

Healthcare PPWG Survey Report

September 2014

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Executive Summary

The “*Hawaii Healthcare Career 2013 Survey*” was distributed state wide to the Healthcare Policy Planning Work Group (PPWG) members in August 2013 for the purpose of gathering data/evidence to:

- verify the program student learning outcomes for currently offered academic programs are deemed appropriate by employers
- confirm health education graduates have the necessary workforce readiness soft-skills
- identify gaps in learning skills, assess the utility of a state-wide clinical preceptor network and training schedule for the associated allied health training programs
- identify training program/courses and recognized credentials which need to be developed to meet the workforce needs in hospitals, clinical settings and the community

Through the survey, members of the Healthcare PPWG, including the state’s three largest healthcare employers (Hawaii Pacific Health, Kaiser Permanente, and Queen’s Medical Center) and other stakeholders, provided UHCC with some important information regarding its programs. Out of 131 employers who were emailed the survey, 33 people responded (25% response rate). Of the 33 survey respondents, 63% were from Oahu, 18% from Maui, 12% from Hawaii and 6% from Kauai.

The survey revealed some important findings:

- Interest in a statewide Health Advisory Panel
- Interest in a statewide Training Program for Clinical Preceptors
- Knowledge gap about existing health education programs
- Need to embed Health Information Technology into existing health education programs

Survey respondents identified the demand for specific jobs and indicated that every occupation listed on the survey is needed in at least one county within the state, with the exception of dental assistants and athletic trainers. Registered Nurse was identified as the most frequently needed occupation in each county followed by Nurse Aide and Licensed Practical Nurse.

Survey respondents also provided feedback regarding factors affecting hiring in Hawaii such as nursing graduates flooding the market, Medicaid/QUEST integration, Healthcare reform, changing technology (EMRs), cuts in reimbursements to providers, Hawaii’s high cost of living, and various education and training factors.

A follow up “Capacity Building Symposium” to bring all the survey respondents together was conducted on September 5, 2014. The goal of the daylong meeting was to formulate action plans based on the survey results.

Background

Hawaii's Healthcare Industry is in dire need of qualified and certified professionals to meet the growing demand in services by Hawaii's large aging population. The warning signs of this looming crisis have been known for years. With baby boomers reaching retirement age, Hawaii is leading the nation in its elder population and life expectancy.¹ Simultaneously, retirement of healthcare professionals and the growing need for primary care physicians are adding pressure to an already stressed system.

With this in mind, the state has worked to mitigate this imminent need in recent years. In the plan, *A New Day in Hawaii*, Governor Abercrombie called healthcare transformation "our most complex challenge"² and his administration has established the Office of Healthcare Transformation to address it. The University of Hawaii Community College (UHCC) System has taken heed by obtaining additional federal resources for capacity building and curriculum development in healthcare through its C3T grant. The C3T grant also provided funding for the formation of the Healthcare Policy Planning Work Group (PPWG) to evaluate curriculum and ensure that the community colleges are meeting the industry needs.

C3T Grant

In 2011, the University of Hawaii Community College System was awarded \$24.7 million provided through the Trade Adjustment Assistance Community College and Career Training (otherwise known as "C3T") grant funded by the U.S. Department of Labor Employment and Training Administration (USDOL-ETA). The C3T grant is focused on training new workers for a variety of careers in the agriculture, energy, and healthcare industries in Hawaii. One of the grant objectives is to develop and maintain Policy Planning Work Groups in each of the three industries. UHCC, in partnership with the Department of Labor and Industrial Relations' Workforce Development Council (WDC), is in the final year of implementation of the 3-year grant including a 1-year no-cost extension.

Healthcare PPWG

The survey was designed to meet the objectives of the C3T grant's Healthcare PPWG. Through employer engagement, the overall goal of the PPWG is to ensure that UHCC courses are properly serving the industry and its workforce needs so that Hawaii's workforce development is pro-active rather than reactive.

Instead of holding regular monthly or quarterly meetings with industry stakeholders, the C3T Coordinators took a different approach to the Healthcare PPWG after it was proposed that healthcare employers are stretched too thin participating in several healthcare committees and

¹ 2010 United States Census Report

² Office of the Governor website. When Hawaii Works, Hawaii Wins: A New Day Status Report. <http://hawaii.gov/gov/new-day-status-report>. Accessed September 2, 2011.

initiatives already occurring in the state. Therefore, the Healthcare PPWG utilized existing groups (the Governor's State Innovation Model Grant group, the Healthcare Workforce Forum, and WDC's Healthcare Skill Panels) and developed a survey to gather information in order to fulfill the objectives of the PPWG.

