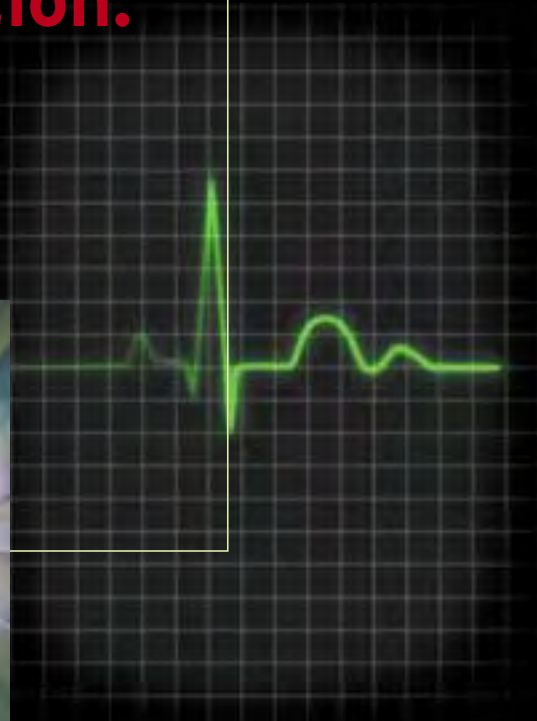


# **In Critical Condition:**

## Seattle-King County's Hospital Staffing Crisis



Challenges and Solutions Identified  
by Seattle-King County Hospital,  
Education and Labor Leaders

February 2003

Sponsored by the Workforce Development Council of Seattle-King County  
and  
the Washington State Hospital Association

## The Seattle-King County Health Care Staffing Crisis Panel

**Ken Graham, President and CEO**  
Overlake Hospital Medical Center  
PANEL CHAIR

**Jennifer Abermanis, Clinical Systems & Logistics Administrator**  
Children's Hospital and Regional Medical Center

**Dr. Bobbie Berkowitz, Chair, Dept. of Psychosocial & Community Health**  
University of Washington  
School of Nursing

**Sue Byers, Director of Special Projects**  
Seattle Public Schools

**Jean Floten, President**  
Bellevue Community College

**Grace Henley, Assistant Administrator, Human Resources**  
Highline Community Hospital

**Judy Huntington, Executive Director**  
Washington State Nurses Association

**Troy Hutson, Director of Legal and Clinical Policy**  
Washington State Hospital Association

**Dr. Peter Ku, Chancellor**  
Seattle Community College District

**John Nagelman, Director of Workforce Planning and Diversity**  
Group Health Cooperative

**Lane Savitch, Chief Operating Officer**  
Swedish Medical Center/Ballard Campus

**Patti Sheehan, Vice President, Human Resources**  
Virginia Mason Medical Center

**Judy Shorr, Manager, Nurse Recruitment**  
University of Washington Medical Center

**Diane Sosne, President**  
Service Employees International Union  
District 1199

**Johnese Spisso, Chief Operating Officer**  
Harborview Medical Center

**Kris Stadelman, Chief Executive Officer**  
Workforce Development Council  
of Seattle-King County

**Dr. Nancy Fugate Woods, Dean**  
University of Washington  
School of Nursing

### Panel Staff

**Sandra Clark, Strategic Initiatives Manager**  
Workforce Development Council  
of Seattle-King County

**Ed Phippen, Planner**  
Workforce Development Council  
of Seattle-King County

*"The panel is a great forum of on-going dialogue for the many stakeholders in our community, and has been able to marshal resources and put puzzle pieces together in a very effective manner. I'm not aware of any other forum that provides this opportunity for so many partners."*

**Patti Sheehan, Vice President, Human Resources, Virginia Mason Medical Center**

## It's undeniable: Washington State is facing a severe personnel shortage in nearly all health professions.

Numerous studies and task force reports have put this fact beyond doubt, as well as the looming crisis that is a direct result. Several grim ironies are at work:

- Health care facilities throughout Washington State are operating with a dangerous lack of staff and an unprecedented demand for workers, yet our state reports one of the highest unemployment rates in the country.
- As our population ages, more health care services will be needed—but the health care workforce is also aging, and workers are retiring far more quickly than they can be replaced.
- Colleges throughout the state have long waiting lists for courses in health care careers, but cannot find enough faculty, training space, funding or clinical hours to train those who are eager to learn.
- When emergency rooms must turn patients away because of staffing shortages, at the same time students are turned away from health care courses, it is clear that a systematic solution—and a concerted effort among many different players—is the only solution.

