



Workforce Update

Latest information on hospitals' attraction and retention of talent:

January 11, 2005

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1. OHA Labor Issues Seminar Scheduled

On Jan. 27, OHA, in cooperation with Management Performance International and Jones Day, will offer a one-day seminar at the Clarion Hotel in Dublin to help hospitals cope with efforts to organize hospital-employed registered nurses across Ohio.

This seminar will:

- Assess current knowledge of National Labor Relations Act
- Discuss current union organizing trends and tactics with emphasis on current initiatives on California Nurse Association (CAN) and Service Employees International Union (SEIU) in Ohio.
- Revise hospital policies and practices for better response to organizing campaigns
- Describe appropriate methods to gauge key organizational vulnerability points
- Discuss specific hospital concerns.

The registration fee for this program is \$195 per registrant for OHA members, and \$250 per registrant for non-members. This fee covers all handout materials, beverages, breaks, lunch

and administrative costs. You can access the online registration form at www.ohanet.org/education/education_programs.asp.

This seminar is one of the first in a series of forums to help member hospitals be successful in creating work environments that attract and retain capable, diverse and talented individuals. Stay abreast of other activities through the OHA Workforce news and the OHA website (www.ohanet.org/workforce/).

For additional information contact OHA's Center for Education at 614-221-7614 or e-mail Joe Ruggles at joer@ohanet.org or Jean Scholz at jeans@ohanet.org, or contact Management Performance International at info@managementperformance.com.

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2. Employment Climbs for Hospitals in November

The nation's hospital employment rose 0.18 percent in November to a seasonally adjusted 4,345,700 people, according to the Bureau of Labor Statistics. That is 7,900 more than October and 67,600 more than a year ago. Without the seasonal adjustment hospitals employed 4,348,300 people in November. (AHA NewsNow, December 3, 04)

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3. OSHA Issues Guidance

The Occupational Safety and Health Administrations (OSHA) issued guidance designed to help hospitals safeguard their employees as they care for patients injured in incidents involving chemical, biological or radiological materials. The development of the document was based on the best practices of hospitals of varying sizes and risk levels, and extensive literature search and stakeholder input. American Hospital Association (AHA) believes the guidance will be valuable to hospitals as emergency management addresses both the threat of terrorist attacks as well as the unintentional release of toxic substance that occurs periodically. AHA commended OSHA for the inclusive and deliberate process the agency took in creating and seeking input and review of the guidance. (AHA NewsNow, December 21, 04)

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4. Seven Steps Ensure New Hires Integrate Smoothly Into Workplace

Many organizations become overwhelmed with the paperwork demands of a new hire in complying with employment laws and fail to lay the groundwork for improving and retaining employees. These seven tips will help coordinate orientation and new hire legal compliance.

- ✓ Make new employee feel welcome and part of the group.
 - Appoint a co-worker advocate to make introduction, set up e-mail account, badges, keys, etc.
- ✓ Provide an overview of all operations
 - History of hospital, organizational chart, tour facility
- ✓ Communicate information about the organization's goals and culture.
 - Retention rates improve when employees feel informed about, and buy into hospitals' missions and goals.
- ✓ Assign employee meaningful work.
 - Keep employee from being unchallenged or bored.
- ✓ Carefully review important policies and benefits.

- Every new hire should receive procedure and policy information, in most organizations; the handbook is the source of this information. Policies such as drug and alcohol testing and safety may require extra time. If the employee will participate in the organization's health plan coverage rights should be explained.
- ✓ Complete necessary paperwork, without allowing it to dominate the orientation.