Method

In order to meet the intended outcomes of the PPWGs, a survey method was chosen as the best way for gathering the necessary data. The survey questions were drafted by the UHCC and WDC Healthcare Coordinators and then built into a Survey Monkey for distribution. Survey Monkey was chosen as the best survey tool due to the ease of use to build the survey, accessibility by respondents through an email link to the survey, and the ability to retrieve the survey data. In addition to the survey questions, data was collected from each respondent on their place of business, job title, county location, and contact info so that the survey results could be provided upon completion. Please see Appendix A for the Hawaii Healthcare Career 2013 Survey.

Hawaii Healthcare Career 2013 Survey

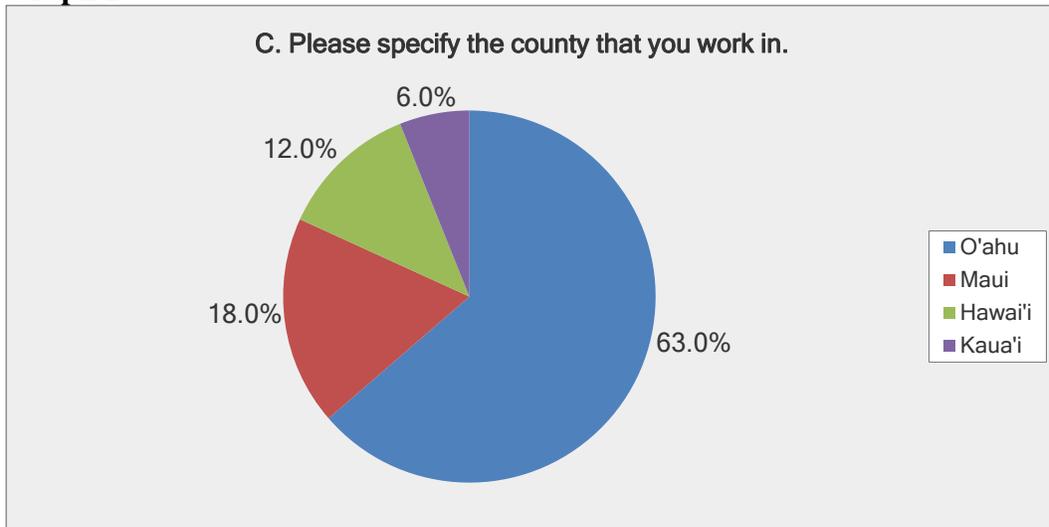
The "Hawaii Health Care Survey" was distributed statewide to PPWG members during fall 2013 for the purpose of gathering data/evidence to:

- verify the program student learning outcomes for currently offered academic programs are deemed appropriate by employers
- confirm health education graduates have the necessary workforce readiness soft-skills
- identify gaps in learning skills, assess the utility of a state-wide clinical preceptor network and training schedule for the associated allied health training programs
- identify training program/courses and recognized credentials which need to be developed to meet the workforce needs in hospitals, clinical settings and the community

The survey was emailed to 131 healthcare stakeholders. The overall survey response rate was 25%. There was a wide range of positions represented by the respondents, including administrators, human resource managers, and practicing health care professionals. There was also a wide range of types of institutions represented. They represented post-secondary institutions, the UH medical school, acute and long-term care hospitals, community agencies such as rehabilitation and comprehensive health centers, employment agencies, state department of health, HHSC, insurance companies, DOH, and non-profits. In addition, the survey link was disseminated in an email from the State's Healthcare Transformation office in a follow up to attendees of the 2013 Hawaii Healthcare Summit (not included in the survey response rate).

Of the 33 survey respondents, 63% were from Oahu, 18% from Maui, 12% from Hawaii and 6% from Kauai (shown in Graph 1 below).

