

The background of the page features a large, faded seal of the State of Ohio. The seal is circular and contains a central figure of a Native American holding a bow and arrow, with a star above his right shoulder. The words "SEAL OF THE STATE OF OHIO" are visible around the perimeter of the seal.

**Jobs Cabinet Healthcare  
Workforce Shortage Committee  
Final Recommendations**

**Merle Grace Kearns, Director  
Ohio Department of Aging  
Chair  
April 27<sup>th</sup> 2006**

**Committee Members**

**Barbara Riley, Director, Ohio Department of Job and Family Services  
Susan Tave Zelman, Superintendent of Public Instruction, Ohio Department of Education  
Roderick G.W. Chu, Chancellor, Ohio Board of Regents**

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## EXECUTIVE SUMMARY

Ohio faces an immediate and future crisis in supplying healthcare facilities with nursing staff. The average age of an Ohio nurse is 47 years old, with many of these planning to retire in the next five years. To compound this, an overwhelming number of Ohioans will reach their 65th birthday in the next 25 years.

Vacancies exist in every sector of direct patient care. However, these recommendations will primarily address the shortage of nurses in Ohio. Current efforts to supply the labor pool with new nurses who will replace retiring and exiting nurses still leave a projected shortfall of over 10,000 nurses by 2020. Presently, there are about 5,000 unfilled nursing positions.

Regional initiatives are currently aligning their resources to grow the pool of nurses, and as such, their successes are mentioned throughout the narrative. The goal of these recommendations is to capitalize on these regional successes, and create opportunities for more regions to increase their capacity to train more nurses.

The Jobs Cabinet Healthcare Workforce Shortage Committee (Committee) has identified critical areas that if addressed, would significantly increase the labor pool of nurses for the present and support sustainable capacity building for future needs. These are the goals, strategies, and recommendations presented in this report:

- A Attract Ohioans to the Healthcare Workforce
  - I Increase Youth Interested in and entering into healthcare career pathways
  - II Provide Funding for Communities to Address Healthcare Workforce Needs
- B Educate Ohioans at All Levels Needed to Secure a Strong Healthcare Workforce Now and Into the Future.
  - I Increase the Number of Nurse Faculty
  - II Increase Training Capacity of Clinical Instructors
  - III Reduce Backlog of Enrolled Students and Student Candidates by Decreasing Wait Times for Courses
- C Develop Ohio's Current Healthcare Workforce to Meet Future Demand
  - I Increase Low-wage Adults Entering Healthcare Through Career Pathways
  - II Increase Career Progressions for Existing Nurses to Advance in Their Degrees
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- D Retain Ohioan Currently in the Healthcare Workforce
  - I Increase Incumbent Healthcare Worker's Career Progressions for Entry Level and Advanced Degrees
- E Legislative/ Policy/Coordination Recommendations

The total cost to achieve these goals is \$7,475,000. The total amount of resources identified to support this endeavor is \$1,505,000. This amount is a total derived from multiple existing budgets. The total amount of in-kind contribution expected is \$ 690,000. The total amount of funding being sought to fully implement this proposal is \$5,280,000.

**NEEDS STATEMENT:**

Ohio’s demand for healthcare services is increasing due primarily to our aging population. “In 2000 1,507,757 (13.3%) of Ohio’s 11,353,140 citizens were aged 65 and over, a 7.2% increase since 1990. The U.S. Census estimates that by 2030 Ohio’s elder population will increase by 56.3%. In the same period the traditional care giving workforce (women aged 25 to 44) will decrease by 16%.”<sup>4</sup>

This same population whose need for healthcare services is driving the demand also represents a high percentage of healthcare workers currently employed in Ohio. The average age of nurses in Ohio is 47. Traditional data shows the average age of retirement for nurses is 58. Nurses 40 and older increased from 48% in 1988 to 62% in 1996. On the national level, the Government Accountability Office (GAO, 2001) estimates that by 2010 approximately 40% of the RN workforce will be age 50 or older.

“The aging of the health workforce raises concerns that many health professionals will retire about the same time that demand for their services is increasing. Furthermore, the declining proportion of the population 18 to 30 raises concerns regarding the ability to attract a sufficient number of new health workers.”<sup>1</sup>

**THE NURSING DEMAND MODEL (NDM)**

In 2000 the US Department of Health and Human Services created the Nurse Demand Model (NDM) to quantify the growing need for nurses and other healthcare workers.

“The NDM forecasts demand-based requirements for full-time equivalent (FTE) registered nurses (RNs), licensed practical nurses (LPNs), nurse aides (NAs) and home health aides(HHAs). Under a baseline scenario, which represents the forecasts most likely to occur based on changing demographic and projected trends in other determinants of nurse demand, total requirements for FTE RNs would increase from approximately 2 million in 2000 to 2.8 million in 2020 (a 41 percent increase). (See National Projections Chart Below) Requirements for FTE LPNs would increase from 618,000 in 2000 to 905,000 in 2020 (a 46 percent increase). There would also be an increase in FTE nurse aide and home health aide requirements from 1.5 million in 2000 to 2.3 million in 2020 (a 50 percent increase).”<sup>1</sup>

Additionally, there is a proportional growth in healthcare service consumption as age increases. A person 65 years old will consume more healthcare service than a person 25 years old. “In 2000, physicians spent an estimated 32% of patient care hours providing services to the age 65 and older population. If current consumption patterns continue, this percentage could increase to 39% by 2020.”<sup>1</sup> A commensurate impact can be expected for RN/LPN consumption rates as well.

“The aging population could result in rising average patient acuity, which could in turn require higher nurse and physician staffing levels. One countervailing trend is that tomorrow’s elderly might have lower disability rates than today’s elderly, controlling for age, because of improvements in economic resources, education levels, public health, and medical technology.”<sup>1</sup>

**NATIONAL PROJECTIONS OF FTE NEEDS**

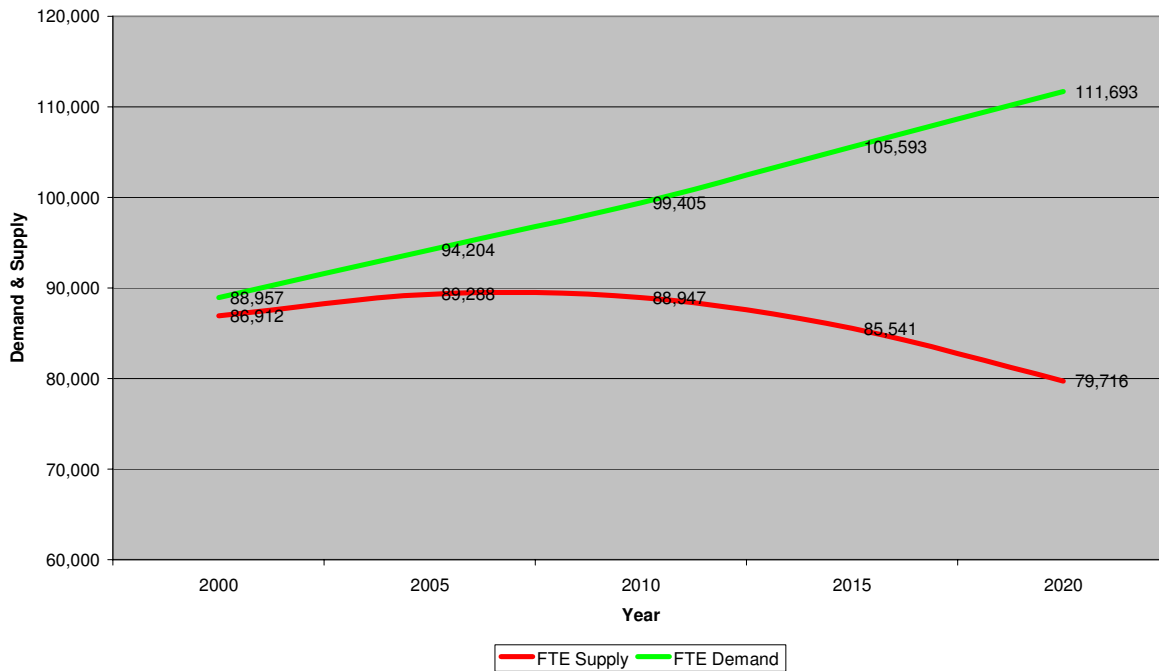
	Baseline Scenario		Status Quo Scenario	Percentage Increase
	2000	2020	2020	
RN’s	2,001,198	2,822,388	2,505,747	41%/25%
LPN’s	617,946	905,159	787,329	46%/27%
NA’s & HHA’s	1,545,722	2,323,518	1,983,582	50%/28%

Ohio has a nurse FTE shortfall projection that is slightly higher than the national projection. This projection is based on the most conservative “status quo” scenario. It is quite possible that the shortfall will be even higher than this conservative prediction (See Ohio Projections Chart below).

**OHIO PROJECTIONS (RN’S ONLY)**

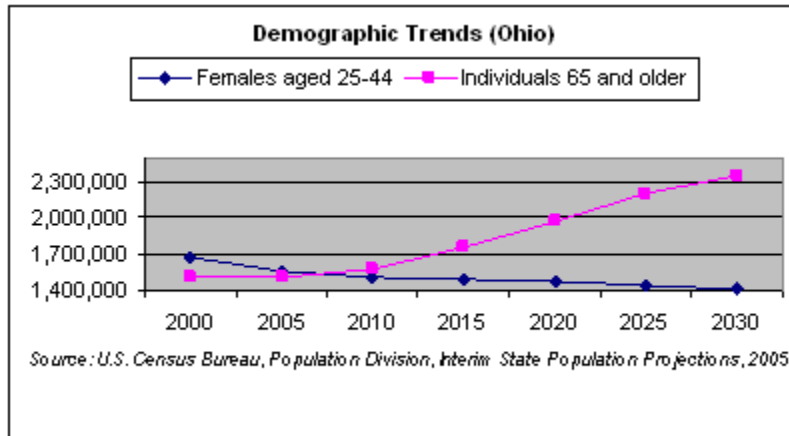
<u>Year</u>	<u>FTE Supply</u>	<u>FTE Demand</u>	<u>Excess or Shortage</u>	<u>Percent</u>
2000	86,912	88,957	-2,045	-2%
2005	89,288	94,204	-4,916	-5%
2010	88,947	99,405	-10,458	-11%
2015	85,541	105,593	-20,052	-19%
2020	79,716	111,693	-31,977	-29%

**Ohio Nurse Workforce Projections  
National Center for Health Workforce Analysis  
April 29th, 2003**



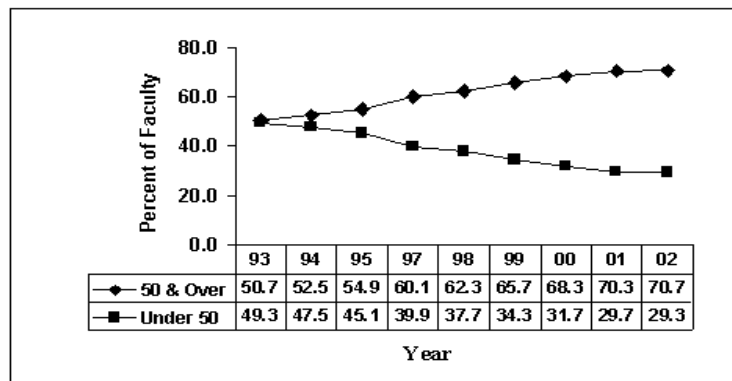
In 2004 the Ohio Board of Nursing’s annual report showed a combined total of 5,187 academically qualified students were turned away from nurse (LPN & RN) education programs due to lack of capacity. This shows Ohioans are ready and able to pursue this much-needed educational and vocational endeavor. We have done a great job in promoting care as a career.

