

Health Works Northwest Workforce Needs Assessment Report

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Prepared by:
Health Works Northwest
Northwest Wisconsin Workforce Investment Board
Wipfli

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Executive Summary

Health Works Northwest (HWNW) is a collaboration of industry, education and other community partners focused on strengthening the healthcare workforce in northwest Wisconsin. This report summarizes the results of the HWNW Workforce Needs Assessment. The Assessment identifies factors that contribute to the region's healthcare workforce challenges, as well as community and provider strengths and resources to address member needs. The Assessment included a survey, interviews and focus groups. This work was completed as part of a Network Planning Grant to provide the framework for a three-year Network Strategic Plan that will outline strategies to address priority needs in a 10-county region in northwest Wisconsin (Figure 1, Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Taylor, Sawyer and Washburn Counties). The Network Planning Grant was funded by the Health Resources and Services Administration, and led by the Northwest Wisconsin Workforce Investment Board.

Survey

We surveyed healthcare and behavioral healthcare facilities in northwest Wisconsin. Survey highlights include:

- Highest vacancy rates within each professional group:
 - Personal Care/Home Health Aides (28%), MD/DO in pediatrics (25%), Licensed Physician Assistants (23%), LMSW (25%), Dentists (17%), LPNs (16%), Medical Assistants (12%) and CNAs and Nursing Educators (11% each).
- Highest turnover rates within each professional group:
 - Dental Assistants (44%), Occupational Therapists (39%), Licensed Physician Assistants (33%) Physical Therapists (25%), CNAs (22%), Nursing Educators (21%), LCSW CM – Benefits/Vocational (20%) and Medical Assistants (14%).
- On average, participants considered most healthcare professionals difficult to recruit, with means scores above “4, neutral”. One-hundred percent rated Primary Care Physicians (MD/DO in pediatrics), Psychiatrists, Psychologist and Emergency Medical Technicians/Paramedics as difficult to recruit.
- Participants were asked about factors that may contribute to, or alleviate, workforce recruitment and retention challenges. Areas identified by fewer respondents represent areas for potential improvement:
 - Encouraging professionals to practice at the top of their licensure by offering incentives (11%),
 - Local advanced education and training producing enough qualified job candidates (17%) and
 - Local high school advanced math and science programs producing enough qualified job candidates (29%).
- Thirty-three percent reported they were not making any changes to prepare for an aging workforce.
- Sixty percent of respondents indicated shortages make it difficult to fill in for sick or vacation leave.
- Only half of respondents offer student placements.
- Seventy-two percent indicated it was difficult to recruit professionals who specialize in memory care.
- Only 15% of participants reported receiving a high number of qualified applications when they post a job opening.

Interviews and Focus Groups

HWNW members participated in one-on-one interviews and focus groups where they shared workforce challenges they experience at their healthcare facilities and discussed in more depth the priority strategies identified in the survey. Some common challenges were around perceived gaps in staff's skills, including interpersonal skills, training in evidence based practices, geriatric services and an ability to take on increasing autonomy and monitor outcomes, both necessary in the evolving healthcare landscape. Participants also discussed the time burden on programs to support staff attendance at training, as well as their ability to take on students for clinical placements. Administrators also discussed difficulties recruiting qualified staff, noting differences by setting and location. Smaller long term care facilities and community based organizations are especially concerned with the low reimbursement rates which lead to low wages for their staff that have recruitment and retention implications. Participants were concerned about the very limited access to behavioral health services, with waiting lists as long as 6-7 months for non-emergency services. Strategies included training to address perceived gaps in skills, web based training and other web based solutions like a student passport to

ease burden on limited resources, retention and recruitment strategies and sharing psychiatric services or telepsychiatry partnerships.

Introduction

Health Works Northwest

The Northwest Wisconsin Healthcare Network Planning Grant brought together industry, education and other community partners to collaborate in strengthening the healthcare workforce in northwest Wisconsin. Funded by the Health Resources and Services Administration, and led by the Northwest Wisconsin Workforce Investment Board, the grant has supported planning for the development of a formal network of health and mental healthcare providers, educational institutions, local public health departments and workforce and economic development organizations in a 10-county region in northwest Wisconsin (Figure 1).

Access and quality of healthcare services are key to community health. According to the University of Wisconsin Population Health Institute County Health Rankings (<http://www.countyhealthrankings.org/>)¹, parts of northwest Wisconsin experience limited access to primary care providers, dental and mental health professionals. Not only do these shortages affect access to care, they are also a barrier to initiatives and programs aimed at improving care quality. Further, a rapidly aging population is both driving demand for services while changing the workforce landscape itself, adding to access and quality challenges. The changing healthcare landscape calls for enhanced knowledge and skills to address complex needs, deliver high quality services and monitor outcomes. The overall goal of Network is to collaborate on improving the quality of healthcare services through workforce development strategies. Through collaboration, diverse stakeholders can identify shared needs and leverage resources to attain efficiencies, building capacity of education and service providers to strengthen the region's healthcare workforce and enhance care.

Workforce Needs Assessment

HWNW has completed a Workforce Needs Assessment that will provide the framework for a three-year Network Strategic Plan that will outline strategies and activities to address priority needs in the 10-county region (Figure 1). The Assessment included a survey, interviews and focus groups designed to identify factors that contribute to healthcare workforce challenges within the service area, as well as community and provider strengths and resources to address member needs around workforce development. This report summarizes Assessment findings.

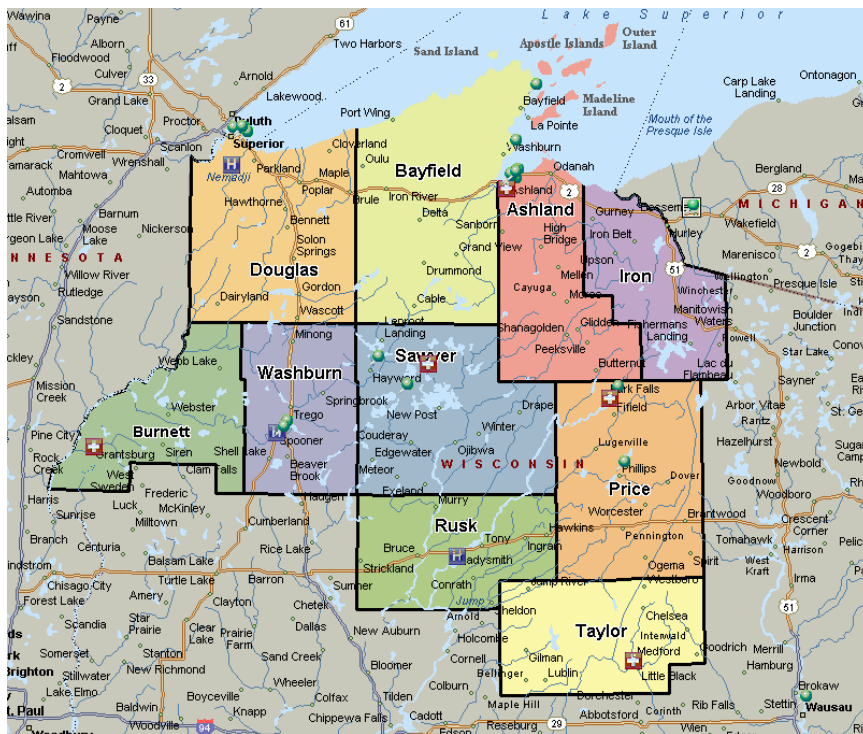


Figure 1 The Health Works Northwest network encompasses a 10-county region in northwest Wisconsin

Section I - Survey

Methods

The Northwest Wisconsin Workforce Investment Board and Wipfli developed a survey to assess workforce needs in a 10-county region. Participants were asked questions around staffing composition, vacancies, turnover, retention, recruitment, training and other workforce challenges. Participants were also asked to rate workforce related strategies and identify areas for collaboration. Responses were collected in February of 2015.

Healthcare and behavioral healthcare facilities in northwest Wisconsin were identified through NAICS codes¹ in the Equifax database, and complemented with licensed facilities listed in the Wipfli provider database in an effort to include a census of health and mental health care providers in the region. Providers employing 10 or less people (as identified in the Equifax database) were excluded, along with those that were miscoded or duplicated, or no longer operating. The complete census count within these parameters included 188 facilities in 102 organizations. HWNW members that are not direct service providers were also invited to participate (n=6) along with County Public Health departments in the study region (n=10) for a total of 204 facilities in 118 organizations. Fifty-five respondents completed a survey (27%), representing 45 organizations (38%). Human resources personnel and other administrators completed the survey on behalf of their facility.

Participant Characteristics

Participating facilities were located in the following counties in northwest Wisconsin:

	n	%
Ashland County	16	29.1
Douglas County	6	10.9
Taylor County	6	10.9
Burnett County	5	9.1
Sawyer County	5	9.1
Bayfield County	4	7.3
Rusk County	4	7.3
Price County	3	5.5
Washburn County	3	5.5
Iron County	2	3.6
Other County	1	1.8
Valid Responses	55	

Table 1 Facility County

¹ NAICS codes included: Offices of Physicians, Mental Health Practitioners, Family Planning Centers, Outpatient Mental Health and Substance Abuse Centers, Outpatient Care Centers, Home Health Care Services, General Medical and Surgical Hospitals, Psychiatric and Substance Abuse Hospitals, Nursing Care Facilities (Skilled Nursing Facilities), Residential Mental Health and Substance Abuse Facilities, Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly, Other Residential Care Facilities.

Survey Participants were direct service providers (n=42, 76%), public health departments (n=6, 11%), economic or workforce development organizations (n=3, 5%), higher education institutions (n=3, 5%) and a managed care organization (n=1, 2%).

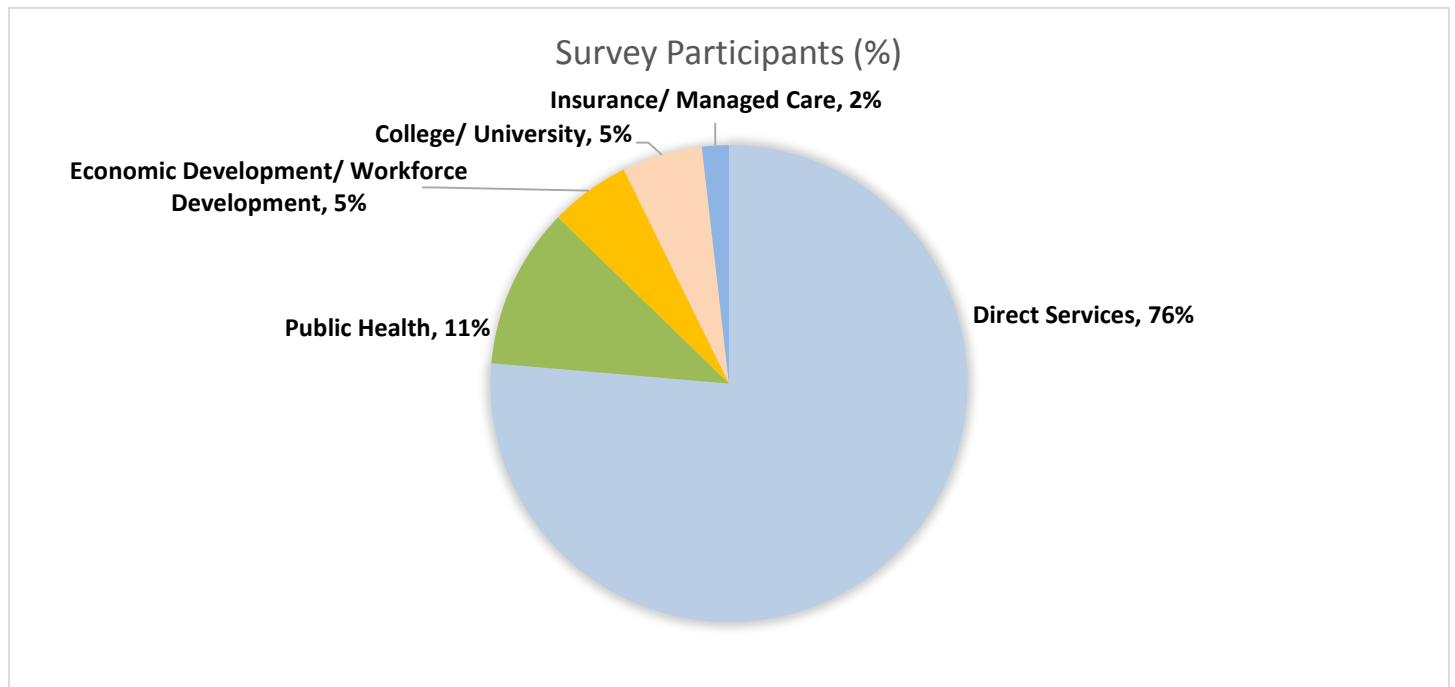


Figure 2 Facility Type

Participating facilities offered a wide range of services, summarized in the chart below:

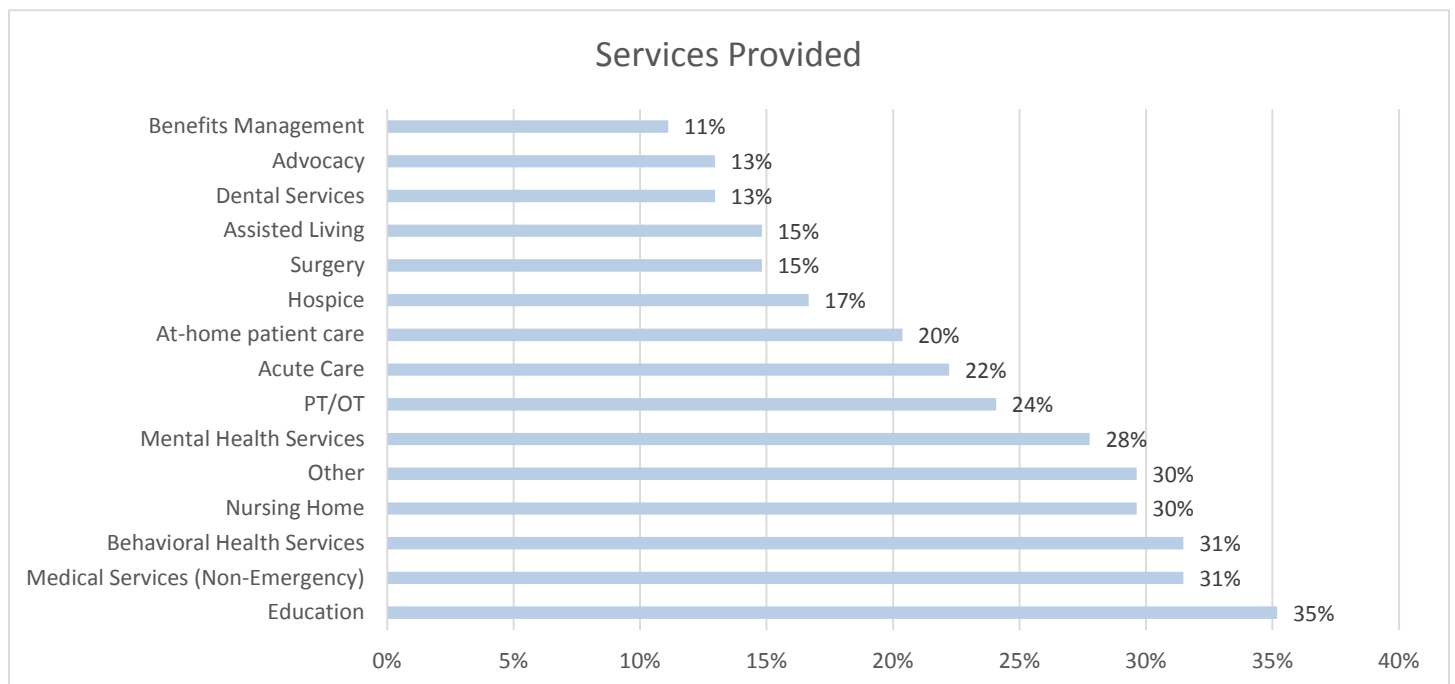


Figure 3 Services

Participating facilities were also diverse in size in both the number of persons served each year, as well as the number of persons employed at each facility. Forty-four percent reported serving 500 or more clients each year, 29% serving 1-99 and 27% serving 100-499 clients each year. Almost half of participants employed 1-49 staff, 38% employed 50-199 staff and 15% employed 200 or more staff.

