use of contingency labor adversely affects relations with permanent staff
- m) Animosity between the need/skills of associate degree nurses versus bachelor degree nurses

### **4. Regulatory Issues**

- a) Lack of state-to-state license reciprocity
- b) Limited flexibility in staffing ratios
- c) Limited flexibility in training sites
- d) Difficult for health care workers in nontraditional settings to maintain/renew licenses
- e) Insufficient industry-related data (such as turnover data, tracking minority applicants, passing rates of license exams)
- f) Need for better dissemination of information to industry stakeholders
- g) Licensing requirements are not keeping pace with changing health care practices
- h) Reduction in instructor to student ratio to 1 to 8 from 1 to 10 for nursing students

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## Meeting the Challenges

### Potential Strategies and Solutions to Meet Demands

#### **RESPONDING TO IDENTIFIED ISSUES**

A great deal of work addressing the workforce shortage in the health care sector has already been done by health care organizations, research institutes, regulatory boards and professional associations. Based on a review of these efforts, the following list of potential strategies has been compiled.

The potential strategies include:

- ❑ Recommendations based on “needs” assessments,
- ❑ Use of strategies others have successfully undertaken,
- ❑ Suggestions of “best or promising practices”; and
- ❑ Proposals for pilot programs.

One of the other goals of the sector initiative is to gather and compile information on the best and most innovative and promising practices and assure a central clearinghouse for these programs is developed. The state board also wants to learn from what is already underway and minimize any duplication of effort. Many entities have already undertaken some very promising practices or pilots. The plan is to gather information on these from within and outside the state, widely disseminate the information and then find resources to replicate those programs that are successful in increasing the supply or reducing the anticipated shortages. One other possible outcome of the initiative is the identification of areas that would benefit from new or further research or evaluation studies.

## **1. Recruitment/Retention (R/R)**

- a) Enhance the image of the health care profession
- b) Use media to promote the attractiveness of enrollment in demand health care occupations
- c) Develop wide opportunities for students at all levels to learn about health care occupations
- d) Create more Health Services programs in High Schools
- e) Examine how high school classes related to health care could be designed to be accredited
- f) Assist HOSA in recruiting students to the field
- g) Introduce core knowledge and skills classes, such as medical terminology, into high school curriculums
- h) Develop partnerships between educators and employers to promote health care occupations and actively recruit students
- i) Increase enrollment in demand Health Care occupations
- j) Offer additional scholarship opportunities for demand occupations - 10 year projection
- k) Recruit from a wider range of labor sources
- l) Develop strategies to ensure a culturally diverse workforce
- m) Reduce stigmas and barriers faced by men and minorities
- n) Recruit from bi-lingual students and post-secondary Foreign Language Students for bi-lingual needs and for medical interpreters
- o) Assist health care employers to form a network of childcare providers to provide child care, particularly for swing and grave yard shift workers
- p) Target lapsed or non-practicing licensees for recruitment
- q) Develop more accurate tools to screen candidates to help minimize turnover
- r) Create career mobility (ladders, lattices, paths) including clerical/administrative path and a more technical nurse/allied health path
- s) Replicate/develop curriculum based career ladders in a regional and statewide systems
- t) Develop aggressive strategies to attract candidates for industry jobs
- u) Create a pilot program to target entry level workers to increase work readiness and support them through probationary periods