Even though we have done an excellent job in attracting Ohioans to the healthcare field, more must be done specifically in relation to the smaller youth population and specifically drawing from the non-traditional caregiver population.



Nursing faculty are rapidly approaching retirement. Faculty typically retire between 61 and 62 years of age. From 2003 to 2004 30 faculty members in Ohio left academia. This was an increase of 25% from the previous year. It is projected that Ohio will lose 133 faculty members to retirement in the next 4 years. Additional loss of faculty can be expected due to exit for more lucrative clinical positions. On the national level low enrollment in masters and PhD level nursing programs coupled with the steep decline in interest in academic careers significantly contributes to this issue.

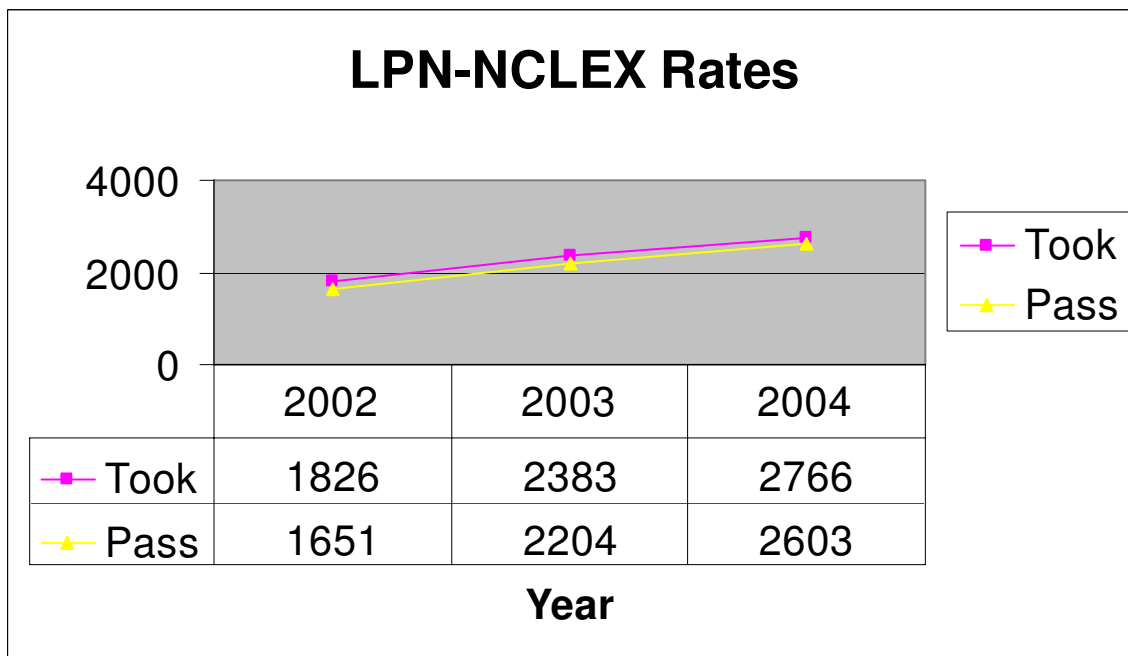
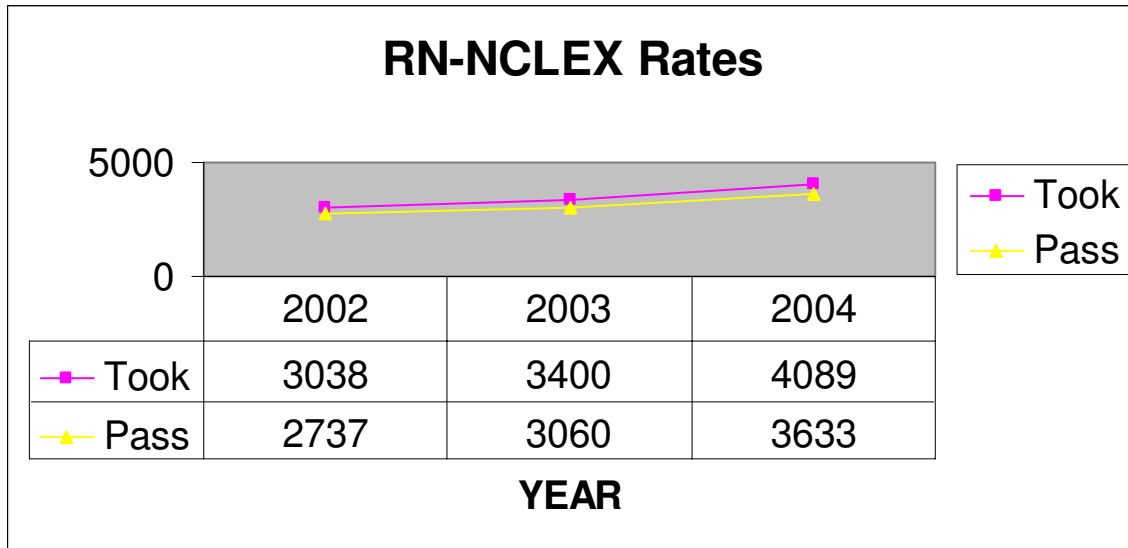
“Coupled with inadequate enrollment and graduations in master’s and doctoral programs is a lack of preparation and possibly a perceived lack of interest in teaching. In 1976-1977, 24.7% of graduates from nursing master’s programs were education (teaching) majors (National League for Nursing, 1988). By 1994, only 11.3% of graduates majored in education and in 2002 the percentage dropped to 3.5%.”<sup>2</sup>



Forty-Four schools in Ohio who could expand their capacity without additional resources have done so. Within this group, 82% reported they required additional faculty to expand. Sixteen additional programs have stated they could expand within existing resources. Additional expansion could be accomplished but additional resources are required by the remaining institutions. Both RN and LPN programs are for practical purposes, “full” to capacity. Expansion efforts without additional resources will have very little impact.

Infrastructure costs associated with expansion in terms of physical plant and equipment further hinder or prevent expansion efforts.

The expansion that has occurred over the last few years has achieved positive results as shown below in the Ohio NCLEX attempt/pass tables.



**In conclusion, what we have is a three cell perfect storm situation. At the very time our demand for healthcare services is increasing, the pool of healthcare workers is declining and the capacity to train those workers is also declining. Clearly efforts to increase capacity have had positive outcomes and the effort to build capacity is a primary focus of our report.**

## SOURCES

1. Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers, U.S. Dept. of Health and Human Services, Bureau of Health Professionals, National Center for Health Workforce Analysis, Spring 2003.
2. Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020 > Ohio Revisited, U.S. Dept. of Health and Human Services, Bureau of Health Professionals, National Center for Health Workforce Analysis, Spring 2003.
3. Caregiving in the US, Spotlight on Ohio, AARP, April 2004
4. State Activities: Ohio, National Clearinghouse on the Direct Care Workforce, 2003.
5. White Paper on Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply, American Association of Colleges of Nursing May 2003.

## **INTRODUCTION**

The following pages begin with the overarching goal. Strategies and recommendations for achieving the goal follow after each goal. Strategies are structured in the following format.

What is the issue? This section succinctly identifies the factor(s) that need to be addressed in order to achieve the set goal.

What needs to occur? This section provides a brief vision for the change that should take place in relation to attaining the goal.

What is recommended? This section will lay out the action steps necessary to achieve the vision.

What resources are needed? This section identifies the financial needs of the recommendation and offers possible sources of funding.

What are the anticipated results? This section will identify the areas targeted for growth as a result of the implementation of the strategy.

How will this be measured? This section provides rationale and suggestions for ensuring the results are measured effectively and accurately.

Additionally under each strategy title you will see the words “priority level.” Each strategy is identified as primary, secondary, or tertiary. The levels refer to degree of criticality assigned to each strategy. Those assigned “primary” are considered the most critical in terms of what the state can begin doing now to address the healthcare workforce issue. The designations of “secondary” and “tertiary” are still important efforts. However, we believed it was important to provide Governor Taft and other policy leaders this framework for making difficult funding decisions.

# ATTRACT OHIOANS TO THE HEALTHCARE WORKFORCE



**(A-I) INCREASE YOUTH INTERESTED IN AND ENTERING INTO  
HEALTHCARE CAREER PATHWAYS.  
PRIORITY LEVEL: SECONDARY**

**WHAT IS THE ISSUE?**

This goal supports the ongoing need to attract youth into healthcare careers as they plan educational experiences and make critical career decisions. Demographic predictions show both the number and percentage of total population of youth declining by as much as 16% into 2030. Without action this same group will elicit a smaller number choosing healthcare as a career. Additionally, the traditional healthcare worker is a young woman. Steps have been taken to attract men into this field but men still represent a very small number as they have traditionally been under-represented in nursing and direct patient care careers.

All school personnel including administrators, instructors, counselors and, particularly, parents all have major impact on youth during the middle and high school years as career plans are made. Providing career information to these audiences is important. Although there are numerous opportunities for youth to experience health careers the following activities can readily be adapted within Ohio's geographic regions to support needs.

**WHAT NEEDS TO OCCUR?**

Career Pathways need to be consistently established across educational institutions throughout Ohio between middle and high school and postsecondary institutions. This effort will provide all learners, regardless of age or experience, the next step to education and workplace skills while providing a means of communicating options and opportunities and providing accountability for Ohio's healthcare workforce infrastructure.

