

**ECOS**  
**East Multnomah County One Stop Career System**  
**ECOS' HEALTHCARE INDUSTRY FORUM**

**October 9, 2002**

**1:30—2:30 CNA Oversight Team**

**2:30-4:30 Forum Meeting**

**Adams & Grey– 830 NE Holliday, Suite 200**

**Meeting notes: CNA Grant Oversight Team – 1:30**

**Attending:** Catherine Zimmerman, Joan Pasco, Marian George, Debbie Buck, Ann Norton

We are in the final quarter of the DOCCWD capacity grant that is funding the CNA initiatives. The 3<sup>rd</sup> quarter report will be submitted to the state on October 15<sup>th</sup>. Catherine stated that the project team is meeting the goals and requirements of the grant and that we are on track to complete all elements by January. The final work product is the CNA Instructor training which will be offered over six days in November, December and January. We committed to training 6 to 8 instructors and it appears we may have as many as 15 in this first course.

Next Steps: discussion on where to take this training after the pilot: Many options were discussed – significant issues being per person cost to take the training, could it be offered around the state, is there sufficient demand to conduct the training more than twice a year?

Continued funding to support the activities of the ECHIF will be needed. New funding sources need to be identified and could include sponsors to support the training efforts, approaching new foundations/grant resources, etc. If any Forum members have ideas or suggestions, they should talk to Catherine or Joan.

**Meeting Notes – Health Care Forum**

Attending: Karen Smith and Jan Dozier – New Care Directions, Catherine Zimmerman – Resource Connectors, MarianGeorge – Healthcare Alliance, Ann Hill – Worksystems, Inc., Ann Norton – Adams and Grey, Leonora Visser, Marietta Schlumpf and Linda Howland – SMS Services, Lynn Wallis – Employment Dept., and Debra Buck – Board of Nursing.

**Meeting handouts attached:**

CNA Instructor training – Capacity Building project  
Notes from Competency Based Curriculum for Care Givers Task Force  
Current Issues facing registered Nurses in the Workplace – state report

**Roundtable: Updates from other healthcare/workforce related meetings:**

Debra Buck: Oregon Nursing Leadership Council –The CNA and LPN competency based curriculum will be going to the board at their November meeting.

Ann Norton – The Emergency board has approved temporary funds to keep the in-home care programs alive for the short term, the board will be asked to renew this funding again in November, but the real budget crisis will still have to be faced in January. The criteria for eligibility have also been changed, with fewer people able to use in home services – maximum monthly income is now \$1300 instead of \$1600, level 17 is now level 15. This will have a large impact on care available for homebound individuals.

Marietta Schlumpf: Senior employment programs – a four-state coalition of senior employment programs has been formed – AK, WA, ID, and OR. They intend to work together, offering technical assistance, problem solving and resource sharing.

Linda Howland: System need: She would find value in a short-term orientation or overview of the Healthcare Industry for likely new employees – Pre-CNA or other training, just to education and attract workers to this field....anyone know of someone that does this?? Anything on line??

Marian George: Reported on Life-Span Respite care issues – finding adequate respite care providers continues to be a problem state-wide. There is need for training and continuing education for this type of care giver.

Ann Hill reported that Worksystems, Inc. has a new President on board – Bob Visdos.

The August 12, 2002 meeting minutes were reviewed.

### Core Competencies for In-Home Care

Update from HCIF Competency Focus Group: Catherine Zimmerman reported on the activity resulting from the Focus Group meeting on September 11. – See attached notes.

### Home Care Industry Survey Reports:

Ann Hill with Worksystems, Inc. presented findings from a Home Care Partnership survey of home care services. 3912 surveys were distributed to homecare workers, 502 surveys (12.8%) were returned. 2000 surveys were distributed to clients and 229 were returned (11%) They also surveyed case managers. Her slide show presentation outlined the survey findings. If you would like a copy of the presentation, contact Ann at [ahill@worksystems.org](mailto:ahill@worksystems.org) or 503.478.7360.

Phase three of the work being done includes 8 workshop training modules being designed by the University of Oregon. They will pilot two of these in December. The project is also translating First Aid and CPR Training materials into Russian and Vietnamese. Wsi is updating the health care sector on the Connect2jobs web site to make it more effective as a workforce tool. These activities are funded by a grant from OCCWD – from the same round of grant funding as the ECOS CNA Capacity grant and all project activity will be completed by January.

Marian George distributed and discussed the following statewide surveys:

Care Provider Services: 30 counties participated in survey questions about their individual programs; training and experience with home care workers.

Medical Facility Training survey: 65 facilities responded to questions about caregiver training offered by their facilities. (Only 5 responded that they provide any training)

Community College Training survey: 19 colleges were surveyed to collect information on their current course offerings for health-care and home-care training below the CNA level. If you would like copies of these findings, please contact Marian at 503.233.2398 or [mariangeorge@juno.com](mailto:mariangeorge@juno.com).

### Re-entry issues for nurses:

Lynn Wallis – Reentry issues for Nurses returning to the workforce, a copy of her report is attached.

