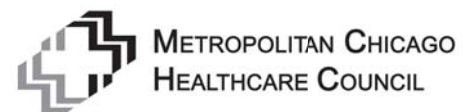


Caring for the Future

A PLAN FOR MEETING METROPOLITAN CHICAGO'S GROWING
HEALTH CARE WORKFORCE NEEDS

September 2005



Visit www.mhc.org for an electronic version of the full report

Introduction

We are pleased to provide this report on addressing the current and future health care workforce needs for the metropolitan Chicago region. Today, this area is experiencing a significant health care workforce shortage – a shortage that is set to grow dramatically through 2020. We know that unless steps are taken now to greatly increase the number of nurses, therapists and technicians needed to deliver tomorrow’s health services, area hospitals will fall further and further behind in their ability to care for their communities as workforce shortages grow.

Within this report, the Metropolitan Chicago Healthcare Council provides a plan for addressing the health care workforce shortage – today and well into the future. By building on established public-private partnerships, hospitals, government, educational institutions, businesses and community groups can all work together to meet our future health care needs.

As the metropolitan Chicago population grows and ages over the next two decades, demand for health care services will rise dramatically. Hospitals and other health care providers are responding by expanding their staffs and service offerings. They remain committed to their missions, and strive each day to maintain access to vital trauma and emergency services, advanced treatments and new medical technologies for all, and access for the poor and uninsured to safety-net services.

However, the reality is that the growing shortage of skilled health care workers threatens the ability of hospitals and other health care providers to continue providing the health care services we all depend on. This report evaluates the shortages, considers the consequences of doing nothing, identifies opportunities for collaboration to expand the health care workforce and recommends strategies that complement efforts already in place.

It also calls for a significant investment – between \$40 million and \$50 million over the next five years – to successfully increase by 50 percent the number of nurses and health professionals trained by 2010. That’s roughly an increase of 2,400 additional professionals trained per year for the next five years.

We would be remiss in issuing this report if we neglected to discuss the significant economic impact hospitals also have on this region. Hospitals – unlike any other industry – shoulder the dual responsibility of protecting the physical health of this region’s population, while also contributing significantly to the economic well-being of the communities they serve.

In fact, health care currently is the third-largest employment sector in the Chicago area, directly and indirectly contributing \$24 billion annually to the regional economy. And while serving as a major economic engine is dramatic, it is hospitals’ unique combination of protecting both the physical and fiscal health of the region’s cities, villages and towns that demonstrates how essential it is we find a solution to the health professions workforce shortage.

Properly caring for the future of this region’s population requires an investment today in building and expanding the future health care workforce. We recognize that an investment of \$40 million to \$50 million is significant. We also believe the returns will more than justify the cost.

Our investment in the future health care workforce will help ensure that we preserve access to the medical services we need, and that the metropolitan Chicago area remains economically viable in a competitive business environment, while providing residents of the region with some of the best health care in the world.

Executive Summary

Caring for the Future

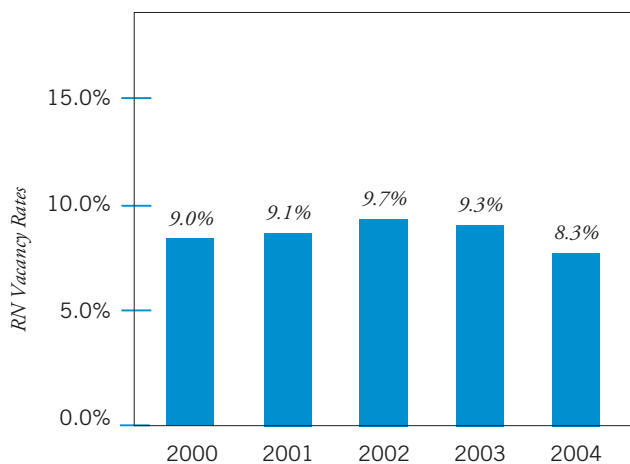
A PLAN FOR MEETING METROPOLITAN CHICAGO'S GROWING HEALTH CARE WORKFORCE NEEDS

An acute health care workforce shortage is plaguing the metropolitan Chicago area – a shortage projected to swell by 2020 unless significant action occurs now to close the growing gap between demand for health care services and the supply of skilled health care workers to deliver those services.

Today, the metropolitan Chicago area has a shortage of 2,500 nurses. By 2020, the shortage will grow to 21,000 nurses statewide, according to the U.S. Health Resources and Services Administration.¹ About two-thirds of these vacancies will be in the Chicago area.

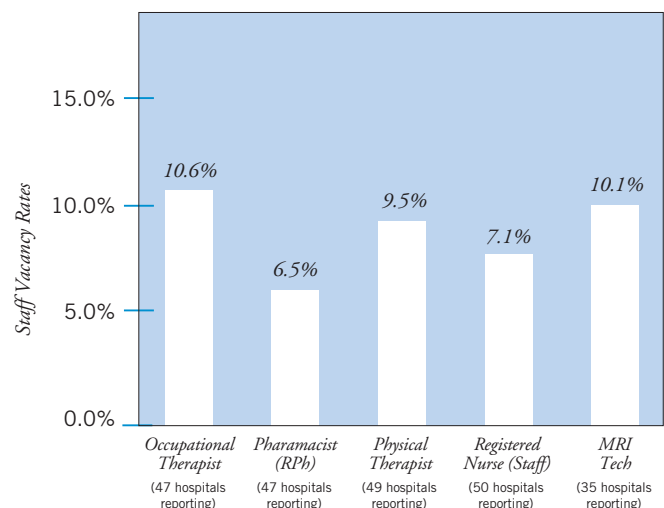
Other skilled health professions face similar shortages. Already Chicago-area hospitals report vacancy rates of approximately 10% for physical therapists, occupational therapists and magnetic resonance imaging technicians. Many other categories are not far behind.