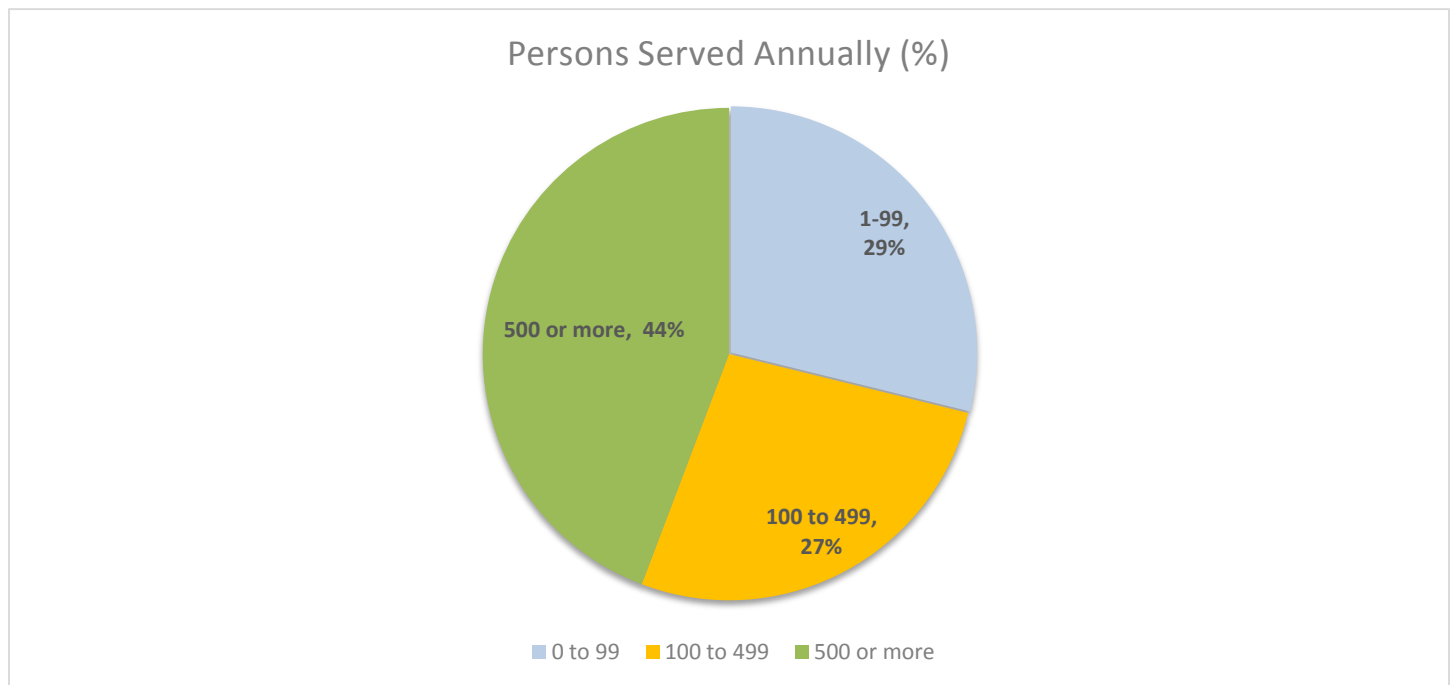


Figure 4 Size: Clients Served Annually

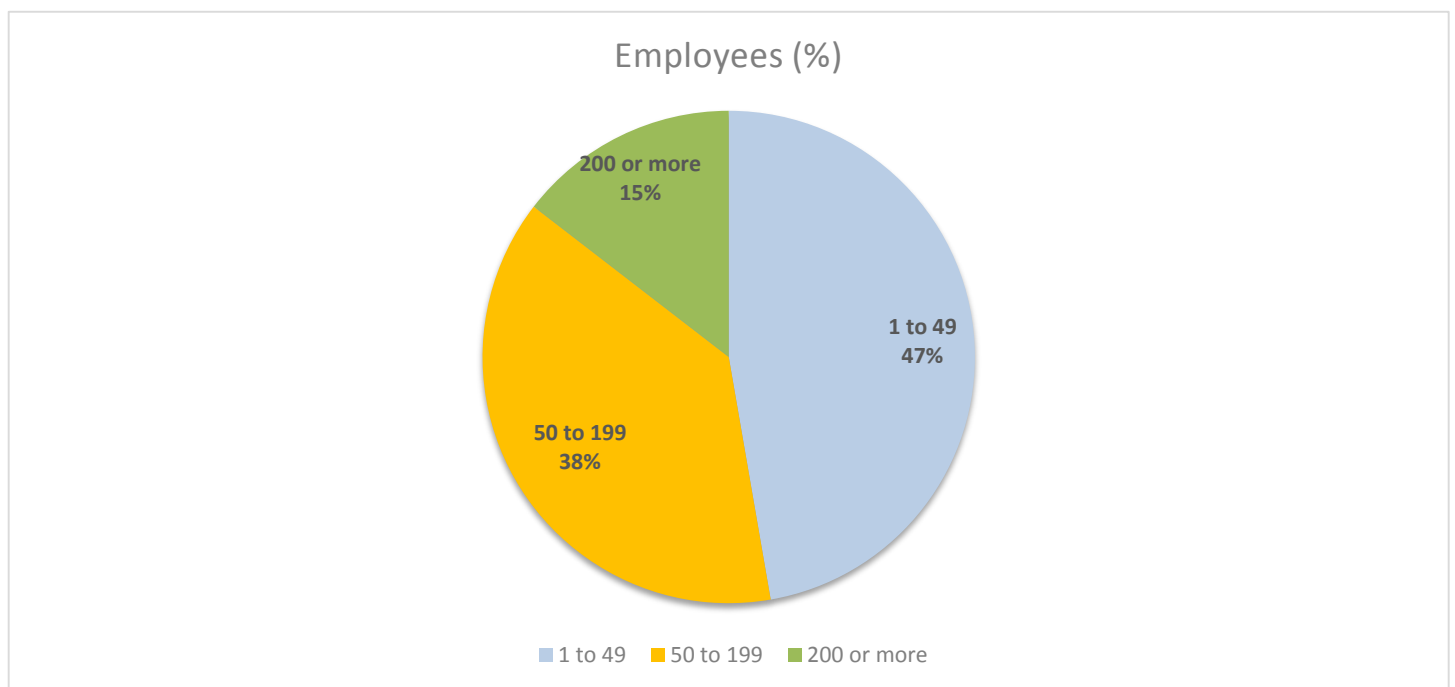


Figure 5 Size: Number of Employees

Professional Staffing

Participants were asked if they employed the following groups of professionals:

- Nursing professionals (RNs – Associates Degree and Bachelor of Science, LPNs, CNAs, Advance Practice Nurses/Nurse Prescribers, CRNAs and Nursing Educators),
- Physicians and physician assistants (Primary care MD or DO in family practice or internal medicine, Primary care MD or DO in pediatrics and Licensed Physician Assistant),
- Mental health and behavioral health care professionals (Case Managers – Benefits/Vocational and Mental Health/Substance Abuse, Certified Substance Abuse Counselors, Psychologists, Social Workers – LCSW and LMSW and Psychiatrists),
- Rehabilitative care professionals (Physical, Occupational, Speech, and Respiratory Therapists and Personal Care/Home Health Aides),
- Oral health care professionals (Dentists, Dental Hygienists, Dental Assistants),
- Other health care providers (Emergency Medical Technicians and Paramedics, Pharmacists, Pharmacy Technician/Aides, Lab, Radiology, Surgical, and Medical Records Technicians, Medical Assistants, Phlebotomists).

Healthcare Professionals Employed	n	%
Nursing	42	81
Rehabilitative Care Professionals	24	44
Behavioral Health Care	31	56
Other Healthcare	15	27
Primary Care Professionals	11	20
Oral Health	6	11

Table 2 Healthcare Professionals Employed

For each professional, participants were asked to describe staffing composition (current employed, vacancies, turnover). Turnover and vacancy rates are key measures of staff stability. These measures of workforce stability have been connected to several challenges, including challenges in implementing evidence based practices, poor service quality, administrative costs associated with separation, recruitment and onboarding/training, increased workload on existing staff and decreasing patient satisfaction. The following formulas were used to calculate vacancy and turnover rates:

Vacancy Rate (%)

- Number of vacancies as a percentage of the total sum of employed + vacancies
$$= (\text{Vacancies}) / (\text{Vacancies} + \text{Employed})$$

Turnover Rate (%)

- Equals the ratio of the number of employees who left in the past year as a percentage of the number of employees currently employed
$$= (\text{Employees who left in the last year}) / (\text{Employees currently employed})$$

We summed across facilities to provide an overall vacancy and turnover rate for the region. There was variation in the sizes and types of organizations participating not accounted for in our analysis. We also used the following assumptions in calculating the rates: the question asked participants to leave the field blank for those professionals they did not employ, therefore missing data in the “Current Employed” variable was treated as zero employed. If someone indicated they employed any professional in “Current Employed”, and left the vacancy blank, we treated that variable as zero vacancy.

Vacancy and Turnover Rates

The following charts summarize the vacancy and turnover rates calculated as described in the previous page across all professional groups. The number of respondents for each professional group is different and in some cases low (Appendix 1).