## **2. Education/Occupational Training (E/OT)**

- a) Measure current training capacity (qualified faculty and training sites) and estimate expansion opportunities, particularly any without significant investments
- b) Reexamine admission standards
- c) Develop remedial programs in modules for those students who need assistance to enter into certain HC programs
- d) Reduce limited entry requirements in health care occupations (e.g. requiring a CNA license for entry into nursing program)
- e) Develop core basic health care credit class – accepted throughout CC and OUS
- f) Create a seamless articulation plan among the nursing and allied health care education programs in the post secondary system using a system-wide approach
- g) Provide innovative Community Colleges (CC) with incentive funds to work with other interested CCs to transport/replicate existing HC programs (all or part or core) directly to new campuses or by offering distance learning opportunities
- h) Adopt statewide curriculum for certain HC occupations based on competencies
- i) Revisit the curriculum required to receive a health care occupation related degree or certificate to reflect current practices
- j) Eliminate redundancies in existing educational programs to facilitate and expedite career advancement opportunities in developed pathways
- k) Assure training addresses new roles – acute and long term care for elderly and greater emphasis on gerontology, mental health and chronic conditions
- l) Introduce training for specialized areas (rehab, dementia, community care) and u. Specialty Care Courses (Preoperative, CCU)
- m) Integrate differentiated practice (DP) competencies into an articulated nursing education model
- n) Increase training on supervisory skills – new role of supervising less skilled personnel
- o) Standardize the number of credits required to graduate under with a particular HC degree or set a minimum and maximum number of credits (e.g. Nursing)
- p) Develop ways to collect and utilize data related to health care curriculum enrollees/graduates (including career schools)
- q) Find ways to increase numbers who complete training programs
- r) Modify curriculum/programs to meet needs of students and ongoing changes in workplace demands
- s) Find ways to make education easier for incumbent workers to complete health care training (e.g. offering some part-time programs for Rad Techs without compromising program quality)
- t) Adopt/develop enhanced Preceptor programs
- u) Develop mentor and career coaching programs
- v) Develop accelerated training programs for specific needs
- w) Offer contextual English as Second Language classes for entry level HC occupations
- x) Investigate alternate methods to deliver training (i.e. distance learning, on-site workshops, tele-medicine)
- y) Assure career educational pathways are in place to go across professions and are advertised/marketed
- z) Search for sources of funding to build/support/enlarge training opportunities
- aa) Develop incentives/mechanisms to assure that the Oregon University System (OUS) and Community Colleges (CC) can and will maintain higher cost programs serving demand occupations normally and especially in the face of budget cuts

## **2. Education/Occupational Training (E/OT) (continued)**

- bb) Develop differential funding model for community colleges based on cost of providing certain programs so that the FTE stream coming from the state equals the cost of providing the program
- cc) Address salary scales in terms of recruiting qualified HC faculty
- dd) Encourage premium pay in contracts for teachers/faculty who are HC professionals to attract faculty and reduce shortages
- ee) Set up faculty salary endowments and/or capacity building fundraising drives
- ff) Continue Rural Frontier Delivery System through OSHU and partners
- gg) Use more unpaid adjunct professors on site as part of clinical training – supervised by full time faculty

### **3. Workplace Issues (WI)**

- a) Encourage development of wage and non-wage benefits to attract/retain workers
- b) Address structural barriers inherent in wage scales (e.g. low wages prevent access to quality child care)
- c) Examine employee and seniority based scheduling practices that allow a more stable family life for workers (e.g. make child care and transportation needs more predictable)
- d) Examine overtime policies
- e) Develop internal opportunities for advancement
- f) Examine working conditions
- g) Develop ways to keep older workers in the workforce
- h) Address needs of aging workforce
- i) Adopt "no" lift policies
- j) Enhance use of labor-saving technologies
- k) Assure safety precautions are in place to minimize exposure to biohazards
- l) Institute policies to assure timely response to staff calls requesting information/interviews
- m) Provide clear scope of practice and authorized duty training
- n) Adopt Span of Control Policies
- o) Identify and address factors related to low job satisfaction among job incumbents
- p) Create desirable workplace cultures that promote professional autonomy, collegial relationships, and mutual respect for all levels of staff
- q) Examine participatory management with staff engaged in decision making at the unit, departmental and hospital levels
- r) Involve staff in planning for new services and technology selection
- s) Develop Patient focused restructuring plans
- t) Develop unit practice committees
- u) Institute a Staffing Philosophy focusing on patient care
- v) Implement management development opportunities for employees (e.g. Successful Nurse Manager Course)
- w) Offer onsite training on soft skills (e.g. stress management, time management, team skills) to improve skills of existing workforce
- x) Sponsor Diversity Strategies for Health Care Systems (including support through mentoring, financial assistance, academic advising, psychosocial assistance and professional opportunities)
- y) Provide Cultural Competency Training
- z) Focus on current multi-lingual staff in career promotion opportunities
- aa) Improve the training and competence of unlicensed assistive personnel
- bb) Find resources to institute work-study programs (e.g. LINC's – Ladders in Nursing Careers)
- cc) Examine staffing & training practices to ensure that health care teams represent a versatile skill mix
- dd) A Develop home health care models based on a pairing or buddy approach with RNs and CNAs so CNA can maintain license while performing home health care duties (e.g. to meet supervised experience requirements)
- ee) Partner with local employers to institute sponsorship programs with train/hire agreements
- ff) Encourage local employers to form consortiums and fund capacity expansion of local colleges or universities to provide HC education and occupational training
- gg) Adopt tuition reimbursement or payment policies to encourage staff development in demand occupations
- hh) Improve industry data collection, analyses, and information dissemination
- ii) Identify and publish "best and promising practices"