**REGISTERED NURSE SHORTAGE
METRO CHICAGO REGION**



Source: Metropolitan Chicago Healthcare Council

**STAFF VACANCY RATE
(AS OF JAN. 1, 2005)**



Source: Metropolitan Chicago Healthcare Council

When Demand Exceeds Supply

A WORKFORCE CRISIS IS BORN

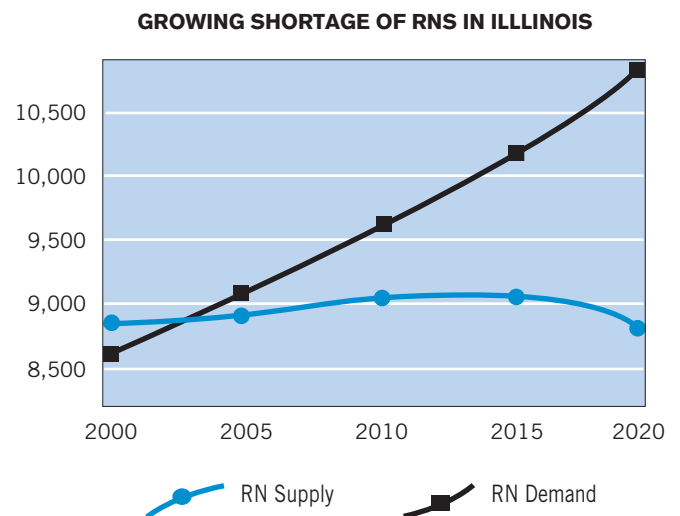
Many factors contribute to the health care workforce shortage, but the root cause is simple: demand for skilled health care workers far outweighs supply – today and well into the future. The growing, aging population is increasing demand for health care services and is expected to do so well through 2020.

To meet current and future demand, educational institutions, government and the health care sector must work together to expand capacity in existing education and training programs, while also increasing the applicant pool. Both will be required to meet the health care workforce demand. Likewise, there is a critical need to stimulate interest in, and preparation for the health careers – both in young students and adults interested in changing careers or furthering their education in the health professions. This will increase the number of individuals entering the pipeline for health care careers.

This may require fundamental changes in how the education system prepares students for health careers, how employers design work and create positive work environments, and how the government regulates the health professions. While bills signed into law this year are an excellent start, more remains to be done.

MCHC believes:

- Individual students must be aware of and adequately prepared for health care careers.
- Middle schools must emphasize the importance of a solid math and science foundation as key to success in health careers.
- Expanded, enhanced or new training programs must be in place to educate qualified candidates.
- Adequate faculty must be trained and employed to staff training programs.
- Financial aid must be available to allow incumbent health care workers to enhance their skills.
- Regulatory impediments must be lifted to allow health care professionals trained in other states or outside the United States an equal opportunity to work, and to allow qualified potential faculty to teach in nursing and other health professions programs.
- Health care employers must provide and sustain work environments that reward and encourage workers to stay in health care and develop new skills.



Source: HRSA Bureau of Health Professionals

Protecting Access

PRESERVING ECONOMIC GROWTH

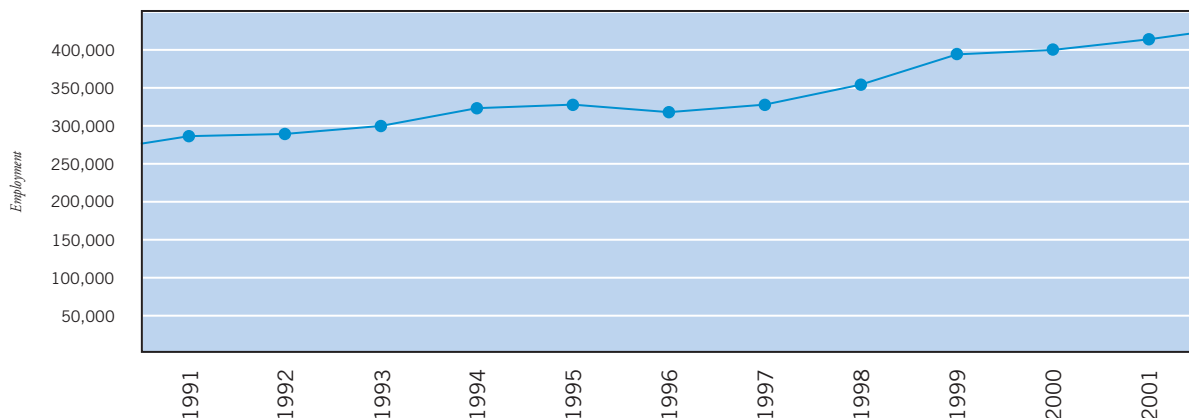
Metropolitan Chicago hospitals serve a dual role in the communities they serve – they preserve both the physical and fiscal health of the people in this region. If significant steps are not taken now to address the present and future workforce shortages, the ability of Chicago-area hospitals to meet growing demand for medical services will be severely limited. The workforce shortage threatens access to advanced and even routine health care services. The quality of care will decline, and the cost of available care will likely rise.

What is more, an inadequate labor supply also puts at risk the metropolitan Chicago region’s robust economic development. In 2003, health care was the third-largest employment sector in the Chicago region, directly and indirectly accounting for more than 400,000 workers, and generating \$23.7 billion in personal income for residents in this region in 2003.²

Chicago-area hospitals also contributed \$1.8 billion in capital improvements to the economy and generated better-paying and sustainable employment opportunities – with an average salary and benefits package of \$63,088; that is approximately \$20,000 more than the regional average salary and benefits package of \$43,021.²

The health care workforce shortage will inevitably slow expansion of the health care sector, which has been one of the fastest growing sectors of the economy.