**WHAT IS RECOMMENDED?**

- Create and provide healthcare opportunities for middle and high school youth through
  - additional rigorous, science-credit courses in high school such as anatomy, physiology, healthcare chemistry that prepare students for early entry into higher education
  - volunteer/service learning and community experience in hospitals, nursing homes, retirement centers and local healthcare agencies
  - healthcare pathways via the identification of standards and content that translate to programs via curriculum and specific model lessons
  - healthcare academies in high schools, the dissemination of career information, scheduled paid and volunteer opportunities, and the coordination of local mentorships and internships
  - funded educational for-credit programs, clinics, camps and courses during the summer
- Revise high school healthcare technical curriculum to include State Tested Nurse Assistant content throughout all educational institutions.
- Continuously support high school and adult career-technical and community college programs specifically targeted to the healthcare industry.

- Continuously upgrade healthcare guidance and information contained in the current state-supported Ohio Career Information Service (OCIS) as a source for career decision making, guidance, financial assistance and career pathway information.

**WHAT RESOURCES ARE NEEDED?**

While specific costs for projects within this recommendation are projected, it is reasonable to assume the following costs for each of the strategies.

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Additional rigorous, science-credit courses in high school such as anatomy, physiology, healthcare chemistry that prepare students for early entry into higher education.	\$160,000.	WIA Discretionary
Volunteer/service learning and community experience in hospitals, nursing homes, retirement centers and local healthcare agencies	\$25,000.  (Development of materials to support volunteer and service learning)	WIA Youth
Funded educational for-credit programs, clinics, camps and courses during the summer	\$100,000  (\$20,000 for each of 5 regions as part of a regional strategy)	WIA Youth
Revise high school healthcare technical curriculum to include State Tested Nurse Assistant content throughout all educational institutions.	\$100,000  (\$20,000 for each of 5 regions as part of a regional strategy)	WIA Discretionary
Continuously support high school and adult career-technical and community college programs specifically targeted to healthcare industry	\$100,000  For professional development for health care professionals	WIA Discretionary
<b>TOTAL</b>	<b>\$485,000.</b>	

**WHAT ARE THE ANTICIPATED RESULTS?**

Results are anticipated to dramatically improve career decision-making for youth and adults through education and training choices that include credentials to degrees. Further, an increase in persons choosing healthcare careers and continuing on an educational pathway in healthcare and additional enrollments at all educational institutions is anticipated to increase by 20%. This will offset the projected youth population decline while allowing growth to meet demand.

## HOW WILL THIS BE MEASURED?

Success will be measured by

- the number participating in the health care career field and/or academy while in high school measured against a baseline drawn from prior years.
- the increased number of persons earning health care credentials and participating in accelerated transitions (i.e., postsecondary options, college courses, etc.)
- the number of students enrolling in 2- and 4-year institutions in health care fields and completing health care fields of study. This will be measured first by ensuring continued full enrollment and second by showing continuous full enrollment as training capacity increases.

**(A-II) PROVIDE FUNDING OPPORTUNITIES FOR COMMUNITIES TO  
ADDRESS HEALTHCARE WORKFORCE NEEDS  
PRIORITY LEVEL: PRIMARY**

**WHAT IS THE ISSUE?**

Many low income and disadvantaged individuals do not pursue additional education opportunities due to a variety of factors including but not limited to a lack of financial support or life circumstances beyond their immediate control. Included in this population are the numbers of workers who have been laid off from family-sustaining jobs, possess ill-defined transferable skills or non-credentialed work experience for demand jobs, and lack the financial means to retrain. Additionally, incumbent healthcare workers have not advanced their education due to lack of financial support as well. These three scenarios have led to the overall decline in on-going education and consequently contribute to the lack of allied health care professionals. Initiatives that are locally designed and demand driven will answer the wide range of needs that currently exist in the allied health community. Capacity building or infrastructure grants that provide funding and educational opportunities will facilitate the career ladder growth and provide an economic incentive for those who participate and provide an economic stimulus for the local community.

**WHAT NEEDS TO OCCUR?**

Coordinate employers' needs with educational offerings in each region and provide an economic stimulus to attract individuals to the healthcare workforce.

Demonstration projects such as Rhodes State College (Lima), Washington State Community College (Marietta), Great Oaks Institute/Cincinnati State Technical College, and Berger Health System (Circleville), are currently working in a regional collaborative capacity to increase the long-term capacity in the health care environment. The Governor's Board recently approved funding for an additional three sites (Lakeland Community College (Kirtland), Youngstown State University-Metro Campus, and Pickaway-Ross Career and Technical Center) to develop models that focus on the workforce and educational systems within their community while increasing capacity in the health care system.

**WHAT IS RECOMMENDED?**

A Request for Proposal (RFP) should be written that will reflect the identified priorities of this report including increasing the overall capacity of the allied health care profession and building capacity within the health care workforce. The RFP could be prepared by the Ohio Department of Job and Family Services, Office of Workforce Development or in partnership with the Jobs Cabinet Health Care subcommittee and released to the public workforce systems and their respective community partners to respond to the various regional needs regarding the lack of health care professionals in Ohio. Areas of focus could range from, but not be limited to, capacity building; diversification of the workforce accelerated educational programs, bridge programs and the growth and propagation of nontraditional learning environments.

The Request for Proposal will identify the areas of impact and award grants accordingly. The Office of Workforce Development will work with local Workforce Investment Boards (WIBs) to provide guidance regarding available local resources to respond to the RFP accordingly. The OWD would allocate funds for the issuance of an RFP to facilitate the funding of multiple projects. The cost associated with each award would be contingent upon the scope, numbers served, level and duration of training, additional supportive services and any additional funds that the applicant could provide.

## **WHAT RESOURCES ARE NEEDED?**

<b>Strategy</b>	<b>Financial Cost</b>	<b>Source</b>
RFP for regional development and initiatives to grow the healthcare workforce their area is in need of.	\$2,600,000.	\$1,000,000 WIA (Identified) \$1,000,000 GRF (Requested) \$600,000 Grantee cash/in-kind contribution

The Office of Workforce Development will provide a capped amount of funds to implement regional strategic initiatives. Costs will vary based on geography, scope of the project, and duration of training and any additional funds that the potential applicant could provide.

### *Cost Assumptions:*

The costs associated with the recommendation are based on tuition of an individual student. They do not assume any potential supportive services and/or potential infrastructure costs:

The cost associated for training a high-school graduate to a Licensed Practical Nurse (LPN) or Associate Degree Nurse (ADN) ranges from approximately \$9,000 to \$20,000 per individual for one-year of training. Annual costs are roughly the same for those pursuing other allied health profession training.

The RFP would require that the grant applicants provide a local portion of the overall projected cost by either cash and/or in-kind contributions. The anticipated contribution of local funds would range from 30 to 50% of the overall cost of the project. The above cost assumptions were based on a 30% local contribution to the overall cost of the project.

## **WHAT ARE THE ANTICIPATED RESULTS?**

By providing financial incentives to Ohio's emerging and dislocated workforce, local regions will be able to identify and direct individuals whose interests and basic skills lend them to the field of healthcare. Fully funded this effort would result in 130 to 289 healthcare workers each year. With sustained effort, by 2030, this would result in 2,860 to 6,358 healthcare workers.

## **HOW WILL THIS BE MEASURED?**

1. Individual projects would be measured against goals set through the contracting process to include enrollment, graduation, and employment attainment rates.
2. Regional success would be measured by showing an increase in the number of educational "seats" available in that regions area of healthcare need. This would be further evidenced by the overall increase in the number of students graduating with healthcare degrees, diplomas, or certificates each year.
3. Additional long-term success would be evidenced by employers experiencing lower vacancy rates and reduced reliance on high-cost contract labor.

EDUCATE OHIOANS AT ALL LEVELS  
NEEDED TO SECURE A STRONG  
HEALTHCARE WORKFORCE NOW AND INTO  
THE FUTURE



**(B-I) INCREASE THE NUMBER OF NURSE FACUTLY**  
**PRIORITY LEVEL: PRIMARY**

**WHAT IS THE ISSUE?**

Nursing colleges and universities across the U.S. are struggling to expand enrollment levels to meet the rising demand for nursing care. The American Association of Colleges of Nursing (AACN) is concerned about the nursing shortage and is working with member schools, policy makers, various organizations and the media to bring attention to this issue.

While enrollment in nursing programs and colleges has increased significantly over the past years, many post-secondary institutions are facing difficulties in keeping up with the demand. Many institutions are finding themselves unable to accommodate the number of prospective nursing students and have long waiting lists, such as Owens Community College where over 600 students are on a waiting to enter their program.

The shortage of qualified nursing faculty can be attributed to the lack of qualified individuals with master's degree in nursing. Also the ability to earn higher salaries outside of academia contributes to this shortage.

Many of Ohio's postsecondary institutions and nursing schools are facing significant turnover with their nursing faculty as instructors are approaching retirement age more rapidly than direct care workers. The average age of nursing instructors is about 53. To compound this problem, fewer nurses are attracted to teaching than 30 years ago.

A shortage of nursing school faculty is restricting nursing program enrollments. In the Association of American Colleges report on 2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 15,944 qualified applicants to entry-level baccalaureate nursing programs in 2003 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors and budget constraints.

It is projected that Ohio will lose 133 faculty members to retirement in the next four years. Additional loss of faculty can be expected due to exit for more lucrative clinical positions. During 2003-2004, 30 nursing faculty members in Ohio left academia. This is up 25% from the previous year. Faculty are the backbone of Ohio's capacity to train nurses. We must ensure adequate faculty are available to train the current and future nurse workforce.

**WHAT NEEDS TO OCCUR?**

- Provide educational incentives and offerings attractive to the retiring BSN-level nurse and the career changer interested in healthcare designed to re-career them into MSN level faculty positions.
- Provide educational incentives to high-performing recent BSN graduates designed to progress them into MSN level faculty positions.
- Provide financial incentives to make pursuit of a BSN degree more attractive.