### Why should we care?

- As of March 2002, staffing shortages contributed to 24 percent of reported “unanticipated events” that resulted in death, injury or permanent loss of function.<sup>1</sup>
- In 2001, patients were turned away from 55 percent of Washington’s emergency departments because of nursing shortages.<sup>2</sup>
- In 2001, Washington’s hospitals reported shortages of approximately 2,000 RNs.<sup>3</sup>
- Twenty percent of RN positions and 15 percent of licensed practical nurse positions went unfilled in Washington’s nursing homes in 2001.<sup>4</sup>
- In Washington State, the health care industry represents eight percent of the workforce and provides \$6.2 billion in wages each year.<sup>5</sup>
- Between 2002 and 2008, there will be more than 6,600 job openings in health care each year in Washington.<sup>6</sup>
- The average age of a registered nurse in Washington is 47—two years higher than the national average.<sup>7</sup>

As a first step toward this solution, the Workforce Development Council of Seattle-King County (WDC) joined with the Washington State Hospital Association (WSHA) to convene a group of hospital industry executives, administrators from two- and four-year colleges, labor leaders and representatives from the K-12 school system to form the **Seattle-King County Health Care Staffing Crisis Panel**.

Recognizing the magnitude of the problem, this diverse group quickly came together and set aside their differences in order to take immediate action. From March through December 2002, they met regularly to examine the complex issues driving the deficiencies of the current system in our region, as well as the work that has already been done to address this growing concern across the nation. They analyzed reports such as *Who Will Care for You?* from WSHA and *In Our Hands* from the American Hospital Association. Several panel members brought valuable insight from their participation in the state Health Care Personnel Shortage Task Force. Meanwhile, the WDC assembled a statewide workgroup of WDCs who were addressing the same challenges in their own communities to work together on areas of common concern.



This report is the result of extensive research, examination of other state and local efforts, and most of all discussion and debate. It identifies the specific local challenges that impede the hospital industry and its workers and recommends specific solutions for Seattle-King County—many of which have already broken ground. More importantly, all the panel members have committed to supporting the implementation of these recommendations—to be part of the systematic solution by seeking out new partnerships as well as working within their individual organizations.

However, the panel members recognized that they could achieve only limited goals acting alone. Beyond local efforts, our region and the entire state must take critical steps that can only be implemented by the Congress, the state legislature and other policy makers. For this reason, the panel's report also identifies the additional help and leadership required for long-term solutions.

**The hospital personnel crisis in Washington State is already happening. It threatens quality of care for all Washingtonians and will eventually impact the state's financial stability. Left unaddressed, this staffing crisis will only worsen. But with a common vision and a commitment to systematic change, as exemplified in the panel's work, we can turn the tide.**

*“Washington State’s health care delivery system is facing an emerging public health crisis.”*

**Who Will Care For You?, Washington State Hospital Association**

1. Joint Commission on Accreditation of Healthcare Organizations, *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*, 2002, p. 6.
2. As quoted in Washington State Hospital Association and Association of Washington Public Hospital Districts, *Who Will Care for You?*, 2002, p. 7.
3. Susan M. Skillman, Troy Hutson, C. Holly A. Andrilla, Bobbie Berkowitz, Gary L. Hart, *How are Washington State Hospitals Affected by the Nursing Shortage? Results of a 2001 Survey: Working Paper #68*. Center for Health Workforce Studies, University of Washington, Seattle, WA. 2001. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, *Projected Supply, Demand and Shortages of Registered Nurses: 2000-2020*, July 2002, p. 18.
4. Health Services Research and Evaluation, American Health Care Association, *Results of the 2001 ACHA Nursing Position Vacancy and Turnover Survey*, February 7, 2002.
5. U.S. Department of Health and Human Services, Bureau of Health Professions, Health Resources and Services Administration, *HRSA State Health Workforce Profiles: Washington*, p. 4.
6. Workforce Education and Training Coordinating Board, *Washington’s Economy*, January 2002.
7. Workforce Education and Training Coordinating Board, *Crisis or Opportunity? A Report of the Health Care Personnel Shortage Task Force*, December 31, 2002, p. 13.