#### **4. Regulatory Practices (RP)**

- a) Develop methods to maximize the passage rate of licensure exams
- b) Reexamine the practice of exceeding federal licensure requirements without evaluating the benefit (e.g. CNA requirements)
- c) Work with the regulatory boards to reduce cost and time involved in approval process for new programs (e.g. full time faculty required for a year prior to nursing program coming online)
- d) Examine the criminal background prohibitions in the licensing programs to see if overly restrictive for certain HC occupations
- e) Assure that clinical skill requirements are aligned with current care delivery standards and competencies
- f) Assure classroom training is patient based and reflects new skills and competencies based on type of health care customers
- g) Consider adopting additional licenses for specialized areas
- h) Recognize and train on the shared scope of practice among allied health and nursing
- i) Update regulations of health care professions and facilities so can align training with use of allied and auxiliary workers in current care delivery systems
- j) Tier the educational requirements for faculty teaching specific classes within a nursing program by modifying the Masters Degree only teaching requirement (e.g. Allow BSN Nurses to teach clinical, allow Associate Degree Nurses to do other classes, and allow LPNs to teach basic health issues)
- k) Require stress management classes as part of curriculum for health care occupations
- l) Examine re-instituting the limited license for new graduates and/or re-evaluate the current pre-graduation test program
- m) Consider how to make it easier for nurses to change the type of licensure (e.g. consider the need for pre-licensure program as basis for licensure for experienced nurses)
- n) Reconsider the re-entry requirements for nurse licensees including the requirement that the clinical experience not be paid and the appropriate number of hours (80 clinical hours is now required)
- o) Look at increasing reciprocity from state to state – consider need for national licensure
- p) Identify any overly restrictive regulations that contribute to problems with workforce recruitment, retention or working conditions
- q) Identify specific regulatory barriers and organize actions to advocate change
- r) Avoid adopting additional regulations that could worsen the workforce shortage unless there is no other reasonable alternative to satisfy safety concerns (e.g. prohibiting RNs from taking the LPN licensure exam).

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## Commitment to Change

### Goals and Outcomes

#### WHAT ARE THE ANTICIPATED OUTCOMES?

##### Goals of the Initiative

The overall goal is to increase the number of health care workers in the targeted occupations while providing these workers with increased training and career opportunities. Improvements are likely to occur in these areas:

##### Education/Workforce:

- ❑ Use of Industry developed skill sets and standards;
- ❑ Enhanced career advancement advice;
- ❑ Compressed employment integrated training;
- ❑ Adopt targeted recruitment and retention strategies.

##### Employers:

- ❑ Lower turnover;
- ❑ Reduced overtime or use of temporaries;
- ❑ Lower hiring costs;
- ❑ Access to higher skilled workers;
- ❑ Higher productivity;
- ❑ Assuring quality of care.

##### Workers/Students

- ❑ Increased levels of job satisfaction;
- ❑ Health Care Employment Guide with career ladders to aid in selecting careers;
- ❑ Increased self-sufficiency;
- ❑ More professional development opportunities.