## **WHAT IS RECOMMENDED?**

To address the current and future shortage of nurses and nurse faculty the committee recommends increasing the funding for the Nurse Education Assistance Loan Program, ORC: 33338 which state that between July 1, 2005 and January, 2010, the board of regents shall distribute money in the nursed education assistance fund in the following manner:

- Fifty per cent of total funds shall be awarded as loans to registered nurses enrolled in postlicensure nurse education programs described in division (A) of this section. The full amount requested in the next section (100%) will be devoted to those pursuing postlicensure nurse education. To be eligible for a loan, the applicant shall provide the board with a letter of intent to practice as a faculty member at a prelicensure or postlicensure program for nursing in this state upon completion of the applicant's academic program.
- Support and promote statewide the provisions of The Nurse Reinvestment Act (Public Law 107-205) that established a Nurse Faculty Education Program to ensure an adequate supply of nurse faculty through the awarding of grants to eligible entities to provide support for the hiring of new faculty, the retaining of existing faculty, the purchase of educational resources. Also to provide an increase in enrollment and graduation rates for students of doctoral programs and assist Graduates from the entity in serving as nurse faculty in schools of nursing. Beginning fiscal year 2006 through 2010, 10 grants awards will be awarded for year in the amount of \$100,000. Existing grantees will be provided an additional \$100,000 for continuance.

To ensure higher graduation and employment rates among BSN level students, provide additional funding for the Nursing Loan Repayment Program. This will increase the total number of registered nurses practicing in Ohio.

## **WHAT RESOURCES ARE NEEDED?**

As public funds continue to diminish and state agencies are struggling to operate successfully at an efficient level, the resources needed could come from a variety of sources including the private sector, national and state foundations and/ grants, or the consideration of the introduction of new legislation supported by the Governor's Jobs Cabinet.

Projected amounts for the recommendations proposed:

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Nurse Education Assistance Loan Program	\$700,000	WIA Discretionary
Nursing Loan Repayment Program	\$350,000	WIA Discretionary
<b>TOTAL</b>	<b>\$1,050,000</b>	

Loans made under the Nurse Education Assistance Loan Program are limited to a maximum of \$3,000 per year and may be renewed for a maximum of three years for a total loan balance of \$12,000 – the average loan amount is \$2,100 per student. The \$700,000 identified would be earmarked for those pursuing master's degree preparation in nursing. The current mechanism for loan repayment allows for a person to have 25% of the principle forgiven each year they are employed in nursing. In this case, the rule would be amended so that the same forgiveness schedule would apply for a master's prepared nurse employed as

a full-time faculty. Additionally, the loan maximum would be doubled to \$6,000 per year for those pursuing graduate degrees to accommodate the increased cost of post baccalaureate education.

The \$350,000 for The Nursing Loan Repayment Program would act as a supplement to federal funds as demand for the funds are greater than amount allocated.

### **WHAT ARE THE ANTICIPATED RESULTS?**

In two years, replace at least 25% (33 individuals) of the projected 133 nursing faculty members that plan to retire in the next four years.

In the next 3-5 years replace the 40% (53 individuals) of the projected 133 nursing faculty members that plan to retire in the next four years.

An increase in nursing student enrollment by 25% (748 new students) is anticipated over the next three years as a result of the Nurse Assistance Education Loan Program and other scholarship programs, loan and financial aid programs to ensure the enrollment of students into nursing programs.

### **HOW WILL IT MEASURED?**

Utilizing the Ohio Board of Regents Higher Education Information (HEI) system – successful results will be measured by:

- The number of NEW students participating in the Nurse Education Assistance Loan Program
- The number of NEW students participating in the Nursing Loan Repayment Program
- The number of NEW students enrolled in Ohio's nursing programs
- The number of Registered Nurses who continue and/or return to post-secondary education with the intent of becoming nursing faculty.
- The number of nursing students who complete their nursing program and graduate
- The number of NEW students who earn a health care credential or certificate
- The number of faculty positions filled by graduates who participated in the Nurse Education Assistance Loan Program.

## **(B-II) INCREASE TRAINING CAPACITY OF CLINICAL INSTRUCTORS**

### **PRIORITY LEVEL: PRIMARY**

#### **WHAT IS THE ISSUE?**

Faculty members have to balance their workload regarding clinical instruction with the needs of the patients under the student nurses' care. Typically this means a ratio of 1 faculty member to 8 students. In situations where the patient acuity is high, this ratio drops to 1:6. This coupled with difficulty finding clinical sites to deliver instruction creates a choke-point in the education pipeline, often slowing the progression of students through a program. This impacts the capacity of an educational institution to graduate students on-time. To combat this, some institutions restrict their enrollment on the front end thus turning away a large number of students. Other institutions have students on waiting lists for clinical experience after completing their didactic coursework.

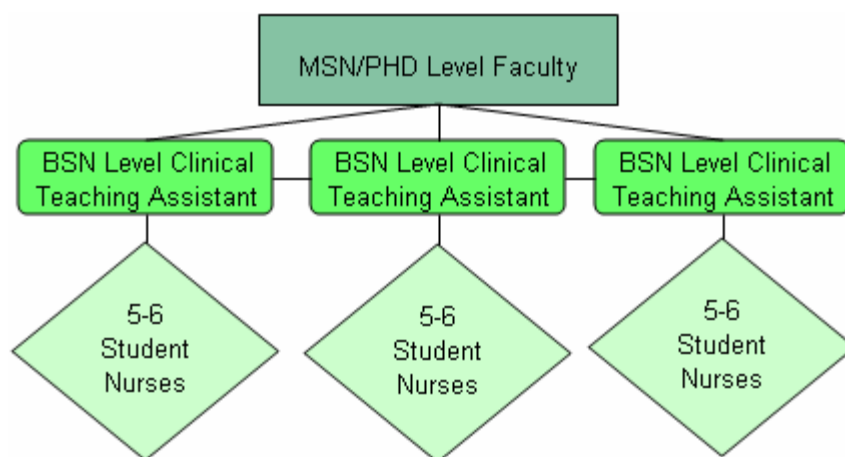
#### **WHAT NEEDS TO OCCUR?**

Ideally sufficient clinical sites and faculty would be available to meet the demand. However, that simply isn't plausible given the lack of money for physical plant expansion and the aforementioned difficulty in finding qualified faculty to replace, let alone grow the existing faculty pool. Therefore, a method to increase the student-instruction capacity of current faculty while maximizing existing clinical sites is needed.

#### **WHAT IS RECOMMENDED?**

Offer schools the opportunity to apply for funds designated for the implementation of a Clinical Instructor Teaching Assistant (CITA) model for delivering clinical instruction.

#### **CLINICAL INSTRUCTOR TEACHING ASSISTANT CONCEPT.**



The faculty and BSN Level Clinical Instructor Teaching Assistants (CITA) would be employees of the educational institution. The partnering hospital would provide in-kind donations of office space, computer equipment, telephone, etc.

This model allows for experienced nurses with a BSN to have a part-time work option depending

on the needs of the institution. This model extends the clinical instruction capacity of faculty members without jeopardizing patient safety. The additional workload of supervising three CITA's would need to be offset by transferring some of the work normally associated with supervising students in clinical settings to the CITA's.

**WHAT RESOURCES ARE NEEDED?**

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Implement CITA Model	\$700,000	50% WIA Discretionary 50% GRF

The current pilot being run by Wright State University shows a cost of under \$7,000 to process one cohort of students in one quarter. Therefore grants awarded to institutions should be sufficient to make a significant impact on student time-to graduation rates. A mechanism for delivering funds is already in place through the Ohio Board of Nursing's Nurse Education Grant Program. We recommend increasing this programs available funds by \$700,000 with language designating the funds for CITA implementation.

**WHAT ARE THE ANTICIPATED RESULTS?**

Utilizing this model will increase the instructional capacity of a single faculty from 80% to 125%. This will open the pipeline allowing greater student flow thus increasing graduation rates. This model also provides an avenue for experienced nurses to engage in phased retirement rather than leave healthcare outright. It also allows them to be part of the education of nurses without pursuing additional degrees. A tertiary benefit to this model is the potential for nurses to become aware of opportunities to them within education and decide to pursue an advanced degree in order to become full faculty members.

**HOW WILL THIS BE MEASURED?**

One of two ways. Schools who receive funds to implement this model will report on two key measures. First, overall graduation rate: The school will evidence an increase in graduation rates two years after implementing this model. The school will utilize graduation numbers stretching back 5 years to establish a baseline. Two-years after implementing this model, the school will show an increase in total number of graduates as a result. A secondary method along these same lines may be employed should the school experience a loss in total faculty FTE's. In that situation it can be reasonably expected to see the school experience a drop in graduations. Therefore, a measurement showing the average number of graduates per faculty FTE could be employed to evidence success despite a raw number drop or no increase in graduation. Second, time to graduation: The school will evidence a reduced time to graduation per student.

## **(B-III) REDUCE THE BACKLOG OF ENROLLED STUDENTS AND STUDENT CANDIDATES BY DECREASING WAITING TIMES FOR COURSES**

**PRIORITY LEVEL: SECONDARY**

### **WHAT IS THE ISSUE?**

In 2004, 5,187 academically qualified candidates in both Practical Nursing (PN) and Registered Nursing (RN) programs were denied admission due to program capacity constraints, even though most programs (60%) did significant expansions in 2003.

In addition to the backlog of admitting students, students who are currently enrolled experience delays in continuing their programs of study due to lack of clinical staff, and in some cases, available seating.

### **WHAT NEEDS TO OCCUR?**

This recommendation addresses alternative ways schools and healthcare facilities can reduce the backlog of students awaiting admission and of students currently enrolled, and thus, increase graduation, and the number of available nurses in the labor pool.

### **WHAT IS RECOMMENDED?**

The committee recommends three strategies to alleviate this backlog, and increase the number of graduates in the current nursing programs.

- I. Increase online learning opportunities for students to complete required coursework. Currently, the Ohio Learning Network offers 71 stand-alone courses for student nurses. By increasing the availability of on-line courses and in some cases, increasing the variety of offerings, students can complete prescribed sequences of courses uninterrupted. This impacts the entire pipeline of students on wait lists, as it moves current students through, and frees up classroom space for students beginning their course of study.
- II. Maintain a database of clinical opportunities so that nursing schools in a region can maximize time at clinical sites. Competition for clinical sites can be fierce and taxing on healthcare facilities that donate staff time to supervise students. By using a regional database to better plan when and where students will be in the healthcare facilities, schools and healthcare facilities even out the burden on hospital staff and reduce wait times for students.
- III. Align course offerings so that students within a 50 mile radius of their resident school can take advantage of available classroom seats. Programs should consider standardizing textbooks, scope and sequence of classes to ensure that students can seamlessly enroll without wait times.

