

Workforce Update

Latest information on hospitals' attraction and retention of talent:

May 26, 2005

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1. **Hospitals employment climbs 0.22% in April**

The Bureau of Labor Statistics reported that in April, hospitals employed an additional 9,700 people than was recorded working in March, and 76,300 more individuals were employed this year compared to this time last year. This is a 0.22% growth. Without the seasonal adjustments, these numbers indicate that hospitals gained 10,100 employees, bringing their workforce number to 4,351,100 people for the month of April, and 76,900 more than a year ago. All this growth comes at a time when the national unemployment rate has remained at a constant 5.2 percent *AHANews Now*

2. **New model for nursing education and practice - Clinical Nurse Leader**

At a recent OHA Workforce Committee meeting, Pat Martin, Susan Schmidt and Connie Gallaher provided an overview of the clinical nurse leader (CNL) concept and its potential for serving as a model for nursing. Developed by the American Association of Colleges of Nursing, in conjunction with service providers in academic medical centers, the CNL role is a strategy to help nurses have appropriate preparation to provide the high level care needed in the future. There are currently over 70 pilot sites testing this concept, including Xavier

University, Wright State University, Ohio State University and several other schools and practice settings in Ohio. For more information, visit <http://www.aacn.nche.edu/>

3. Report recommends ways to combat nurse shortage in long-term care

A commission charged with suggesting practical steps and model practices to address the shortage of nurses in long-term care has recommended collaboration at the federal, state and local level to bring new nurses to the field and changes to the workplace and organizational culture to keep nurses there. With nearly 100,000 vacant positions on any given day and turnover rate exceeding 50 percent, the nurse shortage is costing long-term care facilities an estimated \$4 billion a year in recruitment and training expenses, the commission notes. Convened by the American Health Care Association, the commission highlights model programs it says can be replicated to reduce the shortage. To see the commission's report, go to www.ahca.org/research/workforce_rpt_050519.pdf.

4. Companies get relief with on-site medical centers

Decades ago, industries started providing their employees with basic health care services with on-site caregivers. Today, due to the rising costs of health care, large international and local industries alike are reinventing this practice and saving their companies millions in both money and productivity.

Companies such as Sprint, Toyota, U.S. Steel, Goodyear Tire and Rubber Co. and many more have adopted this revolutionary system of providing on-site or near-site health care for their employees and employees' families. Instead, state-of-the-art facilities are being constructed and run by skilled doctors, nurse practitioners, physician assistants and registered nurses. They are providing care ranging from on-the-job injury care to family practice care, pediatrics and obstetrics. At Pitney Bowes, a fortune 500 global provider of mail and document management solutions, 96 percent of the employees who visited the clinics ranked the experience as good to excellent, according to a company survey. Seventy three percent of employees with access to the clinics use them. Due to the freedom from the restricting scheduling of HMO office visits, physicians and staff at these clinics have time to deal with the whole person, and as a result employee satisfaction has skyrocketed.

Aside from boosting worker moral and productivity, these clinics reduce missed time because employees no longer have to take off half a day to see a doctor, and they are treated faster and returning to work sooner than they would have otherwise. At Pitney Bowes, the average employee was missing 21 hours a year for health and medical reasons; that number was reduced to 10 hours a year once the company began providing on-site health care services.

The most obvious benefits of these on-site clinics are the savings. Pitney Bowes was paying an average of \$645 annually per employee for health care; once it switched to the on-site clinics, it fell to only \$276. In addition, many companies face an 8 to 15 percent annual increase in health care insurance. Clients of I-trax, a health management company, only see an increase of 2-6 percent. Savings are also noted in pharmacy increases.

According to Stewart Clark, executive vice president of on-site health care services at I-trax, the start-up fees for these on-site clinics range from \$500,000 to \$2.5 million. Over all, with results differing between companies that charge a co-pay and those that allow for free health care, companies can recover their investments in 12 to 24 months. In regards to the initial investment, Dr. Pawlecki at Pitney Bowes says, "Employees are going to be with you for years and years. We have to invest in them." *Workforce Management; May 2005, pp. 82-83*

5. ETA to award \$125 million to help colleges train workers for high-growth jobs

On May 3, the federal Employment and Training Administration announced that \$125 million in grants would be given to community colleges that partner with employers and others to begin preparing more people for high-growth fields such as health care. Applications for the grants will be accepted through July 6; the money will be used to help strengthen the ability of community colleges to train workers to better succeed in high growth jobs where there is a strong need for qualified employees. The community-based funds will be used to support both capacity building and training activities. *AHANews Now*

6. New AHA chairman emphasizes hospitals' "unique role and value"

George Lynn, the American Hospital Association's (AHA) new chairman and CEO/president of AtlantiCare spoke at his investiture about the value and importance of America's Hospitals and their employees. "Our work is defined in our mission statements, and has to do with caring for the sick and injured. It is rooted in our communities. When we are doing this work well, we display some of the highest values of humanity—compassion, caring and service to others." Lynn also called on AHA members to inform the public and the policymakers that the hospitals' presence in their communities makes them better places to live and work. He noted that the recently approved plan to create a center for health care quality would "raise awareness and participation in improving quality and patient safety." *AHANews Now*