John Saito – MHCC Nurse Re-entry program: enrollment has been disappointing. It will be difficult to get the college to continue to support this training if it has to be subsidized. He is asking for forum members to help get the word out to recruit enough participants to ensure that the class can be offered in the future.

***“We are taking a big budgetary hit, even in lean times, to get this program going. We would have needed 15 students to break even, so we are "investing" in the first go-around. However, we need students to continue this effort!!!! We would appreciate people getting the word out and if folks are interested, please, please call Kate Shaver, the coordinator, at 503.491.7406 “***

CNA Capacity Grant: Progress update: This report is attached to these minutes.

CNA curriculum/administrative rule changes (Debbie Buck) – the committee has completed its work and will be taking recommendations to the board at their November meeting. It is anticipated that the recommendations will be adopted. They are not recommending any reduction in the minimum number of class and lab hours (both at 75 hours), however, there will be greater flexibility as to where the clinical training can be given. The pilot project is using 3 hospital sites and 2 assisted living training sites.

The career ladder recommendations create a CNA II level that includes specialty areas. All training will be competency based. There is no change to the CNA I certification. This certification is a prerequisite to entering the CNA II training modules. All current CNA’s will be grand fathered in as CNA I’s and will have the ability to test out of the specialty training if they can demonstrate minimum competency in the discipline. Levels of training will be recorded and registered on the web site.

Topics for next meeting:

Bridge Project for students/mentor program

Proposed funding to sustain activities beyond grant funding

Reports from OSBN November Board meeting – implications of changes

State Budget reports on home care giver resources/lack thereof – implications of this under funding to the home care system.

Next meeting: TBD – Early in December. Joan will try to find the best date/time to meet everyone’s schedule.

## **C.N.A. Capacity Building Project Report**

Status of the Health Educator Professional Development Component of the Project  
(C.N.A. Instructor Training Course)

Course: Recruitment of Nurses has been on-going and focused for the last three months. Interested Nurses were polled on their interest and availability for the course; and to determine what length and format would work well for them. At this time nurses from around the state have confirmed participation.

The Course is designed to fit a one and a half day model for each of two months (4 classes), to be followed by two optional classes the following month. Dates for the CORE classes are: November 14, 15 - December 12,13 - January 9 & 10. Classes will be offered 10 am to 5 pm on Thursday (late start to allow travel), and 8am to 4 pm on Friday. MHCC will provide the classroom space for the classes.

Curriculum: The curriculum has been developed by Cyndee McDaniel with the participation of focus groups, the Oregon State Board of Nursing, and other health educators. A curriculum review committee with representatives from MHCC, Marquis Care, and OSBN will be reviewing the final draft and offering feedback. Content is specific to the teaching the C.N.A. student and includes:

- The instructor role
- Assessing your teaching and learning skills
- Program content and design
- Understanding competencies
- Presentation skills
- Teaching methodology
- Facilitation skills
- Problem-solving and challenges
- Effective clinical experiences
- Measuring learning
- Program Evaluation

Students will be required to complete assignments/activities outside of class. Email coaching and conversations will occur between classes, creating a virtual classroom and preparing for future distance learning opportunities.

Recruitment: Nine nurses are confirmed for the training. They come from different parts of the State including Portland, Medford, and Roseburg. Six other nurses are possible participants. Participant profiles and email contact list is currently under development. Students will be receiving maps and information in the mail during the next two weeks.

### **HCIF - Competency Based Caregiver Training Focus Group 9/11/02**

**In attendance:** Marian George – Caregiving Alliance, Derianna Mooney – Resource Connectors,  
Catherine Zimmerman – RCL, Sandra Hodge – Adams & Gray

#### **Agenda/Focus:**

Brainstorm

- What needs are we trying to address?
- How to approach those needs?
- What resources already exist?
- How can our approach be integrated into the larger picture?
- What do we need to do? Next steps...

**Training needs to address:**

1. Non Traditional Students
2. Learning differences/ hands on needed
3. Portable Learning/ Model skills competency
4. Training consistency across state/counties
5. Fits into the larger career picture
  - a. First step toward CNA
6. Meet the students where they are. Bring them to professionalism/ help create fit
7. Job ready/confident/ work skills/employability
8. Minimum requirements as outlined in "In Home Rules" (Meets or exceeds)
9. Caregivers on the Job/Access to training for working caregivers
  - a. CEPs, In Home Agency, Private-duty, ALF/RCF
10. Exposes caregivers to in home (especially as well as facility based career)
11. Uses Competency testing as part of learning tools

Questions: What amount of time will it take? Shoot for two years. What has developed nationally?