##### Steps to Achieve Outcomes

To achieve these results, the stakeholders must:

- Support state and local employer consortia committed to providing career paths and professional development opportunities for their workers and those in the sector;
- Leverage funds by building public-private sector partnerships;
- Re-engineer curriculum to meet industry needs, including expedited training, and set core competencies;
- Address health and safety issues leading to recruitment and retention problems;
- Develop a clearinghouse for information on best and promising practices that reduce the anticipated shortages and/or increase the supply of workers; &
- Modify unnecessarily restrictive regulations to increase capacity/expedite training.

## APPENDIX A - MEETING PREPARATION AND ACTIVITIES

### Pre- Meeting Tasks for Steering Committee

Based on a review of a number of reports from workforce boards, industry associations, councils, educational institutions and interviews with various stakeholders, we have compiled two lists. First, is a list of issues that have been previously identified as contributing to the shortages or the inability to quickly respond to them. Second, is a list of potential solutions and strategies to address the issues. Please review the lists and consider the following questions as you read them:

- 1) Is the issue list accurate and complete in terms of issues that have contributed to the shortage or been an impediment to effectively or promptly responding to the shortages? (Consider modifications, additions or deletions to list)
- 2) While reviewing the list, consider whether the issues listed are equally as relevant in:
  - a) Urban and Rural Oregon
  - b) All types of health care facilities
  - c) Occupational specific or common among many occupations
- 3) Is the list of solutions accurate and complete in terms of finding effective ways to respond to the shortages? (Consider modifications, additions or deletions to list)
- 4) If there are proposed changes, additions or modifications to the lists, please complete and return Issues/Solutions Form with additional issues and potential solutions **on or before December 5, 2001**.

### First Meeting of Steering Committee

1. Identify the general purposes and strategic goals of the initiative noting that the initiative's primary focus is directed to issues that are best solved at the state level;
2. Review the initial and supplemental list of issues that have contributed to the shortages;
3. Rank the importance of resolving the identified issues;
4. Conduct a general review of collected and summarized information on health care programs and any occupational specific strategic plans;
5. Identify an initial list of health care occupations to target considering where:
  - a) Growth is high in terms of percentage and actual number of openings;
  - b) Demand exceeds supply by significant amounts;
  - c) Failure to fill openings will have largest impact on the quality of care; &
  - d) Solutions require or need work at the state level to resolve; and
6. Assign tasks to the Strategy Teams.

## Pre- Meeting Tasks for Teams

Based on a review of a number of reports from workforce boards, industry associations, councils, educational institutions and interviews with various stakeholders, we have compiled two lists. First, is a list of issues that have been previously identified as contributing to the shortages or have contributed to the inability to quickly respond to them. Second, is a list of potential solutions and strategies to address the issues. Please review the lists and consider the following questions as you read them:

- 3) Is the issue list accurate and complete in terms of issues that have contributed to the shortage or been an impediment to effectively or promptly responding to the shortages? (Consider modifications, additions or deletions to list)
- 4) While reviewing the list, consider whether the issues listed are equally as relevant in:
  - a) Urban and Rural Oregon
  - b) All types of health care facilities
  - c) Occupational specific or common among many occupations
- 3) Is the list of solutions accurate and complete in terms of finding effective ways to respond to the shortages? (Consider modifications, additions or deletions to list)
- 4) If there are proposed changes, additions or modifications to the lists, please complete and return Issues/Solutions Form with additional issues and potential solutions **seven calendar days before the first team meeting.**

## First Meeting of Teams

- 1) Discuss any differences between team's list of prioritized issues and those identified by the Steering Committee;
- 2) Begin discussing and clarifying the proposed solutions list;
- 3) Review Assignments to the Team(s) best suited to evaluate the proposed solution; and
- 4) Complete a survey at the end of the first meeting to rate the proposed solutions based on two scales - the ease of implementing it and also on its likely effectiveness in eliminating the shortages. Prior to the second meeting, the results of the survey will be distributed to the assigned teams.