## CHALLENGE 1.

**Develop and support the education system to meet employer demand.**

Early in its discussions, the panel developed a long list of potential issues that might alleviate health care's workforce shortages, such as marketing, recruitment, and K-12 career exploration. They soon decided, however, that improving recruitment and marketing efforts would be counterproductive when most college programs have long waiting lists. For this reason, the panel first turned its attention to the public and private education system itself and its inability to meet employer demand.

The panel agreed to focus on the following barriers that limit the capacity of the education system:

- Lack of clinical training sites
- Faculty, classroom and laboratory shortages
- Increasing dropout rates and student retention problems

### Barrier: Lack of Clinical Training Sites

Most health care students must spend part of their training in a clinical setting, such as a hospital. Arranging these clinical placements is a staff-intensive process for both colleges and hospitals. The University of Washington School of Nursing alone has more than 800 separate contracts with a broad range of facilities for clinical placement of their students.<sup>8</sup> The school employs two full-time workers just to negotiate and oversee these contracts. Hospitals have an equally time-consuming task: Children's Hospital and Regional Medical Center, for example, fields requests for clinical placements from approximately 34 different schools each year and dedicates 0.55 FTE annually just to manage these requests.<sup>9</sup>

### Solution: Online Clinical Database Scheduler

Clinical placements, the panel discovered, don't have to be as time-consuming. A successful example of an alternative was found in Maricopa County, Arizona, where one person coordinates clinical placement requests among all the county's participating hospitals by using an online calendaring system. Once all requests are final, the coordinator negotiates placements with each hospital and the schedule is posted on the Internet. With such a tool, King County could immediately improve coordination between colleges and health care facilities—and because this coordination would reveal where extra clinical spots exist, it would actually expand clinical training slots so more students could be served.



In order to make this online clinical database scheduler a reality, the WDC has pledged funding to develop a plan in close consultation with hospitals and colleges, generate support for the plan, and solicit commitments for the additional funding necessary to implement the program. This effort is slated to be launched in spring of 2003.

### Additional Help Needed: Long-Term Support from Colleges and Hospitals

The WDC's role in this initiative is to act as a broker, facilitator, and initiator. However, those who will actually use the clinical database scheduler—colleges and hospitals—will ultimately determine its success. For this reason, college and hospital staff will need to participate in the development and sustainability of the project to ensure that it meets their needs and to garner long-term support.

8. Dr. Nancy Fugate Woods, University of Washington, February 6, 2003.

9. Jennifer Abermanis, Children's Hospital and Regional Medical Center, January 28, 2003.

## Barrier: Faculty, classroom and laboratory shortages

Colleges report that a lack of faculty, classroom and laboratory space is a critical barrier they must overcome before they can expand their programs. These shortages not only affect the actual training programs, but also the prerequisite classes necessary to enter them. Anatomy and physiology, for example, is a prerequisite course required for many health care programs (including nursing, radiology technology, and medical lab technology), but colleges cannot meet the demand. Students who are eager to begin training languish on long waiting lists.

*“Forty percent of my faculty will retire in the next decade and we’re not training enough people to replace them.”*

**Dr. Nancy Fugate Woods, Dean, University of Washington School of Nursing**

This lack of capacity is caused by a number of issues. For example, the average health care faculty member in Washington State is in his or her mid-50s. More and more faculty are retiring or leaving teaching positions, and younger instructors are not replacing them. This is partly because colleges and universities cannot offer salaries that compete with the wages candidates can make working at hospitals. At some schools, moreover, hiring additional faculty is only one issue to overcome: they must also find added training space on campus or face the task of raising capital funds to build new classrooms and laboratories. Many colleges have had to expand the operating hours of classrooms and laboratories to include weekends and evenings in order to maximize the available space.

## Solution: Strengthen Hospital-College Partnerships

The panel recognized that greater partnership between hospitals and colleges could expand the resources available to each. Panel members acknowledge that hospitals have a variety of resources that may help to remove the bottlenecks colleges are experiencing, such as faculty shortages. It is possible, for example, that hospital staff who are academically prepared to teach could be “loaned” to colleges. In some parts of the state, hospitals have even helped supplement faculty salaries. In addition, colleges could offer some or all of the components of a training program at the hospital site.

