

Addressing the Skills Shortage in Healthcare
through the Development of Incumbent Employees:

Hospital Employee Education and Training (HEET) Program



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Executive Summary

In 2008 the Washington State legislature authorized funds that led to the creation of the Hospital Employee Education and Training (HEET) program to address concerns related to the shortage of qualified healthcare workers. This shortage is a public health concern because of the central role workers have in the delivery of quality healthcare. This paper reports on the development of workforce development initiatives funded in the first year of the HEET program.

In its first year, HEET supported five programs, each selected through a competitive process that required demonstration of three major program components: 1) Active engagement of labor-management in the design and delivery of the program; 2) Support for the distinctive needs of adult learners; and 3) Matching support from hospitals and unions representing workers in these hospitals.

The five grantees in 2008 were:

- 1) Lake Washington Technical College, Stevens Hospital and Valley General Hospital, and Service Employees International Union Healthcare 1199 Northwest (SEIU Healthcare 1199NW), partnering with Edmonds and Everett Community Colleges (Everett later withdrew from the project).
- 2) Renton Technical College, Valley Medical Center, Highline Medical Center and Swedish Medical Center, and SEIU Healthcare 1199NW, partnering with Seattle Central and Highline Community Colleges.
- 3) North Seattle Community College, Northwest Hospital and SEIU Healthcare 1199NW.
- 4) Lower Columbia Community College, as part of the Rural Outreach Nursing Education Program (RONE), Morton General Hospital, and Lumber and Sawmill Workers Union, Local 2767.
- 5) Spokane Community College, Providence Sacred Heart Medical Center and Providence Holy Family Hospital, and United Food and Commercial Workers (UFCW), Local 21.

Together these programs provide a variety of opportunities for incumbent workers to attain required training and college credits to move into progressively more skilled positions within the hospitals, including RN positions.

While these programs have only been up and running for a year, they all appear to be succeeding both in expected and in unanticipated ways. As planned, innovations including work-site classes, non-competitive admissions, the creation of cohorts, and flexible scheduling contributed to high levels of student retention and achievement. Moreover, the collaboration among community colleges, hospitals and labor representatives led to innovations in curriculum and program delivery that otherwise may not have occurred. The worker-learners who participated in these programs have reported high levels of satisfaction with the HEET program, and for many the opportunity to enroll in these programs was transformative.

Executive Summary

The 2008 HEET grantees have demonstrated that effective labor-management partnerships can expand regional educational capacity and the supply of healthcare workers, while at the same time allowing entry-level workers to develop their skills and move into higher paid jobs that are part of a real strategy for career advancement. As the report describes, there were, of course, challenges but none so great as to prevent grantees from achieving their initial aims. Worth noting are the many lessons learned detailed in the report.

The HEET programs offer a sustainable model for effective workforce development. To accomplish their goals the programs used models identified by researchers as promising practices: Sector partnerships facilitated by workforce intermediaries (in this case the labor-management partnership), incumbent worker training aimed at low-skilled workers, and the creation of career ladders. All five programs are continuing into a second year, and are committed to finding ways to make the programs sustainable in the long-term. Regions that wish to develop their incumbent workforce in a similar manner can learn a great deal from the early experiences of the HEET grantees.

Introduction

In 2008 the Washington State legislature designated \$1.5 million to the State Board for Community and Technical Colleges for a pilot project that led to the creation of the Hospital Employee Education and Training (HEET) program.¹ The aim of this initiative was to address the shortage of skilled healthcare workers through the support of incumbent worker training programs developed and implemented through partnerships among labor, management, and community and technical colleges. This paper reports on the development of five workforce development initiatives funded in the first year of the HEET program. Section I outlines the current worker shortage in healthcare and discusses workforce development. This section describes why innovations in workforce development are likely to emerge from local collaboration among hospitals, organized labor, and educators. Section II of the report provides details about the first year of activities among existing HEET grantees. In Section III we discuss lessons learned across programs. Finally, in Section IV we discuss recommendations for sustaining and expanding these programs in the long-term.

SECTION I: BACKGROUND

Current Labor Shortages in Healthcare

Quality healthcare delivery requires many components including a community able to provide a qualified labor force to work in hospitals. A shortage of workers creates a stress on healthcare delivery systems and undermines healthcare quality.² This situation is a concern because Washington State, like the rest of the United States, is in the midst of a shortage of healthcare employees. In its annual survey in 2008, the Washington State Hospital Association found sustained growth in the demand for skilled healthcare workers – a trend that had been consistently noted over the last several years. Vacancy rates rose or remained unacceptably high in 19 of the 25 nursing and health allied occupations tracked by the survey. Nursing vacancies were among the highest, with staff nurse vacancies at 8.7%, an increase of 15% since 2007. The rate has increased by 50% between 2005 and 2007 despite a 14% increase in the number of nursing graduates during the same time period. Even with the economic decline in the fourth quarter of 2008, hospitals were adding positions in 2009.³

This trend has continued during the current economic downturn. The U.S. Bureau of Labor Statistics reported in June 2009 that the healthcare sector of the economy continues to grow while there are job losses in most other major industries. Though down from 30,000 a month in 2008, job gains in U.S. healthcare still averaged 21,000 a month through the first half of 2009. While some states have felt a temporary reprieve during the 2009 economic recession, many states, including Washington, are still struggling to fill healthcare vacancies.⁴

Once vacancies are filled, hospitals have the challenge of retaining employees. Turnover among recent graduates hired by hospitals is the highest in the first two years and is costly and disruptive to the organization. According to one recent study, every percentage point increase in nurse turnover costs the average hospital \$300,000 per year, and hospitals that have high nurse turnover spend about \$3.6 million more than hospitals that have high retention of nurses.⁵ The strategy of expanding the pipeline of new nurses without fixing the retention problem is “akin to pouring water into a bucket that has a gaping hole in its bottom and wondering why it never seems to fill up.”⁶ There is a need for more research on effective practices for keeping qualified nurses and other healthcare professionals, especially new graduates, on the job.⁷ This gap created by high vacancy rates and continuous turnover of staff is expected to intensify as baby boomers age and the need for healthcare grows. Because the US healthcare industry has both an aging workforce and inadequate numbers of new nurses coming into the pipeline,⁸ hospitals are looking for creative workforce strategies to entice competent incumbent workers to stay.