## Second and Subsequent Meetings

- 1) Examine the proposed solutions starting with those that have been identified as the most effective.
- 2) Develop action steps to implement them, starting with those that were identified as being most effective. NOTE: Some solutions may require legislative or administrative changes including obtaining additional funds, regulatory changes or other resource plans. The teams will initially be asked to develop the steps to accomplish the desired goals without regard to resources or ease of implementing them.
- 3) Prioritize solutions from groupings based on the ease of implementing - this is where resources and time constraints will be considered.
- 4) Future meetings will be held as necessary to continue the work begun in this meeting.

## APPENDIX B – ISSUES/SOLUTIONS FORM

### ISSUES & CHALLENGES

Please make the following changes to the list of issues. Make sure to indicate the nature of the change to the issue list and how it should be categorized.

Issues	Type	Cat.
1.		
2.		
3.		
4.		
5.		
6.		

### POTENTIAL SOLUTIONS

Please make the following changes to the list of potential solutions. Make sure to indicate the nature of the change to the solutions list and how it should be categorized.

Solutions	Type	Cat.
1.		
2.		
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### KEY

#### TYPES:

- A- Addition
- D- Proposed Deletion
- M Modification to Current Listed Issue Statement

#### CATEGORIES:

- E- Employment Strategies- Recruitment/Retention
- R- Regulatory Matters
- T- Training/Education
- W- Workplace Issues
- O- Other

### **Returning the Form**

Submitted by: \_\_\_\_\_

Name and contact information: \_\_\_\_\_

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You can return the form by:

- 1) Faxing it to 503-378-4789;
- 2) Emailing it to [Annette.Talbott@state.or.us](mailto:Annette.Talbott@state.or.us); or
- 3) Mailing it to HC Sector Initiative, OEWP, 255 Capitol St., NE, Suite 126, Salem, Oregon 97310.

## Appendix C - Sources of Information

**The following list is an overview of some of the sources used to develop this discussion document. It is not intended to be a complete reference list.**

### Articles

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## **Presentations/Summits**

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Cascades East AHEC, *Our Communities in Crisis* Summit in Bend on November 2, 2001.

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St. Charles Medical Center, VP Healing Health Care- Nancy Moore presented *Our Communities in Crisis: 21<sup>st</sup> Century Nursing Shortage*, November 2, 2001 including Healing Health Care Philosophy effective June 9, 2001.

West Virginia Rural Health Education Partnerships, Hilda R. Heady, *A Principled Approach to Social Change*, Bend, Oregon on November 2, 2001. [[www.wvrhep.org](http://www.wvrhep.org)]

## **Websites**

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Bureau of Health Professions, Research and Analysis, [www.hrsa.gov/bhpr](http://www.hrsa.gov/bhpr), State Health Workforce Profiles

California Strategic Planning Committee for Nursing, [www.ucihs.uci.edu/cspcn](http://www.ucihs.uci.edu/cspcn)

Center for the Health Professions, [www.futurehealth.ucsf.edu/cchus.html](http://www.futurehealth.ucsf.edu/cchus.html), University of California, San Francisco.

Center for Studying Health System Change, [www.hschange.org](http://www.hschange.org)

Northwest Center for Public Health Practice, <http://healthlinks.washington.edu/nwcphp>

Oregon Area Health Education Centers Program <http://www.ohsu.edu/ahec/research>,

**Other Links:**

[www.aone.org/publications/index](http://www.aone.org/publications/index)

[www.nap.edu/books](http://www.nap.edu/books)

[www.alliedhealthworkers.com](http://www.alliedhealthworkers.com)

## **Attachments**

*1- Health Care Industry Trends, September 20, 2001*

*2- Labor Market Information on Health Care Occupations*

*3- The Changing Face of the Health Care Industry, Lynn Wallis (to be published in the Oregon Labor Trends, December 2001 edition)*

### **SPECIAL THANKS TO:**

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All workforce partners working on health care.