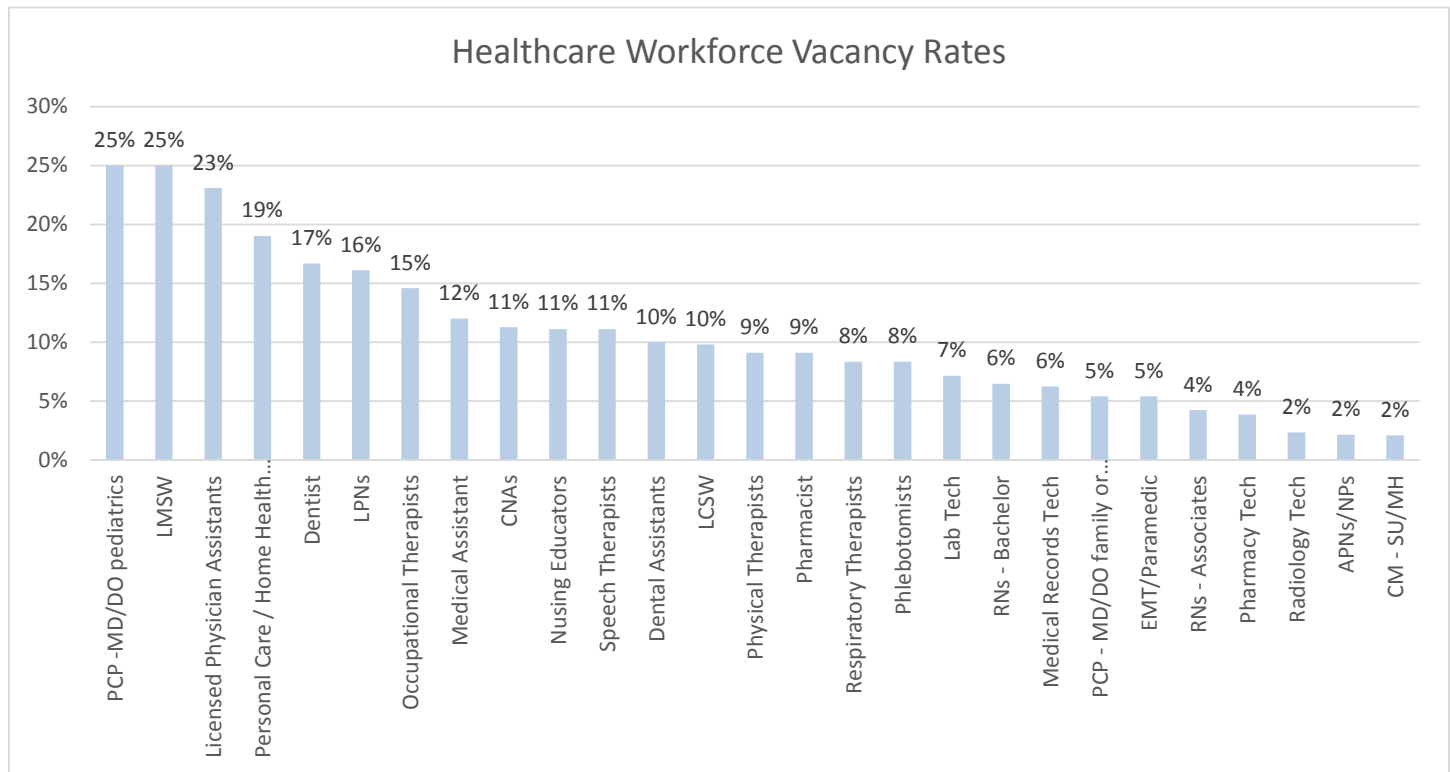


Figure 6 Healthcare Workforce Vacancy Rates

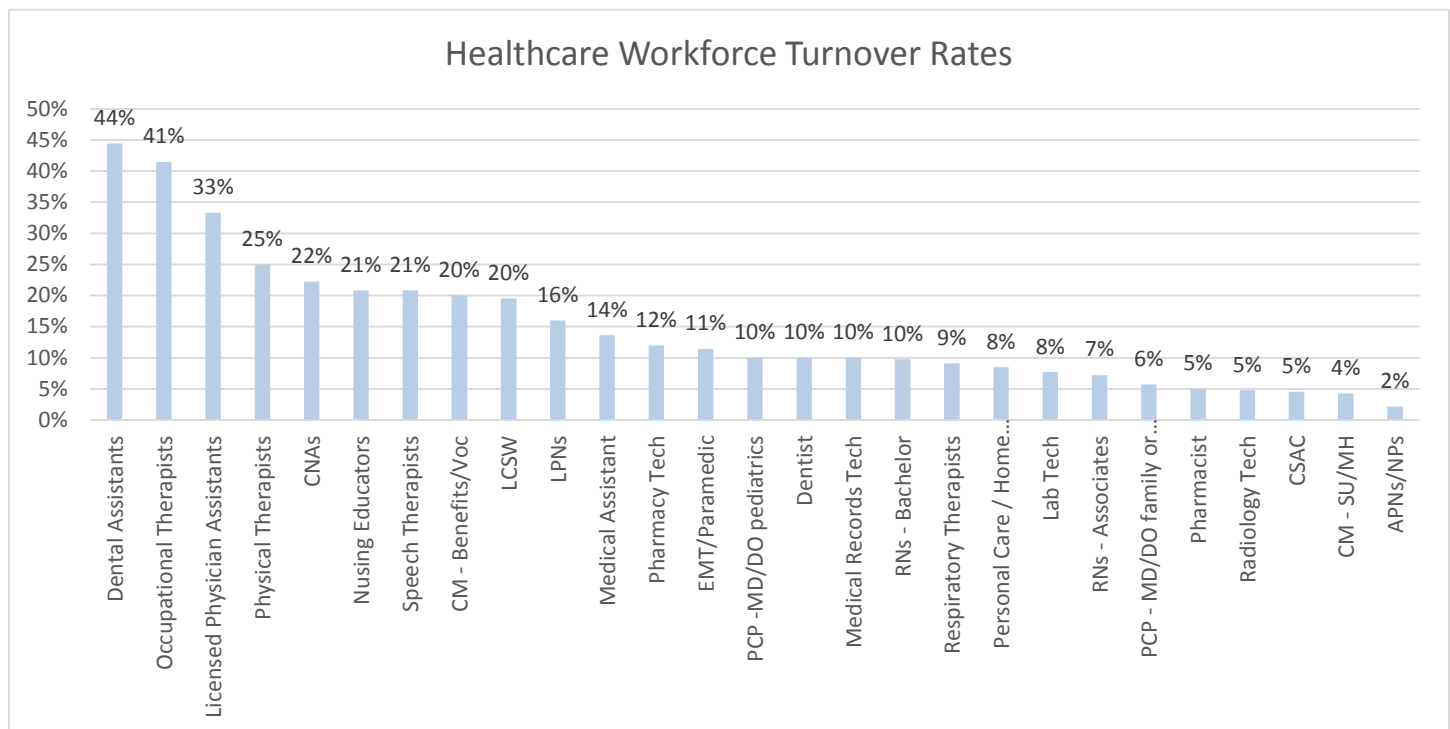


Figure 7 Healthcare Workforce Turnover Rates

We compared the nursing workforce vacancy rates with the statewide figure collected by the Wisconsin Hospital Association² (Wisconsin Benchmark in the chart below, Figure 8). Our results indicate that participating organizations in northwest Wisconsin experience higher vacancy rates compared to the state among Licensed Practical Nurses (16% v. 4%), Certified Nursing Assistants (11% v. 7%), and RNs-BSN (6% v. 4%). Among RNs-ADN, results indicate the same vacancy rate in the northwest region as statewide (4%). Two professional groups had lower vacancy rates compared to the rest of the state, APN/NP (2% v. 10%) and CRNAs (0 v. 2%).

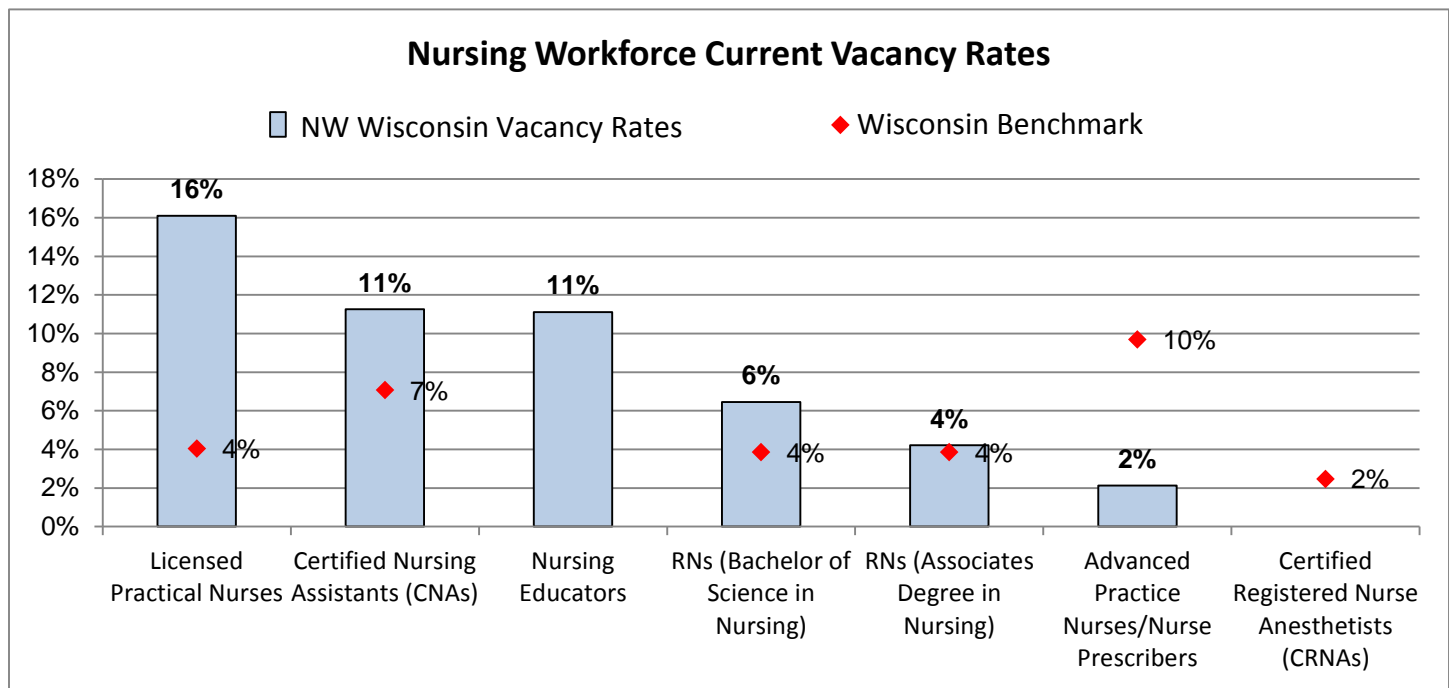


Figure 8 Northwest Wisconsin Nursing Workforce Vacancy Rates Compared to Statewide Rates

Professional Staffing Recruitment

Participants were asked to rate the difficulty recruiting each professional on a scale of 1 to 7, where 1 = “Not at all Difficult” and 7 = “Extremely Difficult”. In summarizing the degree of difficulty recruiting each professional, we excluded from the denominator those who indicated they didn’t employ the position in addition to those who skipped the question. Ratings of 5-7 were coded as “difficult” to recruit. We also provide the mean score. The number of respondents for each professional group is different and in some cases low (Appendix 2). Results indicate that most healthcare professionals were considered on average difficult to recruit, with means scores above “4, neutral”. One-hundred percent rated Primary Care Physicians (MD/DO in pediatrics), Psychiatrists, Psychologist and Emergency Medical Technicians/Paramedics as difficult to recruit.

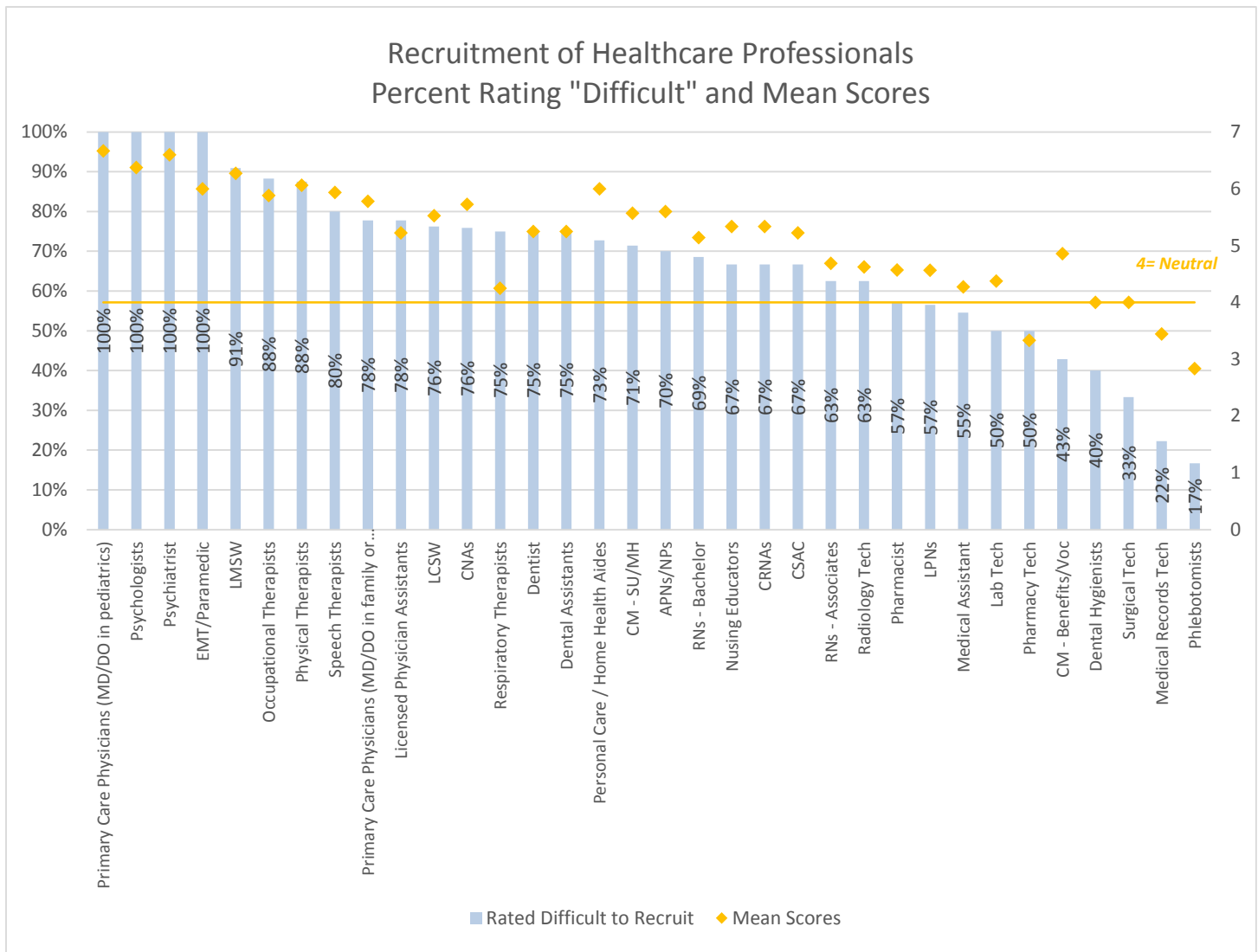


Figure 9 Professionals Rated Difficult to Recruit

Recruitment, Retention and Training

Registered Nurses

Participants were asked about their preference on hiring Registered Nurses with an Associate's Degree in Nursing (ADN) versus a Bachelor of Science in Nursing (BSN). Of the 43 facilities who employ nursing professionals, 41 employ RNs. Of these, 39 reported a preference, with 54% indicating a Bachelor of Science in Nursing is most important for their facility. Although only a little over half expressed a preference for a BSN, it is worth considering that there are no BSN completion programs in the area, including accelerated programs, posing a recruitment challenge for those indicating a preference. In addition, the National Academy of Sciences reports that fewer nurses who complete an ADN program go on to earn Masters or Doctoral degrees as compared to BSN graduates, and recommends increasing the number of nurses with a baccalaureate degree to 80% by 2020 (The Future of Nursing: Leading Change, Advancing Health <http://www.nap.edu/catalog/12956.html>)³.

One-third of the nursing staff was over 50 years of age, suggesting organizations must plan for upcoming transitions.

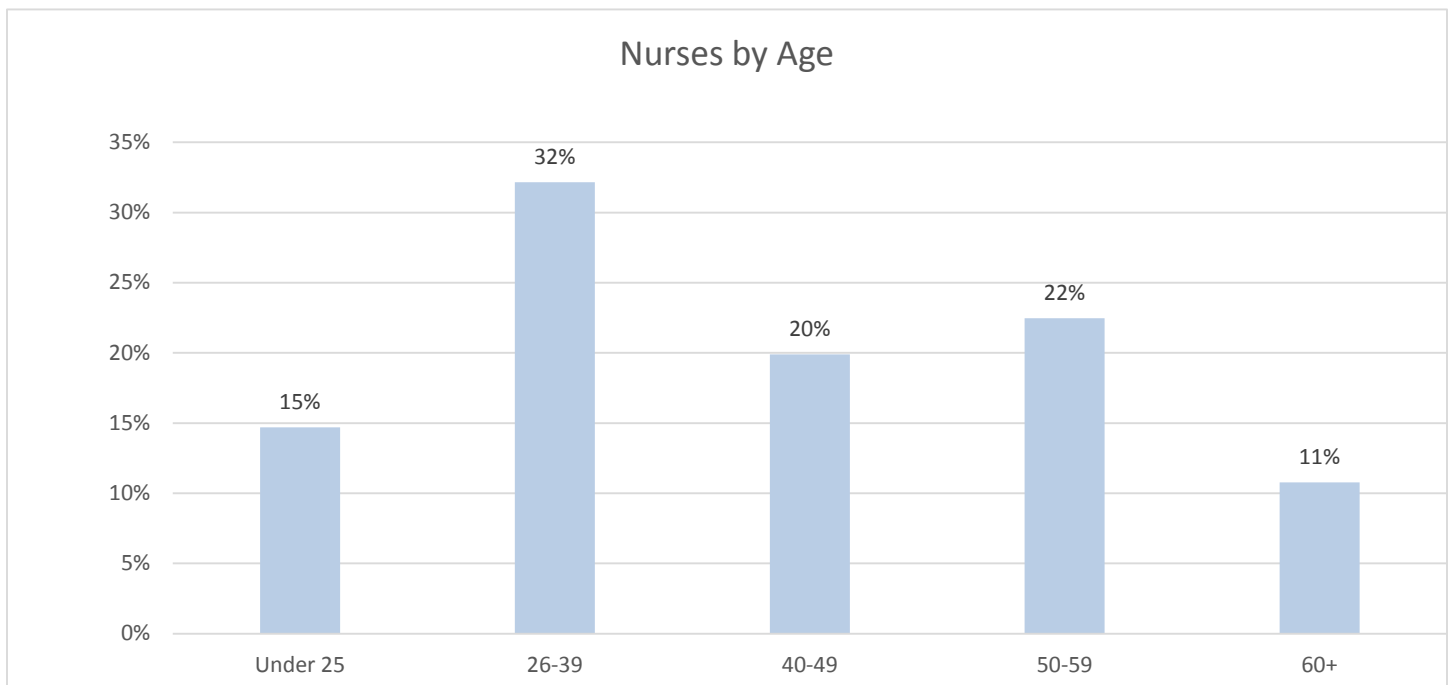


Figure 10 Nursing Workforce Age Breakdown

Respondents were asked what, if anything they were implementing to prepare for an aging workforce. Of the 27 responses, 33% reported they were not making any changes, 15% reported they were actively recruiting to replace workers who were planning to leave, and 52% listed a strategy, including:

- Strategic Planning
- Technology
- Training
- Retention strategies (independence, flexibility, flex time, accommodate medical appointments, recognition)
- Staffing Plans and Succession Planning
- Building Relationships
- Collecting Data
- Collaborating with professional programs to train

Challenges Resulting from Workforce Shortages

Respondents indicated they had experienced some challenges as a result of workforce shortages, but only one issue was selected by the majority of participants, with close to 60% indicating that shortages make it difficult to fill in for sick or vacation leave. This challenge was also evident when participants discussed challenges related to training and recruitment during focus groups, reporting that it was difficult to send staff to training while covering services.