Compounding the problem is that nursing and related education programs are at full capacity and, in many instances, unable to expand due to physical constraints and a shortage of qualified faculty.⁹ According to survey data released in February 2009 by the American Association of Colleges of Nursing (AACN), the top reasons reported by nursing schools for not accepting all qualified students into entry-level baccalaureate programs include a lack of faculty (62.5%), insufficient clinical teaching sites (53.8%), limited classroom space (42.3%), insufficient preceptors (25.4%) and budget cuts (14.8%).¹⁰

With regard to faculty, the current compensation schedule and workload for nurse educators does not attract new candidates, and the average age for nursing faculty is over fifty.¹¹ Furthermore, there are limited funds that would allow colleges to expand programs or raise faculty salaries. Unlike medical education programs that receive significant federal subsidies, nursing programs often lose money.¹² As a result, in every year since 2001, nursing education programs have turned away many thousands of qualified applicants and are currently only able to accept 50% of qualified applicants.¹³

Under these circumstances, new and creative solutions are needed to increase the capacity of colleges to provide educational opportunities for those aspiring to enter the healthcare professions. This serves the interest of the community: education aimed at workforce development leads to higher productivity and increased earnings, which, in turn, help the local economy. A skilled workforce promotes new business development and helps existing business. In this case, it helps the healthcare sector, allowing local providers to provide cost-effective, quality healthcare.

Moreover, incumbent worker development creates a “brain gain” in the community. Graduates are more likely to remain in the community because they have a job that pays well and has a future. Decent jobs contribute to other social benefits in the community since low educational attainment is associated with higher rates of unemployment and poverty. For example, researchers at Columbia University found that individuals in Washington State who went through community and technical college occupational degree programs were 8% more likely to be employed and earned over \$1,100 per quarter more on average than did similar individuals in Washington’s labor force who did not enroll in any training program.¹⁴

Developing the Incumbent Worker as a Source of Qualified Labor

Local Economic Development

As Washington State addresses its shortage of qualified healthcare personnel, one sensible approach is to develop latent pools of talent, especially those with a demonstrated commitment to healthcare and to service. Career ladders within hospitals provide workers with an opportunity to move out of entry-level jobs into better jobs with higher salaries. They provide the employer with a pool of candidates that have a proven “track record” with regard to workplace readiness and knowledge of the employer’s structure and systems. Research done by the Urban Institute in 2007 shows that job training is most effective for individuals when it provides credentials that employers value and that reflect private-sector demands in the local labor market. Businesses also improve productivity, improve job retention and meet skill shortages by investing in their own workforce.¹⁵

Investment in healthcare career training can also be viewed as an opportunity to provide long-term economic stimulus. Investments in these types of programs improve the local economy by providing higher wage jobs and increased tax revenue. Communities stay strong when good jobs and opportunities for further advancement are available to members of the community; they wither when talent has to go elsewhere for a decent job. Having a career ladder and promoting from within helps employers recruit employees who want to advance, and it helps workforce retention.

Section I: Background

Experience also shows that hospital strategies for recruitment, retention and advancement work best in combination and coordination by engaging multiple stakeholders.¹⁶ Widespread shortages have created an environment in which key healthcare players can no longer operate in silos. These groups must work collaboratively on education issues and funding.

Increased Diversity

Another advantage of developing job ladders for incumbent workers is that it has the potential to contribute to increased diversity and cultural and linguistic competency of the healthcare workforce. The current nursing workforce does not reflect the diversity of the U.S. population; men and Hispanics are especially underrepresented.¹⁷ This is in contrast to the lower-skilled job classifications in hospitals that have higher numbers of ethnic and racial minorities. Increasing access to nursing programs for incumbents with less skills who are currently working in hospitals is an effective means to increase the size and diversity of the nursing workforce.¹⁸ This is also a quality of care issue, since a workforce that reflects the diversity of the population provides better healthcare.¹⁹

Improved Healthcare Delivery in Rural Areas

Incumbent worker programs also help rural hospitals address shortages of skilled workers. Rural hospital administrators have indicated that without the ability to “grow their own,” it is extremely difficult to recruit and retain a qualified nursing staff. There is an urgent need to provide viable pathways for incumbent workers in rural hospitals to become nurses without having to quit their jobs and relocate to larger communities or travel long distances in order to attend existing nursing programs. Recent reports from the Washington Center for Nursing indicate that licensed nurses who move to rural areas often do not work in rural areas; instead, they elect to commute to urban areas. Furthermore, students who grow up in rural areas and move to urban centers to attend traditional nursing programs tend not to return to their rural homes when they complete their nursing education. Educating local incumbent workers in their rural communities provides skills to individuals who already have demonstrated a willingness to live and work in those communities.²⁰

By establishing formal agreements with the student participants and providing on-site training, the facilities assure that nurses are not only qualified to meet the specific needs of the community, but also are committed to remain on staff. This is a dramatic way to reduce high costs associated with temporary staffing. For example, some hospitals are paying \$65 per hour for “travel nurses” (short-term hires, usually spanning a few months) to meet their staffing needs.²¹

Developing Community and Technical College Educational Capacity

Community and technical colleges have a critical role in the development of the local hospital workforce. They are sources of local knowledge about credential requirements as well as sources for excellence in the delivery of adult education. They also provide nurse education for the largest number of new nurses and are the educational provider for the majority of middle level and certified healthcare occupations. A critical shortage of qualified faculty in nursing and

related areas as well as limits of physical space necessitates new partnerships with interested stakeholders. As is demonstrated in the discussion of the specific programs below, the HEET grants allowed community and technical colleges, hospitals, and labor unions to combine resources from which new solutions to capacity limitations emerged.