### **WHAT RESOURCES ARE NEEDED?**

To achieve the outcomes of these recommendations, the following resources are needed:

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Create and expand the use of on-line courses at career technical, two and four year campuses	\$50,000 incentives for 7 programs to augment classroom offerings with on-line classes for a total investment of \$350,000	Board of Regents funding matched with WIA Discretionary Funds, Ohio Learning Network grants
Collaborations among schools in a region to align school offerings	\$100,000 for schools who increase graduations by 20% in a region	WIA Discretionary Funds
Technical assistance and supervision of an on-line data base of clinical openings and available seating in classes	\$10,000 for start up, \$15,000 for first year maintenance of the database	Regional Healthcare Employers matching funds with the training facilities that supply nurses
<b>TOTAL</b>	<b>\$475,000</b>	

### **WHAT ARE THE ANTICIPATED RESULTS?**

Backlogs are a regional concern and vary with degree of criticality based on the number of schools, the demand of students for training, and the availability of clinical sites. Regions vying for this funding should study the extent of backlogs and where they occur as to create an effective strategic plan that will increase graduations by 20%.

### **HOW WILL IT BE MEASURED?**

Projects will be assessed on their increased annual graduations against prior year baselines. Projects will also be assessed on the reduction of time students spend on waitlists for enrollment.

# DEVELOP OHIO'S CURRENT HEALTHCARE WORKFORCE TO MEET FUTURE DEMAND



**(C-I) INCREASE LOW-WAGE ADULTS ENTERING HEALTHCARE  
THROUGH CAREER PATHWAYS.  
PRIORITY LEVEL: SECONDARY**

**WHAT IS THE ISSUE?**

Many of the entry jobs in healthcare are low-wage, some due to true substandard wage or because they are part-time and have minimal or no benefits. While Ohio has a large number of healthcare workers, many are single parents who need to pay child care and transportation costs as well as cover the costs of sustaining a family. Currently, many of the entry level jobs are dead-end jobs for this population as advanced education is unaffordable and unattainable.

**WHAT NEEDS TO OCCUR?**

Support systems need to be in place that facilitate the continued learning and upward credentialing of Ohio's low-wage healthcare workers. Career Pathways need to be consistently established across educational institutions throughout Ohio. This effort will provide all learners, regardless of age or experience, the next step to education and workplace skills while providing a means of communicating options and opportunities and providing accountability for Ohio's healthcare workforce infrastructure.

**WHAT IS RECOMMENDED?**

Employer and worker incentives, a customer-responsive, regional infrastructure and opportunities for growth are ways to help all health care workers take the next step to cure the shortage and develop a high quality healthcare workforce for Ohio.

- Provide incentives to healthcare facilities to “grow your own” workers by providing on site education and training opportunities, nearby daycare and flexible scheduling to current employees.
- Encourage educational institutions to take education and training including remedial or developmental education offsite to alleviate transportation issues for students.
- Provide incentives for on-site child care and transportation assistance for low-wage workers in healthcare.
- Align all educational opportunities and courses from high school through the university for smooth transitions from one institution to another through the statewide articulation and transfer of course content.
- Create and provide career information, counseling, mentoring through a case management approach to adults that outlines career pathways, educational requirements, wages, etc.
- Provide a central source for information for financial assistance, scholarships, tuition, transportation and childcare assistance, training opportunities and jobs for all healthcare workers.

### **WHAT RESOURCES ARE NEEDED?**

While specific costs for projects within this goal are projected, it is reasonable to assume the following costs for each of the strategies.

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Provide incentives to healthcare facilities to “grow your own”	\$200,000	WIA Discretionary
Encourage educational institutions to take education and training including remedial or developmental education offsite	\$100,000	GRF
Provide incentives for on-site child care and transportation assistance	\$300,000	TANF funds
Create and provide a case management approach to adult career development.	\$500,000	WIA Discretionary
<b>TOTAL</b>	<b>\$1,100,000.</b>	

### **WHAT ARE THE ANTICIPATED RESULTS?**

Individual projects will be expected to meet contracted outcomes such as enrollment, graduation, higher-level employment attainment, and retention. It is anticipated that employers participating in such projects will have a reduced dependence on contract staff and lower vacancy rates as employee retention increases as a result of this investment in their future. An additional result of employers low-wage positions being highly sought after is expected as is evidenced by the success of the Berger model. (See the Appendix for additional information on Berger.)

Therefore lower vacancy rates and retention can be expected at all levels.

### **HOW WILL THIS BE MEASURED?**

Graduation, wage progression, and retention metrics can be used to assess efficacy. Employer costs associated with contract staff would drop by 20% against a historical baseline. Employer vacancy rates and time-to-hire rates would be at acceptable levels against (a) a historical baseline or (b) a future projected baseline based on sound labor market information.

**(C-II) INCREASE CAREER PROGRESSIONS FOR EXISTING NURSES  
TO ADVANCE IN THEIR DEGREES  
PRIORITY LEVEL: SECONDARY**

**WHAT IS THE ISSUE?**

The critical need of healthcare facilities now and in the future will be trained Registered Nurses. They have the flexibility to work in long-term care facilities and critical care floors. To maximize the State investment to increase this pool of nurses, the Committee proposes drawing from the educationally and clinically prepared pool of Licensed Practical Nurses.

The education of an LPN is typically one year, with a prescribed amount of clinical experience by the Board of Nursing. Although they receive an education in anatomy and physiology, pharmacology, diagnosis and disease pathology, most of the clinical focus is on following care plans and providing comfort and care measures for patients in long term care facilities.

Registered Nurses take a more active role with the doctor. The scope and extent of their clinical experience is dictated by their training institutions, and in some cases, by their field of study. The education of an RN is a springboard for advanced degrees that can lead to teaching or advanced practice. From the onset of attaining the degree, Registered Nurses can attain higher wages and more career options than their LPN counterparts.

Licensed Practical Nurses advance in their careers by either completing a Bachelors of Science in Nursing (BSN) or an Associates of Science in Nursing (ADN). Interestingly, while the education of a BSN is much more extensive than an ADN, both are considered RNs, take the same NCLEX-RN, and can expect the same salary and career options.

**WHAT NEEDS TO OCCUR?**

Most Licensed Practical Nurses work a full time schedule. In order to make an advanced degree attainable for these nurses, programs must have offerings that allow for flexible time frames and give credit for work and educational experiences of LPNs.

**WHAT IS RECOMMENDED?**

The committee recommends the following strategy to advance the careers of Licensed Practical Nurses.

- Increase the number of Associate Degree Programs that offer Licensed Practical Nurses advanced placement in programs

Licensed Practical Nurses are a good investment; as they have passed the academic rigor of the PN program and the NCLEX-PN, and are experienced in the practice of nursing through both clinical and work experience.

The graduation rate of LPNs who pursue advanced degrees is 90%, compared to graduation rates of non-degreed nursing students that is between 40-50%.

By giving LPNs credit for previous academic and clinical experiences, these students pose less of a burden on academic and clinical staff, and can graduate in a shorter time span.

## **WHAT RESOURCES ARE NEEDED?**

To increase the available pool of Registered Nurses, the following resources will be needed:

- Funding for more accelerated Associate's Degree Programs that give experience and education credit to Licensed Practical Nurses

Curriculum and staffing costs to convert traditional Associate's Degree Programs will vary from school to school. To cover these administrative costs and provide incentives for training institutes, it is proposed that each institute that 1) creates the needed courses for an accelerated ADN program, and 2) gains approval from the appropriate accrediting bodies will be given \$50,000 for a maximum investment of 6 programs, or \$300,000.

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Create accelerated Associate Degree Programs to advance the employability and wages of Licensed Practical Nurses	\$105,000 BOR \$105,000 GRF \$ 90,000 WIA Discretionary	Matching funds from the Board of Regents, GRF, and WIA Discretionary. Technical support from the Ohio Learning Network for on-line classes (if applicable)
<b>TOTAL</b>	<b>\$300,000</b>	

## **WHAT ARE THE ANTICIPATED RESULTS?**

In 2004, 2,406 Practical Nurses graduated. Approximately 25-30% of those graduates enrolled in Registered Nursing Programs. By increasing the number of LPNs to become ADNs from 25% to 40%, the number of Associate Degreed RNs would increase by 361 by 2008, 722 by 2010, and thereafter, for a total net impact of approximately 4000 by 2030.

## **HOW WILL IT BE MEASURED?**

Individual projects will report increased graduation rates. Systemic assessment will be based on a drop in regional nurse vacancy rates and dependence on contract staff.

**(C-III) DEVELOP A SYSTEM TO ASSESS AND ADDRESS OHIO'S  
HEALTHCARE WORKFORCE  
PRIORITY LEVEL: TERTIARY**

**WHAT IS THE ISSUE?**

Several federal, state, regional, and industry-based committees have been formed over the last 5-10 years to address the looming healthcare workforce shortage. In each case, similar predictions have been made along with suggestions for possible courses of action. As subtle changes in demography occur predictions may change. One reason these workgroups continue to arise is that Ohio lacks a comprehensive system designed to provide timely and updated data on future healthcare workforce needs (demand) balanced against projected graduation rates within the healthcare arena (supply). Ohio also lacks a collaborative communication/data acquisition system needed to make policy decisions and strategy adjustments in this dynamic environment. Specifically, a significant number of the projected job shortfalls in healthcare are positions that require one to four years of education. What is needed is a predictive system that will afford educators, public workforce partners, and employers the information they need to make strategic policy and resource adjustments to ensure an adequate healthcare workforce is in place when it is needed.

**WHAT NEEDS TO OCCUR?**

A web-enabled database and communication structure that is easy to input information into and draw information from should be created. This information will provide timely, relevant information to all stakeholders.

**WHAT IS RECOMMENDED?**

Our recommendation is to use the website currently being developed by the Ohio Department of Aging (ODA), the Ohio Department of Job and Family Services (ODJFS), and the Ohio Hospital Association (OHA), (hosted on the OHA server), to increase awareness of healthcare training options in Ohio along with projected employer needs. This site would be used by employer, training seeker, local and state workforce system professional and educational advisor alike. This comprehensive site would serve as an information collection point allowing all constituents timely, relevant information to their particular needs.

A website designed to provide a statewide source of information will maximize the potential healthcare workforce by increasing the efficacy of the existing training delivery system.

The employer: Major employers such as all members of the Ohio Hospital Association would have the ability to see the activities currently being undertaken in the state thus ensuring they align their efforts appropriately as well as replicate best practices. They will also be able to see real efforts being undertaken to ensure they have an adequate number of well-trained workers to fill current and future openings. What will be asked of them is to input on a bi-annual basis, their projected needs 1-5 years out. This will inform the education and workforce systems allowing adjustments to be made in enrollments and resource allocation when appropriate.