EMPLOYMENT IN HEALTH SECTOR IN METROPOLITAN CHICAGO AREA



Source: U.S. Department of Labor, Bureau of Economic Analysis, 2002

Building

ON WHAT'S BEING DONE TODAY

Already, a coalition of health care providers, colleges, training programs and government agencies has formed to address the shortage. The Workforce Boards of Metropolitan Chicago, a consortium of nine workforce boards serving the Northeast Economic Region, has worked with these groups to secure \$3.6 million in state grants to upgrade skills of existing health care workers and support innovative teaching programs through Illinois' Critical Skill Shortages Initiative (CSSI).

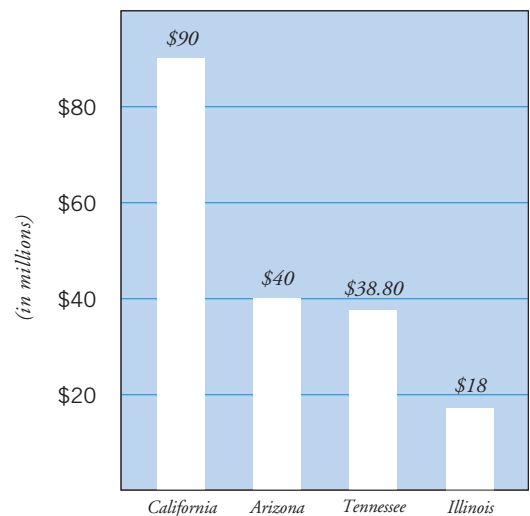
Of the \$3.6 million, \$2.6 million is devoted directly to skills training programs offered by 16 health care, government and education organizations. The remaining \$945,000 will go to community colleges in the northeast region of the state to support Healthcare Innovation grants to target training programs designed for non-traditional nursing students. Statewide, the governor has committed \$18 million to support health care workforce development through 2010.

While these efforts are an excellent first step, they are only a start. Based on detailed studies in other states addressing shortages of a similar magnitude, a comprehensive solution likely will require an investment of \$40 million to \$50 million to expand health care training capacity and add new programs to meet projected need.

MCHC believes the next steps should include:

1. A comprehensive study in Illinois to better understand the issues and provide a detailed roadmap, based on data, to directly address the most urgent needs.
2. Development of a task force to coordinate the region's hospital activities related to workforce issues and to provide a forum for collaboration and sharing of best practices. These activities would build on the partnerships health care organizations have historically maintained with the education community, the Workforce Investment System, government, business and other community groups to secure the resources and cooperation necessary to address the health care workforce shortage.
3. Creation of a master health care workforce development plan to meet the regional needs for the next 5 to 15 years. The task force and representatives from the education community, government, business and other community groups will collaborate on developing this plan.

FUNDING CURRENTLY EARMARKED FOR HEALTH PROFESSIONS WORKFORCE THROUGH 2010



Source: Metropolitan Chicago Healthcare Council

Addressing the Shortage

RECOMMENDATIONS FROM THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL

Addressing the shortage requires a major coordinated effort among health care providers, the education community and government and business leaders. The Metropolitan Chicago Healthcare Council (MCHC) believes that, to address the current and projected health care workforce shortage in this region, Illinois must:

- Increase by 50% the number of nurses and health professionals trained by 2010 statewide by investing \$40 million to \$50 million to develop new faculty and expand education and training programs. An estimated 2,000 of these new workers will be needed in the eight-county metropolitan Chicago region each year.
- Increase recruiting and support for health professions candidates.
- Reduce regulatory barriers to expanding the health workforce.
- Continue improving working conditions to reduce turnover and increase job satisfaction.

Health care has a major impact on both the physical and fiscal health of the metropolitan Chicago region. Investing in the skilled workforce required to keep up with growing demand is essential to maintaining access to adequate care and all the economic benefits that a thriving health care industry brings.



FOOTNOTES

1. Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, July 2002
2. The Value of Caring: The Economic Impact of Chicago's Hospitals on the Metropolitan Chicago Area, Metropolitan Chicago Healthcare Council, September 2004

Caring for the Future

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September 2005

The Report

Caring for the Future

A PLAN FOR MEETING METROPOLITAN CHICAGO'S GROWING HEALTH CARE WORKFORCE NEEDS

THE CONSEQUENCES OF DOING NOTHING Damaging the Region's Physical Health

We've all come to rely on our hospitals to be there in an emergency. But imagine what it would be like if you suddenly suffered a stroke, heart attack or serious illness and your local hospital could not care for you due to lack of staff.

Once you did find a hospital that was able to care for you, imagine waiting hours for a CT or other radiology service because there is no technician available to operate the equipment. And when you are admitted and in your hospital room, imagine calling for a nurse and having no one respond because the staff is busy with other patients.

This is the future we risk if we choose to ignore the growing shortage of skilled health care workers. Not only will we face a threat to our health from a lack of availability of quality care, the shortage will damage the economy by slowing the growth of the health care services sector, one of the fastest growing and most vital in our region.

Unless steps are taken to address the shortfall, by 2020 Illinois will face a shortage of 21,000 registered nurses alone, or about 19% of the projected demand, according to the federal Health Resources and Services Administration.¹ About two-thirds of those will be in the Chicago area.

Shortages of similar magnitude are developing in other skilled health professions, including radiology technicians and occupational, physical, respiratory and speech therapists. Consistently, Chicago area hospitals report vacancy rates around 10% for physical therapists, occupational therapists and magnetic resonance imaging technicians. Many other health occupations are not far behind.