Through partnerships such as these, community and technical colleges can learn

about the ever-evolving needs of the industry stakeholders.

This strategy fits in with the Washington Center of Nursing “Master Plan for Nursing Education” (2008) which calls for comprehensive reforms to the nursing education system in Washington, including the areas of competency, supply, diversity, access and curriculum innovations.

“The HEET grant has opened up the line of communication between the college and the hospital. It allows for the school to describe what their needs are and allows for the hospital to figure out what services they can provide. In short, open communication between the college and hospital is now happening.”

Northwest Hospital Nurse Educator

Opportunities for Labor-Management Partnership in Workforce Development

Formal labor-management partnerships can be particularly fortuitous in the area of workforce development. In the field of healthcare, there is a convergence of interests between labor and management in this area. As representatives of current employees, labor unions are interested in programs that increase the skills of incumbent workers and benefit their membership, particularly when these skills lead to higher paid work and specific, state-of-the-art skills. Management, in turn, favors programs that stabilize and increase the supply of qualified labor, and in Washington there is an interest in increasing the supply of qualified healthcare workers. For this reason, there exists a particularly good environment for creative problem solving through labor-management partnerships.

When there is a multi-employer effort, such a partnership can create capacity to organize key stakeholders connected to an industry (sector partnerships) and develop customized solutions for that industry at the regional level, both in the long and short term. Labor-management partnerships can be the “workforce intermediaries” that bring additional resources and content knowledge to the colleges, ensuring that both the needs of the industry and of individual workers are taken into consideration in program development and course delivery.²²

Section II: Washington State HEET Grants

Background:

The Service Employees International Union Healthcare 1199 Northwest (SEIU Healthcare 1199NW) and Swedish Medical Center have been in the forefront of developing labor-management partnerships in the area of healthcare workforce development. In 2004 these two partners agreed to support an innovative LPN to RN program. In 2005 they negotiated a training fund to offer basic skills training and tuition assistance for incumbent workers. Both partners are board members of the Healthcare Career Advancement Program (H-CAP), a national labor-management partnership focusing on workforce development. Emerging from this joint work, both organizations supported bargaining with multiple employers for a multi-employer fund for training. The hospital partners currently in the fund are Swedish Medical Center, Northwest Hospital and Medical Center, Highline Medical Center, Stevens Hospital, and Valley Medical Center, all of which are participating in the HEET grant projects.

This multi-employer fund was the first such initiative for acute care in Washington State and an important step towards creating innovative training solutions on a larger scale. Having multiple employers creates an economy of scale, providing a way for small, regional hospitals to provide workforce development that they otherwise would not be able to afford. In addition, regional, state and national labor-management coalitions can leverage public and private support. To expand the program and increase its sustainability, SEIU Healthcare 1199NW and the Washington State Hospital Association jointly approached the state legislature in 2008 for a new funding stream to expand a model of labor-management partnerships for healthcare career ladders. The 2008 Legislature designated \$1.5 million to the State Board for Community and Technical Colleges (SBCTC) for this purpose.

Working together, SBCTC, SEIU Healthcare 1199NW, and the Washington State Hospital Association's Health Work Force Institute developed funding criteria and application guidelines. A review of applications was conducted, with a review committee that included representation from SEIU 775NW, SEIU 1199NW, the Health Work Force Institute, the Workforce Training and Education Coordinating Board, a community college, the Center of Excellence for Allied Health, and SBCTC's Office of Adult Literacy.

Successful applications for HEET grants shared three key program components:

- **Active Engagement of Labor and Management** – Successful grantees demonstrated that their proposed training solution would “engage the labor-management partnership” in designing and implementing the program. Grantees were required to demonstrate there was a substantive basis to this partnership for both labor and management.
- **Addressing the needs of adult learners** – Successful grantees demonstrated an understanding of the needs of adult learners and developed a working plan to address these needs. Working adults encounter a number of barriers as they seek to improve their skills and build careers. These include the challenge of balancing commitments to work, family and

further education; a lack of resources for tuition and books, child care and transportation; a fear of an education system that may not have served them well in the past resulting in a poor self image and anxiety about returning to school; and a lack of education foundations needed for acceptance to traditional programs. These barriers have been traditionally more salient for workers of color and workers for whom English is a second or third language.

- **Matching support** – Successful grantees had the commitments of the hospital, labor, and college partners to provide matching support in the form of cash and/or in-kind contributions. This support could be used for curriculum development/modification; equipment needed to train incumbent workers; creation of a system to grant credit for prior learning; and the development of other program components designed to support students and sustain program recruitment and retention.

HEET Grantees:

In 2008 five proposals received funding:

- 1) Lake Washington Technical College (LWTC), Stevens Hospital and Valley General Hospital, and SEIU Healthcare 1199NW, partnering with Edmonds and Everett Community Colleges (Everett later withdrew from the project).
- 2) Renton Technical College (RTC), Valley Medical Center, Highline Medical Center and Swedish Medical Center, and SEIU Healthcare 1199NW, partnering with Seattle Central and Highline Community Colleges.
- 3) North Seattle Community College, Northwest Hospital and SEIU Healthcare 1199NW.
- 4) Lower Columbia Community College, as part of the Rural Outreach Nursing Education Program (RONE), Morton General Hospital and Lumber and Sawmill Workers Union, Local 2767.
- 5) Spokane Community College, Providence Sacred Heart Medical Center and Providence Holy Family Hospital, United Food and Commercial Workers (UFCW) Local 21.