Training-seeker: Those who identify positions of interest will be able to use this site to identify the training required, the projected time to complete such training, costs, and where the training is offered. Links to financial aid would also be offered.

Workforce System Professional: Those involved in policy decisions would be able to use this site to see how current efforts are progressing and where the gaps might be. This will also allow policy makers to view projected needs on a regional basis allowing them sufficient time to devote resources to a particular healthcare focus area and have graduates in-time to meet the need. Case-workers and others interfacing with those being served by the workforce system would be able to identify potential healthcare candidates and utilize this site to assist them with identifying training and eventual placement.

Education Advisor: Advisors from high-school through post-secondary institutions would be able to utilize this site to either assist in the placements of graduates, assist current/future students with identifying financial aid, and assisting those not appropriate for their particular discipline with finding more appropriate training in healthcare.

**WHAT RESOURCES ARE NEEDED?**

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Web-enabled database and communication structure	\$300,000	GRF

Additionally, public partners will be needed to facilitate this systems creation. Currently the Ohio Dept. of Education maintains the Ohio Career Information System (OCIS) which has much of the training location, cost, and financial aid data available. The Ohio Dept. of Job and Family Services maintains the Sharing Career Opportunities and Training Information (SCOTI) system which has the added benefit of labor market information. Building on the data of these two sites while adding the feature of a workforce projection model will significantly expedite the building of this system.

**WHAT ARE THE ANTICIPATED RESULTS?**

Visits to the site and data collected on time spent within the site can be utilized to show use. Feedback from users will also be used. Utilization of the data and resulting communication engaged through this site will yield demand-driven initiatives resulting in higher program performance.

**HOW WILL THIS BE MEASURED?**

Long-term success will be measured by lowered vacancy rates statewide and regionally in the healthcare industry. Short-term success will be measured by the number of regional initiatives undertaken based on information presented along with collaborations that will grow as a result of connections made.

# RETAIN OHIOANS CURRENTLY IN THE HEALTHCARE WORKFORCE



**(D-I) INCREASE INCUMBENT HEALTHCARE WORKERS CAREER PROGRESSIONS FOR ENTRY LEVEL AND ADVANCED DEGREES**  
**PRIORITY LEVEL: TERTIARY**

**WHAT IS THE ISSUE?**

Current employees in healthcare settings may have an interest in pursuing a healthcare career, but lack the career direction and support system to start on the path.

The position of State Tested Nursing Assistant is the gateway for many healthcare careers, including nursing. Attaining this certification is a minimal cost and time investment; students receive about 75 hours in instruction for a tuition cost of \$500.

The United States Department of Human and Health Services projects that there will be a shortage of over 20,000 by the year 2015, using current resources.

Healthcare facilities that identify the potential of current staff are planning for tomorrow's need for healthcare workers, particularly direct care nurses.

**WHAT NEEDS TO OCCUR?**

By providing incremental and low cost investments, both employees and employers can ascertain if healthcare careers are a good match. State Tested Nurse Assistants are often in demand, so employers who offer tuition assistance can realize rapid returns on investment, and feel more confident that graduates of STNA programs have a reasonably good idea of the type of work nursing demands.

**WHAT IS RECOMMENDED?**

To increase the pipeline of healthcare workers to meet present and future needs in healthcare facilities, the Jobs Cabinet Healthcare Worker Committee (Committee) recommends the following three strategies be implemented:

I. Career counseling and coaching programs in training and healthcare facilities to guide interested employees to appropriate healthcare career pathways  
Career coaching is critical to guiding potential healthcare workers into programs that match their interests and aptitudes. Students of the programs need to be aware of job and salary expectations, as well as potential career paths and timeline of investments in education.

II. Wrap-around services to first generation post-secondary students in the form of study groups, assigned mentors, flexible payment plans (if applicable), scholarships, child care options, and tutoring services, to name a few.

Low wageworkers typically have barriers to completing educational programs and balancing work and family. Providing additional supports and resources increases the likelihood of graduation, and increases the employers' return on investment.

III. Perform regional studies of the specified needs of area healthcare providers to ensure that skills and certifications attained by students meet the current and future needs.

Employers can embrace the unique opportunity of meeting the needs of their facilities by finding talent within their own staff. It will require them to analyze current vacancies and retirements to strategically plan for filling vacancies.

**WHAT RESOURCES ARE NEEDED?**

To implement the strategies proposed, the following resources will be essential:

- I. Funding for support staff to identify, and mentor current employees to choose appropriate healthcare career paths
- II. Funding for scholarships for employees who show aptitude and interest, and demonstrate financial need
- III. Sharing of classroom space, teaching faculty, and healthcare staff to deliver on site training and mentoring programs to employees
- IV. Resources to perform regional studies to plan for the current and future needs of healthcare facilities

<b>Strategy</b>	<b>Financial Costs</b>	<b>Source</b>
Career counseling and coaching for interested individuals	\$15,000	In kind contributions of hospital staff and clinical instructor time
Wrap around services such as scholarships, paid tuition, child care, tutoring, mentors, to name a few	\$400,000 (half time child care, and other services)	In kind contributions from the healthcare employer, tuition costs from grants, scholarships, Workforce Investment Act ITA's
Regional studies to study the specific immediate and future needs of healthcare employers	\$50,000	Staff time of training and healthcare facilities to convene studies and create a strategic plan
<b>TOTAL</b>	<b>\$465,000</b>	

**WHAT ARE THE ANTICIPATED RESULTS AND HOW WILL THEY BE MEASURED?**

The anticipated results will be contingent upon the needs of healthcare facilities and how effectively they train internal staff to meet those needs. Each program's effectiveness will be done on a case-by-case basis. Similar programs, such as Berger Health Systems, that have drawn from staff to train for healthcare careers have started with 30 highly screened individuals at a cost of around \$600K for tuition and program start up costs. If 5 programs could be funded to produce similar results, the total investment would be \$3M and yield 150 nurses by 2008. Since this approach builds long-term capacity, 5 programs would yield 300 nurses by 2010, 450 nurses by 2012, 600 nurses by 2014.

**(E) LEGISLATIVE/ POLICY/COORDINATION RECOMMENDATIONS**  
**PRIORITY LEVEL: TERTIARY**

**WHAT IS THE ISSUE?**

Through research this committee identified two legislative initiatives, one state and one federal, that deserve attention, support, and advocacy. Additionally it was determined that an ongoing state-level effort is needed to ensure Ohioans have sufficient healthcare workers now and into the future.

**WHAT IS RECOMMENDED?**

- Support the work currently underway by Ohio Board of Regents and the Ohio Department of Education in response to HB Bill 66 (ORC 3333.162) for the development of clearly articulated pathways from agreed upon adult/secondary career technical courses and public institutions of higher education.
- Encourage our state's federal congressional delegation to support and strengthen the Nurse Faculty Education Act of 2005 (S.1575) This legislation is currently in the Senate Committee on Health, Education, Labor, and Pensions. Senator DeWine serves on this committee.
- State workforce and educational institutions should continue to work collaboratively in the exploration of additional funding options that would encourage loan forgiveness, tuition assistance, and tax credits to nurses who either pursue a postgraduate degree or switch careers from a hospital into the classroom.

# Budget Summary

Total: **\$7,475,000**  
(Total dollar figure recommended for implementation of all projects)

Total Identified **\$1,505,000**  
(Amount identified in agency budgets for implementation of projects. Sources below.)

WIA ITA & Dislocated Worker *\$1,400,000*  
Board of Regents *\$ 105,000*

Total in-kind: **\$ 690,000**  
(Amount anticipated in cash/in-kind contributions from projects)

Total Requested: **\$5,280,000**  
(This is the total amount requested to implement projects. Source requests below)

TANF *\$ 300,000*  
GRF *\$1,855,000*  
WIA Discretionary *\$3,000,000*  
WIA Youth *\$ 125,000*

Total budgeted and requested to implement only the “primary” recommendations: **\$2,750,000**

**TABLE OF POTENTIAL FUNDING SOURCES**

Healthcare Initiatives

<b>Potential Funding Source</b>	<b>What do they typically fund?</b>	<b>Range of funding amounts</b>	<b>Initiative that could be addressed</b>
Knowledge Works Foundation	Training of entry level and incumbents, low wage workers, career pathways	Matching funds up to 50% of project and technical assistance to grantees	Programs to train incumbent and new healthcare workers, low wage, career pathways
Robert Woods Johnson Foundation	Programs that improve the quality of the healthcare workplace to retain nurses Programs to train incumbent and emerging workforce	Example: Jobs to Careers grant awards in the amount of \$425,000	Incumbent, and emerging healthcare workers, nurse faculty
Ohio Board of Nursing	Scholarships for nursing students and emerging nurse educators	Link will take you to US Department of Health and Human Services and Board of Regents	Potential nurse faculty and qualified individuals
US Department of Health and Human Services	Nurse Faculty Loan Program; Nurse Scholarships; Faculty Loan Program for income eligible students	Loans and scholarships for tuition at 2 and 4 year private and public institutions	Potential nurse faculty
President’s High Growth Jobs Initiative	Training of new and incumbent workers	\$200,000 -\$2,000,000	New and incumbent workers
Ohio Nurse Foundation	Individual Scholarships for students pursuing a second degree in nursing, RN pursuing advanced degrees and students pursuing their first degree in nursing	For Nurse Faculty Re-Payment Program, reimbursement is up to 85% of tuition in exchange for 3 year teaching commitment	Potential Nurse Faculty Low wage/low income students

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- Humility of Mary Health Partners—Molly Seals, VP of Human Resources
- Northeast Ohio Healthforce—Karla Krodel, Youngstown State University
- Akron Children’s Hospital—Grace Wakulchic, Chief of Nursing
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- The Ohio Board of Nursing
- Mount Carmel Hospital

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- Barbara Nicol, Ohio Department of Education
- Glenda Williamson, Ohio Department of Development
- Beth Winegar, Ohio Department of Job and Family Services