Graph 1



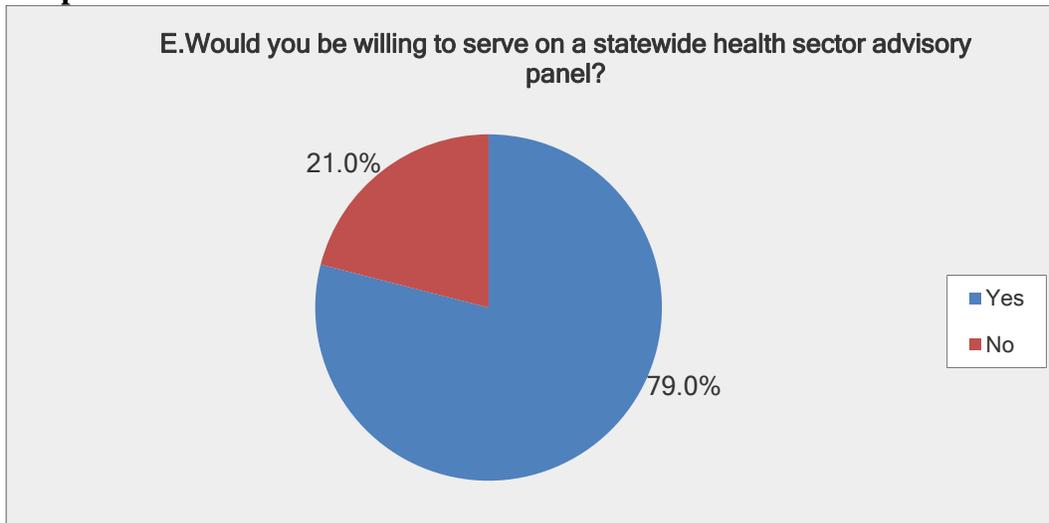
Health Sector Advisory Panel

Objective: To establish an inter-disciplinary advisory board including funders and determine current early warning of job openings and training needs.

- 79% of survey respondents said they would be willing to serve on a statewide health advisory panel (shown in Graph 2 below).

Outcome: Industry Interest in a Statewide Health Advisory Panel

Graph 2



Statewide Training Program for Clinical Preceptors

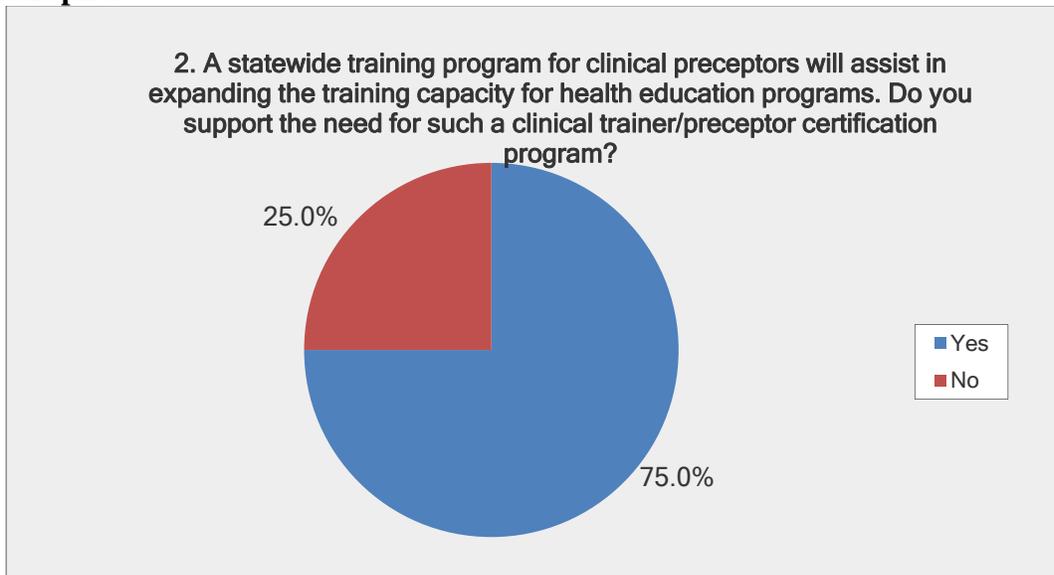
Objective: To determine whether health employers value and support a training program that would establish more clinical preceptors statewide.

Clinical preceptor sites are needed statewide. By participating in a clinical preceptorship, students learn what it's like to work in the medical environment and obtain hands-on experience that cannot be taught in the classroom.