WORKFORCE SHORTAGES Effect on Public Health

The health consequences of allowing these shortages to develop are severe. A growing body of literature shows that shortages of skilled health care workers lead to increased medical errors and poorer patient outcomes. Among recent findings:

- Inadequate nursing staff levels were a contributing factor in 24% of the 1,609 hospital patient deaths nationwide between 1995 and 2002, according to a study by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).²
- Low nurse staffing levels and long hours contribute to errors in patient care, according to a 2003 study by the Institute of Medicine.³
- A shortage of nurses prepared at the baccalaureate level or higher is resulting in poorer patient care and increased hospital deaths, according to a University of Pennsylvania study published in the Journal of the American Medical Association (JAMA).⁴

In addition, hospitals without adequate staffing are often forced to divert patients to other facilities. While shortages in emergency services are the most visible, a lack of staff in a patient care area can limit how many patients can be moved to high-intensity critical care units or even medical-surgical floor units. Chronic shortages can prevent hospitals from expanding or offering new services, even if there is a critical community need.

Shortages in specific health occupations, notably radiology and nuclear medicine technology, can limit hospitals' ability to offer high-tech diagnostic services and some of the most advanced lifesaving therapies for cancer, heart disease and stroke. These include new minimally invasive procedures, including radiosurgery and catheter-based blood vessel repairs that make large incisions unnecessary.

If we are to benefit from the promise many new medical technologies offer, we must train the clinical staff required to deliver them.

WORKFORCE SHORTAGES

Effect on Regional Economic Health

Beyond the potential impact on public health, failing to build an adequate health care workforce will profoundly affect our region's economy.

In 2003, health care organizations directly and indirectly employed 402,290 workers in the metropolitan Chicago area, making them the third-largest employer after manufacturing and retail trade, according to a 2004 economic impact study commissioned by MCHC.⁵ Directly and indirectly, health care activity accounted for \$23.7 billion, or 9.5%, of personal income in the region.

Jobs in the health care industry also pay more than most. On average, hospital workers received \$63,088 in wages and benefits in 2003, or more than \$20,000 above the \$43,021 average for all industries.

In addition, for every dollar in hospital wages, \$1.42 is created in wages in other sectors of the economy. For every hospital job, 1.54 jobs are created in the community. With 22,500 additional hospital jobs created by 2020, that means the region will see more than 50,000 jobs created as a result of health services expansion. These numbers are likely to grow over the next few years. If past trends continue, health care will be the largest employment sector in the region.

The availability of hospital and other health care services also aids the regional economy by making the Chicago area an attractive location to build a business. Health care is high on the list of quality-of-life and infrastructure services employers consider when choosing a location.

WHEN DEMAND EXCEEDS SUPPLY

A Workforce Crisis is Born

Many factors contribute to the health care workforce shortage. First is growing demand. According to the U.S. Census Bureau, which defines the metropolitan Chicago area as a nine-county region, population in this metropolitan Chicago region is expected to grow by 7.2% between 2000 and 2010, and another 7.3% by 2020. From 2011 on, the proportion of the population over age 65 will increase steadily as the "baby-boom" generation reaches retirement age. This is significant because while

individuals over age 65 accounted for only 10.8% of the population in 2001, they accounted for 34.8% of all hospital discharges and 41.8% of inpatient days. The result will be an increase of 26.5% in hospital discharges and 24.4% in hospital inpatient days, according to a 2003 study commissioned by the Metropolitan Chicago Healthcare Council.⁶

Second is a declining supply of health care workers. There simply aren't enough new nurses, therapists and technicians being trained to replace those who are retiring, let alone to keep up with growing demand for services.

In large part, the shortage is due to inadequate capacity in training programs to accept all qualified candidates. For example, while nationally enrollment in baccalaureate nursing programs increased 14.1% in 2004, more than 32,000 qualified candidates were turned away due to a lack of training slots, according to the American Association of Colleges of Nursing.⁷

In addition, 3,000 candidates who might have joined as faculty were also turned away — especially important at a time when a lack of advanced-degree nurses to serve as instructors limits the expansion of training programs.

Other states facing health workforce shortages are making major investments in expanding health training programs. For example:

- Arizona hospital officials estimate that it will take \$40 million in funding over the next five years to double the number of nursing graduates in the state to address a shortage of approximately the same magnitude Illinois faces.⁸
- California recently dedicated \$90 million over five years to expand nurse training program capacity from 6,000 annually to 9,500.⁹
- Tennessee officials estimate that it will take \$38.8 million and 383 new full-time faculty members to graduate an additional 4,969 nurses over the next five years.¹⁰

Through the governor's Critical Skills Shortage Initiative (CSSI), Illinois has earmarked \$18 million to expand the health care workforce in the next five years. While this is an excellent start, more will need to be done to develop the training programs and infrastructure required to address Illinois' growing shortage. We estimate that a total investment of \$40 million to \$50 million will be needed if we are to continue to enjoy adequate access to high-quality, high-tech care, as well as the economic benefits that a thriving health care industry brings.

WORKING TOGETHER TO BUILD THE HEALTH CARE WORKFORCE Overcoming Obstacles to Developing New Skills

Expanding the health care workforce in Illinois will be a complex task requiring fundamental changes in the ways hospitals work, the education system prepares students and the government regulates health professions.

These changes must lead to increased capacity in education and training programs. The changes also must stimulate interest in health careers at the elementary and secondary education levels as well as among adults considering a career change or further education. Most critically:

- Individual students must be aware of and adequately prepare for health care careers. A solid foundation in math and science must be emphasized.
- Existing education and training programs must be expanded and enhanced, and/or new education and training programs added to educate qualified candidates.

Additionally:

- Adequate faculty must be trained and employed to staff training programs.
- Financial aid must be available to allow current health care workers to enhance their skills.
- Regulatory impediments must be lifted to allow health care professionals trained outside Illinois and/or outside the United States an equal opportunity to work, and to allow qualified potential faculty to teach in nursing and other health professions programs.
- Health care employers must provide and sustain work environments that reward and encourage workers to stay in health care and develop new skills.

Orchestrating all the efforts required to address each of these factors will require cooperation among a wide range of stakeholders – hospitals, colleges and other educational institutions, the workforce investment system, government regulators and legislators, and the community at large.