It is expensive to find, train, and replace employees. An effective welcome and new hire integration process can help ensure a better retention rate and be highly cost efficient. (HumanCapital/maa.com, November/December 2004)

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5. California Nursing Union Sues to Reverse Easing of Nurse Staff Ratios

The California Nurses Association filed suit against Gov. Arnold Schwarzenegger and key members of his administration in an effort to reverse recent changes to the state's nurse-to-patient-staffing ratios. Filed in Sacramento Superior Court, the lawsuit claims the California Department of Health Services (DHS) lacked the authority to change the regulations and the changes could harm patient care. The changes were approved Nov. 12, and would delay for three years a scheduled decrease in the minimum nurse-to-patient ratio for medical/surgical units from the current 1:6 ratio to 1:5. The change is effective for 120 days while the DHS pursues its normal rule-making process. The California Healthcare Association stated DHS issued the emergency regulation because of real concerns the nursing shortage was impacting hospitals' ability to implement the ratios, jeopardizing access to care for millions of Californians. The mandatory staffing ratios were cited by DHS as a factor in the closure of nine hospital and two hospital units.

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6. Licensure Verification Web Site Changes Address

The Ohio Board of Nursing (OBN) made a change to its online licensure verification Web site, switching the site to a new address at <https://license.ohio.gov/lookup/default.asp>. Hospitals associates should be aware of the new address and change any shortcuts or bookmarks to this site.

OBN announced the Ohio eLicense Web site this summer to provide more timely and helpful information about nursing licensees, including original date of licensure, licensure and application statuses, disciplinary actions and how the individual was originally licensed.

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7. Nurses Extending Work Shifts

Many nurses are working shifts lasting longer than 12 hours, which triples the likelihood of medical error, according to a study supported by the Agency for Healthcare Research and Quality (HS11963). A nationwide random sample of logbooks completed in 2002 of 393 hospital staff nurses over a 4-week period revealed that 90 percent of the time nurses worked longer shifts than scheduled, nearly 40 percent of the 5,317 work shifts they logged exceeded 12 hours, and half of them exceeded 10.5 hours.

The logbooks were used by nurses to collect information about hours worked (both scheduled and actual hours), time of day worked, overtime, days off, and sleep/wake patterns, as well as information about medical errors and near errors. The logbooks showed

that 14 percent of nurses worked 16 or more consecutive hours (double shifts) at least once during the 4-week period. Nearly 24 hours was the longest shift worked. Nurses left at the end of their shifts less than 20 percent of the time, working an average of 55 minutes longer than scheduled each day. One-quarter of the nurses worked more than 50 hours per week for two or more weeks of the 4-week period.

Errors are three times more likely to happen when nurses work shifts lasting 12.5 hours or more. Regardless of when the shift begins, working overtime doubles the odds of making at least one error. Working more than 40 hours per week significantly increased the risk of making an error or near error. (Agency for Healthcare Research and Quality)

Even though the study indicates 12-hour shifts may affect the likelihood of errors, many nurses prefer to work 12-hour shifts. Since patient care is unpredictable, it is not uncommon for a situation to occur that would extend the nurse's shift even beyond the 12-hour period. In addition, some nurses prefer to stack their shifts one right after the other to increase the number of days off in a row, creating an over 40-hour week and extending time off the following week. This study indicates that hospital administrators and nursing staff should collaboratively develop work patterns that not only help retain qualified nurses, but also decrease potential for errors and maximize nurse's ability to provide safe patient care. Furthermore, hospitals and their staff may want to consider patient safety and error reduction when considering whether to continue 12-hour shifts.

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8. Demand Continues to Outpace Capacity at Nation's Nursing Schools

According to preliminary data from the *American Association of Colleges of Nursing (AACN)* annual survey of the nation's colleges and universities with baccalaureate and graduate nursing programs, enrollment in entry-level baccalaureate programs in nursing increased by 10.6 percent in 2004 over the previous year. However, capacity continued to fall short of demand as 26,450 qualified applications were denied, primarily due to the shortage of nurse educators. While this marks the fourth consecutive year of enrollment increases, this year's moderate growth indicates that some nursing institutions have reached the limit on how far they can expand without jeopardizing quality. Though enrollments are up nationwide, almost 20 percent of nursing schools experienced enrollment declines or no growth in 2004. Final results of the AACN survey will be available in February 2005.