Where possible, multiple colleges were engaged with the goal of building regional collaboration among multiple institutions to meet the needs of the healthcare industry more effectively. For example, Lake Washington Technical College worked with Edmonds College, and Renton Technical College partnered with Highline Community College and Seattle Central Community College.

“I think it is very useful to have employees from the hospitals be in their own cohort. Many did not know each other, before starting, but the obvious loyalty that they have to the employer and SEIU will bode well for them as they collaborate in study groups, projects etc.”
Lake Washington Technical College student, Valley General Hospital

Each partner had a role and made specific contributions. The colleges provided the instruction, adapting the course delivery to the worksites. The colleges were the fiscal agents for the projects, providing the administrative support for the funds. In three cases the labor-management partnerships worked together to provide tuition assistance and space for classrooms. They also managed the worker-learner schedules to facilitate the maximum worker participation in the program as well as “wrap-around” support services to the worker learners. In the Puget Sound area programs, the grants funded a shared labor-management coordinator who facilitated the communication between the various partners, as well as several case managers who worked with the individual students to remove barriers to program completion and provide on-going support in a variety of forms. The three Puget Sound area programs also contracted with H-CAP (Healthcare Career Advancement Program) to evaluate both the process and outcomes of the programs. Over the course of the year, H-CAP provided the three programs and their partners with feedback and reflections on partnership development and their progress towards meeting goals.

Program Summaries:

1. Lake Washington Technical College

Partners: LWTC, Stevens Hospital and Valley General Hospital, SEIU Healthcare 1199NW (partnering with Edmonds Community College.)

Target Worker Learners: Incumbent workers who had some college credits and prerequisites and who were interested in an RN program.

LTWC Background and Goals

Like many other Washington healthcare employers, Valley General Hospital and Stevens Hospital face persistent shortages of nursing staff and spend considerable resources on new nurse recruitment and orientation. At the same time, many incumbent hospital workers want the opportunity to become nurses. A survey conducted by the labor-management partnership and H-CAP at both these hospitals found that many incumbent workers had taken quite a few courses over the years at local colleges. Some students had, over time, accumulated more than 60 credit hours, hours that did not lead to a degree in any one college; nor had these individuals been able to get into a nursing program. This same survey revealed obstacles preventing workers from furthering their education. These included difficulty being admitted to nursing programs (due to intense competition for seats and long waiting lists) as well as finding a program with a schedule compatible with full-time or even part-time work in healthcare. Based on this information, the following program goals were formulated:

- Provide workers who already have substantial college credits and nursing pre-requisites the opportunity to move further ahead on the nursing career trajectory by preparing them for entry into the LWTC nursing program.
- Provide labor-management partnership support that will assist the college to address the needs of working adults and the hospital. This support included providing space at the

hospitals to conduct classes, contextualized classes, providing case management, working with front line managers to address scheduling conflicts, and coordinating among all partners – labor, management and educational – to build a long term system for addressing the workforce needs of local hospitals and their employees.

- Increase the number of men and ethnic minorities in the nursing field.
- Combine students from both hospitals into one nursing cohort and utilize scenarios and case studies based on work situations so LWTC can deliver a program that builds on the multicultural training offered by each hospital and the personal experiences of workers serving a diverse patient population.
- Provide a customized remediation and refresher program to support students who may have been out of school for a time and need a chance to reorient themselves to academia.
- Provide tuition assistance to students.

LWTC Implementation

As a result of this collaboration, the partners discovered new ways to work together, effectively increasing the capacity to provide nursing education for incumbent workers. The communication efforts were facilitated by the labor-management partnership. The new teaching environment brought both challenges and exciting possibilities for state-of-the-art healthcare education. The partnership holds the promise of developing additional nursing faculty. Although the plans to hire front line nurses as adjunct faculty did not come to fruition, the project did identify an interest among qualified nurses and will be able to provide training and mentoring for them in the second year of the grant (2009/2010).

Based on information gathered in the participant survey, it is clear that the program was an exciting new beginning for the students and a chance to build self-efficacy, the belief that they really could achieve educational success and meet their goals. Many had dreamed of being a nurse for many years, so this program presented the opportunity of a lifetime. Working in cohort groups allowed them to build relationships and support networks that will continue to serve them well in school and at work.

“The program is working wonderfully for me! I feel that I am supported by my employer and encouraged to succeed. Thanks for this opportunity, I am gaining an education that I didn’t think I otherwise could achieve; and am quite proud of my success so far.”

Lake Washington Technical College student, Valley General Hospital

There was some drop off in participation. Nine of the first 28 participants did not continue in winter quarter (Some of them would not have been eligible to enter a nursing program in the spring and were dropped from the cohort). After the winter quarter, ten passed the Health Occupations Basic Entrance Test (HOBET) and proceeded to enter the nursing program. In spring quarter 2009, the project had a solid group of ten students engaged in the first quarter of nursing education; seven

were taking co-requisites at the same time. Increasing the diversity of the nursing workforce was a program goal, and 40% of the group were people of color: one worker-learner was African-American, one was Asian American, two categorized themselves as “multi-racial”, and six were Caucasian. The program had two male participants.

While this was a complex project with some issues that need to be resolved, the stakeholders remain committed to its continuation. The college has written support for the program into their budget, and the labor-management partnership will continue to work with the college and provide support to the students and the process through the multi-employer training fund.

2. Renton Technical College (RTC):

Partners: RTC, Valley Medical Center, Highline Medical Center and Swedish Hospital, SEIU 1199NW, with participation of Seattle Central Community College and Highline Community College.

Target Worker Learners: Environmental services and food and nutrition workers at three different hospitals: Swedish Medical Center, Highline Medical Center, and Valley Medical Center.

