

Building a Health Care Workforce for Wisconsin's Future: *Hospitals' Contributions*



A report by the Wisconsin Hospital Association

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Executive Summary

The press, academics and industry experts have studied the problem and reached the same conclusion: The aging population will require more medical services than there will be personnel who can provide them. The fact is that the health care requirements of aging patients are being met in large part by employees who are themselves near retirement age. When these factors are combined, it adds up to a future where need for workers may exceed the supply.

Hospitals know that they cannot take a “wait and see” approach, or leave meeting the demand for building a health care workforce to others. They have already taken much responsibility for building the health care workforce of tomorrow. They know, however, that they cannot do it alone. Educational programs, policy makers and consumers have a role to play as well.

This report asks the question, “What are hospitals doing to attract, retain and train health care professionals?” The answer was found by surveying WHA members. Examples of hospital contributions include:

Hospitals are Creating Interest in Health Occupations. In the 1990s, interest in health occupations waned. Enrollment in many programs dropped with the threat of managed care and reduced employment opportunities. Informing students, both school aged and adult learners, about the many jobs, roles and employment options has become a major activity of hospitals.

Hospitals are Providing Direct Support to Educational Programs. Hospitals offer scholarships, tuition reimbursement, summer jobs, externships and direct dollars to educational programs. Hospitals have worked with local programs to increase capacity and enrollment and have even worked to develop new programs.

Hospitals are Helping Build the Environment for Learning. New clinical laboratories, clinical faculty, preceptors and mentors for students are examples of the ways hospitals are ensuring that facilities and environments are available to educate and prepare tomorrow’s work force.

While the efforts are impressive, it will take more than these actions to ensure an adequate workforce. New models of clinical education are necessary to significantly increase the size of the health care workforce. Faculty in many occupations are near retirement and replacements will be needed, and more, to meet the goal of expanding the available workforce. Interest in teaching and academic roles must be created and supported. Regulatory restrictions and funding limitations must be overcome.

Hospitals are making many contributions to tomorrow’s workforce, but they cannot do it alone. It will take collaboration, cooperation and participation from educational, professional, policy making and many other groups to meet the challenge of growing the health care workforce.

Introduction

The increasing need for health care workers has been a topic of discussion and concern in the media, in the boardroom, and in the break rooms of America's hospitals. An aging population, including health care workers, a smaller cohort of young workers, and the increasing possibilities created by technological innovation all combine to create a serious and likely unmet need for health care workers in Wisconsin's future.

Yet, it remains unclear whose responsibility it is to address this critical and growing problem.

Educational programs, policy makers and consumers are aware of the potential crisis and all are making attempts to help resolve it. No one agency, group or institution can solve the health care workforce issue, but all must contribute.

Wisconsin hospitals are making that contribution by:

- Promoting health careers;
- Supporting educational institutions with their own financial and clinical resources; and,
- Providing education opportunities for advancement within their current workforce.

In 2005, the Wisconsin Hospital Association surveyed its 130 member hospitals to determine what contributions they are making in their communities to create and maintain the workforce needed in health care. The result is an amazing list of contributions, donations, commitments and ideas focused on ensuring that Wisconsin will have the workforce it needs to meet the demand for health care well into the future.

Creating Interest in Health Occupations

There was a decline in interest in health careers in the 1990s. Because of that, some programs saw fewer students apply. In 2000, a WHA-backed statewide workforce advertising campaign aimed at young adults successfully created a renewed interest in health occupations. Creating interest is a critical first step in attracting students to health careers. Hospitals across the state are offering everything from a glimpse to a grand tour to share the wealth of hospital work choices.

Many hospitals actively work to create interest in students at all grade levels. They use many methods; a few are listed here.

Tomah Hospital created the Helping Hands program to introduce middle school students to hospital work. "We have eight to 12 students each year, two or three at a time, who join Helping Hands as a community service and to learn about health care careers," explains Phil Stuart, CEO. "They don aprons with their hand prints as decorations and identification, and assist our nursing staff with anything from socializing with our elderly patients to doing simple chores." The students are highly motivated and dedicated. After training on safety and confidentiality, they accompany staff, transport patients, act as runners and really see the inner workings of a hospital. "We know the kids leave here feeling good about themselves and their work, and with academic credit!" The program's success is seen in the re-established Health Care Explorer Post's leader, who as a student participated in Helping Hands, went on to earn her nursing degree, and works for Indian Health Service in the area.

Holy Family Memorial Hospital in Manitowoc initiated the Health Care Career Club for high schoolers in Manitowoc County. Fifteen students participated the first year and attended presentations on the diversity of health care careers, and participated in hands-on or observational activities. "The Health Care Career Club is a national organization," notes Laura Fielding, director of human resources, "allowing us to partake in national activities and competitions." Students are responsible for directing the club and its activities. "We encourage learning and leadership because we know that health care workers need more than technical skills to be successful in tomorrow's workplace."