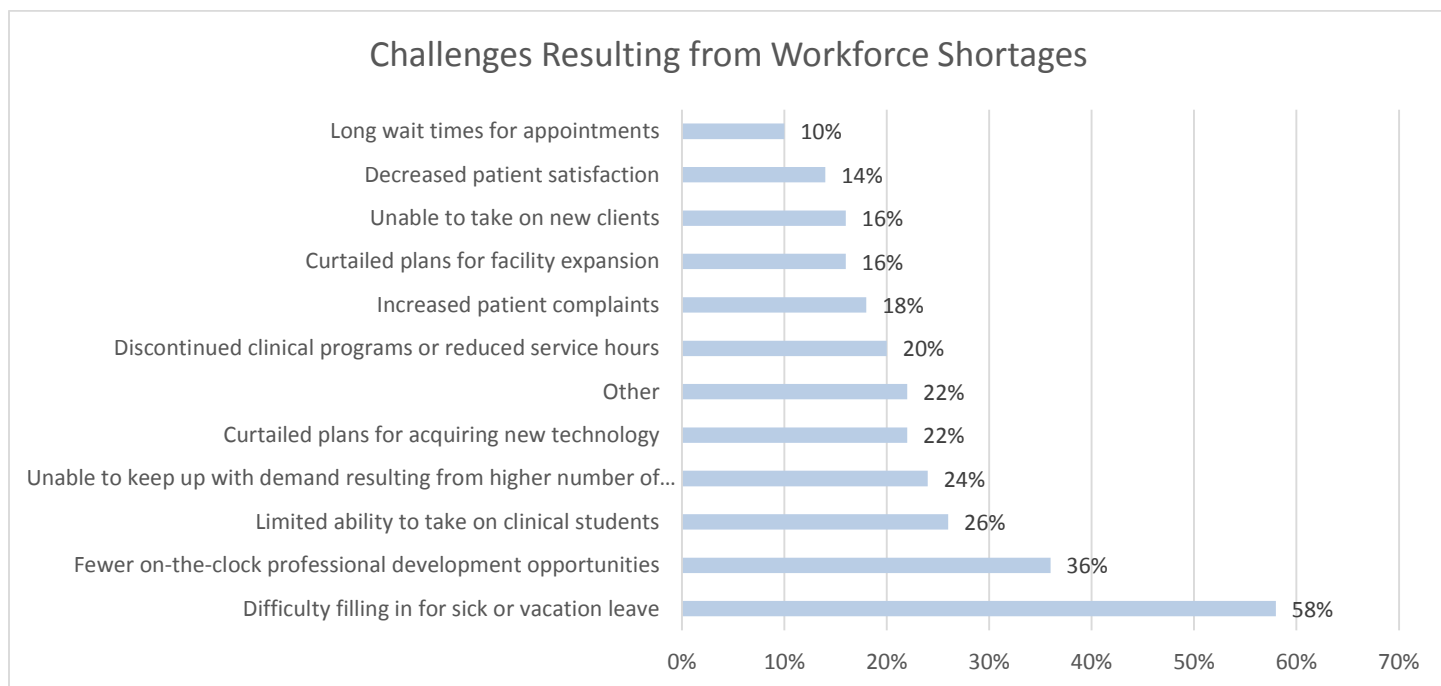


Figure 11 Impact of Workforce Shortages

Clinical Placements

Close to 50% of respondents reported that they offer student placements for Medical (20%), Nursing (42%), MSW (18%) and other students (13%), including nurse educators, substance use counselors, social work BA, dietician and lab tech.

Respondents that do not offer placements, shared the reasons for not offering placements, including:

- Confidentiality concerns,
- Scheduling difficulties, paperwork, burden on staff and supervisory requirements,
- Lack of licensing limits scope of practice,
- A perception that there is not enough interest in long term care and students and schools do not seek placements,
- Schools cannot find placements,
- Having enough staff to train when it's busy and
- Distance from schools.

Services for Older Adults

About half of respondents (51%) reported offering specialty care for older adults. Of these, 72% rated recruiting professionals who specialize in memory care as somewhat to extremely difficult. Over 60% rated recruiting professionals with adequate or advanced training in care for older adults as somewhat to extremely difficult.

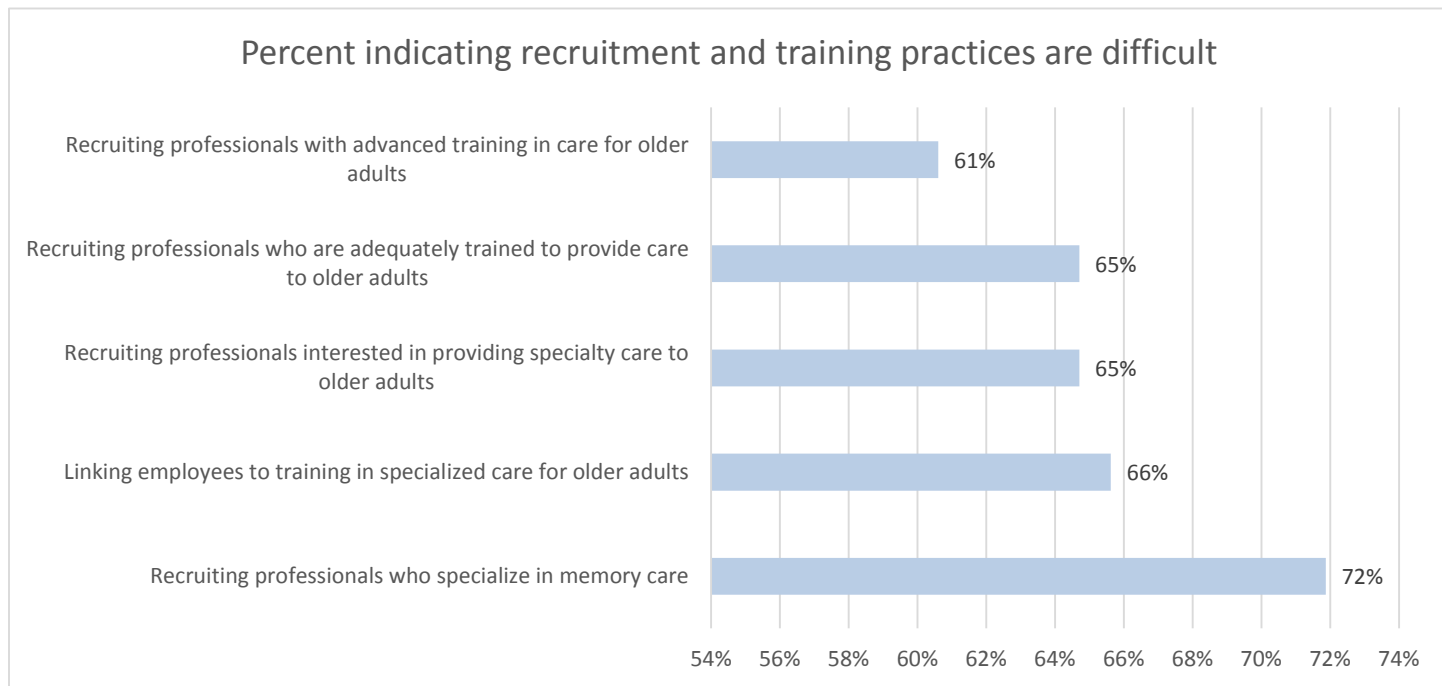


Figure 12 Geriatric focused practices rated difficult

Administrative Practices

Fifty-seven percent of respondents stated they document reasons when job candidates turn down a job offer, and 86% document reasons when staff members resign. Among those collecting this information, the reasons given were:

- Seeking better pay
- Seeking better benefits
- Relocation
- Seeking career advancement
- Returning to school
- Workplace conflicts
- Retirement
- Changing occupations
- Family health
- Child care

Some respondents reported that employees sometimes refuse to participate in an exit interview, while others shared that some staff stop showing up to work without giving notice.

Participants were asked to indicate whether statements about the quality of candidates they get when they post a job opening were “never true” to “always true”. Sixty-two percent indicated that some applicants have the necessary skills for the job (“true” to “always true”) while only 15% indicated they receive a high number of qualified applications (“true” to “always true”). Forty percent indicated they get applicants with necessary credentials/licenses or certifications (“true” to “always true”). Six percent rated as “true” to “always true” that they have over qualified applicants.

Participants reported implementing some recruitment and retention strategies, with a majority offering retirement benefits (51%), job sharing/part time opportunities (59%), flex schedules (73%) and training (80%). Less common strategies represent areas for potential improvements.

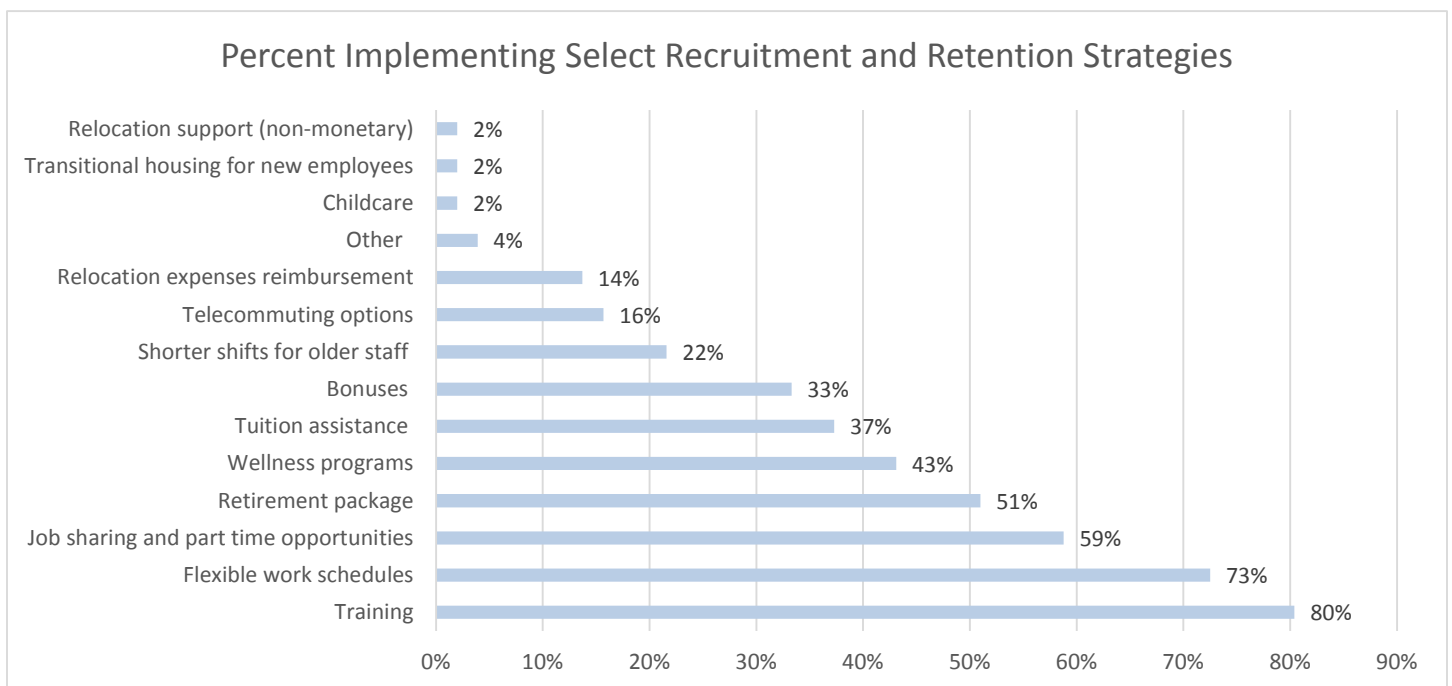


Figure 13 Recruitment and Retention Strategies

Participants were asked about factors that may contribute to, or alleviate, workforce recruitment and retention challenges. Participants rated their level of agreement with each statement on a scale of 1 to 7. Ratings of 5 (agree) to 7 (strongly agree) were coded as “agree”. Their responses are summarized in the table below. Areas identified by fewer respondents represent areas for potential improvement:

- Encouraging professionals to practice at the top of their licensure by offering incentives (11%),
- Local advanced education and training producing enough qualified job candidates (17%) and
- Local high school advanced math and science programs producing enough qualified job candidates (29%).

	Agree (5-7)
Urban area employers in comparable settings provide higher salary and better benefits.	85%
We nurture employees' autonomy.	69%
Urban area employers in comparable settings provide more opportunities for professional growth.	66%
We implement cutting edge health care delivery models and best practices.	65%
Our benefits package is competitive.	56%
There are training and continuing education programs available to our staff near my facility.	54%
We offer opportunities for career advancement.	52%
There are degree programs available to our staff near my facility.	46%
Our wages are competitive.	42%
We encourage professionals to practice at the top of their licensure by offering incentives.	29%
Local advanced education and training produce enough qualified job candidates for my organization's openings.	17%
Local high school advanced math and science programs produce enough qualified job candidates for my organization's openings.	11%

Table 3 Workforce Recruitment and Retention

Strategic Priorities

Training and Education Strategies Identified as Priorities

Participants were asked to rate the priority level for several strategies on a scale of 1 to 7, with 1 being 'A low priority' and 7 being 'A high priority'.