RTC Background and Goals

Hospitals are engaged in a continuous struggle to fill entry-level patient care positions. Emergency Department Technicians (ED Tech), who commonly work under a Certified Nursing Assistant (CNA) license, and CNAs with acute care skills are in high demand. The U.S. Department of Labor estimates that by 2016 the demand for hospital-based nursing assistants will grow by nearly 30%. A 2005 survey of Washington State hospitals conducted by the Center for Health Workforce Studies at the University of Washington confirms this trend, finding that the number of CNAs employed in Washington increased 21% from 2002 to 2005. Over 36% of responding hospitals statewide found it somewhat or very difficult to recruit CNAs, and over one-third used contract staff to meet their current staffing requirements.²³ To address this shortage, the RTC partnership developed an integrated series of contextualized courses utilizing work experiences and hospital in-service educational offerings. Courses would prepare students for college-level work, including competency in algebra. In addition to this general skills training, worker-learners could attend CNA training classes to prepare them for Emergency Department (ED) Tech position; one additional step toward a nursing career, should the worker learner want to pursue that path. Specific goals included:

- Creating a career pathway to nursing for service and maintenance workers currently employed in acute care hospitals.
- Increasing the racial and cultural diversity of the labor force.
- Drawing on the collective knowledge of the partnership to develop a context-based curriculum to better prepare learners for their new responsibilities.
- Delivering CNA training contextualized to emergency medicine that also prepares worker-learners for post-secondary education.

- Creating greater educational capacity through class scheduling, video utilization, use of labor and management facilities and educators, and creation of common curricula.
- Facilitating the standardization of prerequisite coursework among educational institutions to facilitate full transfer of course credits.
- Providing students enrolled in the program individualized case management services. These include assessment, supportive advising, career counseling, negotiating release time from work, identifying resources to assist with family obligations, application for promotional opportunities and professional transitions.

RTC Implementation

This project launches service workers on a pathway to more skilled and better-paid positions through specific job training (CNA and advanced CNA) as well as post-secondary preparation. The program represented the creation of a new career pathway that meets both industry needs and

the employees' needs. In the course of working together, the partners developed new systems of collaboration between hospitals and colleges and among multiple colleges, and created ongoing refinement of educational opportunities for incumbent workers who would not have had this opportunity otherwise. The worker-learners built skills and self-confidence for future learning. Effective case management provided important support for worker-learners.

"I really like how it's built around our schedules. The grant is a great opportunity; it makes the inaccessible, accessible."

Student participant from H-CAP survey

In the first term, all 34 of the worker-learners completed the "Allied Health for Success" college preparatory class. In the winter quarter, 30 students continued with the program. The Valley Medical Center and Highline Medical Center cohort of 17 students took "Math for Health Care Professionals," provided through Seattle Central Community College. The cohort of 13 from Swedish Medical Center took classes to become nursing assistants. The CNA program consisted of three classes plus 96 hours of clinical instruction. In the spring quarter, the cohorts "switched": the one from Valley Medical and Highline completed the nursing assistant training and the Swedish cohort took the math class.

RTC's completion rates were excellent: 100% in the first quarter of the program, 96% in the second quarter, and 91% in the spring quarter. Twenty-three people completed the CNA program. The feedback from the worker-learners indicated that they enjoyed their participation, learned many skills, and felt prepared for future training.

The program was successful in meeting its goal of increasing the diversity of the healthcare workforce. Of the 28 participants who provided data on race, seven worker-learners were African American, four were Latino/Hispanic, eleven were Asian American/Pacific Islander, five were Caucasian, and one was multi-racial. Of the 34 who responded to the gender question, three were males.

3. North Seattle Community College (NSCC)

Partners: North Seattle Community College: Northwest Hospital (NWH), SEIU Healthcare 1199NW

Target Worker Learners: Incumbent CNAs at NWH

NSCC Background and Goals

In 2008 NWH and SEIU Healthcare 1199NW formed a labor-management committee and have had ongoing discussions on the need for incumbent worker training and the advantage of incorporating new technology in training. In partnership with NSCC, they specified HEET project goals that included:

- Establishing a career ladder for CNAs moving through lab assistant to LPN to RN while continuing to work at NWH.
- Facilitating collaboration, including staff development, joint creation of simulation scenarios, and co-instruction by NSCC and NWH faculty.
- Joint labor-management responsibility for student recruitment, career counseling, scheduling, life issues counseling, and front-line manager support.
- Preparation of CNAs for college work through customized classes offered on site.
- English 101 customized to the healthcare environment.
- Facilitating promotion to lab assistant on completion of Medical Terminology and Phlebotomy, while continuing on the pathway to nursing.
- Increasing diversity in the pipeline of nursing students.

The NSCC program was designed to help CNAs at NWH become LPNs and ultimately RNs. For those wishing to opt out of the program, they could still benefit from a move to a lab assistant. The case manager addressed traditional barriers to incumbent worker training by working closely with labor and management to schedule education on work time, integrate workplace experience into the curriculum, provide a supported entry into post secondary education, and utilize the faculty at both the hospital and college to integrate theoretical knowledge and its practical application using advanced human simulation.

Students in this program benefited from an early introduction to nursing concepts and critical thinking incorporated into simulation scenarios.

The program also effectively increased local capacity to deliver healthcare education in a number of ways: 1) classes were delivered on site at the hospital when possible, 2) the hospital nursing faculty helped to train college faculty in the use of the simulation laboratory, 3) the use of the hospital simulation lab increased opportunities for clinical rotations by using the laboratory in strategic ways, 4) hospital clinical educators worked with students in the college's phlebotomy course to provide the clinical hours required for hire, 5) hospital clinical educators helped college educators develop new scenarios in the simulation lab. The labor-management partnership was responsible for student recruitment, career counseling, scheduling, coordination, and support for

college success. It utilized its social and professional network for recruitment and retention.