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9. The Center for Health Affairs Finds Increased Demand for Nursing School Enrollment

The Center for Health Affairs (CHA), Cleveland, a regional hospital advocacy group, recently released a report that indicating a significant increase in demand for enrollment in area schools of nursing. CHA collected information from 15 schools of nursing across seven counties in northeast Ohio. The information quantifies the demand for enrollment in schools of nursing examines the capacity of the schools to accommodate an increase in demand, and identifies the factors that may hinder the ability of schools to expand their programs and enroll greater numbers of students.

Highlights of the report include:

- The number of applicants to these schools more than doubled from the 2000-2001 to the 2002-2003 academic years.
- The overall number of students accepted into a nursing education program has increased by 75 percent and overall student demand has increased by 41 percent.
- In the 2002-2003 academic year, 553 qualified nursing school applicants were denied admission due to lack of available student slots.
- The lack of nursing faculty, classroom space and clinical training sites are the most significant barriers to expanding nursing education programs.

The Center of Health Affairs, through its Northeast Ohio Nursing Initiative (NEONI), has been active in trying to attract more people to careers in health care, especially nursing. For additional details on NEONI programs and a copy of the nursing capacity survey report, visit CHA's Web site at www.chanet.org.

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10. AONE Co-Sponsors Capitol Hill Event

In conjunction with 50 professional nursing organizations that are part of Americans for Nursing Shortage Relief (ANSR), the American Organization of Nurse Executives (AONE) co-sponsored a Capitol Hill event highlighting faculty shortages. "The Other Side of the Nursing Shortage: The Faculty Crisis" featured an expert panel presentation designed to educate Congressional staff and others on the critical shortage of nursing faculty and its impact on the nursing pipeline. The meeting was held in cooperation with Senator Barbara Mikulski (D-MD), and Dr. Janet Allen, dean of the University of Maryland School of Nursing, moderated the panel. AONE is actively working with ANSR in partnership with the greater nursing community to increase appropriations for Title VIII nursing education programs. While the growing federal budget deficit and competing priorities are certain to impact the nursing community's request for an increase to \$205 million for FY 2005, AONE continues to strongly advocate for this increase because of the critical needs of the profession.

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11. Employment Opportunity

The Ohio Medical Board is searching for a new executive director. The Board is searching for candidates with expertise in health care administration and management. OHA works closely with the Medical Board and we staff look forward to continuing our relationship with the new executive director. If you know of someone who may be interested, the Board has asked that interested candidates submit resume/salary recommendations by January 25, 2005. For more information, contact Joan Wehrle, Coordinator for Assessment & Development at the State Medical Board of Ohio, phone - 614-728-3684.

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12. Job of the Month

The surgical technologist assists surgeons in a scrub capacity. The surgical technologist sets tables with instruments and supplies, anticipates the needs of the surgeon with regard to instruments, sutures, sponges and supplies, and provides the same.

The typical duties of a surgical technologist are to assist in preparing and draping patients provide the surgeon with all instruments, sponges, supplies, etc. as needed throughout a surgical procedure. They perform appropriate counts of instruments, sponges and needles

with the circulating nurse, assist in the application of casts and dressings, and assemble instruments and equipment for decontamination.

Surgical technologists must complete a two-year course in operating room technology generally offered at associate-degree colleges, and complete a national certification examination.

The average starting salary is \$24,490 – \$31,803 per year with a healthy employment outlook and jobs available in hospitals, freestanding surgery centers and with physicians in their offices as private scrub nurses.

This information is provided a publication offered by the Akron Regional Hospital Association and offers an overview and examples of the many types of jobs available in the field of health care. It describes careers for those interested in working closely with patients and others, and for those drawn to technology or advanced support services. To see the publication visit the *OHA Workforce Forum* at www.ohanet.org/workforce/toolkit.htm.

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OHA Workforce Update

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