Training & Education Strategies	A High Priority for >50%	Mean Score
Develop and implement outreach programs to middle/high school students to promote healthcare careers	x	5.7
Coordinate continuing education workshops and training (with a special focus in geriatric and dementia care)	x	5.3
Coordinate continuing education workshops and training	x	5.3
Explore potential partnerships with advanced degree programs to support student placements in the region		5.3
Develop and implement job matching services for employees' partners		5.3
Develop the Network website as a clearing house of information for trainings, area events, etc.		5.2
Develop and implement a system for coordination of clinical placements		5.1
Promote Bachelor of Science in Nursing career pathway: support a cohort that works towards online degrees		4.9
Promote the development of a BSN program/BSN completion in the region		4.9
Develop and implement a system for the coordination of job shadow applications		4.7
Promote Bachelor of Science in Nursing career pathway (educate employers about the benefits of hiring BSNs)		4.6
Outline a plan to expand scope of practice		4.4

Table 4 Training & Education Strategies

Recruitment and Retention Strategies Identified as Priorities

Participants were asked to rate the priority level for several strategies on a scale of 1 to 7, with 1 being 'A low priority' and 7 being 'A high priority'

Recruitment & Retention Strategies	A High Priority for >50%	Mean Score
Link local students to programs that provide scholarships and loan repayment to professionals working in a rural area	x	6
Collaborate on strategies for attracting talent to the region	x	5.9
Develop and implement programs that support knowledge retention	x	5.5
Develop and implement workplace strategies to retain older workers	x	5.3
Apply for grants to support rural residency programs		5.3
Utilize programs to offset on-boarding costs of new employees (e.g. HealthCare project)		5.1
Implement wellness programs for staff		4.9
Develop a program to purchase technology equipment for staff		4.6
Develop a program to support short term sabbaticals for staff advancement		4.3

Table 5 Recruitment & Retention Strategies

Service Delivery Strategies Identified as Priorities

Participants were asked to rate the priority level for several strategies on a scale of 1 to 7, with 1 being 'A low priority' and 7 being 'A high priority'. Rating of 5 to 7 were coded as "a priority".

Service Delivery Strategies	A Priority for >50%	Mean Score
Collaborate in improving the coordination of behavioral and primary health care	x	5.9
Apply for service enhancement grants	x	5.6
Develop a health information exchange system	x	5.5
Collaborate in quality improvement initiatives		5.5
Provide shared services		5.3
Purchase technology to support services		5.2
Partner to offer a collaborative care model		5.1
Form a specialist co-operative		5
Develop and conduct Patient Satisfaction Surveys		5

Table 6 Service Delivery Strategies

Section II - Interviews and Focus Groups

Methods

Interviews and Focus Groups were facilitated in March and April of 2015. All HWNW members were invited to participate. Ten 30-45 minute interviews and four focus groups were completed with a total of just over 35 participants. Participants were mostly human resources personnel and other administrators. Participants were presented survey data, and asked to elaborate on challenges and strategies. Challenges and Strategies were grouped under three main categories, training, recruitment and retention and resources.

Findings

Workforce Challenges and Strategies

Some common challenges were around perceived gaps in staff's skills, including interpersonal skills, training in evidence based practices, geriatric services and ability to take on increasing autonomy and monitor outcomes, both necessary in the evolving healthcare landscape.

Participants shared that limited resources make it difficult to support staff attendance at training. Burden on staff, supervisory requirements, and the paperwork burden also limit their ability to take on students for clinical placements. From a school's perspective, there is a decreasing number of options for student placement.

Administrators also discussed difficulties recruiting qualified staff, with differences by setting and location. Some cited competition from urban areas and from larger providers.

Smaller long term care facilities and community based organizations are especially concerned with the low reimbursement rates and low wages for their staff that have recruitment and retention implications. Many cited staff's inability or unwillingness to take on additional hours due to childcare and other jobs. Some also expressed concern for competition for limited staff from higher paying retail jobs.

We found a perceived lack of support and preparation for healthcare careers starting at the high school level, limiting the quality of candidates.

Many shared that they hold on to underqualified or underperforming staff for fear of not finding a better replacement. Facilities that rely on Certified Nursing Assistants shared challenges recruiting and retaining qualified staff, stating that the certificate is mostly used as a stepping stone to more advanced degrees.

Participants experienced limited access to behavioral health services, with waiting lists as long as 6-7 months for non-emergency services. There was also a lack of clarity around existing programs and provider roles.

Strategies discussed included training to address perceived gaps in skills, web based training and other web based solutions like a student passport to ease burden on limited resources, mentoring programs and training managers to better support staff and resolve conflicts. Participants would like to explore opportunities to promote evidence based, quality focused and patient centered care.

To address recruitment challenges, participants discussed developing high school partnerships to promote health career pathways, creating scholarship opportunities and developing recruitment materials that highlight regional amenities.

To address retention challenges, participants suggested incentives to encourage CNAs to commit to 1-year of work, sharing best practices for retaining older workers. Participants were also interested in web based solutions, including identifying and sharing information on loan repayment and scholarship opportunities. They also discussed the need to support job placement services for partners and enhancing management practices to focus on retention.

Participants also discussed increasing access to behavioral health providers, for example, sharing a psychiatric nurse practitioner, or developing telepsychiatry partnerships with primary care physicians or clinics. They also shared a need for information around existing community resources and provider roles.

Network Approach

Interview and focus group participants shared their opinions on the Network's structure and approach. Common feedback included:

- Narrow focus on key areas: education, training, recruitment, retention
- Subgroups/committees to support work on key areas
- Goals and objectives should be aligned with community needs and demographic trends
- Explore annual dues
- Explore new partnerships with existing programs and networks
- Co-sponsor events that are aligned with network's mission
- Collaborate on grant applications
- Coordinate or sponsor workshops on models for providing care coordination, patient centered care and other emerging models
- Develop and conduct annual survey to assess member training needs
- Increase networking opportunities (i.e. annual meetings, rotating locations for meetings, list-serve, sharing member emails)

SWOT Summary

Strengths	Weaknesses
<ul style="list-style-type: none"> • Member support • Diversity of organizations represented by the network • Natural collaboration in the area of education/training • Grant funding opportunities • Technology based approaches work with size of network region • NWWIB as backbone for network, with physical location and presence • Significant job opportunities available • Membership in other networks create linkages and opportunities for collaboration 	<ul style="list-style-type: none"> • Lack of significant network resources or staff • Limited program resources to support staff training • Academic institutions have difficulty finding faculty for training programs • Declining opportunity for student placements at sites • Broad geographical footprint of the network region creates difficulty connecting organizations physically and fostering collaboration • Too broad of a focus could threaten network success • Exclusion/Isolation of some network members due to focus on certain areas or professional shortages • Funding to further network activities
Opportunities	Threats
<ul style="list-style-type: none"> • Better outreach/coordination around student placements • Grant funding opportunities through HRSA to advance network initiatives • Aging population creates opportunity for focus • Using technology to decentralize efforts • Networking, recruitment, etc. • Develop web based training that can be delivered in short modules and completed at work • Collaboration or building on other networks that are already working on healthcare workforce issues (don't have to reinvent the wheel) • Share resources, materials, best practices among network organizations 	<ul style="list-style-type: none"> • Competition for new graduates • Low pay for some healthcare professions and competition from non-healthcare employers • Insufficient guidance counseling and preparation at the high school level to promote healthcare careers or geriatric services • Disincentives for working full-time • Highly technical nature of priorities pose challenges • Some challenges require state or national solutions • Competition for student placements • Broadband

Table 7 SWOT

Citations

1. University of Wisconsin, School of Medicine and Public Health, Population Health Institute. *County Health Rankings*. <http://www.countyhealthrankings.org/>
2. Wisconsin Hospital Association. Wisconsin Health Care Workforce, 2014 Report. <http://www.wha.org/Data/Sites/1/pubarchive/reports/2014WorkforceReport.pdf>
3. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. <http://www.nap.edu/catalog/12956.html>

Appendices

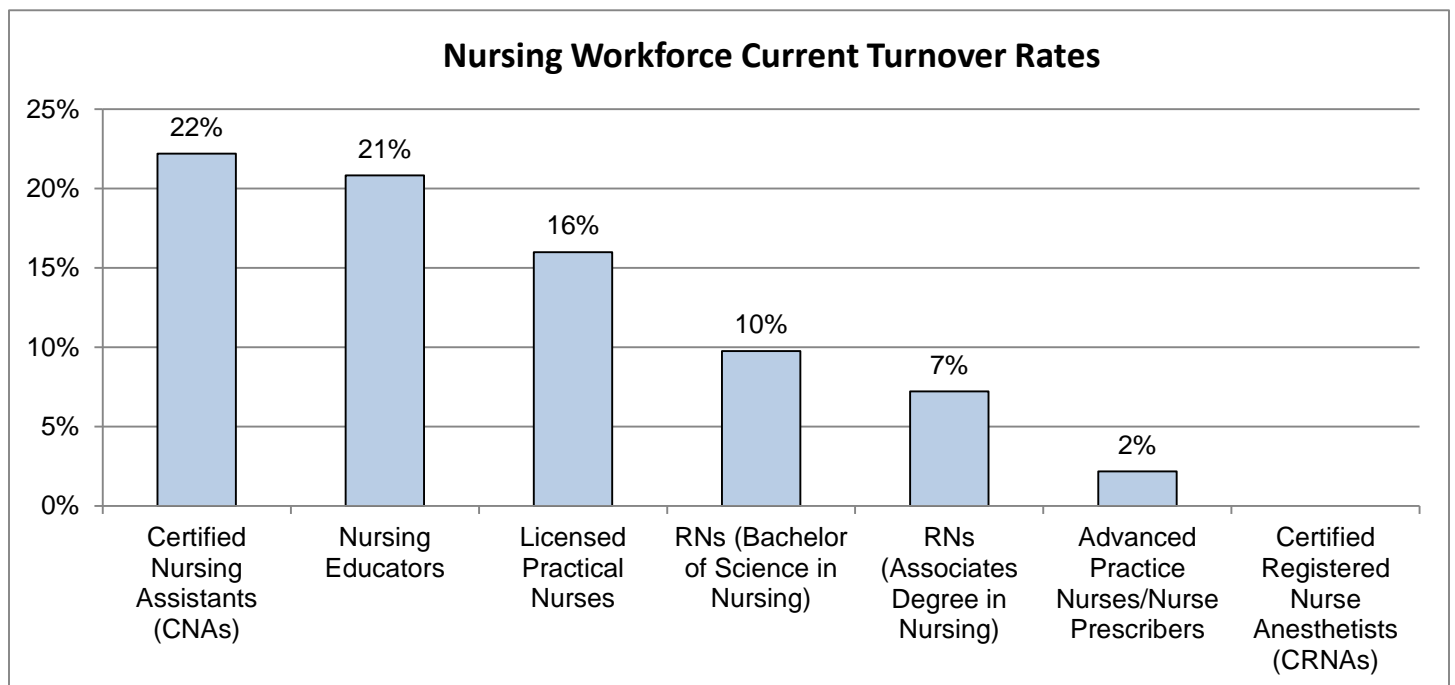
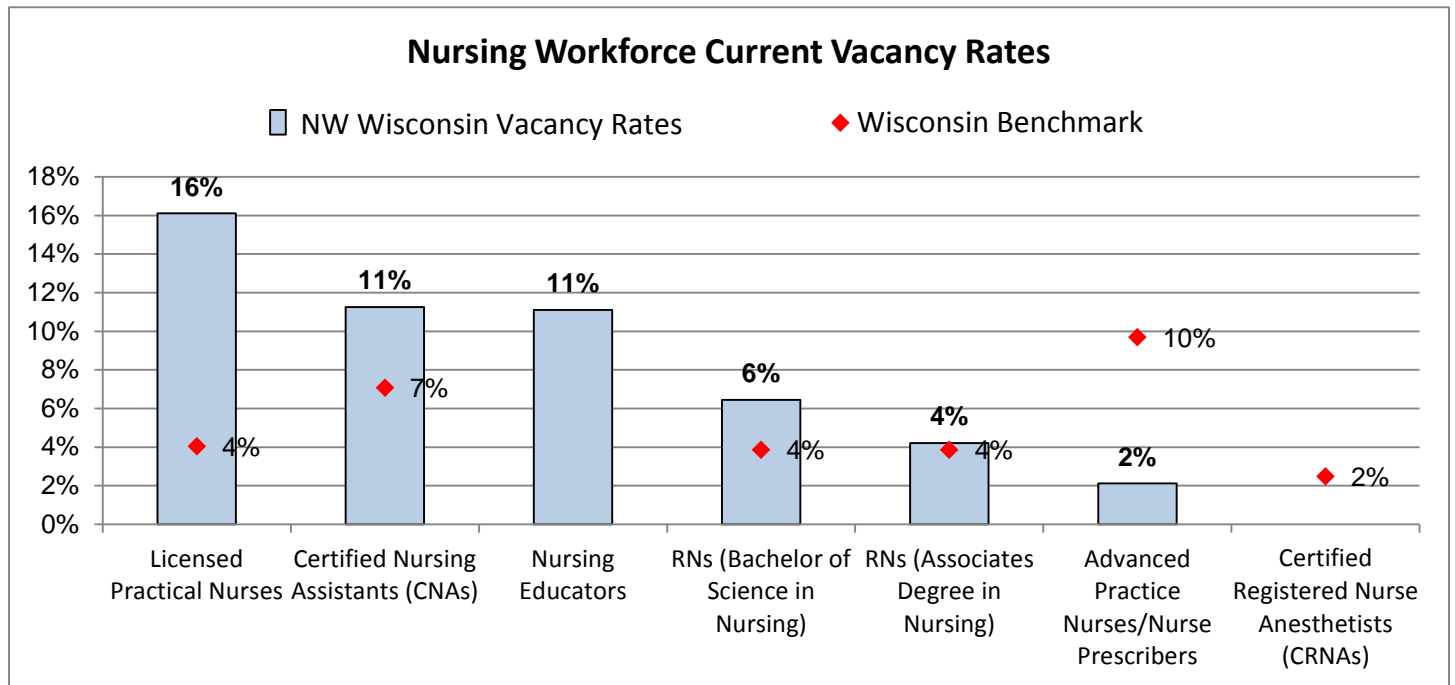
Appendix 1 Vacancy and Turnover Rates