### Challenges facing the education system

- Up to 30 percent of students in some health care training programs drop out before completion.<sup>10</sup>
- In 2001, 56 separate nursing and allied health training programs reported waiting lists statewide.<sup>11</sup>
- In a statewide survey, 95 percent of surveyed community and technical college health-care training programs cited a shortage of clinical sites as a major barrier to expanding.<sup>12</sup>
- The average cost of a health-care training program is \$10,000 per full-time student, while other programs average \$5,000-6,000 per full-time student.<sup>13</sup>
- A nurse practitioner in private practice earns \$78,217, while a similarly prepared nursing faculty instructor earns \$54,980 on average.<sup>14</sup>
- The average age of nursing professors nationwide is 56.3 years—very close to retirement age.<sup>15</sup>

The WDC will help initiate and broker relationships between hospitals and colleges to develop a system-wide approach. It is critical that representatives from two- and four-year colleges become active partners by working with the WDC and local hospitals to identify specific needs. Panel members encouraged local colleges to overcome institutional barriers that might slow down this process.

### Additional Help Needed: Increase State Revenue for Health Care Programs

Unfortunately, because the needs of colleges exceed hospitals’ ability to help, the above solution is only a short-term strategy. At the root of this problem is inadequate state reimbursement for high-cost health care programs. Colleges need the flexibility, for example, to set faculty salaries that are competitive with industry. Without both policy change and an increase in state revenue for these programs, these barriers will persist.

## Barrier: Lack of State Resources for Colleges

As previously noted, the panel recognized early on that a lack of funding for high-cost health training programs is a key cause of college capacity issues. In most cases, colleges currently enroll the maximum number of students for which they receive state funding, and in some cases exceed state-subsidized enrollment.

## Solution: Raise Additional Funding for Colleges

With the panel's guidance, the WDC has already identified and obtained federal and state funds to begin expanding the capacity of King County health care programs. In addition to bringing in almost \$1 million in new funding (see box), the WDC is implementing a creative new way to use Workforce Investment Act funds: providing scholarships to eligible hospital employees and working with colleges to use this funding to expand their training programs.

### Funding Successes!

Local hospitals, labor organizations, and the WDC of Seattle-King County joined a seven-county consortium to apply for a U.S. Department of Labor H1-B grant to expand training programs throughout the I-5 corridor. In October 2002, \$3 million was awarded to the consortium with an industry match of \$1.5 million. The WDC will receive \$830,000 of these funds to expand two-year and four-year nursing and radiology technology programs in King County. In addition, the WDC (in partnership with Bellevue Community College) was recently awarded \$160,000 from the Washington State Employment Security Department to expand pharmacy technician, phlebotomy and certified nurse assistant training programs.

Finally, funding sources must be diversified and expanded. The WDC and panel members are committed to pursuing additional funding opportunities and will support colleges that apply for supplementary funding for their high-demand health care programs. The panel will also explore acquiring money from new sources such as medical vendors and other companies whose primary market is the health care industry.

## Additional Help Needed: Political Leadership

Left unchecked, the staffing crisis will affect the quality of life that hospitals and other health care providers contribute to our region. Because of the key role that governments play in funding higher education, informing and educating policy makers about this crisis will be crucial to the ultimate success of local remedies. Political leadership at the state and federal levels is essential to promoting collaborative, innovative and effective solutions.

*"The state reimburses us approximately \$9,000 per student, when the actual cost comes to \$19,367 per student."*

**Dr. Mary Baroni, Nursing Program Director, University of Washington-Bothell**

10. Workforce Development Council of Seattle-King County, Survey of Community and Technical College Training Programs, September 2002.
11. State Board of Community and Technical Colleges, *Survey of Selected Allied Health Programs*, December 2001.
12. Ibid.
13. Workforce Training and Education Coordinating Board, Op sed. p.16.
14. As quoted in American Association of Colleges of Nursing, *Nursing Faculty Shortage Fact Sheet*, 2002; <http://www.aacn.nche.edu/Media/Backgrounders/facultyshortage.htm>.
15. Dr. Nancy Fugate Woods, Presentation to the Washington Nursing Leadership Council, July 2002.

**CHALLENGE 2.****Encourage health care career progression.**

It is notoriously difficult to progress up the career ladder in the health care sector, especially for those who are already working in the field. Students find it can be challenging to transfer credits from one training program to another. Finding and choosing the right program can also be confusing and arduous. Ultimately, when these factors are combined with scheduling and workload difficulties created by growing staff shortages, advancing one's career in health care becomes an unattainable goal.

**Barrier: Lack of Support for Career Progression**

Hospitals need intensive career services for their employees. They need a way to help their lower-skilled employees, where shortages are less severe, begin moving up the career ladder now so they will be prepared to fill critical higher-skilled positions in the future. However, hospitals currently offer their employees only limited tuition assistance and career planning resources.