7. CMS confirms operating surgeon can supervise nurse anesthetist

The Centers for Medicare & Medicaid Services (CMS) clarified that it is not necessary for a second surgeon to supervise a certified registered nurse anesthetist (CRNA) who is administering anesthesia. CMS clarified that an operating surgeon may supervise a CRNA working on the same patient. The agency issued interim changes to the confusing guidelines until the guidelines can be reworded and updated on the CMS Web site. CMS also stated it is not necessary for physicians to be specially privileged to supervise the administration of anesthesia, but that the hospital is required to clearly explain in its statement of privileges the conditions of the procedure under which the practitioner may supervise. *AHANews Now*

8. Skipping meals may contribute to nurse burnout

In a recent study, supported by the Agency for Healthcare Research and Quality, Dr. Ann E. Rogers, Ph.D., R.N., F.A.A.N., and her colleagues, found that nurses working full time are not getting adequate break or meal time during their shifts, putting them at jeopardy of making mistakes and compromising their overall health. Over a one month period, Rogers asked 393 registered nurses who worked full time as hospital staff nurses to keep a log book for 28 days recording work hours, errors or near errors, episodes of drowsiness and actual sleep on duty, duration of breaks during each shift and whether or not they were relieved from patient care duty during their breaks or meals. Although nurses who received shorter breaks or no breaks during a shift did not report any additional errors than the nurses who had received breaks, it is believed these are the conditions that contribute to nurse burnout and eventually cause nurses to leave the field.

The study showed that the average nurse is taking a break or eating a meal free of patient care on only about 47 percent of their shifts. Surprisingly, this number does not change regardless of the length of a shift. Nearly 40 percent of shifts exceed 12 hours but nurses working these shifts were no more likely to have breaks than nurses working shorter shifts.

While the presence of breaks did appear to increase the number of mistakes made during a shift, it was noted that nurses who received an additional 10 minutes on their

average 23.8 minute breaks were 10 percent less likely to have at least one error during their shift. *Research Activities, March 2005: Patient Safety/Quality*: <http://www.ahrq.gov/research/mar05/0305RA4.htm>

9. Senate passes amendment to address nurse visa problem

In response to the overwhelming nursing shortage, the U.S. Senate recently amended the U.S. Department of Defense's supplemental appropriations bill allowing the government to reclaim half of the assigned visas left unfilled by other countries during the past four years and reassign them to the Philippines, India and China, which have all exceeded their visa quotas. It is expected that by allowing more visas to be granted to citizens from these nations, the flow of foreign nurses will help to solve, or at least slow, the nursing shortage in the U.S. *AHANews Now*

10. NLN releases position statement on nursing education

This week a new position statement on nursing education was released by the National League for Nursing (NLN). The statement points out that the innovative and wide-spread changes being made in nursing education are not based on research and careful planning. NLN is asking nursing educators to reexamine any proposals for changes and thoroughly review the research behind the proposals and their implications for nursing faculty, students and the nursing field in general. NLN insists the field can no longer depend on tradition and good intentions; instead all proposed changes to the nursing curriculum should stem from evidence that enhances the science of nursing education and allows for the best in nursing education practices. *E News Update*

11. J & J campaign raises \$7 million for nursing shortage

An additional \$2.5 million has been raised by Johnson & Johnson for the Campaign from Nursing's Future, bringing its total collection to over \$7 million in nursing fellowships, scholarships and grants. In 2002, the \$30 million awareness campaign was launched and since then has hosted 14 regional Promise of Nursing galas to raise funds. According to Peter Buerhaus, Ph.D., RN, and Valerie Potter, professor of nursing and senior associate dean of research at the Vanderbilt University School of Nursing, more than half of the 496 nursing students surveyed claimed to have been aware of the efforts to enhance the profession by hospitals, nursing education programs and Johnson & Johnson. The students who said these attempts influenced them to enter the nursing field had more positive outlooks and higher hopes for the future of nursing than students already involved in the program. *E News Update*

12. Job of the Month

The electroencephalograph technologist (EEG) administers tests that record the activities of the brain to help physicians make diagnoses

Typical duties include taking and abstracting histories, applying adequate recording electrodes using electroencephalography, and documenting the clinical conditions of patients. The EEG technologist understands and employs optimal use of EEG equipment and understands the interface between and among all these pieces of equipment. They recognize and understand EEG activity displayed, manage medical emergencies as needed, prepares descriptive reports of recorded activities, and must be able to recognize changes in patients neurology, cardiac and respiratory status and react appropriately.

An EEG technologist's educational programs may be 12 months or more in length, often integrated into a college-sponsored program leading to an associate's degree. Registry is available by the American Board of Registration of EEG and Evoked Potential Technologists.

The average starting salary is \$25,480-\$30,100 per year and is expected grow by some 50 percent plus due to the greater use of EEG and related neurodiagnostic tests as well as advances in neurophysiology. EEG technicians' employment opportunities are good in the offices of neurologists, medical group practices, hospitals and other health maintenance organizations. This information is provided by a publication offered by the Akron Regional Hospital Association that 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 also 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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**is a service of the Ohio Hospital Association
155 E. Broad St., FL 15, Columbus, OH 43215-3620
614-221-7614, 614-221-4771 (fax)**

**For more information contact
Susan Zabo susanz@ohanet.org**

or

Jean Scholz jeans@ohanet.org

Visit us on the Web at <http://www.ohanet.org/workforce/>