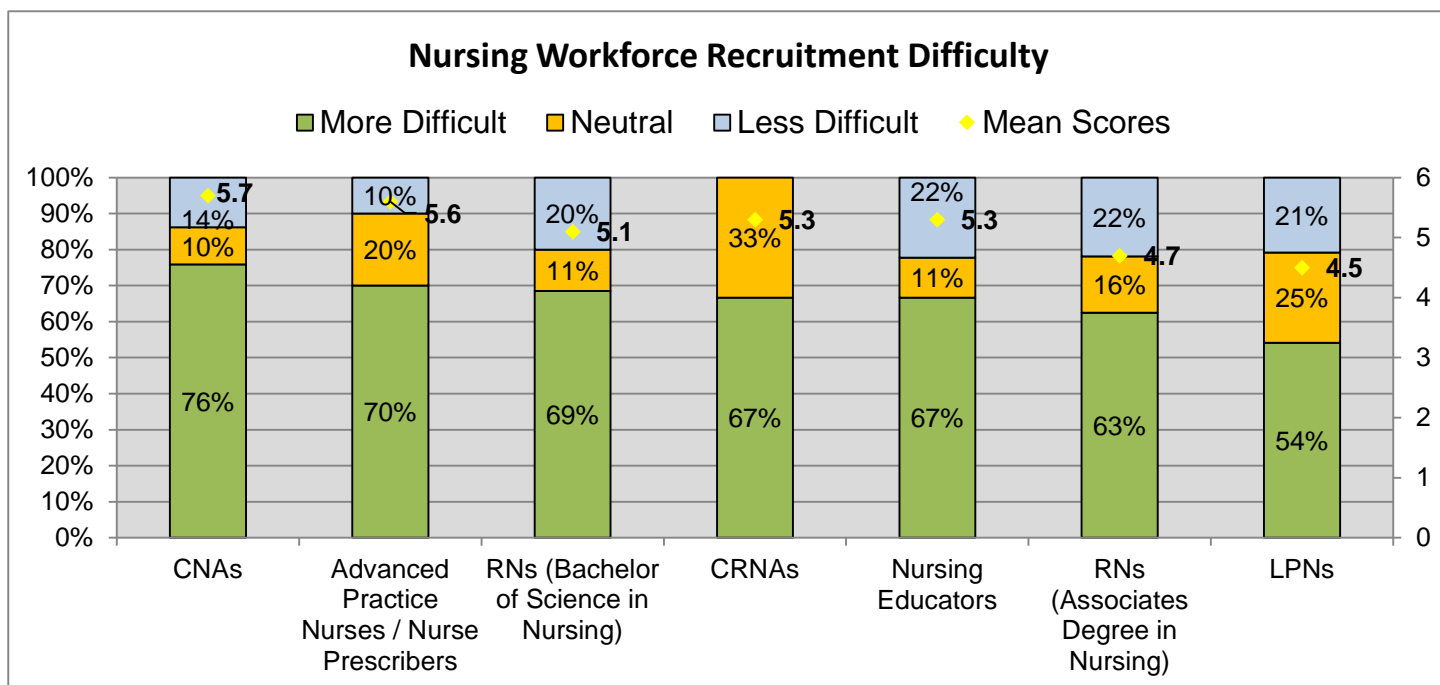
This table included the number of facilities reporting they employed at least one healthcare professional (# of Cases), the sum of the number of professionals employed across all facilities (Current Sum), the sum of the number of vacancies across all facilities (Vacancy Sum), the sum of the number of all professionals who left in the last year (Turnover Sum) and the vacancy and turnover rates.

		# of Cases	Current Sum	Vacancy Sum	Vacancy Rate	Turnover Sum	Turnover Rate
Nursing Professionals	Licensed practical nurse	27	125	24	16%	20	16%
	Certified Nursing Assistant	30	788	100	11%	175	22%
	Nursing Educators	18	48	6	11%	10	21%
	Registered Nurse – Bachelor of Science	34	174	12	6%	17	10%
	Registered Nurse – Associate’s Degree	36	567.5	25	4%	41	7%
	Advance Practice Nurses/Nurse Practitioner	21	46	1	2%	1	2%
	Certified Registered Nurse Anesthetist	15	6	0	0%	0	0%
Primary Care	Primary Care Physicians (MD/ DO in pediatrics)	6	3	1	25%	1	10%
	Licensed Physician Assistants	8	10	3	23%	1	33%
	Primary Care Physicians (MD/ DO family/internal)	10	35	2	5%	2	6%
Rehabilitative Care	Personal Care/Home Health Aides	16	826	194	19%	70	8%
	Occupational Therapists	17	41	7	15%	17	41%
	Speech Therapists	16	24	3	11%	5	21%
	Physical Therapists	18	60	6	9%	15	25%
	Respiratory Therapists	10	11	1	8%	1	9%
Oral Health	Dentist	4	10	2	17%	1	10%
	Dental Assistants	5	9	1	10%	4	44%
	Dental Hygienists	5	11	0	0%	0	0%
Behavioral Health	LMSW	11	6	2	25%	0	0%
	LCSW	21	46	5	10%	9	20%
	Case Manager – Substance Use/Mental Health	12	47	1	2%	2	4%
	CSAC	13	22	0	0%	1	5%
	CM - Benefits/Vocational	12	5	0	0%	1	20%
	Psychologists	9	2	0	0%	0	0%
	Psychiatrist	8	1	0	0%	0	0%
Other Health Care	Medical Assistant	11	44	6	12%	6	14%
	Pharmacist	6	20	2	9%	1	5%
	Phlebotomists	6	11	1	8%	0	0%
	Lab Tech	7	26	2	7%	2	8%
	Medical Records Tech	8	30	2	6%	3	10%
	EMT/Paramedic	5	35	2	5%	4	11%
	Pharmacy Tech	6	25	1	4%	3	12%
	Radiology Tech	7	42	1	2%	2	5%
	Surgical Tech	6	12	0	0%	0	0%

Appendix 2 Professional Staffing Recruitment

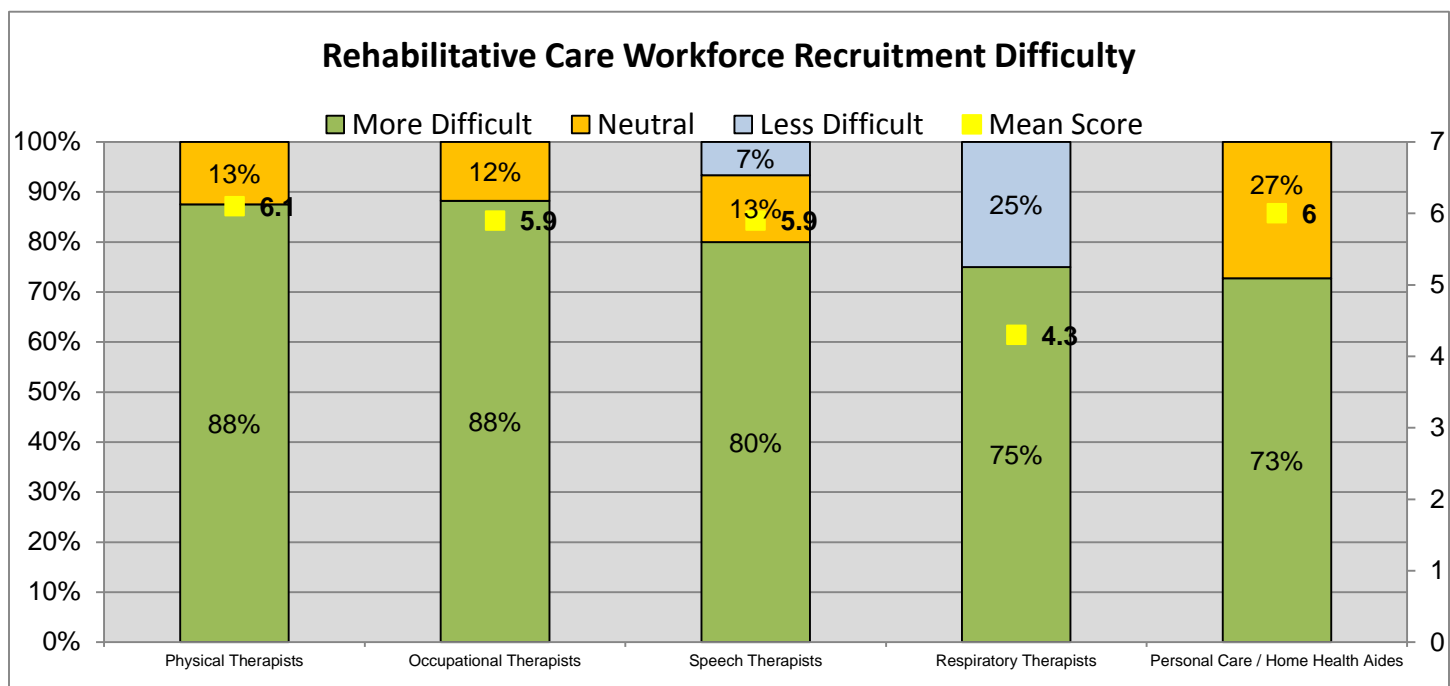
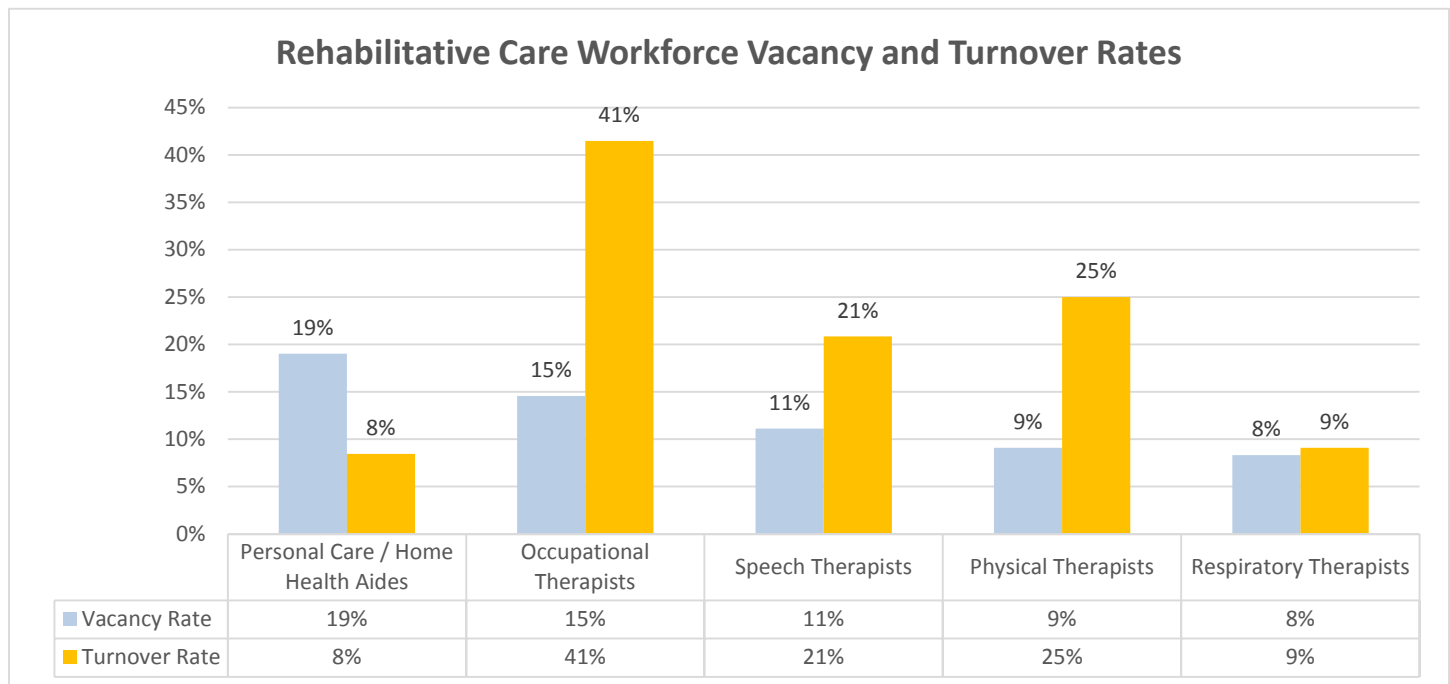
		# of Cases	Not Difficult (1-3)	Neutral (4)	Difficult (5-7)	Mean
Nursing Professionals	CNAs	29	14%	10%	76%	5.7
	APNs/NPs	10	10%	20%	70%	5.6
	RNs - Bachelor	35	20%	11%	69%	5.1
	Nursing Educators	9	22%	11%	67%	5.3
	CRNAs	3	0%	33%	67%	5.3
	RNs - Associates	32	22%	16%	63%	4.7
	LPNs	23	21%	25%	54%	4.6
Primary Care	Primary Care Physicians (MD or DO in pediatrics)	3	0%	0%	100%	6.7
	Primary Care Physicians (MD/DO fly/internal)	9	11%	11%	78%	5.8
	Licensed Physician Assistants	9	11%	11%	78%	5.2
Rehabilitative Care	Occupational Therapists	17	0%	12%	88%	5.9
	Physical Therapists	16	0%	13%	88%	6.1
	Speech Therapists	15	7%	13%	80%	5.9
	Respiratory Therapists	4	25%	0%	75%	4.3
	Personal Care/Home Health Aides	11	0%	27%	73%	6.0
Oral Health	Dentist	4	25%	0%	75%	5.3
	Dental Assistants	4	25%	0%	75%	5.3
	Dental Hygienists	5	40%	20%	40%	4.0
Behavioral Health	Psychologists	8	0%	0%	100%	6.4
	Psychiatrist	5	0%	0%	100%	6.6
	LMSW	11	0%	9%	91%	6.3
	LCSW	21	10%	14%	76%	5.5
	CM - SU/MH	7	0%	29%	71%	5.6
	CSAC	9	0%	33%	67%	5.2
	CM - Benefits/Vocational	7	14%	43%	43%	4.9
Other Health Care	EMT/Paramedic	2	0%	0%	100%	6.0
	Radiology Tech	8	13%	25%	63%	4.6
	Pharmacist	7	29%	14%	57%	4.6
	Medical Assistant	11	45%	0%	55%	4.3
	Lab Tech	8	38%	13%	50%	4.4
	Pharmacy Tech	6	50%	0%	50%	3.3
	Surgical Tech	6	17%	50%	33%	4.0
	Medical Records Tech	9	56%	22%	22%	3.4
	Phlebotomists	6	67%	17%	17%	2.8