- According to survey answers, most institutions provide clinical training for at least one of the KCC programs, with the exception of Emergency Medical Technicians and Paramedics, Dental Assistants, Massage Therapists, and Athletic Trainers. Of those who answered, 75% said they supported a statewide training program for clinical preceptors (shown in Graph 3 below) and one respondent said they would support a training program for all non-nurse occupations.

Outcome: Industry Interest in a Statewide Training Program for Clinical Preceptors

Graph 3



Health Information Technology Training

Objective: To identify which occupations require HIT and determine if HIT training should be embedded in the existing health programs or offered as a stand-alone program/course.

- All occupations in the survey were indicated to need Health Information Technology (HIT) training. The faculty teaching in the KCC programs has begun to integrate EHR training into the program as a course competency for job placement.

Outcome: Need to Embed Health Information Technology into Existing Health Education Programs

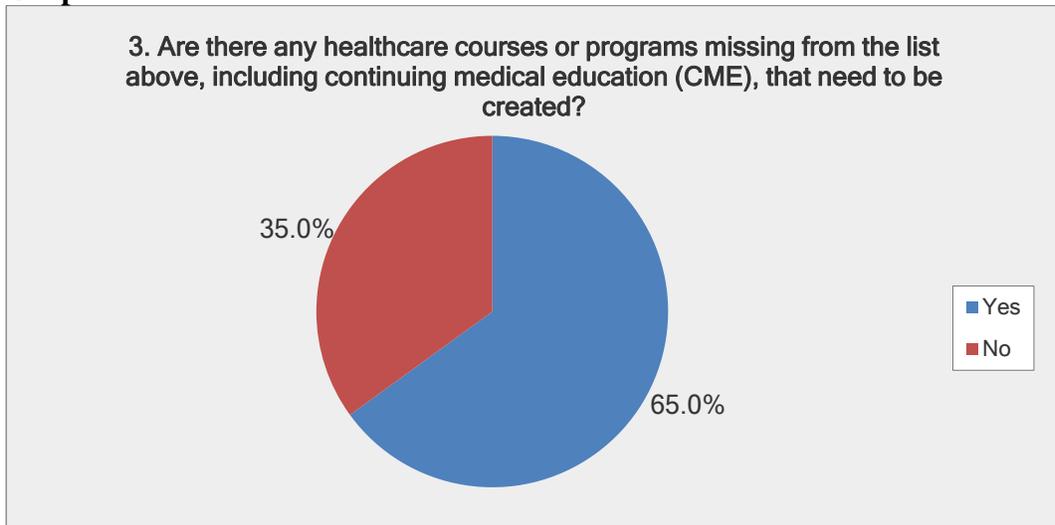
Missing Health Education Programs

Objective: To identify any programs needed that are not in the existing catalog of course offerings provided by the UHCCs.

- Some already existing UHCC health education programs were reported as being needed to be created, indicating a potential gap in knowledge by employers of what training programs are currently offered. Of those who answered, 65% said new programs were needed in several areas (shown in Graph 4 below). Examples of needed training included geri-psychiatric for nurses at all levels, leadership training community health worker, midwifery, and a general health education program.

Outcome: Lack of Knowledge by the Industry of Existing Health Education Programs

Graph 4



County Needs

Survey respondents indicated that every occupation listed on the survey is needed in at least one county within the state, with the exception of dental assistants and athletic trainers. Registered Nurse was identified as the most frequently needed occupation in each county followed by Nurse Aide and Licensed Practical Nurse.

Job Openings in the Next 1, 5, and 10 Years

In 1 year, the top five occupations with highest number of job openings are Registered Nurse, Nurse Aide, Medical Assistant, Medical & Laboratory Technician, and Licensed Practical and Vocational Nurse.

In 5 and 10 years, the top five occupations are the same in various rankings, with Registered Nurse and Nurse Aide remaining consistently in the top two spots (See Table 1 for Top 10 ranking).