NSCC Implementation

Worker-learners from NWH began classes at the start of 2009 in winter quarter. Thirteen people participated, five males, eight females. Five participants were African American, three were Asian American/Pacific Islander, three were Caucasian, one was Alaska Native and one was Latino/Hispanic. Ten participants were enrolled in the Medical Vocabulary course and nine were enrolled in the Basic Blood Collection Techniques (Phlebotomy) course. Six students took both classes simultaneously. The objective of these courses was to prepare students for eligibility for hiring at NWH as a lab assistant/phlebotomist and at the same time give them a chance to improve their academic skills and continue to pursue additional training and credentials that would allow them to move into more skilled positions.

Importantly, the NSCC program enabled non-traditional learners, some of whom did not meet formal admission requirements of existing programs, to succeed. All of the students, including three who were admitted on a provisional basis, were extremely successful in the program. The pass and completion rate for both classes was 100% with an average grade point average of 3.70 in the Medical Vocabulary class and in 3.08 in the Phlebotomy class. These data compare favorably with those from the regular college population.²⁴

In addition to the benefits that directly accrue to worker-learners and their employers from increased skill levels, the NSCC HEET program benefited stakeholders in other ways. Through their collaboration with labor and management partners, NSCC gained insights into the distinctive needs of worker-learners and addressed these issues in curriculum innovations that benefit both traditional and non-traditional students. One example of this was the customization of English 101 to the healthcare environment with a syllabus modification that incorporated themes relevant to the healthcare worker. More broadly, the experience encouraged the college “to look out as well as within” for ideas on the customization of courses and the modality of delivery. For all partners, the collaboration on the initiative led to greater mutual understanding and respect and led to a new clinical relationship between NWH and NSCC.

“Like most of the people I have spoken to that are a part of this, we are all thankful. Hopefully that can be seen through our attendance, participation, and the work we have done.”

**North Seattle Community College
Student, Northwest Hospital**

4. Lower Columbia College (LCC)

Partners: LCC, Morton General Hospital, Lumber and Sawmill Workers Union, Local 2767.

LCC Target Worker Learners: Non-licensed employees in the rural community of Morton who wish to become nurses.

LCC Program Background and Goals:

The LCC program integrated an emerging project that already had the support of public and private funding, the Rural Outreach Nursing Education (RONE), with the HEET grant goals. RONE is a two-year associate degree RN program that was created through collaboration between rural communities and Lower Columbia College's Nursing Program. This program allows students to remain in their communities while they learn. The program is designed to support small numbers of current workers in a rural community using online delivery of "theory" (didactic) instruction and local clinical instruction. Specific program goals include:

- Providing high fidelity patient simulation experience to incumbent hospital workers living and working in rural communities.
- Using the expertise of the labor-management partnership to support worker learners. This included help in resolving work/study scheduling problem, tuition reimbursement, and advising.
- Increasing local clinical capacity by using hospital facilities that had not been used in the past.
- Using an online format for the didactic portion of the nursing program to allow working adults scattered among several rural sites to more easily access the didactic content of the nursing courses at the times that fit with their own schedules.
- Increasing access to a more diverse learner population by using a "point system" selection strategy that is competitive, but does not emphasize GPA (Grade Point Average) as a primary assessment.
- Increasing participation of non-traditional students and students of color through the development of a peer support system, development of outreach materials in Spanish, and outreach aimed at men.

LCC Implementation

Student learning outcomes in the RONE project have been identical to those of the LCC campus-based courses. Eleven of 12 RONE students continue in the program with a predicted completion date of December 2010. There is a second cohort beginning January 2010 in Republic, Goldendale, Morton and Port Townsend. There is a lot of demand for expanding this program: Over 100 students are completing curriculum requirements to start the RONE option in a variety of rural settings across Washington. This program is a model for other rural hospitals to train local candidates to become nurses.

5. Spokane Community College (SCC)

Partners: SCC, Providence Sacred Heart Medical Center (SHMC) and Providence Holy Family Hospital, United Food and Commercial Workers (UFCW) Local 21.

Target Worker Learners: Entry-level employees at the hospitals including food services, laundry, and environmental services.

SCC Program Background and Goals

SCC, SHMC, and UFCW Local 21 sought to respond to the local healthcare shortage by increasing the overall ability for incumbent workers to acquire needed classes for career development on-site at SHMC. The barriers identified by the partners included the need for individuals to retain a full-time job, the need for daycare, the financial burden of books and tuition, the need for basic education, and weak English language skills. Specific project goals included:

- Helping entry-level employees complete prerequisites for health science programs at SCC.
- Offering classes online, on site and in the evening.
- Helping students develop habits for success and for entering the college “system.”
- Providing some tuition reimbursement.
- Giving credit for prior learning.
- Coordinating funding with the Workforce Investment Act (WIA), Worker Retraining and other sources to maximize financial support.
- Provision of academic peer instruction and faculty mentor.
- Incorporation of ABE/ESL as needed.

SCC Implementation:

The program initially targeted entry-level workers such as those in food services and housekeeping. However, the partners found significant interest among nursing assistants and surgical technologists. Many of the nursing assistants had educational needs similar to the entry-level employees. Some had college experience, but many had limited (or negative) experience and benefitted from coaching, encouragement, tutoring and remedial help. Many were non-traditional students. The project gave priority to the original target population, but also provided assistance to the CNAs and surgical technologists. A total of 22 students participated in the program. Of the ten who participated in the exit survey, all indicated that they would continue in the program. Five of the participants indicated an interest in nursing programs; the other five listed other occupations such as cardio tech or surgical tech.

The program was successful in reducing barriers and “flexing the system.” Some classes were offered onsite in space provided by Sacred Heart. Similarly, the program used space at Sacred Heart to provide a number of student services such as the Discover test (a career interest and aptitude assessment), the ASSET (a placement assessment) and career and academic counseling by SCC staff. The program also helped students access the “system” by helping them

with paperwork for admission and registration and providing appropriate referrals with follow-up.

The program coordinator played a similar role to the case managers in the Puget Sound programs.