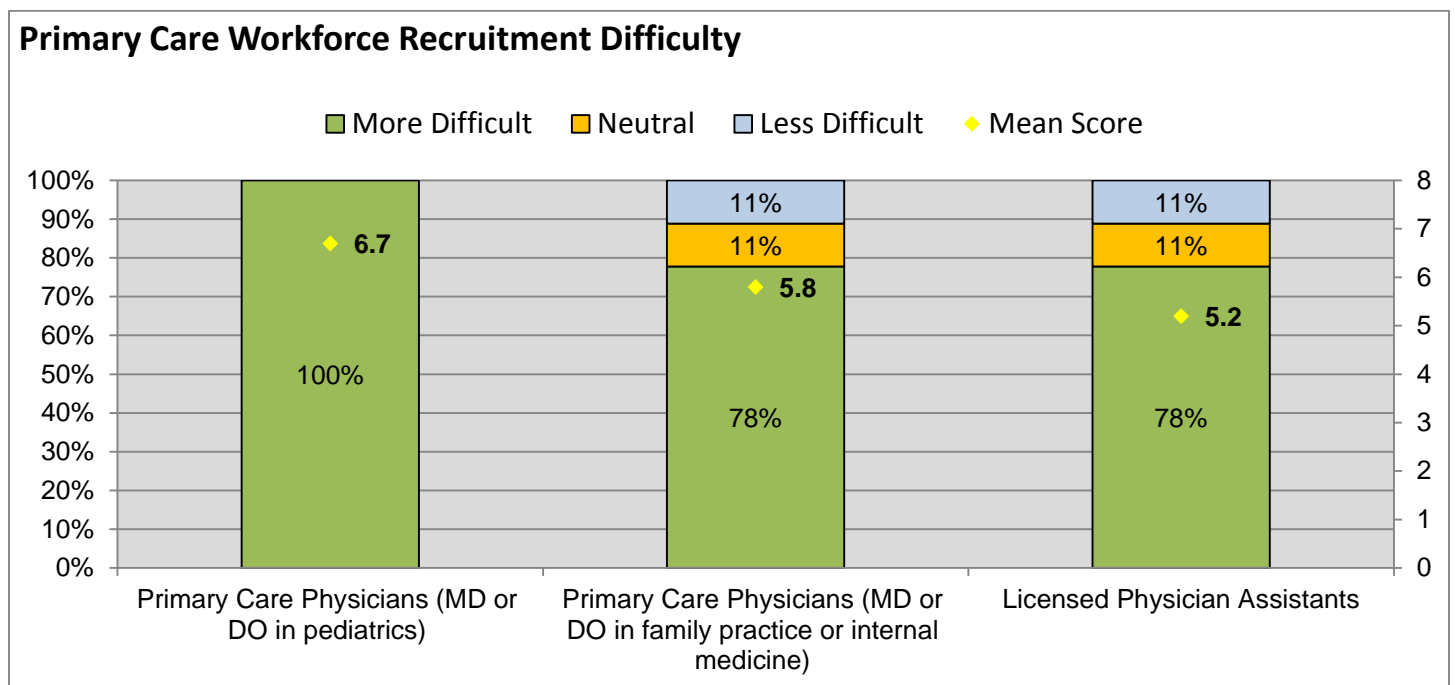
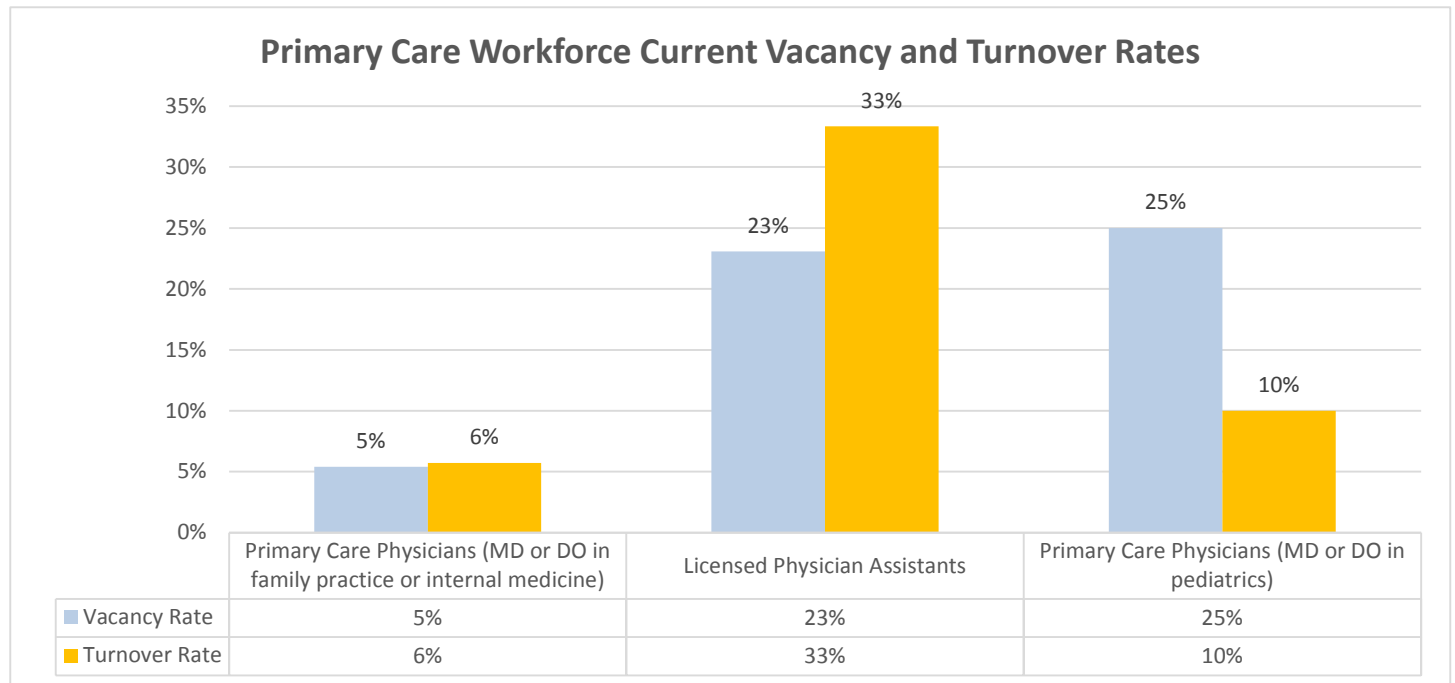
Participants rated the difficulty recruiting each professional on a scale of 1 to 7, where 1 = “Not at all Difficult” and 7= “Extremely Difficult”. Scores of 5-7 were coded as “More Difficult”, 4 is Neutral, and 1-2 were coded as “Less Difficult”.

Appendix 4 Rehabilitative Care Professionals



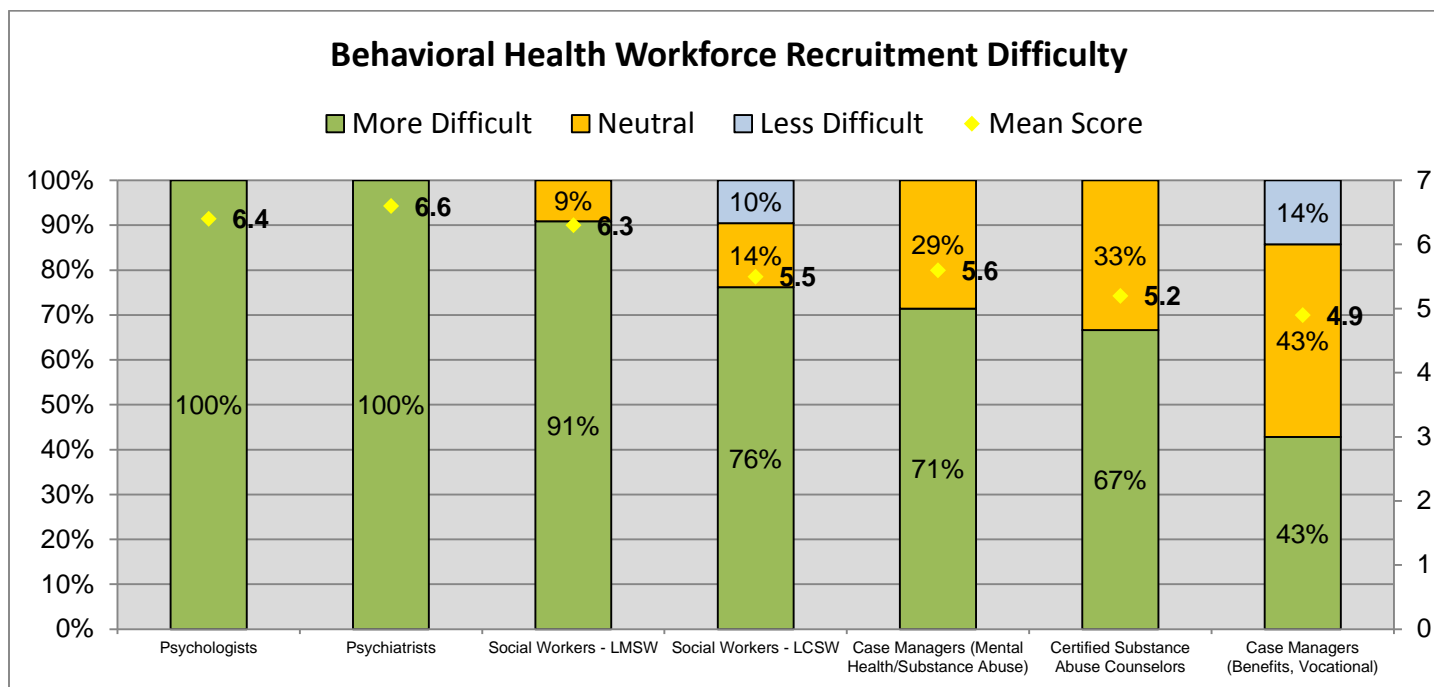
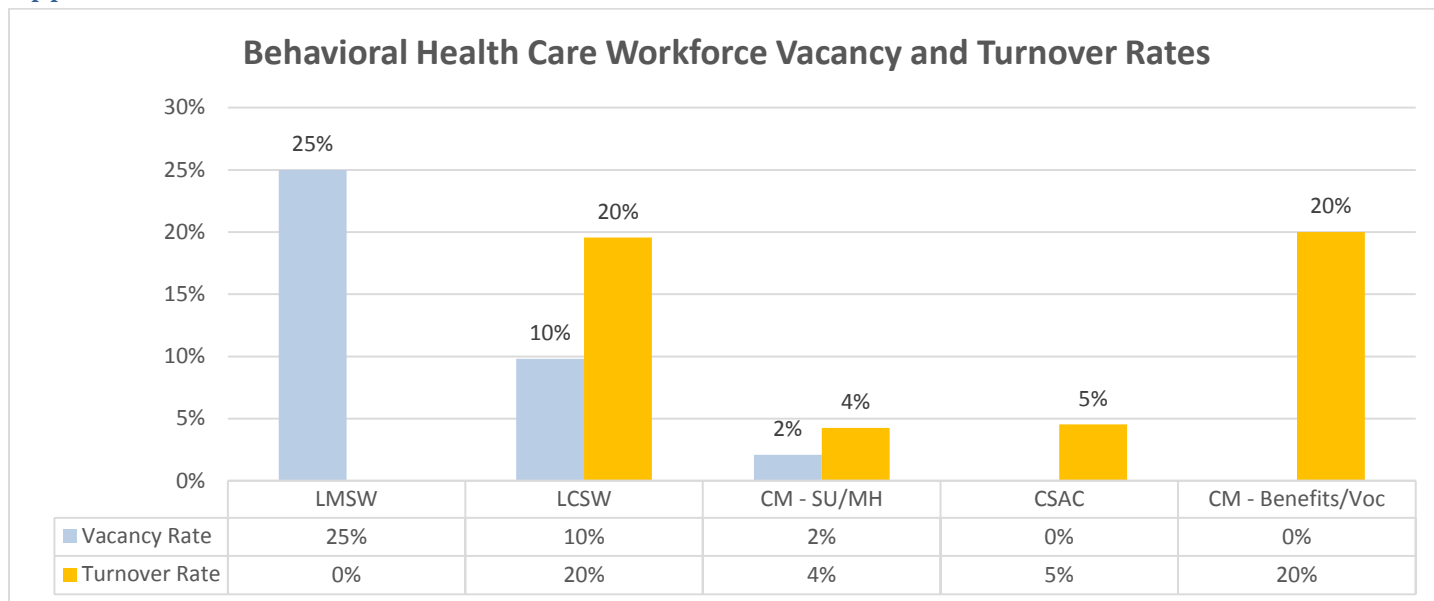
Participants rated the difficulty recruiting each professional on a scale of 1 to 7, where 1 = “Not at all Difficult” and 7= “Extremely Difficult”. Scores of 5-7 were coded as “More Difficult”, 4 is Neutral, and 1-2 were coded as “Less Difficult”.