The major obstacle to expansion of health services training programs is the lack of nurses and other health care professionals prepared at the master's and doctoral level and eligible to teach. We must increase the number of

qualified instructors for health care training programs. Several factors contribute to limiting the number of nurses and other health professionals who seek the advanced training needed to qualify for faculty positions. Some factors are economic. Earning a master's degree costs money. It requires time away from work that many working professionals cannot afford. Then, once the advanced degree is in hand, pay for faculty in training programs often is not competitive with clinical practice or management positions.

Some limiting factors are regulatory. State law currently requires that faculty in nursing programs hold a master's of science in nursing – even though candidates who hold master's or even doctoral degrees in related disciplines, such as geriatrics or pharmacy, are academically qualified to teach these courses.

*By 2020, Illinois will face
a shortage of 21,000 registered nurses,
about 19% of the projected demand.
Two-thirds of these vacancies
will be in the Chicago area.*

Overcoming these obstacles requires cooperation among health care employers, educators and government. This combined effort includes the following:

- Employers must be willing to give nurses time off to take advanced training without sacrificing pay and benefits.
- Hospitals must expand and formalize sponsorship of faculty positions in collaboration with educational organizations.
- Educators must work with providers and funding sources to make academic practice more attractive.
- Academic career tracks comparable to those available in health services management must be created to continue to challenge and reward workers who choose teaching careers.
- Legislators must fund public education and scholarships to attract more candidates to advanced study.
- Regulators must make it possible for candidates with appropriate advanced training to qualify as nurse educators.

Illinois made progress in several of these areas this year with new legislation that makes it easier for advanced-practice nurses to expand their practices, elimination of a redundant test for foreign nurses and new scholarship money for nurses in training. We must continue to build on these efforts.

ASSISTING HEALTH CARE WORKERS

Training for Higher-Skill Positions

Just as the existing pool of baccalaureate nurses is the primary source of future nursing faculty, nurse assistants, medical assistants and licensed practical nurses and other incumbent health care workers provide a great source of potential registered nurses and other allied health professionals. These workers face many challenges. How do they finance their education? How do they maintain their benefits if they need to reduce their hours? How do they balance the demands of job, school and home as they pursue a new career?

The same coalition of health care employers, educators and government can provide these answers to the incumbent workforce as well. Many hospitals already sponsor programs to give workers time off without losing seniority, pay or benefits to train as nurses and therapists. Innovative education programs are being offered in the workplace to help workers train as professionals. Many of these initiatives are supported through scholarship and grant funding; however, both need to be increased to meet future demand. Innovative programs that help health careers candidates with other expenses, such as transportation and childcare, should also be expanded.

ASSISTING LICENSING PROFESSIONALS

Trained in Other Countries

The metropolitan Chicago area is home to a significant number of foreign-trained nurses who have not become licensed as nurses in the United States. These individuals are U.S. citizens or permanent residents who are currently under-employed. Impediments to securing a nursing license often include mastering the English language, completing the process of validating their nursing school credentials and passing the U.S. national nursing exam. The process for validating credentials is limiting and lengthy and presents many applicants with great obstacles. The Critical Skills Shortage Initiative has begun addressing these issues by providing these potential registered nurses with options for validation of their credentials. A requirement that foreign nurses pass a redundant skills screening test also has been removed.

Here again, hospitals, educators and government must work together to support the Bilingual Nurses Consortium, a local organization whose goal is to provide the resources to allow foreign-trained professionals to obtain licenses. The Consortium works with local colleges and others to offer specialized English training as well as courses to bring skills up to local standards and help foreign-trained professionals

pass licensing tests. We need to expand this program to help qualified professionals gain the skills and licenses they need to work in this region's health care industry.

STANDARDIZING AND REFORMING

Health Professions Education

Under our current health occupations educational system, if a health care worker who is trained in one discipline, such as respiratory therapy, wants to train for a new career, such as nursing, in most instances, this individual must start over with the most basic classes in the new area, even if he or she has advanced training and experience that directly applies. This is also a problem for nursing students transferring from one training program to another. Basic requirements differ and many programs do not recognize credits for basic courses in other programs.

Establishing common standards for basic health professions education would help eliminate this impediment, streamline the health professions educational system and reduce the student's financial and time investments. At the very least, programs within disciplines should be standardized to allow movement between programs. Illinois made progress this year by passing a law allowing advanced-practice nurses to expand their scope of practice without taking an additional degree if they have equivalent experience and can pass national certification boards.

IMPROVING RETENTION

Creating a Culture of Caring

Nurses and other health professionals have stressful jobs with high burnout rates. The unavoidable stress that comes with caring for critically ill and injured patients is often compounded by excessive paperwork and long shifts. In this stressful environment, who takes care of the caregiver?

The American Hospital Association's Commission on Workforce has released national recommendations to hospitals for developing the health care workforce.¹¹ These recommendations emphasize the five areas of focus for hospitals: fostering meaningful work; improving workplace partnerships; broadening the base of potential health care workers; collaborating with educators, government, community groups and other stakeholders; and building societal support for valuing and funding health care and workforce development.

Hospitals and all health care employers have the primary responsibility for creating a culture that values employees and the contributions they make. While it can be difficult to lower workloads during a time of global workforce

shortages, many health care employers find that by designing work that allows caregivers to focus on patient needs rather than paperwork and other non-productive tasks, the organization can improve employee satisfaction and employee retention.

Employers also impact the partnership between workers and managers by giving workers an ongoing voice in shaping work policies, by providing opportunities for communicating across the organization, and by recognizing and rewarding efforts. Management development is key to enhancing the workplace partnership. Ensuring that managers have the tools, time and expertise to effectively develop and coach employees is a key retention strategy. We must all work together and invest together if we are to enjoy the benefits of an adequate health care workforce.

THE PROGRESS BEING MADE

Successful Programs Working to Solve the Health Workforce Shortage

Addressing the health workforce shortage through close collaboration between the private and public sectors is an effort already well underway. Through the Governor's statewide Critical Skills Shortage Initiative (CSSI) launched in 2004, health care was identified as a major target for workforce development in every economic region of the state.