All of the students indicated a desire for online classes. There was some concern within the partnership about student outcomes in online courses without support. In order to meet this need, in the spring quarter the program set up a portable computer lab at the hospital consisting of laptops stored in a locked cart with a printer on top. An instructional technician, who also served as a tutor, staffed the lab. This allowed the program to expand course offerings with existing online classes while providing better academic support.

Table 1 - Innovations Across Programs

Highlights	LWTC	RTC	NSCC	LCC	SCC
Improved Student Access and Supports	<p>Prerequisite and nursing classes offered at hospitals with paid release time for nursing students</p> <p>Non-competitive admission</p> <p>Creation of cohort</p>	<p>ESL/ABE faculty for co-instruction (IBEST model)</p> <p>Post-secondary preparation in addition to job skills</p> <p>Worksite classes</p> <p>Online classes</p>	<p>Online classes</p> <p>Worksite classes with paid release time</p> <p>“Step out” options for promotion opportunities along career advancement path</p>	<p>Allows students to stay in their community</p> <p>No travel during “snow” months for meetings</p> <p>Point system rather than GPA for admission</p>	<p>Academic advising available at worksite</p> <p>ESL and other development support where needed</p> <p>Worksite classes</p>
Increased Capacity at College	<p>College used hospital space for classrooms</p> <p>Partners created new and non-traditional scheduling of clinical rotations</p>	<p>Worksite preceptors and simulation training</p> <p>Hospital and union space used for classes</p>	<p>Worksite classes</p> <p>Use of hospital simulation lab</p> <p>Partnership collaboration on curriculum</p> <p>Additional 80 hours of clinical instruction for lab assistants by hospital</p>	<p>Online classes</p> <p>Support for rural workers</p> <p>Partnerships among colleges for collaboration on clinical instruction</p>	<p>Worksite computer lab</p> <p>Plan to increase number of evening classes</p>
Industry concerns addressed	<p>Term split in two for pre-requisites and co-requisites creating new part-time option</p> <p>Workers commit to work for employer for two years after graduation</p>	<p>Customized clinical training beyond the usual CNA preparation</p>	<p>Nursing principles introduced prior to nursing school</p> <p>Customized courses related to the workplace</p>	<p>Workers likely to remain in area</p> <p>Simulation equipment can be used by hospital</p> <p>Greater hospital input into course delivery and clinicals</p>	<p>New ability to work with ESL worker learners</p>

Section III: Successes Noted and Lessons Learned

The 2008 HEET grantees demonstrated that effective collaboration *can* expand regional educational capacity and the supply of healthcare workers, while at the same time allowing entry-level workers to develop their skills and move into higher paid jobs that are part of a real strategy for career advancement. There were challenges, but all of the programs achieved success in meeting their goals. The following are some of the successes noted and lessons learned across programs:

- 1. Non-traditional, incumbent workers can excel in healthcare education programs.** The high success rates of worker-learners reflect well not only on faculty and labor-management partners, but also on readiness of this pool of workers to learn general and job-related skills. Provisionally admitted students were successful, indicating standard admission policies may not accurately reflect true ability of experienced and disciplined healthcare workers. More research is needed on what the best practices are for assessment of incumbent workers' potential for success in college and nursing programs.
- 2. Providing training to entry-level incumbent workers can increase diversity in higher-level skill groups.** Recruiting worker learners from the ranks of employees in low-skilled job categories, which in these cases tended to be more diverse, naturally created a diverse group of learners. As these worker learners progress in their careers they will enter job categories in which minorities are traditionally under-represented.
- 3. Effectiveness of labor-management partnerships as “workforce intermediaries.”** All grantees noted the better ability to understand and address interests of varied stakeholders through the partnership. The partnership also played an important role in recruitment and retention of the worker-learners. In addition, one of the key contributions of the labor-management partnerships, present in all five of the projects, was the role of the union staff and leaders in identifying barriers and helping to resolve them. The union played a crucial role with outreach and recruitment, assessing the ongoing needs of the students, and, as important, in providing management and college partners valuable insights on workforce development.
- 4. The transformative experience for worker learners.** Comments by the workers in all the projects referenced the life-changing nature of these programs. More research is needed to see the long-term effect that this change has on the workers, their families and the communities where they live.
- 5. The importance of the “cohort” model.** All of the partners recognized the importance of having the students in a cohort with their fellow employees – hospital workers from the same and neighboring hospitals who bonded with each other. The structure allowed students to be supportive of each other and to help one another succeed. It also increased the cultural competencies of the group, as they learned to work with a diverse group.
- 6. Collaboration is not always easy, but it leads to innovations.** These projects led to collaboration between hospital educators and college educators for the most up-to-date

practice. This deepened mutual respect among the parties. Spending time up front on team building, planning, and program development was essential to the process. These strategies for collaboration should be shared regionally as a resource to other potential partnerships.

7. **Technology can improve the access and capacity of the college program.** Technology allowed participants to update curriculum to mirror changes in industry practice. The use of simulators was particularly important in that it increased the colleges' capacity for clinicals and improved the content and relevance of the prerequisites.
8. **Partnerships lead to new sources of nursing faculty and clinical capacity.** Hospitals *and* colleges are learning institutions and both should be tapped to their full potential. Nurses who become faculty have the opportunity to share their knowledge, which is a source of job satisfaction for them. New and innovative ideas for clinical education also increase capacity of the colleges and the hospital faculty. These projects show that healthcare institutions are open to ideas such as non-traditional scheduling, new clinical rotations, and sharing resources when they meets their institutional needs.
9. **Front-line supervisor engagement is important.** Worker-learners often needed some flexibility in scheduling, supervisors could play an important role in facilitating this. Future projects should include their involvement in the initial planning of the programs.
10. **Financial support for the worker learners is critical to their participation.** Stipends for tuition, books and other expenses, as well as paid release time allow more workers to participate and succeed.
11. **Process evaluation is an important tool for successful outcomes.** Process evaluation provides stakeholders timely feedback and opportunity for ongoing reflection and support for continuous improvement.

