

## Summary of Healthcare Workforce Summit

---

The eight Workforce Boards of Metropolitan Chicago and co-sponsors the American Society for Healthcare Human Resources Administration, Illinois Hospital Association and Metropolitan Chicago Healthcare Council convened a Healthcare Workforce Summit on December 4, 2002 to recommend regional actions that respond to key workforce issues facing the industry. The Workforce Boards will use the results in preparation of a strategic workforce development plan for the region and individual jurisdictions. The Workforce Boards represent the municipal and county areas of City of Chicago, DuPage, Kane, Kendall and DeKalb, Lake, McHenry, North and Northwest Cook, South and West Cook, and Will. Participants included representatives of acute care facilities, education and policy.

The half day event was kicked off by a welcome address by Nancy Clawson, Chicago Workforce Board Co-Chair and greetings from the three co-sponsors of the event.

### ***Keynote Address***

Gary Mecklenburg, Past Chairman of the American Hospital Association (AHA) Board of Trustees, Chair of the AHA Commission on Workforce, and CEO and President of Northwestern Memorial Health Care provided a national framework for workforce crisis and recommended solutions. He drew on the findings from the 2001 AHA Commission report entitled "In Our Hands" calling attention to four critical areas of concern/action:

- *The current situation:*
  - ◆ A shortage of all kinds of hospital workers
  - ◆ Efforts in recruitment are falling short
  - ◆ The shortage is forcing changes in hospital operations and patient care
- *The looming crisis areas in care:*
  - ◆ This is not a short term problem
  - ◆ This is more than a nursing shortage
  - ◆ Workforce shortages across many disciplines will become worse without any action

The crisis is growing because the demand for services is increasing as population ages, the current workforce retires; employee dissatisfaction continues to push turnover to alarming rates, the supply of employees shrinks, and limited diversity inhibits the ability to provide quality care to an increasingly diverse patient base.

- Mr. Mecklenburg summarized the *Report Recommendations which focused on five areas considered essential for success*.
- Foster Meaningful Work
  - ◆ Improve the Workplace Partnership
  - ◆ Broaden the Base
  - ◆ Collaborate with Others

### ***Panel Discussion***

Following Mr. Mecklenburg's speech, a distinguished panel convened to bring the issues, initially presented in the keynote, to a more local level. Jeri Else, Vice President of Bayard Advertising Agency, Inc. and formerly the Health Care Strategist from the Chicago Tribune, moderated the group representing the Health Care field, two and 4 year post secondary educational institutions and Health Care Associations: Colleen Kannady, President of St. Francis Hospital and Health Center; Sheila Quirk, Associate Vice president for Strategic Alliances, William Rainey Harper College; Kevin Scanlan, Vice president, Metropolitan Health Care Council; and Joan Shaver, Dean and Professor, UIC College of Nursing.

Ms. Else directed questions that included issues of image and recruitment, present educational programs and partnerships and workplace environment. The panelists discussed issues in developing the healthcare workforce and shared some of their collaborative initiatives for addressing problems: MCHC is coordinating the Johnson and Johnson Nurse recruitment program in the Metro area and is looking forward to raising money for scholarships for future RN students. Harper College is invested in building capacity in the allied health fields and securing clinical spots to expand existing programs.

UIC representatives talked about the necessity to look at health care, not in its usual silo, but to engage an entire spectrum of partners to address the problems and solution. UIC has created the first corporate university in the health care arena that engages the various players to respond to recruitment and retention issues. They noted the changing roles of education and employers in preparing and upgrading the workforce and the need to rethink curricula in light of these changes, as well as the demand for higher skills at all levels of the workforce.

St. Francis Hospital and Health System were developing relationships with their local community college to offer flexible scheduling for classes for their current workforce. All agreed that there is a great need for closer relationships between education and healthcare employers.

## Action Groups

Five Action Groups followed the panel. These were moderated by Health Care practitioners with experts from the respective topic areas presenting case studies as examples of activities that could be used as a basis for initiatives for the Metro Region.

A brief explanation of each of the five sessions and the resulting priority recommendations to the convening organizations are below:

- ***Improving the Image of Healthcare Education and Careers: Recruiting the Workforce:***
  - ◆ **Highlights:** This group spent a portion of their time in understanding the scope/magnitude of the recruitment/image problem. The experts addressed the issue both from a largely 'global', big picture, perspective in looking at an ad campaign by Johnson and Johnson, as well as the foreign nurse promotions programs being initiated by MCHC. They also learned of the focus on a more specific population, i.e.: the Chicago Bilingual Nurse Consortium, that helps to bring the foreign trained nurses, already here in the U.S., into the workforce by facilitating their licensure, as well as providing various support services to expedite their (re) entry (English as a second language, etc.).
- ***Working Together to Build Capacity: Developing the Workforce***
  - ◆ **Highlights:** The focus of this group was on the educational system and its inability to connect with both students, employers and other learning institutions. The experts were able to bring in models from the State of Wisconsin that showed ways to provide stronger articulation agreement between the high schools and community colleges and the community colleges to the universities. The idea of pioneering 'shared agreements' between educational entities was a way in which the student and employers reaped an added benefit by having programs in demand become more readily available to the population as a whole. An example from Arkansas State described the career and educational path for the high demand occupations in the radiological sciences. The group, then, brainstormed the unique and targeted work that needs to be done by Workforce boards, specialized, ad hoc work groups and employers committed to partnerships. The idea of a 'best practice' model database was introduced as just one of many of the recommendations from the group.
- ***Enhancing the Skills of the Current Workforce: Retaining and Advancing Employees***
  - ◆ **Highlights:** Much of the conversation centered on the dilemma of balancing work and personal life, as well as the idea that the health care systems need to be involved in many more aspects of the employees' life/needs. Being able to identify and provide career paths, bring in best practices from other areas and to create the conversations and dialogues among various factions within the system was deemed paramount. The experts brought in local initiatives from both UIC, Clarion Health System and McHenry County College as significant attempts

from the educational and health care industry to co-support and facilitate the training of the incumbent workforce.