In the Chicago area, the Workforce Boards of Metropolitan Chicago collaborated with hospitals to develop programs throughout the area. In April 2005, Gov. Blagojevich announced \$3.6 million in grants to support these programs through the CSSI. Statewide, CSSI seeks to fund \$18 million in new programs in five years.

These grants will be used to upgrade skills of existing health care workers, and support innovative teaching approaches in local training programs. Of the \$3.6 million, \$2.6 million is devoted directly to skills training programs expected to add 444 registered nurses, 119 licensed practical nurses, 116 medical records workers, 84 technician/technologists and 10 therapists to the Northeast Illinois workforce over the next two years. (See Appendix)

This grant program, which is part of a statewide effort to identify and address workforce skills shortages in all areas, is the result of collaboration between the public and private sectors. It creates buy-in from many parties required to address the health care workforce shortage, and establishes critical working relationships that can now be built on to develop more robust long-term solutions.

While this grant program is a good start, it falls far short of the 2,000 additional nursing and other health professionals that need to be trained annually in the metropolitan Chicago region, in addition to the number of people currently graduating from such programs in Illinois. For example, in 2003, 4,148 nursing degrees were granted in Illinois, up from 4,002 in 2002. The number of therapists of all types graduating fell to 784 in 2003 from 861 in 2002.¹²

We estimate that these numbers will have to grow to about 6,000 nurses and 1,200 other professionals per year to meet future demands. This means we must train an

additional 2,000 nurses and 400 other health professionals each year statewide to keep up with rising health care demands. Most of these 2,400 new health care professionals will be needed in the Chicago region. This is in addition to maintaining current graduation rates from nursing and other health professions programs.

By 2010, Illinois will need to increase the number of nurses graduated annually from 4,000 to 6,000, and other health professions from 800 to 1,200. About 2,000 of these 2,400 additional new professionals will be needed in the Chicago region.

As part of the CSSI health care grants, nearly \$945,000 will go to the Northeast Region's community colleges to support Healthcare Innovation grants, which are targeted to increase both access to training and the success of non-traditional nursing students.

Introducing health careers to middle school students is a key priority. The Chicago Workforce Board has collaborated with MCHC, other associations, area hospitals, the Chicago Public Schools and businesses to develop The Other Side of the Stethoscope. This program provided information to more than 43,000 seventh graders in the Chicago Public Schools on careers in health care. The program also emphasized the importance of a good math and science foundation. Plans are currently underway to expand this program throughout the region. In addition, the Critical Skills Shortage Initiative is providing Illinois

schools with a tool to incorporate health careers awareness into existing curriculum at the K-12 levels.

Finally, in 2003 the Metropolitan Chicago Healthcare Council received \$100,000 from the Johnson & Johnson Promise of Nursing Illinois Programs. In turn, the Council provided grant funding to seven area undergraduate nursing programs to establish 100 additional nursing student slots by 2006.

Hospitals throughout the Chicago area also sponsor training programs in collaboration with community colleges and other educational institutions. Some directly support faculty positions among their clinical staff, making it possible for some colleges to expand programs without the need to fund new faculty positions. The range and variety of the programs funded reflect a broad understanding of the nature of the problem and flexibility in developing workable solutions. They represent an important first step toward a comprehensive solution to the health workforce shortage.

FINISHING THE JOB Recommendations for Building on Existing Health Workforce Initiatives

The collaborative efforts underway by state government, hospitals and colleges through the workforce boards of metropolitan Chicago and the state Critical Skills Shortage Initiative are an excellent start in building the future health workforce.

However, if the Chicago area is to continue providing its citizens with the most effective health services, and remain economically vibrant, more must be done to ensure that enough new workers are trained to meet projected demand. This will require that the activities of the coalitions already in place be expanded and their efforts focused on developing specific skill sets, including faculty for training programs as well as training of clinical personnel.

The Metropolitan Chicago Healthcare Council offers four recommendations to address the health care workforce shortage, based on our review of demand projections and the aging demographics of the health care workforce. We recommend the following:

1. Increase by 50% the number of nurses and health professionals trained by 2010, with a total investment of between \$40 million and \$50 million to expand capacity.

2. Increase recruiting and support for health professions candidates.
3. Reduce regulatory barriers to expanding the health workforce.
4. Continue improving working conditions to reduce turnover and increase job satisfaction.

RECOMMENDATION ONE

Increase by 50% the number of nurses and health professionals trained by 2010 statewide, with a total investment of between \$40 million and \$50 million. This must include an estimated 2,000 additional professionals trained per year in the eight-county metropolitan Chicago region for the next five years. MCHC's estimate of \$40 million to \$50 million is based on the financial commitments already made in states facing training capacity shortages of similar magnitude. This will be required to develop new faculty and expand training programs. Among the steps to be taken:

- Fund a comprehensive study of projected training capacity and demand across the range of health professions, which would be used to set specific goals for recruiting and training new faculty throughout the region. The study would be a collaborative effort among hospitals, educational

institutions and state regulators. Such a study is particularly needed to identify needs in health professions other than nursing, and could build on the work already done by the Critical Skills Shortage Initiative studies. Grant funding may be available to develop this analysis of capacity needs and what it will take to increase training capacity.

- Increase training program faculty by establishing scholarship funds and work-study programs to help recruit potential faculty into academia. These programs could be jointly supported by scholarship funding from the state and time off without loss of benefits from health care employers.
- Review and increase where necessary faculty salary and benefits to make academic practice competitive with clinical practice. Add development of career tracks for academia that offer advancement and rewards comparable to those in clinical management.
- Implement community-based training programs at area hospitals and health care businesses.

We must increase the number of trained health professionals by 50% by 2010. This requires an investment of \$40 million to \$50 million.