IV. Conclusion

The HEET programs offer a sustainable model for effective workforce development. To accomplish their goals the programs used models identified by researchers as promising practices: Sector partnerships facilitated by workforce intermediaries, incumbent worker training aimed at low-skilled workers, and the creation of career ladders.²⁵ All five programs are continuing into a second year, and are committed to find ways to make the programs sustainable in the long-term. Regions that wish to develop their incumbent workforce in a similar manner can learn a great deal from the early experiences of the HEET grantees. This report, along with the reports from the process evaluations of the specific programs will help disseminate important lessons learned from these efforts. At the national level, H-CAP, a national coalition of healthcare labor-management partnerships for career advancement, is able to provide a leadership role in facilitating the creation and success of new partnerships in the healthcare sector, by helping new programs launch and in providing technical assistance to these partnerships as they conduct process evaluations of their programs.

To broaden the reach of these types of programs, more work needs to be done to create expanded partnerships that cross the counties in Washington State and include more employers and educational institutions statewide. This will create economies of scale that allow smaller hospitals to participate in the programs.

There needs to be funding for these projects. As the HEET grantees showed, there are the advantages to a private/public partnership that integrates various sources such as negotiated multi-employer training funds with existing programs such as RONE and WIA funded programs. Policy makers at the state and national level should commit to a long-term source of funding to expand partnerships of unions, employers and educational institutions that would in turn encourage greater participation, commitment and leveraged resources by all three parties to workforce development.

NOTES

¹ \$1.5 million was made available at the end of the second year of the biennium in 2007/2009. It was continued for the next biennium as \$1.5 million per year for fiscal year 2010 and 2011. In addition the Gov/Legislature in the January 2009 session added another \$1.5 million that is divided between the 2 years of the 2010/2011 biennium making the current total \$2.25 million per year.

² Needleman, Jack, Buerhaus, Peter, Mattke, Soeren, Stewart, Maureen, and Zelevinsky, Katya. "Nurse-Staffing Levels and the Quality of Care in Hospitals." *N Engl J Med* 346, no. 22 (2002): 1715-22.

³ Health Work Force Institute (HWFI) "Results of the 2008 Hospital Work Force Survey" June 2009. <http://www.wsha.org/files/62/HWFI-2008-WorkforceSurvey-web.pdf>

⁴ "The fact that economic downturns prompt nurses to stay on the job or return to work is well-documented", says Peter Buerhaus, professor of nursing and director for the Center for Interdisciplinary Health Workforce Studies at the Institute for Medicine and Public Health at Vanderbilt University Medical Center. "The question, he says, is how long the current trend will continue." The Return of the RNs, Terese Hudson Thrall, HHS, July 31, 2009.
http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/Article/data/04APR2009/0904HHN_FEA_Staffing&domain=HHNMAG

⁵ What Works: Healing the Healthcare Staffing Shortage" Pricewaterhousecoopers Health Research Institute, 2007. P

⁶ Lafer, Gordon. "Hospital Speedups and the Fiction of a Nursing Shortage," *Labor Studies Journal*, 30(1): 27-46, Spring 2005.

⁷ Aiken, L. H. "- Economics of Nursing." 9, no. 2 (2008).

⁸ Pricewaterhousecooper

⁹ Nursing Shortage Fact Sheet, American Colleges of Nursing, June 22, 2009 <http://www.aacn.nche.edu/media/pdf/NrsgShortageFS.pdf>

¹⁰ Despite Surge of Interest in Nursing Careers, New AACN Data Confirm That Too Few Nurses Are Entering the Healthcare Workforce Reuters, September 10, 2009 Available from <http://www.reuters.com/article/pressRelease/idUS297831+26-Feb-2009+BW20090226>.

¹¹ Washington Center for Nursing "Shortage Update" April 8, 2009
<http://www.wcnursing.org/the-latest-news/ShortageUpdate4-1-.09.pdf>

¹² Pricewaterhousecoopers

¹³ Buerhaus, Peter. "Current and Future State of the U.S. Nursing Workforce." *JAMA* 300, no. 20 (2008): 2422 - 24.

¹⁴ Prince, David, and Davis Jenkins. "Building Pathways to Success for Low-Skill Adult Students: Lessons for Community College Policy and Practice from a Statewide Longitudinal Tracking Study." New York: Community College Research Center, Columbia University, 2005.

¹⁵ Martinson, Karin. "Building Skills and Promoting Job Advancement: The Promise of Employer-Focused Strategies." Washington, DC: The Urban Institute, 2007.

¹⁶ Prince, Heath. "Creating Careers, Improving Care: A Win-Win Economic Advancement Strategy for Certified Nursing Assistants in Long-Term Care." edited by Jobs for the Future: Langeloth Foundation, 2006.

¹⁷ "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce." Institute of Medicine, 2004.

¹⁸ Buerhaus 2424

¹⁹ WCN briefing Paper "Promoting a More Diverse Profession" April 8, 2009
<http://www.wcnursing.org/master-plan-for-nursing-education/Promoting%20a%20more%20Diverse%20Profession.pdf>

²⁰ LCC HEET grant proposal, 2008

²¹ LCC

²² Martinson

²³ Skillman, Susan, Andrilla, Holly A., Phippen, Ed, Hutson, Troy, Bowditch, Elise, Praseuth, Tina "Washington State Hospitals: Results of 2005 Workforce Survey." In *Working Paper*, edited by WWAMI Center for Health Workforce Studies (CHWS). Seattle: University of Washington, 2005.

²⁴ At NSCC the normal completion rate for Phlebotomy is 92% and the passing rate is 90%. The college's grade point average for the course not including the HEET students is 2.89. For the Medical Vocabulary course, the normal completion rate and passing rate is 93%. The grade point average for the course is normally 3.39.

²⁵ Martinson