Table 1

Rank	1 Year	5 Years	10 Years
1	Registered Nurse	Registered Nurse	Registered Nurse
2	Nurse Aide	Nurse Aide	Nurse Aide
3	Medical Assistant	Medical Assistant	Licensed Practical & Vocational Nurse
4	Medical & Clinical Laboratory Technician	Licensed Practical & Vocational Nurse	Medical & Clinical Laboratory Technician
5	Licensed Practical & Vocational Nurse	Medical & Clinical Laboratory Technician	Medical Assistant
6	Radiologic Technologist	Registered Health Information Technician	Registered Health Information Technician
7	Pharmacy Technician	Pharmacy Technician	Pharmacy Technician
8	Surgical Technologist (tied for 7)	Health Educators/Community Health Worker	Radiologic Technologist (tied for 7)
9	Health Educators/Community Health Worker	Surgical Technologist (tied for 8)	Physical Therapist Assistant
10	Physical Therapist Assistant and Occupational Therapist Assistant (tied for 10)	Radiologic Technologist	Occupational Therapist Assistant

Economic Factors Affecting Hiring

When asked about influences affecting hiring in Hawaii, survey participants gave a range of answers. Respondents highlighted factors such as Nursing graduates flooding the market, Medicaid/QUEST integration, Healthcare reform, changing technology (EMRs), and cuts in reimbursements to providers. Mentioned most often was the high cost of living in Hawaii, which is affecting the retention of quality workers and driving down the middle class. Also mentioned frequently were various education factors such as poor consumer education, poor public education, and the inability for Hawaii to “grow our own” providers who are more likely to stay in Hawaii to practice.

Survey participants were then asked to prioritize the factors (as most provided several answers). Respondents gave the following as the most important factors for Hawaii:

- Medicaid/QUEST integration
- Value driven leadership and the will, skill and capacity to improve the culture of those providing care
- Lack of curriculum
- Lack of physicians
- Hospital consolidation
- Recruitment/retention of professionals and para-professionals
- Health care positions in the community need to be paid descent wages
- Poor public education
- Economic effect of Obamacare and mounting cuts to reimbursements
- All (low economic status, poor educational attainment, lack of providers, poor schools)
- Economics
- Developing curriculum that addresses the changing characteristics of the elderly who need long term care
- Finances

Next Steps

Healthcare PPWG Capacity Building Symposium

The survey method has been successful in meeting our objective of data gathering; however, action must occur in order to meet the overall goal of the PPWG. Therefore, a follow up meeting was conducted on September 5, 2014 to bring together the survey respondents in order to address the important findings of this survey.

Four recommendations and action items were presented at the meeting:

- Action Plan Recommendation 1: Statewide Health Advisory Panel
- Action Plan Recommendation 2: Embedding Health Information Technology into Existing Health Education Programs
- Action Plan Recommendation 3: Clinical Preceptor Program

Through a facilitated discussion, attendees provided input through a forum of three small groups of 5-6 participants per group. The facilitator notes with highlights and discussion points from each group can be found in Appendix B.

The day's events also included a presentation of the Student Health Aide (SHA) program developed through the C3T grant at Kapiolani Community College (KCC). The program was created in partnership with KCC and Hawaii's Department of Education (HIDOE) in order to meet a current skills gap of SHAs who are working at Hawaii's public schools statewide and whose job qualifications included minimal training, certification, and experience. The program will be expanded and replicated to community colleges statewide and on the neighbor islands through future rounds of the C3T grant.

With the approval by USDOL of a no-cost extension to September 30, 2015, the Healthcare PPWG will continue to meet in person to further develop action items for the Statewide Health Advisory Panel, HIT, and Clinical Preceptor programs.

Introduction

Aloha,

Thank you for your participation in this survey. There are six questions which should take approximately 10 minutes. We ask that you answer the questions from the perspective of your institution-region. Your answers are very important for training needs assessment and will be used to make decisions that will improve health education in the state of Hawai'i. By providing your email address, you will receive a copy of the survey results.

Mahalo,

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A. Name?

B. Job Title?

C. Please specify the county that you work in.

- O'ahu
- Hawai'i
- Kaua'i
- Maui

D. Please identify the name of the institution where you work.

E. Would you be willing to serve on a statewide health sector advisory panel?

- Yes
- No

F. Please provide your email address. Without your email, you will repeatedly receive survey completion reminders.

2. A statewide training program for clinical preceptors will assist in expanding the training capacity for health education programs. Do you support the need for such a clinical trainer/preceptor certification program?

- Yes
- No

If yes, please specify the name of the program(s) or the name of the occupation(s).