## ADDITIONAL LITERATURE REVIEW AND DATA SOURCES

<u>Publishing Entity</u>	<u>Title</u>
U.S. Department of Health and Human Services Health Resources and Service Administration Bureau of Health Professions Division of Nursing	The Registered Nurse Population, Findings from the National Sample Survey of Registered Nurses
Oregon's Registered Nurse Workforce	Men in Nursing Campaign
Ohio Health Care Workforce Advisory Council	Progress Report to the Governor's Workforce Policy Board on The Health Care Workforce Shortage in Ohio, June 2004
American Association of Colleges of Nursing	Nursing Shortage, Fact Sheet, June 2005
American Association of Colleges of Nursing	White Paper on Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply, , May, 2003
U.S. Dept. of Health and Human Services, Bureau of Health Professions, National Center for Health Workforce Analysis	Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers, Spring 2003
U.S. Dept. of Health and Human Services, Bureau of Health Professions, National Center for Health Workforce Analysis	Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020 > <u>Ohio Revisited</u> , Spring 2003
AARP	Caregiving in the US, Spotlight on Ohio April 2004
National Clearinghouse on the Direct Care Workforce	State Activities: Ohio, 2003
Community Research Partners	Average Isn't Enough: Advancing Working Families to Create an Outstanding Ohio Economy, November 2004
The National Council for Workforce Education	Breaking Through: Helping Low-Skilled Adults Enter and Succeed in College and Careers, Jobs for the future, November 2004
Northeast Ohio Nursing Initiative	Measuring Student Capacity and Faculty Resources in Northeast Ohio Schools of Nursing, November 2004
Ohio Department of Job and Family Services	Ohio and US Employment Statistics, December 2005
Ohio Learning Network	Ohio Learns On-Line Catalog 2006
Ohio Board of Nursing	Ohio Prelicensure Nursing Education Programs Annual Report", June 30, 2003 though July 1, 2004 Summary
KnowledgeWorks Foundation	2004-2005 National Average Tuition and Fee, Room and Board Charges
National Center for Health Workforce Analysis United States Department of Health and Human Services	Supply, Demand and Use of Licensed Practical Nurses 2000

### WEBSITES

- <http://bphc.hrsa.gov/databases/newmua/>
- <http://www.futurethink.org>
- <http://www.uic.edu/sph/ichws/>

## APPENDIX

### Concurrent Issues/Strategies

#### Higher Education Funding Study Council (HEFSC)

- The Higher Education Funding Study Council (HEFSC) is charged with reviewing higher education funding contained in the budget (H.B.66) and recommends changes it determines are necessary.

The council will issue a report of its activities, findings and recommendations to the Governor, Speaker of the House Representatives, and the President of the Senate by May 31, 2006.

Preliminary Recommendations:

#### **HEALTH SERVICES EDUCATION**

- 1) The council recognizes that there is an impending shortage of medical services in Ohio and in the Nation. Medical, postgraduate medical, nursing, pharmacy, and other related educational programs are critical components contributing to the economic development of the state. An adequate supply of physicians and allied medical personnel is necessary to supply medical care, create medically related employment, attract businesses to Ohio and provide access to high quality medical care to Ohio citizens. Health care programs leverage the state's investment to attract external research funding and create biotechnology businesses that support economic development in Ohio, thus showing an exceptional return on that investment.

Due in part to reductions in the level of state funding over the past 10 years and increases in the cost of medical school tuition, student debt is increasing dramatically and is becoming prohibitive for the average student. Medical students are reaching the limits of federally subsidized loan programs and have no other way to finance their medical education.

This excess debt is driving students towards higher paying specialties and away from primary care medicine and underserved Ohio communities. Funding in other health-related areas has not been sufficient to maintain an adequate supply of nurses and other allied health care personnel.

#### **COUNCIL'S RECOMMENDATION:**

To ensure an adequate number of health care professionals to meet Ohio's workforce needs, assure future economic development and address Ohio's aging population, the Higher Education Funding Study Council recommends that appropriate levels of funding be made available to support and expand medical, postgraduate medical, nursing, pharmacy and the other health care education programs.

#### **RETIRED WORKER'S PROPOSAL**

- 2) The anticipated retirement of a large portion of Ohio's workforce should be considered as an opportunity to recruit talented and experienced older workers into areas of high-demand in education.

The state should create a special initiative to recruit retirees into these areas and other areas of need (HEALTH CARE FIELD), in a systematic and comprehensive manner.

“The maturing workforce is often seen as an issue to be dealt with instead of a great opportunity to be leveraged.” says Lorrie Fisher, Director of Research Working Groups at The Conference Board and co-author of the report with management consultant Lynne Morton and noted author Jeri Sedlar, Senior Advisor to The Conference Board on mature workforce issues.

At this time the Higher Education Funding Study Council has not proposed any specific recommendations for this issue.

**Source:**

**(Higher Education Funding Study Council Meeting Minutes-March 30, 2006)**

**Ohio’s Career Technical Credit Transfer Policy**

Amended Substitute H.B. 66 – (ORC 3333.162) directs the Ohio Board of Regents to work collaboratively with the Ohio Department of Education’s Office of Career-Technical and Adult Education (CTAE), public adult and secondary career technical education and state-supported institutions of higher education to establish criteria, policies and procedures by April 15, 2007 to transfer agreed-upon technical courses from one system to another.

The intent of H.B.66 is to build upon and extend the articulation and transfer activities of the Board of Regents as specified in the previous budget bill, H.B. 95.

The existing policy and implementation practices are the foundation for the new career technical transfer component. The revised policy will achieve the following:

- Students will be able to take **equivalent technical courses** anywhere within the public educational system (adult career center, secondary career technical center, community or technical college, or university campus) and transfer the technical credits without unnecessary duplication or institutional barriers.
- Technical courses identified as equivalent will adhere to **recognized industry standards** and reflect agreed-upon knowledge and skills.
- The career technical credit transfer policy, where applicable, will **build upon the existing course equivalency system** and use the system as a model.
- **Student advising** will be improved and students will be able to attain the highest educational aspirations in the most efficient and effective manner as a result of **clear and consistent standards** for courses and the ability to transfer equivalent technical credits to degrees.

Source: Ohio Board of Regents

**DRAFT** Report – Progress on the Implementation of Ohio’s Career Technical Credit Transfer Policy -- April 2006

**FUTURETHINK -- Ohio Hospital Association, Jean Scholz, Executive Director**

**FutureThink** was created to help the hospital community think outside their normal paradigms to create long-term solutions to workforce shortages and meet and exceed the needs of patients.

The current nursing shortage is unlike previous nursing shortages and compounded by demographic shifts and other health care provider shortages, the usual fixes – such as hiring bonuses, flooding schools of nursing and encouraging retired nurses back into the system- will not be enough to meet the needs of Ohio’s citizens.

The Ohio Organization of Nurse Executives and the Ohio Hospital Association teamed up to bring over 300 nurse executives, nurse educators, staff nurses, administrators and CEO’s in 12 focus groups around the state to design the future of clinical care – to find much needed creative solutions to deal with the shrinking health care workforce and develop long-term solutions to provide the type of quality care Ohio hospitals are know for.

Charged with the difficult task of taking the almost 1000 suggestions from the 300 focus groups participants and formulating a plan, the **FutureThink** Design Team met in July 2002 and created an exciting and challenging vision and strategic objectives.

FutureThink is now exploring partnerships with various entities in the health care, business and other arenas and evaluating funding sources to make the designed future a reality.

Source: FutureThink Partners/ Organization web site, July 2005

## **THE NURSE EDUCATION ASSISTANCE LOAN PROGRAM (NEALP)**

### **HISTORY & PURPOSE OF NEALP**

The Ohio Nurse Education Assistance Loan Program (NEALP) was created by the Ohio General assembly in 1990.

Beginning January 2006, NEALP will fund registered nurses who intend to serve as instructors in Ohio. NEALP will continue to fund students who intend to serve as registered nurses and licensed practical nurses.

The purpose of NEALP is to assist the state in meeting nursing shortages by providing financial assistance to students enrolled in approved nursing programs in Ohio colleges, universities, hospitals, and vocational schools, and by encouraging these students to remain in Ohio as they enter the nursing profession as licensed practical nurses, registered nurses or nursing instructors.

The objective to encourage graduates to remain in Ohio as they enter the nursing profession is met with a nursing service requirement that allows a borrower to cancel 25% of the debt each year for up to four years if the borrower is employed in the clinical practice of nursing in the State of Ohio.

### **HOW DOES NEALP WORK?**

Funding is provided by an educational surcharge on the biennial licensure renewal fee paid by all licensed LPN’s and RN’s in Ohio.

Students may receive up to \$3,000 per year for up to 4 years of eligible study in an approved nursing program.

Registered nurses may receive at least \$5,000 per year in approved graduate level programs that allow graduates to teach nursing courses.

Eligible students submit NEALP applications between January 1<sup>st</sup> and June 1<sup>st</sup> for classes that begin in the fall. Students may also apply between June 2<sup>nd</sup> and November 1<sup>st</sup> for new programs that begin in the spring.

If funding is not available to award loans to all eligible NEALP applicants, first-time awards will be made on the basis of “relative financial need” as indicated by federal guidelines.

On average, 1500 applications are submitted each year and nearly 200 of the applicants are awarded.

Recipients may be eligible for loan cancellation at a rate of 25% per year for a maximum of four years if the recipient is employed in the clinical practice of nursing in the State of Ohio.

### **Issues Needing Further Exploration and Discussion:**

#### 1) Recruitment Efforts

- The apparent lack of interest of men toward entering the nursing profession needs to be further studied. Identify the barriers and work to eliminate the barriers and stigma facing men who are inclined to consider nursing as a profession. If men were to enter nursing at the same rate of women – future shortages may be eliminated.
- Employers need to begin to prepare for the needs of the older RN workforce. It is important for hospitals to consider the physical, emotional and mental health of its nurses. Employers need to reduce the amount of back, neck, foot and other injuries nurses sustain.

### **List of Best Workforce Practices From the Ohio Hospital Association Web Site ([www.oaha.org](http://www.oaha.org))**

Helping hospitals attract and retain talented and dedicated employees and medical staff is a key objective in OHA's strategic plan. Hospitals have crafted a variety of "Best Policies" to help alleviate current and future shortages of personnel.

#### **Best Practices from Ohio Hospitals** (arranged alphabetically by hospital)

**Aultman Health Foundation:** The hospital partnered with Jackson High School to launch a health career academy at the hospital where students complete seven clinical rotations to explore different health careers, shadowing hospital workers and gaining hands-on and classroom knowledge of health care professions.

**Berger Health System:** The system partners with Ohio University-Chillicothe to allow area residents to earn a registered nursing degree over a three-year period.

**Blanchard Valley Regional Health Center:** The 18-month recruiting and retention plan establishes central operation for recruiting and hiring which saves time, money and limits liability.

**Cincinnati Children's Hospital Medical Center:** Named a 2003 finalist in *Business Courier's* Cincinnati's Best Place to Work for its concierge program that aids employees with everyday tasks such as picking up dry cleaning or washing cars.