➤ ***Supporting Individual Career Paths: Strengthening the Entry Level and Existing Workforce***

- ◆ **Highlights:** The group focused on the individual needs in the health care workforce and the introduction by the experts of the career ladder model was explored and 'tweaked' for the industry. The Health Care System itself was encouraged to look on this type of programming as an investment in human capital with a return on investment. Putting in place 'guidance counselors' in the HR departments was mentioned as an avenue to explore. The idea that employees would be more satisfied workers when able to understand options and explore different opportunities was looked at as a real bonus/leverage point. Bringing in the Associations to help drive this on a State level (for increased funding, for example) was targeted as a recommendation.

➤ ***Impacting Policy: Bringing About Effective Workforce Policies***

- ◆ **Highlights:** The focus within this group discussion centered on the idea that collaborations could definitely affect policy. Working together to learn of new and innovative strategies, bringing 'conflicting' groups to the table to explore methods to avoid duplication and thus, be able to leverage the dollars across the board, struck a resounding chord in the participants. 'Pushing the envelope' to include flex-type training, portable pensions and faculty-staff nurse exchanges were all mentioned as positive steps that were needed as policy changed to accommodate the new thinking.

A summary of the recommendations is below, and reflect the highest priority actions.

### ***Recommendations***

#### **Actions**

(Ranked 1-3 or support the top 3)

- **Marketing/Image**
  - ◆ Expand Bilingual Program
  - ◆ Advertise career path opportunities to current workforce
  - ◆ Targeted campaigns to minorities, youth, and second career adults
  - ◆ Recruitment of the region as a place to live and work
  - ◆ Early education career awareness
  - ◆ Culture Change
  - ◆ Recognition of schools that are excellent in healthcare education

- Education and Training System (Entry and Upgrading) and Policy
  - ◆ Flexible requirements and schedules, part time, convenient programs (e.g. more part-time at the B.S. level)
  - ◆ Re design curricula using new approaches (e.g. distanced learning)
  - ◆ Shorten pipeline
  - ◆ Establish Joint Collaboration policies at the state
  - ◆ Shared curricula, resources and space
  - ◆ Ease transition of career changers to health care
  - ◆ Identify and develop private and public funding
  - ◆ Address Diversity
  - ◆ Distanced Learning and new technologies (create “incubator zones” to test new methods)
  
- Individual Advancement Strategies - Career Paths
  - ◆ Develop career Paths for Hot Areas (creating competencies)
  - ◆ Research best practices in healthcare and other industries
  - ◆ Link across occupations
  - ◆ Career maps to guide potential and current workers
  - ◆ Employee assistance programs
  - ◆ Mentoring and advising
  - ◆ Opportunities for non-English speaking workers
  
- Database/Research
  - ◆ Best Practices
  - ◆ Benchmark (Quality, access, attraction, retention)
  - ◆ Economic justification for investment in HR
  - ◆ Data Base of Educational Programs, resources, clinicals in the region
  - ◆ Gap Analysis to determine occupations with greatest needs
  
- Cultural and Organizational Change
  - ◆ Leadership Institute for Middle Managers
  - ◆ Senior leadership commitment to long term investment in people
  - ◆ Cultural diversity Awareness and Acknowledgement

- ◆ Establish Dialogue with other stakeholders, e.g. government, corporations, and customers

### ***Recommendations for Working Groups***

All of the Action Groups recommended formation of working groups, committees or a roundtable. Examples of topics include:

- a) Regional Group/Alliance with broad membership (possibly appointed by the governor to build on-going relationships between education and employers)
- b) High Demand Occupations (education/employers)
  - Radiological Technician
  - Nursing
  - Diagnostic Imaging
  - Coding
  - Respiratory Therapists
  - Preceptors
- c). Resources Sharing
- d) Development of an Illinois Model of developing the Health care workforce (education, employers, legislators)
- e) Statewide taskforce and funding issues

### ***Recommendations for Organizational Involvement***

The following were mentioned:

Employers  
Educators  
MCHC  
Workforce Boards  
Legislators  
ASTD

## **Conclusions**

The Workforce Boards of Metropolitan Chicago, ASHHRA, MCHC and IHA will convene early in 2003 to discuss the outcomes and recommendations from the Summit and discuss the next steps each of these organizations will take in order to bring about the implementation of strategies to avert the growing crisis in Health Care.

A concerted effort to engage attendees in work groups to further the collaboration and diversity in thinking and action will be a critical component in the next steps

Thank you all for your participation and commitment to the Health Care Industry and the work needed to realign resources, create synergies and affect change. It could not be achieved without you.