3. Are there any healthcare courses or programs missing from the list above, including continuing medical education (CME), that need to be created?

- Yes
- No

If yes, please identify the name of courses and /or programs.

4. For the missing courses and/or programs identified in Question 3, what is the accepted workforce credential(s)? Please identify the entity which issues the credential.

5. What social, cultural, economic, and other factors do you believe will affect hiring in Hawai'i's Health Care industry?

6. Which of the factors you listed in Question 5 do you believe is the most important for Hawai'i?

Facilitator Notes

Action Plan Recommendation 1: Statewide Health Advisory Panel

1. What should be the role and responsibilities of the Advisory Panel?

Knowledge

- Be in touch with laws and statutes
- Gather information regarding health care needs of Hawai'i
- Monitor trends related to CURRENT health care needs and SHARE that information with lots of stakeholders
- Create a clearinghouse of training opportunities, CE, etc. including those offered by institutions that may be willing to open the trainings to those outside their institution
- Integrative Knowledge across professions
- IT expert
- Post-graduate work readiness skill training (ICU) at College/University
- Set up UH Business School MBA – Health

Relations

- Connection to the Gov's office (like the Office of Aging)
- Connect to P-20 Council
- Public-private partnership
- Representation from every level of education
- Should recommend policy
- Health representatives – Who?
- Must include neighbor island representation
- Community, State, and Private representation
- Contract with community workforce
- Funders
- Professional Associations
- HPH, Queens, HHSC, rotating rep

Operations/Ethics

- Model after the current CTE Advisory group
- Advisory panel needs clout... Who are they advising? What are they advising about?
- Long-term planning
- Data-gathering – immediate shortages, emerging needs, outcomes
- Should be open to honest and true data
- Should not have their own agenda
- The Advisory Panel should be connected to the UHCC's program-specific advisory councils
- Make policy recommendations or legislature and other policy makers

- Managed by DOL? UH?
- Executive staff
- Report to post-secondary institutions; political
- Student rep (gso) UH, HPU, CH, UHCCs
- Status – NGO, Attached agency

Funding

- Advocate for funding
- Allocate funding
- Facilitate funding via partnerships, seeking grants, and creating a clearinghouse for funding sources
- Sustainable \$
- Travel costs be covered for all
- Funding – Grant 1-3

2. What should the criteria for member selection be?

Skill

- High-level decision makers
- Good communicators with interpersonal skills
- Members that are committed and accountable for deliverables and outcomes – need to be willing to commit time and energy on a consistent basis

Knowledge

- Know resources available to meet health care needs in Hawai‘i
- Current practitioners with knowledge of various fields
- Non health care practitioners aware of community needs (for example – judges, politicians, educators)
- Knowledgeable regarding health care careers and community needs
- Educator i/c program (#s) knowledge (K-12); College, University
- (Licensure) DCCA
- Hiring Process

Representation

- Balance of public-private
 - Community Clinic representative
 - Hospital representative (HPH, Kaiser, etc.)
 - Long-term Care representative
 - Behavioral Health representative
 - DOE, UH, DOH, DHS, DCCA, DLIR
 - One of the CEOs of the 2 HHSCs on the Big Island (Regional CEOs); Public hospital representative
 - Insurers representative

- Wide age range – including seasoned employees, new employees, and students in health care programs
- Wide range of health care delivery sites represented
- Include members from professional health care associations
- Well connected with community
- Analytics/analysis experts needed
- Neighbor island participation important
 - Challenge – How to fill with limited number of individuals to choose from
- Union(s) – HNA, HGEA, APW
- Member of Health work center
- Recruitment (HR)
- Finance – COO, CIO
- Legislative mandate to form ABP
- Additional member – HS. Rural Health

3. How should the Panel function?

Time

- Need at least one ½-time staff support person
- Meet quarterly (F2F as much as possible)
- Members will select a chairperson (staggered; serving 2-3 years)
- 2-3 year term (staggered)
- Time to meet – Quarterly
- CONSISTENT standard schedule with clear agendas
- 6x/year
- Meeting = 4X
- Business - Yr 4

Space

- Need an office – funding??