**Cleveland Clinic:**

- The Clinic's chief nursing officer and chairman of the division of nursing created a "mom shift" from 9 a.m. until 2 p.m. after hearing from many of her stay-at-home nursing friends how much they would love to return to the profession, but typical hospital shifts collide with their desire to take their children to school and pick them up. The shift will launch this spring. See more
- A new practice model for nursing was developed to include comfort, safety and education.
- The Cleveland Clinic received a Nursing Magnet Designation from the American Nurses Credentialing Center. The magnet designation recognizes hospitals' excellence in nursing, and makes them employers of choice among nurses.
- The Cleveland Clinic Foundation has partnered with El Barrio, a Latino social services provider, and area schools on a program to train Latino high school students and adults as nursing assistants and promote health careers in the Latino community. The Cleveland Clinic offers the Parent Shift program, allowing associates to create a flexible schedule that allows them to work around their families' schedules. For this and other programs, the clinic was named on *Working Mother's* list of the 100 Best Places for Working Mothers.

**The Drake Center:** The Ambassador Club program is designed to recognize service excellence for both clinical and non-clinical positions within our current environment. Internally, the program establishes an elite stratosphere for rewarding current employees and externally, it provides a unique testimonial style method of recruitment.

**Firelands Regional Medical Center:** The FastLANE program was designed to provide LPN's an accelerated option to become a registered nurse. The program can be completed in 2 years, allows LPN's to work while attending classes, and costs about \$12,000 for the entire program.

**Foundation for Healthy Communities:** The foundation promotes healthy lifestyles and helps position hospitals as leaders in the prevention of healthy risk, injury and illness. The foundation offers grants for hospital projects based on this mission.

**The Health Alliance of Greater Cincinnati:**

- The Greater Cincinnati Relocation Package provides candidates of up to 50 miles away a package of up to \$15,000 including these standard features: moving assistance, realtor referrals, spouse relocation assistance and restaurant certificates. Additional options include a car lease for a year, college loan repayment, family fun package, home decorating allowance, dependent care and first year housing costs.
- The Health Alliance began a plan in January 2004 called SOAR, which stands for Success of Associates = Recognition. Each year Health Alliance revenues exceed operating budget, 20 percent of any surplus will be put into the gain-sharing program. \$5.2 million in bonuses were recently distributed to 9,000 non-executive employees in the first payout under the new gain-sharing program.

**Healthcare in Progress:** A task force comprised of representatives from Akron General Medical Center, Akron Public Schools, Children's Hospital Medical Center of Akron, Kent State University, NEOUCOM, Summa Health System and The University of Akron to introduce students to a variety of health care careers.

**Humility of Mary Health Partners (HMHP):** HMHP's St. Elizabeth Health Center and St. Joseph Health Center received a Nursing Magnet Designation from the American Nurses Credentialing Center. The magnet designation recognizes hospitals' excellence in nursing, and makes them employers of choice among nurses.

**HMHP Health Care Careers Tours & Shadowing Experiences:** Every year HMHP's Career Resource Center hosts approximately 300 High School students in Hospital tours and job shadowing experiences. Students have the opportunity to explore a variety of clinical careers and other career pathways needed in the hospital environment.

**Medina General Hospital:** The hospital is working to promote worker safety through a program called "Safety Works."

**Mercy Health Partners- Southwest Ohio:** With the help of the Mercy Education Scholarship Program, 35 Cincinnati area high school seniors will be getting their college careers off to a great start.

**Middletown Regional Health System:** To address the critical shortage of health care workers, the hospital partnered with several organizations to conduct skills assessments and gauge career interests of current hospital employees for entry into more specialized medical positions within the hospital. Check out a news release and background information on the pilot project.

**Mount Carmel Health** strives to create a workplace that people love going to every day. A place where each individual can find meaning, fulfillment, and inspiration. It's part of a leadership philosophy called Higher Ground that serves as the underlying foundation for all of Mount Carmel's efforts.

**Mount Carmel College of Nursing:** *Camp Mount Carmel: Adventures in Healthcare* is designed for students entering grades 7, 8 and 9 who have expressed interest in health care professions and offers a way for the kids to experience the many facets of health care careers during the one-week program.

**Mount Carmel College of Nursing:** *Online RN Refresher Program* was designed to bring nurses back into the workforce.

**NorthCoast 99:** An award honoring the 99 best companies to work for in Northeast Ohio. A total of 11 hospitals made the list for 2003.

**Nurse Refresher Course:** Put together by St. Elizabeth Medical Center, TriHealth (Good Samaritan Hospital and Bethesda North Hospital), Children's Hospital Medical Center, Mercy Health Partners and Deaconess Hospital, the refresher course helps registered nurses return to the acute care setting.

#### **OhioHealth:**

- Nurses at OhioHealth's Columbus hospitals are encouraging elementary school students that "You can be a nurse, too" through a coloring book the nurses developed just for kids.
- OhioHealth hosts a RN Re-Entry Program designed for nurses who have been away from bedside nursing for a period of time and would like to return to medical, surgical, or intermediate nursing.

#### **The Ohio State University Medical Center:**

- A respiratory care PowerPoint presentation was created by the director of respiratory therapy to help promote careers in this field.
- The medical center hosted the local launch of a federally funded internship program encouraging high school students with disabilities to consider high-tech careers.
- OSU Med Center received a Nursing Magnet Designation from the American Nurses Credentialing Center. The magnet designation recognizes hospitals' excellence in nursing, and makes them employers of choice among nurses.

**St. Luke's Hospital:** With the national workforce shortage in mind, two Ohio doctors were paired with two nurses from St. Luke's Hospital in Maumee for one day as part of the "Nurse-for-a-Day" program.

**Samaritan Regional Health System:** The Samaritan Regional Health System's 'Safety Effort' is a system-wide commitment that begins with the Chief Executive Officer (CEO) and flows down through the entire staff of employees.

**Southern Ohio Medical Center:** As a means to retain current staff and recruit new employees, SOMC offers a scholarship program for children and spouses of current SOMC employees.\*

**TriHealth:** Named the *Business Courier's* Cincinnati's Best Place to Work for giant companies in 2003 for its benefits, support programs and fun activities.

**The University Hospital** and The University of Cincinnati College of Nursing: Collaborate to provide the College of Nursing Co-op Program. The program provides an intellectually stimulating and meaningful mix of work and study. It is the first such program in Ohio and one of a handful in the United States.

### **Best Practices from Other Sources**

#### **Accelerated Option in Nursing**

Students in the Accelerated BSN track will receive their clinical practice experiences in the hospitals, clinics and programs of the Cleveland Clinic Health System.

#### **Greater Columbus Chamber of Commerce**

Associations, hospital systems, nursing education providers, and the Greater Columbus Chamber in Columbus, Ohio, have joined forces to create the Columbus Healthcare Workforce Center. This collaboration began with a supply and demand analysis of our local labor market in health care. After defining our current and projected health care workforce needs, CHWC generated community solutions to recruit, retain, and develop talented healthcare professionals in the Columbus area.

#### **Nursing Workforce Initiative**

A collaborative effort established by the Greater Cincinnati Health Council to address retention, recruitment and improvement in the field of nursing.

#### **Ohio Hospitals: Best Practices for Attracting & Retaining Staff**

Helping hospitals attract and retain talented and dedicated employees and medical staff is a key objective in OHA's strategic plan. This document, prepared for the 2001 OHA Educational Summit, contains information on the strategic plan, examples from the field, information on Ohio's Workforce Investment Act, and more.

### **Sample of Regional Projects Currently Underway**

#### **Berger Health System**

To address Berger Health System's shortage of both nurses and patient care technicians, Berger Health System surveyed their 400 employees to see how many of their current employees would be interested in becoming a registered nurse. Seventy employees indicated an interest.

Berger Health System established a partnership with Ohio University to develop a model for on site nursing instruction in a community hospital. They also partnered with Circleville High School to provide hospital affiliated classes and labs. Berger committed financial resources to this endeavor which included

creating classroom space with minimal funds and offering full paid tuition for employees enrolled in the RN program.

By investing in their current and future employees – Berger is successfully *Growing Their Own*. This new initiative has increased employee retention and loyal to the organization. In March a graduation ceremony was conducted for the first group of 19 employees who successfully completed their RN program. An additional 7 students will graduate in June. Over thirty employees have enrolled in the next program to be offered.

### Adena Health System

In response to specific hospital staff needs and to the pool of displaced workers from recent plant closures, Adena Health Systems and Ohio University in Chillicothe are partnering to create a hospital-based training and learning center. The Center will serve hospital staff and the local displaced workers who show interest and aptitude in healthcare careers, as well as the current nurses who want to pursue advanced degrees. Tuition will be covered by the hospital, provided that current employees work part time while in school, and continue their career post-graduation at Adena Health Systems.

As part of the strategic plan, Adena plans to use simulators in the clinicals to offset the cost of hiring clinical staff. These simulators will be used by also by physicians and hospital teams to simulate disasters. Scenarios will be taped and reviewed by the teams for continuous improvement.

Adena Health Systems recognizes that the need for nurses and other healthcare workers will continue to grow exponentially. Through this initiative, they plan to work with elementary and high school educators to incorporate awareness of healthcare career into the curriculum.

### The Nursing Institute of West Central Ohio (GOALS)

- Improve the supply of nurses in west central Ohio (Monitor growth and demand for balance annually)
- Increase regional enrollments among nursing programs matched to levels of need
  - Determine opportunities to vary capacity
  - Determine ways to predict changing needs for nurses
- Increase regional graduation rates among nursing programs with each program setting realistic but aggressive targets
- Increase number of licensed RNs under the age of 55 by 5% each year
- Reduce time to fill nursing positions for hospitals and nursing schools to a manageable level
- Reduce the gap between projected need and projected supply for two, three, and four years hence
  - Determine target numbers
- Improve the satisfaction and retention of practicing west central Ohio Nurses (Determining target rates)
- Reduce the number of nurses leaving voluntarily for non-nursing professions in each age cohort (i.e., under 30, 31-40, etc. for those under 60 years)
- Reduce the number nurses leaving voluntarily for non-nursing professions in each years-of-nursing-service cohort (i.e., 1st year, 2nd year, < 5 years, etc.)
- Reduce the number of nurses who voluntarily leave nursing (for purposes other than education and with no other employment plans and who do not plan to return to nursing within 3 years) in each age cohort
- Reduce the number of nurses who voluntarily leave nursing (for purposes other than education and with no other employment plans and who do not plan to return to nursing within 3 years) in each years-of-nursing-service cohort