- Identify and fund capital improvements needed to accommodate more students at educational institutions throughout the region.

RECOMMENDATION TWO

Increase recruitment and support for health professions candidates. Among the steps to be taken:

- Increase awareness of health services careers by integrating health content into curriculum in grade schools and high schools. Emphasize the importance of a strong math and science foundation.
- Expand health careers education programs for grade- and high-school age students to encourage them to prepare for health service careers.
- Provide career counseling and guidance for workers already employed in health care settings to encourage them to expand their skills and move into more-advanced professional jobs.
- Provide additional scholarship funds for students training in health professions.
- Provide funds to support non-academic student-worker needs, such as transportation and child care.
- Create additional work-study programs to help incumbent health care workers to improve their skills and move to higher-skill, higher-wage jobs.
- Expand programs designed to train and license health professionals trained outside the United States.
- Expand programs designed to refresh skills of former health care professionals seeking to re-enter the field.

RECOMMENDATION THREE

Reduce regulatory barriers to expanding the health workforce. Among the steps to be taken:

- Revise regulations governing allied health professions faculty to allow case-by-case review of credentials of personnel with relevant advanced health degrees who may not meet strict faculty guidelines.
- Streamline and standardize training and credentialing requirements for licensing nurses and others trained outside the state or the United States.

RECOMMENDATION FOUR

Continue improving working conditions to reduce turnover and increase job satisfaction. Among the steps to be taken:

- Provide and support career paths and advanced training in hospitals and other health care settings.

- Promote a culture of respect among health professionals at all levels in hospital and other health care settings.
- Redesign work around meeting patient and staff needs.
- Reduce unnecessary paperwork.
- Create a regional hospital resource center to share best practices in workforce development and recruitment.

Because hospitals will play a key role in supporting most of these workforce development efforts, MCHC further recommends that a hospital task force be formed to coordinate the hospital role in advocating for and meeting these recommendations. This task force could work closely with education providers, state government and local business interests to develop a master workforce development plan to meet regional needs for the next 5 to 15 years.

SUMMARY

These recommendations do carry a cost. But the cost of doing little – or nothing – is one that the metropolitan Chicago region cannot afford.

We recognize that the \$40 million to \$50 million estimate is a large amount of money. However, other states are funding health professions training on this scale to address shortages of similar magnitude.

For the continued health and well-being of everyone in the Chicago area, we must make these targeted investments to address what could be a devastating shortage of health care workers. We in the hospital community look forward to building on the successful efforts already begun to achieve this noble goal. ■

FOOTNOTES

1. Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, July 2002
2. Healthcare at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis, Joint Commission on Accreditation of Healthcare Organizations, August 2002
3. Keeping Patients Safe: Transforming the Work Environment, Institute of Medicine, November 2003
4. "Education Level of Hospital Nurses and Surgical Patient Mortality," Journal of the American Medical Association, Sept. 24, 2003
5. The Value of Caring: The Economic Impact of Chicago's Hospitals on the Metropolitan Chicago Area, Metropolitan Chicago Healthcare Council, September 2004
6. The Chicago Regional Health Care Market: Projected Demand for Health Services and Impact on Providers, HealthCare Futures for the Metropolitan Chicago Healthcare Council, June 2003
7. American Association of Colleges of Nursing 24th Annual Survey of Institutions with Baccalaureate and Higher Degree Nursing Programs, March 2005
8. All Boats Rising: Navigating Arizona's Nursing Shortage, Arizona Hospital and Healthcare Association's Campaign for Caring, January 2005
9. Governor Announces \$90 Million California Nurse Education Initiative, Governor's Office, State of California, April 2005
10. Curing the Crisis in Nursing Education: A Master Plan for Tennessee, Nursing Education Master Plan Steering Committee, Tennessee Center for Nursing, Tennessee Hospital Association Center for Health Workforce Development, January 2005
11. In Our Hands: How Hospital Leaders Can Build a Thriving Workforce, American Hospital Association Commission on Workforce for Hospitals and Health Systems, April 2002
12. Fall Enrollments and Degrees Conferred in the Fiscal Years 2002 and 2003 in Selected Health Professions, Illinois Board of Higher Education, August 2004

APPENDIX

Major programs that received funding through the \$2.6 million grant as part of the Critical Skills Shortage Initiative include:

- City Colleges of Chicago, a network of seven Community Colleges will implement program intervention strategies that are designed to improve the retention of “at-risk” nursing students and significantly increase the number of students passing their licensure exams and entering the workforce. Additionally, incumbent workers at Cook County Bureau of Health Services and Mount Sinai Hospital will be upgraded from licensed practical nurses to registered nurses.
- The Mayor’s Office of Workforce Development, in cooperation with the City Colleges of Chicago, will offer advanced tutoring, counseling, and financial assistance to students at risk of dropping out of surgical technician and radiologic technician training programs. A second program component will offer an orientation to the health care industry; a cohort of students will then receive hard skills training, work readiness training and supportive services that leads to their employment in cardiovascular technologist and medical billing positions.
- Instituto del Progreso Latino will help bilingual individuals who have completed certified nursing assistants training become licensed practical nurses. A bridge program, operated in cooperation with Humboldt Park Vocation Education Center, Association House and Wright College, will offer two cohort classes and specialized educational support.
- Advocate Health Care, comprising eight hospitals, numerous health centers, home health services, hospices, medical groups and clinics and other facilities, will increase the number of clinical sites for nursing students during “off shift” hours (e.g., evenings and weekends) in collaboration with community colleges. Additionally, in partnership with Oakton Community College, nurse refresher courses will be offered to licensed nurses who have been out of the profession for more than 5 years and are now ready to continue their career, previously licensed nurses whose license has lapsed for more than 5 years, and graduate nurses who have not passed the NCLEX-RN within 3 years of graduation.
- Business and Careers Services, in partnership with Harper College, Good Shepherd Hospital, and other hospitals, will offer a refresher course for nurses returning to the profession and/or needing to acquire their licenses. This project targets nurses who have attained academic credentials and need remediation/refresher training to regain or obtain licensure.
- DuPage County Workforce Development will establish sector-based career guidance and business services. A health care specialist liaison will offer comprehensive career information to job seekers, promote health care career awareness in the K-12 educational system, and form partnerships with post-secondary educational institutions and assist health care employers in addressing their workforce needs.
- Elgin Community College will hire a Retention Specialist to help “high risk” students complete their LPN and RN programs through a combination of tutoring, organized study groups, counseling, workshops and other support services. The Specialist will also coordinate with WIA one-stop staff and the Sherman Hospital Rescue Program to assist students and incumbent workers achieve their career goals.
- Harper College will offer an evening and weekend nursing program in partnership with Northwest Community Hospital and St. Alexius Medical Center. Additionally, a core health care curriculum will be developed in cooperation with the hospitals. Incumbent workers completing the ten-credit curriculum will qualify for additional training in critical high-demand occupations.
- Joliet Junior College, in partnership with Provena St. Joseph’s Medical Center, will establish an accelerated evening nursing program for incumbent workers as well as an online program that identifies students’ academic weaknesses and customizes instruction to remedy them. These two programs should increase student retention and improve licensure rates. The third initiative is a bridge program designed to help incumbent workers advance into demand occupations. It will be administered jointly with Provena St. Joseph Hospital, Silver Cross Hospital and Morris Hospital and includes job-site career guidance services.