Operation

- Support staff for the panel is critical
- Technology enabled meetings with minimum of 1 face to face meeting per year
- IF technology is to be used, it needs to be provided for panel members who may not have access to the technology
- Potential model: “Steering/Coordinating Panel” with working sub groups (working sub groups could be discipline specific, task specific, island specific)
- Important to see the panel is making changes and contributions – need to see that they matter!
- Facilitator
- How = F2F, virtual
- Size = 12

- Rotate on islands
- Produce an annual report or a strategic plan – Report to the Gov, Leg committees, and congressional delegations
- Size should be smaller (12 members)

Action Plan Recommendation 2: Embedding Health Information Technology into Existing Health Education Programs

1. Which programs are most critically in need of HIT integration into the curriculum?

- Programs that are in-demand
- Determine the “what” first – tele-health, sharing, etc.
- HIT should be part of the fundamental knowledge (like universal safety)
- Which programs have the least access (on the neighbor islands) and how can we use tele-health to teach HIT
- Nursing, MDs, NAs, clerical staff, therapists, custodial, EVERYONE!!
- All Health programs to varying degrees

2. What software is being used in the field, and what potential HIPAA challenges should be anticipated as sites train students in using their specific software during the clinical experience?

- SORIAN, RPMS (VISTA from Indian Health System), AVATAR, EPI
- Student access to systems not allowed
- Use simulation experience
- Have vendor create a “sandbox” for simulated experience
- Can software be standardized? This should be a priority
- Should teach a generic system, rather than a specific software
- Distance learning is needed

3. What specific skills and what skill level is required for each profession?

- TIGER imitative for nursing details skills needed
- Basic IT competencies for everyone – keyboarding, data entry, data management
- HIPAA – social media
- Ethics as it relates to HIPAA
- Med term
- Data analysis – Basic
- Typing – Basic
- Computer security – WOWs, COWs
- Indian Health Service, Cerner
- IT Person – cyber security
- Analytics
- HIPAA – generalist IT system

- Skill to monitor Quality Improvement work flow
- ICD10 – Reason
- Quality – Reason
- Tracking – Reason
- Computer skills > 40 yrs

Action Plan Recommendation 3: Clinical Preceptor Program

1. What content should be included in a Clinical Preceptor Training Program?

General Skills (across programs/inter-disciplinary)

- Communication, delegation, disciplining, common issues, role of the preceptor, listening skills, selection/criteria of preceptor, adult learning skills
- Inter-rater reliability (important for accreditation)
- Evaluation, coaching, competencies
- Shared learning process – learning from each other
- Conflict resolution
- Differences between new hires and students
- Teach empathy, mentoring skills, communication skills, critical thinking/problem solving, coaching skills, reflective supervision skills, and sensitivity
- Ethics
- Student/preceptor boundaries
- How to foster inspiration using carrots and sticks as appropriate
- Constructive criticism feedback tools

2. What preceptor policies does your institution have that may be appropriate for the UH system to endorse and encourage all sites to use?

- MOAs including expectations (practical and for the student)
- Incentives for Preceptors
 - Monetary:
 - Higher hourly (\$1 more per hour)
 - Food – treats make people happy ☺
 - Non-monetary:
 - Personal reward/motivation
 - Recognition
 - Decreased workload/help with workload
 - Status and learning
 - Add to resume
- Institutions should identify good candidates for preceptor
- Commonly required are drug screens, criminal background checks, immunization records, pre-clinical orientation
- Orientation for preceptors

3. How should the Clinical Preceptor Training Program be delivered?

- Depending on the content
 - F2F – case studies, role playing
 - Didactic – could be F2F or online
- Training should be at the college and the site
- Deliver in modules – Basic & Advanced
- Hybrid delivery with face to face and online
- Class size – 1 faculty per 10-12 preceptor participants (depending on curriculum content of course)
- 90-120 minute class session (depending on curriculum content of course)
- Potential model – 50% of training on paid work time OR 100% of training on work time
- Does the employer or participant pay tuition for the course?
- Could professional CE credits be issued?
- Physician and/or to Champion the program

General skills (across programs/inter-disciplinary)

- Interdisciplinary groups – organize preceptor trainees with a preceptor from various disciplines

Program specific skills

- Available on-going consultation with preceptors
 - Could be with a long-time preceptor with the institution
- Profession-specific that may have greater needs than others
- Behavioral Health issue – Not enough licensed people to act as preceptors for new grads