Health career camps – The opportunity to see work environments, talk with health professionals and understand the daily routines of a profession are rarely available to youth making critical career choices. Hospitals are working cooperatively with technical colleges, universities and Area Health Education Centers (AHECs) to give youth a “hands on” view of health careers.

School outreach – Reaching into school systems with classroom presentations, career fairs, and other experiences give school-age learners an exposure to both the value that hospitals bring to a community and the career opportunities they offer. It begins in kindergarten at Memorial Hospital of Lafayette County with department tours, progresses to community service programs for middle schoolers at Tomah Hospital, and continues through job shadowing and career days for high schoolers in many hospitals.

Educate guidance counselors – If grade and high school staff present health care careers as desirable options with great employment possibilities and rewarding work with good pay and benefits, students are more likely to examine or consider a career in health care. Staff may not know about today’s opportunities or may consider only medicine and nursing when they think of health careers. If school staff are familiar with health care occupations, the information will be shared with students.

Education efforts are taking place across the state, ranging from attending teachers’ conventions, conducting in-service programs for high school guidance counselors, and hosting meetings for teachers and counselors.

Job Shadow – Many hospitals have set up brief, structured opportunities to shadow a health professional at work. This is a great opportunity to validate that a profession is a good fit as a career. This experience also creates the opportunity to form a mentoring relationship between a health professional and student.

Hospitals function like small communities, which requires workers with all types of skills and abilities to perform medical, clerical and physical tasks. No matter what the job, it’s critical that hospital workers understand the unique responsibility and reward of supporting people in their efforts to get well.

Scout programs – Several member hospitals sponsor scout experiences in health care. Scouting programs offer great development experiences for individual scouts, introduce career options and benefit the community. The Boy Scouts offer Health Care Explorer Posts in Wisconsin hospitals for young men and women who are 14 (and have completed eighth grade) through 20 years of age. Aimed at a mature audience, the group learns by doing, giving the members a formal look at health care work.

Hudson Hospital’s Volunteer Director Sara Nemo, and Human Resources Director Cindy O’Donovan, have reached deeply into the youth community to expose students to health care careers. “Our efforts are multi-pronged because we have so many types of careers to offer. We now have the schools calling us with students and ideas. We are often able to meet their needs. We participate in a Rotary and business sponsored career event, offer job shadowing in nursing and physical therapy, participate in mock interviews, present in the classroom, coordinate students in the classroom early release program, and have established the Befrienders Program,” lists O’Donovan.

Befrienders are volunteers who visit patients, often for social activities, like playing games or puzzles to exercise fine motor and social skills. “We attract pre-nursing students and have one college student who is thinking of pursuing hospital social work. Our students come to offer assistance, but many of them leave feeling like they’ve received the greater benefit,” reveals Nemo.

Hayward Memorial Hospital understands that there are workers for all jobs – and jobs for all workers – when pursuing work force development with an open mind and creative strategy. Carol Morgan describes their program for special needs students who have mild learning disabilities to those totally dependent upon a job coach. “Our current student works with her job coach in our nursing home. She spends her time visiting her ‘grammas and grandpas.’ It’s a perfect match because she loves older adults and they love her.” One former student is employed full-time in the laundry.

Direct Support to Programs

At the request of educational facilities, hospitals have made substantial financial contributions to health education programs. Financial support is most often used to increase program capacity, but hospitals have also worked to create or support new programs in the community.

Dollars to schools

Hospitals provide direct contributions to technical college districts, private colleges and to University of Wisconsin campuses and programs. These dollars have allowed schools to expand learning labs, employ additional staff, purchase equipment and supplies, all with the aim of increasing capacity.

Dollars for faculty

Hospitals provide payment for faculty to staff new or additional sections of programs that add capacity and often provide hospital employees with the appropriate advanced credentials as faculty.

Help develop or create new programs

Hospitals have worked to expand and even create new educational programs in their communities. Collegiate nursing programs have worked directly with local hospitals to plan and open new schools of nursing.

Support to learners and students

Once accepted and enrolled, it is critical that health occupations students succeed and graduate. Supporting students to keep them in programs all the way through to completion is a role often assumed by hospitals. From the promise of a job waiting to flex time for workers in school; from housing for out-of-state students to tuition reimbursement, hospitals are keenly aware that many of their workers are pursuing second careers. If hospitals can support workers through this period of change, it encourages workers to stretch their careers and commit to an employer.

A relationship between Saint Joseph's Hospital of Marshfield and the University of Wisconsin-Eau Claire may date back to 1988, but the videoconferencing technology used in their distance learning program is state-of-the-art. Through a unique partnership with UW-Eau Claire's nursing school, Saint Joseph's offers their employees, as well as students from the community, the opportunity to earn a baccalaureate degree without leaving the community.