**Solution: Career Specialists in Hospitals**

The WDC, in a tandem effort with the Seattle-King County Health Care Staffing Crisis Panel, responded to this need with a creative new initiative to offer career services to hospital employees. Called Career Pathways, the new effort is not just a collaboration of public and private partners, but also a blending of five different funding streams that are dedicated to training incumbent workers and placing low-income workers in jobs.

The cornerstone of the program is a team of on-site career specialists from WorkSource, the WDC-led countywide system of workforce services for employers and workers. These specialists spend one or two days a week at participating hospitals to offer career options to employees—not just nurses and allied health workers, but also low-skilled employees such as housekeepers and janitors—and help them access the training and support programs that best fit their needs. As workers move up, WorkSource staff help backfill the vacancies with new candidates who can then, if they choose, start on the career ladder.

**Additional Help Needed:  
Commitment from Hospital Staff and Management**

With hospital and union support, this project could effectively develop the skills of our local health care workforce while incorporating future needs and trends. The immediate goal is to enhance communication and career support, while staff retention and improved job performance are long-term goals. To effectively integrate career specialists into the workplace, hospital staff and management will need to devote resources to ensure that the services are tailored and readily available to their employees.

*“I have wanted for years to get my training as an LPN, but I couldn’t finance the tuition and books on my salary. I also needed to keep working full time. With the Career Pathways program, I can finally do it. Sarah, our WorkSource counselor, has been absolutely wonderful as a resource, and a spokesperson for us. She stays in touch and is always available to answer any questions, and she facilitates the process with Group Health and with the school.”*

**Laurie Hancock, Medical Assistant, Group Health Cooperative and Anatomy and Physiology student at Renton Technical College**

### **Barrier: Inefficient Transferring Between College Programs**

Individuals who wish to transfer from one school's health care program to another soon learn that some schools throughout the state require different prerequisites and use different course curricula, making transferring cumbersome and frustrating. This lack of a common standard creates obstacles to completing a program and adds to the time required to graduate. Often, students must retake courses that are academically similar to those they have already successfully completed at another school. This is neither an efficient use of scarce resources nor an incentive to further one's education.

### **Solution: Improve Articulation Between Programs**

In *The Washington State Nursing Education Articulation and Competency Project*, the Council for Nursing Education in Washington State (a coalition of nursing program directors) calls for a common core of classes among nursing programs and lays out a framework for easing articulation between different levels of nursing. The Washington State Nursing Care Quality Assurance Commission also encourages schools to simplify the process for students who articulate between programs. In accordance with this leadership, many schools have developed effective model articulation agreements.

It is to the benefit of all to help students continue their education in the health care field. To do this, schools must make the process of transferring educational certificates and degrees less burdensome. Panel members suggest that school directors from across the state redouble efforts already underway to develop a common core curriculum and standardized articulation plans, so that degrees are portable throughout the state.

### **Additional Help Needed: Leadership from Health Care Training Programs**

While the WDC and others are prepared to support this effort, the charge must be initiated and led by the private and public two- and four-year health care training programs. Much progress has already been accomplished both locally and throughout the state; however, some schools have yet to finalize their articulation plans. It's crucial that college representatives encourage and collaborate with each other to complete this important work. Also, educating their advising staff is key so that all students receive appropriate counseling regarding the portability of their transcripts.

**CHALLENGE 3.**  
**Promote legislative action for long-term success**

As stated above, many of the solutions identified by the Seattle-King County Health Care Staffing Crisis Panel will require action on the part of state and federal lawmakers and other public officials. For this reason, panel members urge the legislature to commit to the following strategies:

- Increase the capacity of health care training programs
- Reimburse high-cost programs at a rate that covers the school's actual costs
- Provide more flexibility to college faculty salary schedules or allocations so that colleges can set salary rates that are competitive with industry

**Barrier: Competing Priorities**

The state budget has suffered deep cuts in the current economic and political environment. Because there is little support for increased taxes, many worthy constituencies are competing just to keep their programs afloat. In order to be successful, supporters of health care solutions must make an attention-getting argument that places expanding college resources at the top of the legislature's priorities.