Appendix 5 Primary Care Professionals



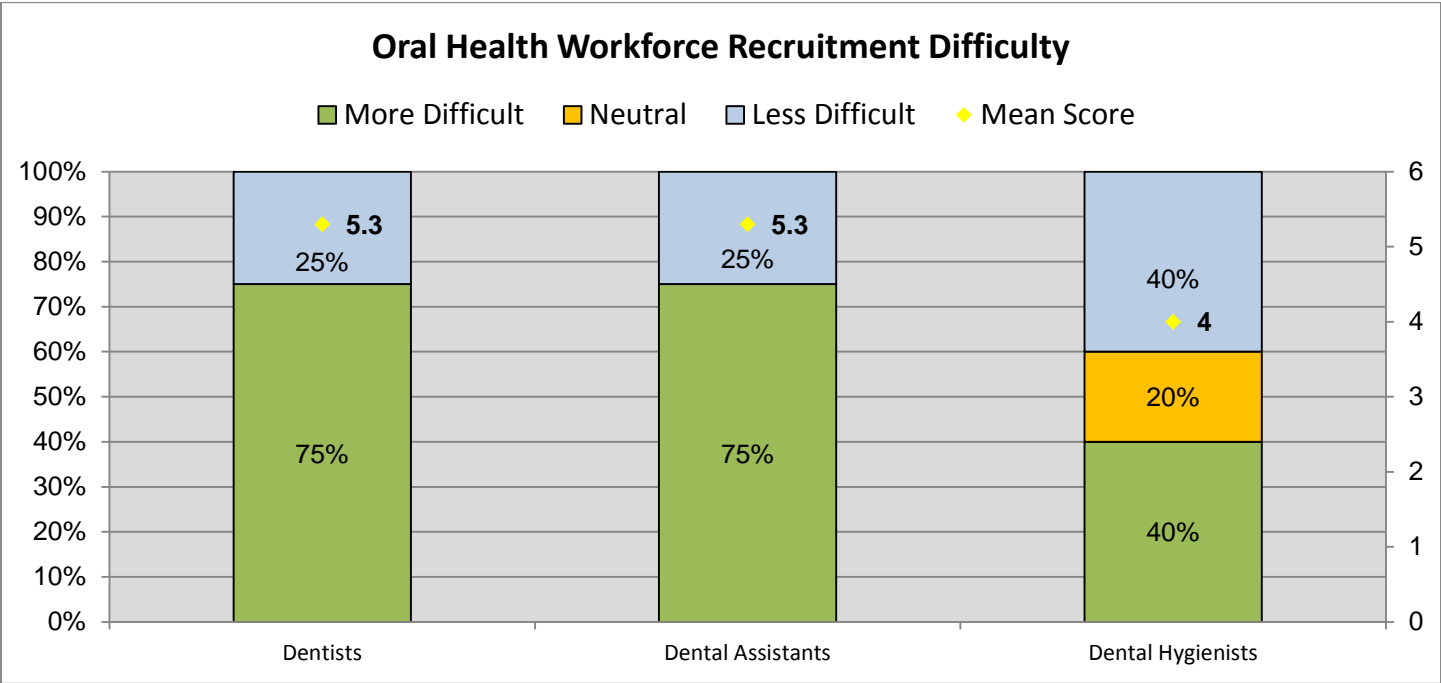
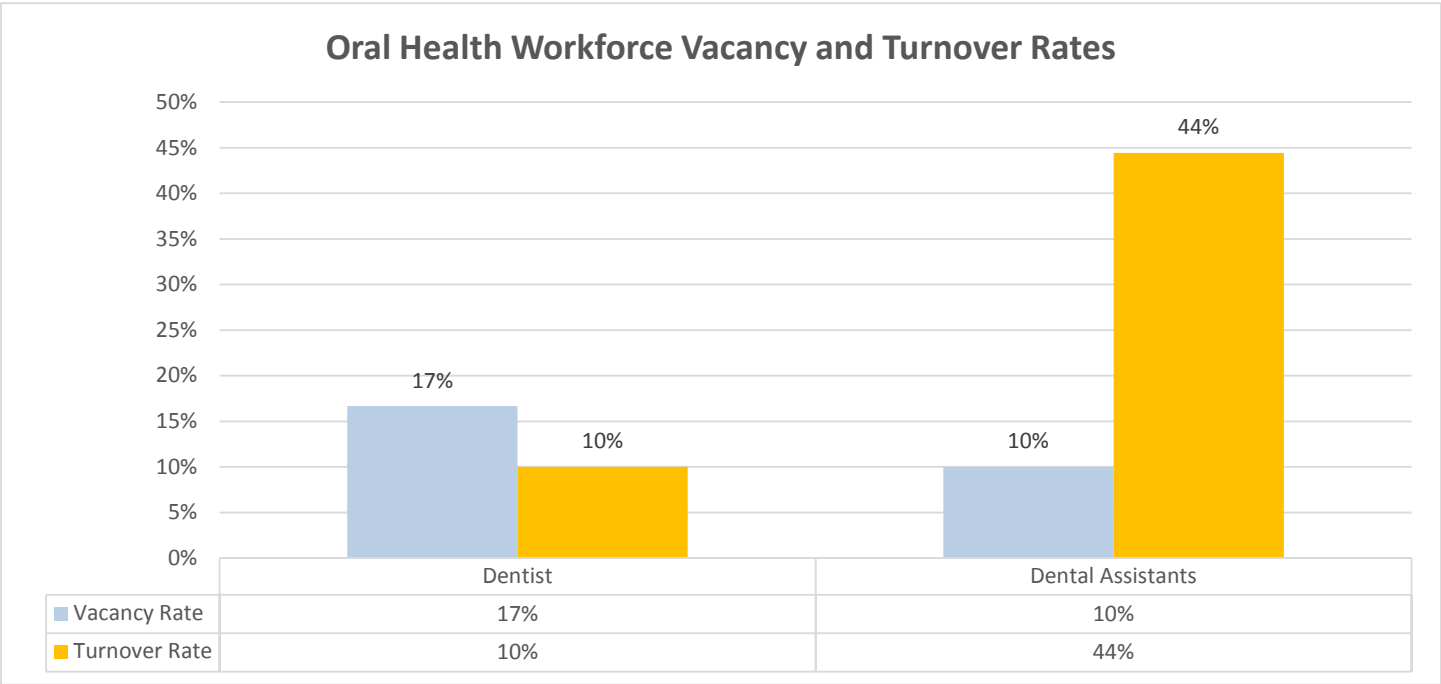
Participants rated the difficulty recruiting each professional on a scale of 1 to 7, where 1 = "Not at all Difficult" and 7= "Extremely Difficult". Scores of 5-7 were coded as "More Difficult", 4 is Neutral, and 1-2 were coded as "Less Difficult".

Appendix 6 Behavioral Health Care Professionals



Participants rated the difficulty recruiting each professional on a scale of 1 to 7, where 1 = “Not at all Difficult” and 7= “Extremely Difficult”. Scores of 5-7 were coded as “More Difficult”, 4 is Neutral, and 1-2 were coded as “Less Difficult”.

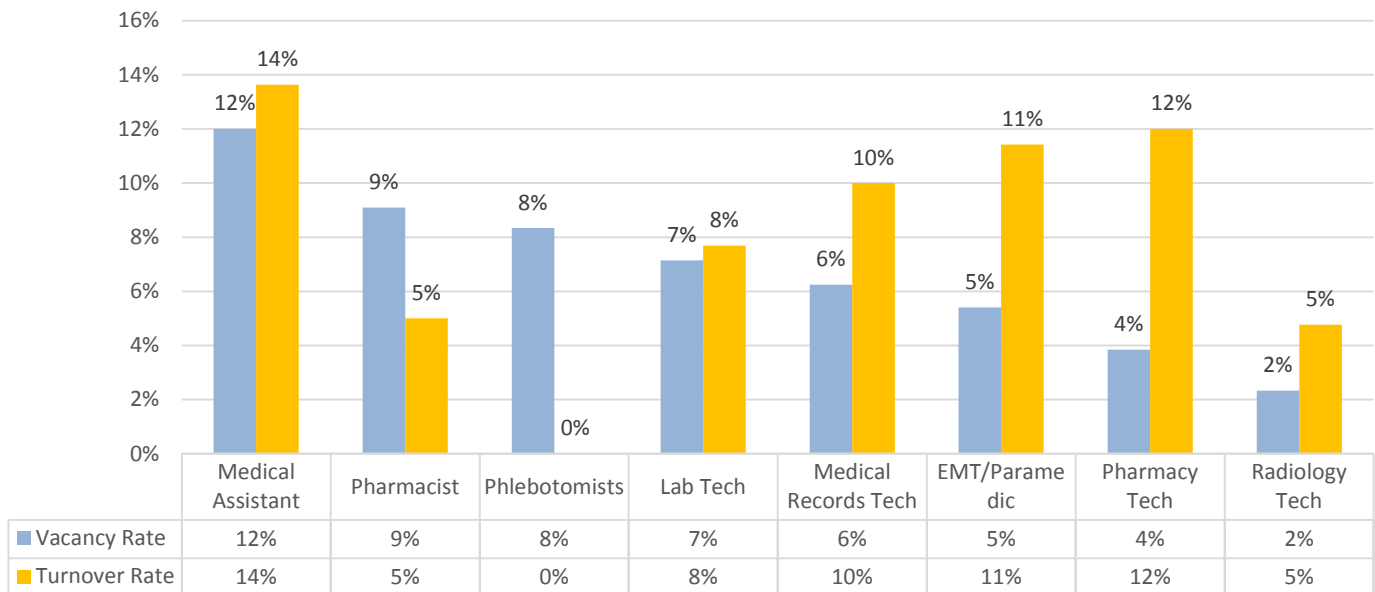
Appendix 7 Oral Health Care Professionals



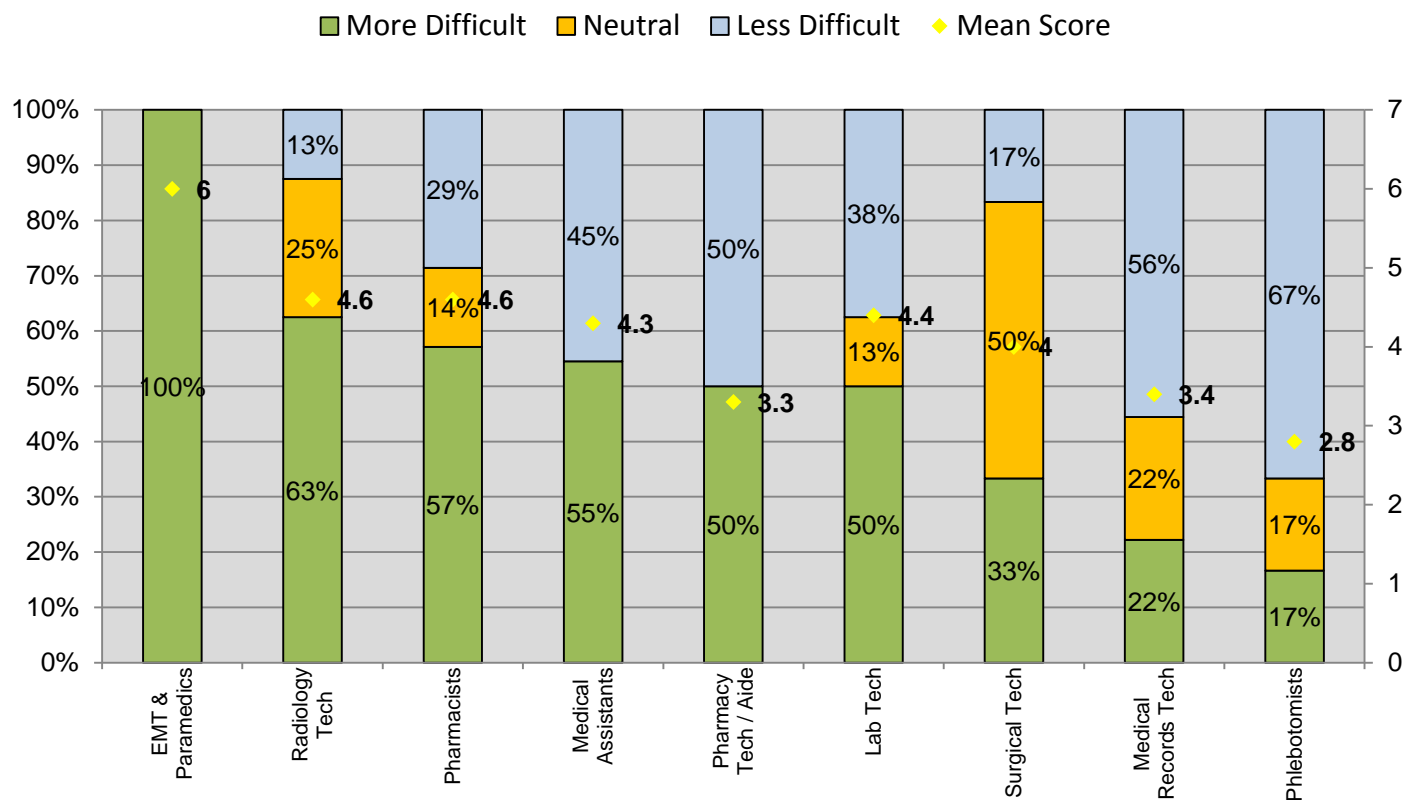
Participants rated the difficulty recruiting each professional on a scale of 1 to 7, where 1 = “Not at all Difficult” and 7= “Extremely Difficult”. Scores of 5-7 were coded as “More Difficult”, 4 is Neutral, and 1-2 were coded as “Less Difficult”.

Appendix 8 Other Health Care Professionals

Other Health Care Provider Vacancy and Turnover Rates



Other Provider Workforce Recruitment Difficulty



Participants rated the difficulty recruiting each professional on a scale of 1 to 7, where 1 = "Not at all Difficult" and 7= "Extremely Difficult". Scores of 5-7 were coded as "More Difficult", 4 is Neutral, and 1-2 were coded as "Less Difficult".

Appendix 9 Focus Group and Interview Summary of Workforce Challenges

Training
Staff experience gaps in soft skills, communication skills, professional boundaries, desire to grow, work ethic, lack empathy
Staff are unprepared for increased autonomy, quality and outcome monitoring
Staff are unaware of most current/evidence based practices
Staff face socio economic stressors that affect wellbeing, work performance and availability
There is a lack of school support/guidance into healthcare careers
There is a lack of adequate preparation for healthcare careers at the high school level
State sponsored training often excludes Assisted Living facilities
Decreasing number of options for student placement

Recruitment and Retention
Experienced staff move on to higher paying jobs or return to school
Difficult to fill positions after staff leaves
Rural areas lack amenities making it difficult to recruit and retain staff
CNA certificate used exclusively for nursing or other advanced degrees
Limited access to behavioral health services, long waiting lists
Recruitment challenges/shortages varied by setting/location

Resources
Covering for staff at training is challenging
Placing students is time consuming
Pay rates are low
Geriatric services shortage – increasing need
Low Medicaid reimbursement rates in some settings
Transportation to and from services
Network funding/sustainability

Appendix 10 Focus Group and Interview Summary of Workforce Strategies

Training

- Initiate training on priority areas and monitor new trends and assess the need for additional training
 - Interpersonal skills (soft skills, empathy)
 - Patient centered care
 - Training managers to better support staff, resolve conflicts
 - Evidence based practices
- Promote dementia certification
- Establish mentoring programs (e.g. pair older and younger workers)
 - Support knowledge retention
 - Identify staff strengths (e.g. IT, soft skills, promote leadership)
- Training managers to better support staff, resolve conflicts

Recruitment and Retention

- Incentives to encourage CNAs to commit to 1-year of work (e.g. scholarships, loan repayment, bonus)
- Identify areas to enhance management practices
 - Implement exit interviews
 - Implement regular reviews that identify unique skills
 - Explore wage equity approaches
- Identify high schools to partner with on promoting health careers
 - Identify sites for shadowing opportunities
 - Participate in career day
 - Identify or create scholarship opportunities for high school graduates
- Identify and share information on loan repayment and scholarship opportunities (web site as clearing house, plus committee can look for new opportunities)
- Develop recruitment materials that promote lifestyle advantages in the region
- Identify existing programs that support job placement services for partners
- Identify opportunities to promote evidence based, quality focused, patient centered care
- Share best practices for retaining older workers
 - Modify jobs to meet older employees' needs (e.g. Decrease physical requirements for older employees)
- Increase availability of/access to psychiatric professionals
 - Identify organizations interested in sharing a psychiatric nurse practitioner
 - Identify organizations with primary care interested in a telepsychiatry partnership
 - Identify and share behavioral health resources

Resources

- Develop or contract for web based training
- Develop a Student Passport
- Identify and share information community resources and provider roles