- Lake County Workforce Development will increase the availability of training for medical records and billing career cluster occupations.
- McHenry County Job Training will offer increased assistance to county residents seeking training for health care occupations. Because health care training in the area is limited, the resulting high transportation and child care costs often deter qualified applicants.
- Riverside HealthCare, one of a network of six Rush system hospitals in the metropolitan Chicago region, will expand its HeartMath program – a program to help employees manage job-related stress. The program will demonstrate how nurse turnover rates can be lowered and employee job satisfaction improved.
- Southland Health Care Forum, in partnership with St. James Hospital, Advocate South Suburban Hospital, South Suburban College, and Prairie State College, will administer a program that helps incumbent workers progress in their careers. Nurses with master’s degrees will provide onsite academic instruction for three cohort groups. The project design includes flexible work schedules and an insurance benefit program for incumbent workers, educational enhancement modules, and onsite career advisement and vocational assessment.
- Triton College, in collaboration with the West Cook Healthcare Workforce Consortium and Proviso Leyden Council for Community Agency, Inc., will administer a bridge program designed to help students complete training requirements for careers in surgical/OR technicians, medical records coding and insurance billing. The program will offer remedial preparation as well as support services, including counseling, tutoring and bilingual assistance.
- Workforce Development, Inc. in partnership with Over the Rainbow, a nonprofit organization, will offer training for medical records/health technician positions to individuals with disabilities who live in assisted living facilities.
- Workforce Services of Will County will administer a cohort medical billing/coding training program in cooperation with Joliet Junior College. In addition to occupational training, individuals will be given work readiness training to support their transition into employment.

Bills signed into law this year that address the workforce shortage include:

- SB 1842 establishes a first-in-the-nation externship program for registered nurses licensed under the laws of another state or territory of the United States who wish to practice in Illinois and are preparing to take the National Council Licensure Examination (NCLEX). The law will allow these nurses, primarily from Puerto Rico, to work under the direct supervision of a registered professional nurse licensed in Illinois while they are enrolled in a course that prepares them for the state exam and acclimates them to nursing and health care delivery in Illinois.
- SB 2064 clears the way for nurses trained outside of the United States to enter the work force faster. Under prior law, these nurses had to pass not only the standard national nurse licensure exam (NCLEX) but also sit for a special test (CGFNS) to become licensed in Illinois. With the CGFNS test only offered four times a year, it was virtually impossible for hospitals in Illinois to successfully recruit foreign trained nurses.
- SB 201 eliminates mandatory overtime for nurses and provides that hospitals may mandate a nurse to work overtime only in an unforeseen emergency circumstance. Nurses may not be punished for refusing to work overtime, and if a nurse works 12 hours there must be an eight-hour rest period before working again.
- SB 1626 authorizes advanced practice nurses and physician assistants to perform, with proper supervision by a collaborating physician, health examinations for school employees and issue any certificates required for insurance and attendance.
- HB 876 enables advanced practice nurses to be licensed in more than one specialty without having multiple graduate degrees as long as they have the educational and clinical experience to be nationally certified.
- HB 399, the Healthcare Workplace Violence Prevention Act, requires designated state facilities to create a two-year pilot program to implement a violence protection plan and staff education program.

Other steps the state has taken to alleviate the health workforce shortage:

- Critical Skills Shortage Initiative (CSSI) – \$18 million dollars is being invested statewide to ensure that every region of the state has a well-trained and well-equipped health care workforce. Local Workforce Investment Boards, area employers, economic development professionals, educators and service providers are developing individualized strategies to address local employment needs and to recruit more health care professionals into the workforce.
- The Nursing Education Scholarship Program – This program increased funding by \$450,000 in 2006 to \$1.2 million to provide approximately 150 students with financial assistance to pursue nursing training.
- License Process Streamlining – Through a coordinated effort by the Governor’s Office, the Department of Financial and Professional Regulation (IDFPR) and the Illinois State Police (ISP) streamlined background checks that a 2001 law required for nursing applicants. The new processes are eliminating a backlog of 1,800 applications that have built up since the background check law was enacted. ■

The Metropolitan Chicago Healthcare Council is a membership and service association comprising more than 140 hospitals and health care organizations working together, since 1935, to improve the delivery of health care services in the greater metropolitan Chicago area.

More information is available on the MCHC Web site at www.mchc.org.

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