Saint Joseph's Hospital supports the UW-Eau Claire nursing program by sharing the costs of a remote connection to the Eau Claire campus, paying for simulation equipment and infrastructure costs, and contributing to UW-Eau Claire faculty costs.

Students attend classes in Marshfield as they earn their baccalaureate degree in nursing, but the faculty is typically teaching from a classroom at UW-Eau Claire. Students are admitted to the UW-Eau Claire-Marshfield site after completing pre-nursing classes at other UW system schools. The program graduates about 24 baccalaureate-prepared nurses per year. Saint Joseph's commitment to education could help avert serious nursing shortages in the future for central Wisconsin, and the program stands as a model for showing it is possible to achieve a baccalaureate nursing degree in a non-urban area.

Saint Joseph's President Michael Schmidt reports great success with the program in the fact that the hospital can hire students from this local nursing program, create new career opportunities for Saint Joseph's employees, as well as for other students in the Marshfield area seeking a four-year nursing degree.

"We are a 500-bed tertiary care hospital in a town of 20,000. Providing a baccalaureate degree nursing program in our community is one way we can ensure that we will have a workforce trained and ready to meet the future demands for health care," Schmidt said.

"Another benefit is that we can provide advanced educational opportunities to our employees, and they do not have to travel outside the community, conserving both their time and their financial resources," Schmidt added.

Scholarships

Hospitals and hospital-based Partners of WHA, Inc. organizations provide scholarship money to graduating high school seniors and to health occupations students in all health related fields. Hospitals reported providing over 600 scholarships either directly or through their foundations, in all areas of health care.

Tuition reimbursement/Loan forgiveness

Most hospitals offer tuition payment benefits for incumbent employees and many offer forgiveness/repayment of educational loans for employees.

Offering classes on-site

Hospitals offer classes on-site that help employees obtain their primary or advanced degree.

Other programs for current workers

Many hospitals have programs that help current employees develop skills that prepare them to move into better, high paying careers within the hospital or health system. This, in turn, creates entry-level vacancies that allow members of the community to enter the organization.

Part-time jobs/Summer internships for students

Offering students the chance to work in a health care environment while still in school means they have an opportunity to learn a profession while earning an income. Hospitals often can offer a summer experience that keeps students interested, increases their knowledge base related to a career, and allows them to work directly with health care experts.

Contributing to Creating an Environment for Learning

Clinical experiences

Hospitals are highly involved in clinical education. It would be unusual to tour a hospital today without seeing clinical education in action. From medical students and residents to high school students enrolled in Youth Apprentice programs, from brief experiences for technical college diploma programs to long term Clinical Pastoral Education programs for chaplains, hospitals open their doors to students who do their learning in the patient care environment.

Building/staffing learning labs

Education in the clinical professions requires classroom-based coursework combined with both

Langlade Memorial Hospital in Antigo makes a direct dollar investment in workforce by supporting local schools with donations. In 2004 and 2005 the hospital contributed \$10,000 to Northcentral Technical College to support the hiring of additional instructional staff. With a new building, the school had the space for additional students but not the clinical faculty to supervise students. The hospital also provides in kind support to clinical programs of nearly \$40,000 in staff time for clinical supervision, preceptorships and mentorships. Janelle Markgraf, human resources director at Langlade Memorial Hospital says, "We consider these dollars wise investments in the future workforce here at the hospital. Our staff investment and our contribution enable more workers to complete their education, enter the workforce and ensure availability of care in this region."

Aurora Health Care and Covenant Health Care established the highly successful in-house surgical technician training program that met recruitment needs for both health systems. According to Rhonda Taylor Parris, director of workforce planning at Aurora, "We both had a shortage of surgical techs in our Milwaukee metro hospitals; we needed 10 to 12 people each. By working together and being innovative with support funding from the Private Industry Council, we have developed a highly successful system that has allowed current employees to both progress on their career ladders and fill our vacancies with people we know."

Current employees apply for the program that allows them to complete training in just 10 months by going to school during their 40-hour work-week. "Their job becomes learning – we continue to pay them a \$10/hour stipend with full benefits," notes Taylor Parris. Graduates are first in line for open surgical tech jobs, and are guaranteed a position in their respective organization if no openings are available when they finish the program. All of the graduates – 30 in the first two classes – have been hired as surgical techs between the two systems. "It's a highly sought after program," says Taylor Parris, "because it allows employees from all over the hospital to build a career in a way that doesn't disrupt their adult lives." Next year, the program will continue with Aurora, Froedtert and Columbia St. Mary's.

learning laboratory and facility-based clinical experiences. Hospitals continue to partner with educational facilities to expand their laboratory space. Clinical laboratory space is costly to build, supply and staff. Hospitals have expanded the clinical laboratory space for schools by opening their own labs to students for educational programs, adding on to existing laboratories and even building and stocking new laboratory space.