**Solution: Assemble a Diverse Coalition of Supporters and Draw Attention to Recommendations**

The state Workforce Training and Education Coordinating Board has already convened a broad-based, statewide task force of people concerned about the quality of care available in hospitals and other health care institutions. The Seattle-King County Health Care Staffing Crisis Panel intends to coordinate with the state task force by pulling together a group of local stakeholders to support the panel's recommendations. This group could include educators, labor officials, representatives from local companies and chambers of commerce, and other people of influence who could draw attention to these recommendations through efforts such as holding press conferences and conducting community forums with legislators.



*“This issue is critically important for the health and well-being of the citizens of King County. We’ll continue to do all we can locally to address the complex issues, particularly in the short term. However, we will still need significant help from the state and federal representatives, particularly as we look for long-term solutions.”*

**Lane Savitch, COO, Swedish Hospital - Ballard Campus**

## A Call to Action

The Seattle-King County Health Care Panel has already started to make its recommendations a reality. As shown in this report, the combined expertise and commitment of leaders from local employers, unions, community-based organizations, educational institutions, government agencies and business associations is a powerful force for system change. With funding obtained by the WDC of Seattle-King County, these partners have begun several key local efforts, including creating new training programs, expanding classes for incumbent workers and a new initiative to place career specialists in hospitals.

Other solutions identified by the panel will require much broader support than is available in King County alone. It's vital that state legislators support increasing budgets to expand college capacity and remedy faculty shortages. Hospitals and colleges across the region must unite to increase educational opportunities. And on a grassroots level, we must inform and empower community leaders to cultivate their personal connections to push forward these recommendations.

- Develop and support the education system to meet employer demand.
- Encourage health care career progression.
- Promote legislative action for long-term success.

The WDC of Seattle-King County, the WSHA and panel members have shown that the value of such a collaboration is greater than the sum of its partners. We clearly recognize the devastating impacts of the health care staffing crisis and have taken the first steps toward a cure in King County. But as hundreds of thousands of Washingtonians reach an age at which their well-being relies on the availability of quality and affordable health care, we can't afford to wait to take the next steps. This report is an urgent call to action. With your support and collaboration, we can answer our region's health care needs today and into the future.

*“By investing in these priorities now, the state will be able to avoid drastic and expensive costs – both in human and financial terms – later.”*

**Troy Hutson, Director of Legal and Clinical Policy, Washington State Hospital Association**

## The Workforce Development Council of Seattle - King County

2003 Western Avenue  
Suite 250  
Seattle, WA 98121-2162  
206.448.0474  
Kris Stadelman, CEO

The Workforce Development Council of Seattle-King County (WDC) is a nonprofit organization that supports and funds providers of employment and training services and connects job seekers and employers.

Through strategic partnerships with business, labor and community organizations, the WDC supports innovative employment-related programs. These programs serve adults, youth and employers throughout King County, creating employment opportunities that lead to independence and self-sufficiency.

Based on the strength of its nationally recognized programs, the WDC successfully competes for government and private grants that help to create and nurture a vibrant, well-trained workforce.

The WDC also leads the WorkSource system in King County, a network of resource centers, seamlessly linking its own employment and training efforts with those of the private sector, community organizations, colleges, labor groups and government. These resources provide job seekers and employers with universal access to comprehensive employment resources.

For more information about the WDC, visit [www.seakingwdc.org](http://www.seakingwdc.org) or phone 206-448-0474.

**Vision:** Leadership toward an inclusive, dynamic regional economy

**Mission statement:** To champion a workforce and learning system that allows our region to be a world leader in producing a vibrant economy and lifelong employment and training opportunities for every resident.

## Washington State Hospital Association

300 Elliott Avenue West  
Suite 300  
Seattle, WA 98119-4118  
206.281.7211

The Washington State Hospital Association is a membership organization representing 98 hospitals and 17 other health care related organizations across Washington State.

WSHA provides issues management and analysis, information, advocacy and other services. Our staff members represent hospitals and health systems before Congress, the state legislature, regulatory bodies, and other agencies dealing with health care. They also identify and work with groups interested in critical health care matters.

The association also works to improve the health of the people of Washington State by becoming involved in all matters affecting the delivery, quality, accessibility, affordability and continuity of health care.

For more information about WSHA, visit [www.wsha.org](http://www.wsha.org) or phone 206-281-7211.

**Vision:** To create a society of healthy communities where:  
All individuals have access to necessary and appropriate health services;  
Health professionals and hospitals receive the necessary resources to offer the best health care available; and  
Educational institutions receive sufficient resources to train an adequate supply of health care professionals.