Paying clinical supervisor/providing clinical supervision

Lack of clinical faculty is often cited as a reason for failing to increase program capacity. Hospitals have supplied clinical experts with educational qualifications to support and supervise students and provide classroom teaching. These experts may be hospital staff who precept a student's clinical experience with the support of faculty, or it might be hospital staff with the educational preparation to serve as faculty. This service might be part of their job description, or part of their hospital position; in addition to their hospital position, but paid by the hospital; or completely free of a hospital position, but paid by the hospital. With these hospital-based experts, many educational programs have been able to expand capacity without taxpayer support or student cost.

For many years, Meriter Hospital in Madison has sponsored summer externships for students enrolled in nursing education programs. The externs apply and are selected for a paid work experience that then pairs them with an experienced Meriter staff nurse preceptor. The externs, who come from nursing programs across the country, move from shift to shift, working beside their preceptor, learning about their chosen career first hand, while they watch an expert practitioner at work.

In addition to a Nurse Extern Program, ThedaCare in Neenah employs Clinical Focus Students. Nursing students in their senior year rotate through three clinical departments to gain valuable work experiences prior to graduation and employment.

Challenges and Opportunities

Hospitals contribute an extensive array of resources and personnel to health occupation education. But it is not enough to ensure an adequate workforce in the future. What else needs to be done? What more will be needed?

Declining length of stay and shift to outpatient care

The delivery of health care is changing. One manifestation of that change is the shorter length of stay. Technology and procedure changes have led to shorter hospital stays and to more care being delivered in an outpatient setting. While this has a positive outcome for the patient, these changes have led to fewer patient care experiences for students. In the past, large patient care units with relatively long patient stays provided excellent experience for clinical training; however, that situation rarely presents itself in today's health care environment.

Increasing capacity while maintaining good educational outcomes for students will require changing how clinical education is provided. There will simply not be enough learning opportunities for tomorrow's workforce if we do not find alternate educational methods.

New clinical models are needed to ensure the future. These include:

- Rural and smaller facilities that in the past were not considered efficient for clinical experiences must be used. In addition to being a possible new source of experiences, students learn about care in smaller communities and see health practitioners who have chosen to practice in rural and smaller facilities.
- Non-traditional days and times will need to be incorporated into education for health careers. Historically, classroom schedules and curriculum routine have dictated when clinical experiences are scheduled. To meet future needs, new models that involve using all available days, times and options will be necessary. The additional benefits to non-traditional clinical times and days are that

employed students will find these more convenient and tomorrow's workforce will have experienced care delivery around the clock and throughout the week, the very shifts they will most likely be working.

- Options that optimize the use of clinical time, such as the use of clinical simulators prior to working in a clinical environment, will be necessary features of future health care workforce education.

Faculty

There are many reasons why faculty are in short supply today. These include the age of current faculty, reimbursement that is below direct caregiver salaries, increasing opportunities in other areas of practice and perhaps lack of encouragement and support. All of the barriers must be breached. The next generation of teachers must receive encouragement if we hope to have an adequate supply of clinical faculty. This may mean changing the definition of who may teach, changing the way faculty are utilized or other yet-undefined options.

Regulatory restrictions

Strict regulations around educational design and clinical experiences will hamper creativity, innovation and program growth. Outdated requirements by accreditation agencies, and state and federal agencies might have been well intended but are not evidence-based. Allowing programs to utilize new strategies, models, instructional systems and personnel should be encouraged if educational outcomes are expected to demonstrate their value.

Cost of health care/cost of education

Today's economy makes solving the problems related to the health care workforce more challenging than ever before. Concerns about the rising cost of health care, increasing demands on the taxpayer and an aging workforce/population force the development of strategies not used in the past.

It is imperative to:

- Reallocate funds
- Reprioritize services
- Increase education efficiency
- Reduce regulatory constraints to creativity and flexibility
- Share facilities and equipment

Hospital payment mechanisms will not likely allow substantive increases in the generous contributions already being made by hospitals. Some facilities are already in distressing fiscal need but still need to expand their workforce. Never have the changes listed above been more necessary.

How Will We Get There?

Old methods will no longer generate the health care workforce that will be needed in the future. The way we have approached and solved problems in the past will not continue to work for us. Hospitals, educational institutions, policy makers and communities must commit to a future workforce and work together to ensure that we have a talented, knowledgeable and skilled workforce to care for the residents of Wisconsin today and tomorrow.



The Wisconsin Hospital Association's mission is to advocate for the ability of its members to provide high quality health care services to Wisconsin communities.



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