**Approaches:**

1. Distance learning labs/ Independent Study
2. Competency based teaching and testing. Ability to opt "out" of particular modules by demonstrating competency.
3. Testing to be controlled proctored/Formal testing process written & Practical skills
4. Modules to include concept of layering.
5. Modules: develop competencies for basic care (non-medical) and personal care (medical) focus through CNA
6. Portable Teaching and Testing – Teaching and Labs
  - a. Sylvan Learning Center-written?
  - b. Community College/Other program participation

**Potential Resources:**

MHCC organizing existing  
CNA Labs for skills testing  
AFH Manual in home Rules  
SDSD/ SPD training resources  
Videos/texts/Films  
Oregon Gerontological Association  
Alzheimer's Association  
Collegse/PCC/MHCC→Rogue CC, Albany in Corvallis  
OHSU

**Caregiving Career Ladder - Model**

**Basic:** Companion level (Defined by In-Home Rules)

**Personal Care:** ADLS/Safety (Defined by In-Home Rules)

**CNA:** (Defined by OSBN)

**Advanced:** – CNA II, CMA (Defined by OSBN)

**Continuing Education:** To be developed.

**Next Steps:**

- Present concept at CNA Special Task Force request support (Catherine)
- Discussion/Meeting with other stakeholders/Explore Collaboration: (All)
  - SPD/Aging and Disabilities services-CEP program regarding
  - MHCC/PCC - OHSU
  - Caregiving Coalition
- Develop Concept Paper (Catherine)
  - Pencil budget
  - Share with ECOS Board
- Present @ HCIF meeting 10/9/02

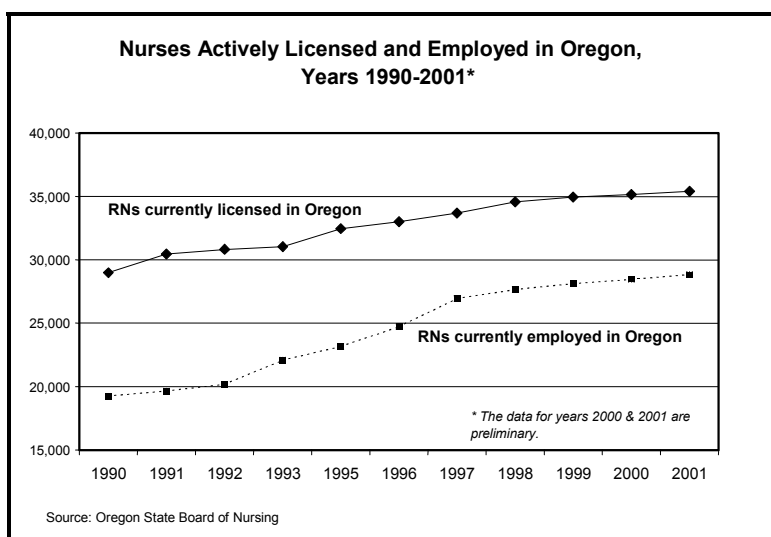
## State of Oregon, Employment Department Current Issues Facing Registered Nurses in the Workplace

Registered Nurses (RNs) make up the largest group of health care providers in the nation and have, historically, worked predominantly in hospitals. A smaller number of RNs work in other settings such as ambulatory care, home health care, and nursing and residential care homes.

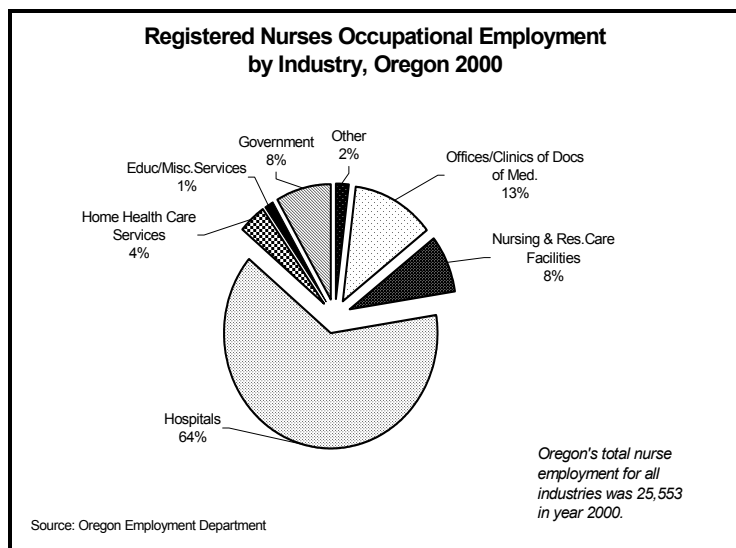
### Oregon's Nurse Population

The estimated statewide employment for Registered Nurses (RN's) in year 2000 was 25,553. Employment for this occupation included nursing supervisors, nurse practitioners (NPs), nurse anesthetists (CRNAs), and nurse midwives as well as staff, ward, and public nurses. According to the Oregon State Board of Nursing (OSBN), there were 35,144 RNs, 1,667 NPs, and 263 CRNAs actively licensed in 2000. Out of these licensees, approximately 80 percent of the RNs were employed in Oregon that year (Graph 1). The ratio of currently employed to currently licensed nurses in Oregon has remained fairly stable at a little over 80 percent from 1997 to 2001.

Out of the 35,144 nurses licensed in year 2000, 28,559 lived in Oregon and almost 6,600 RNs lived out of the state. Over two-thirds of those living out of the state resided in neighboring states and presumably within commuting distance of Oregon employers.



GRAPH 1



GRAPH 2

### Occupational Distribution

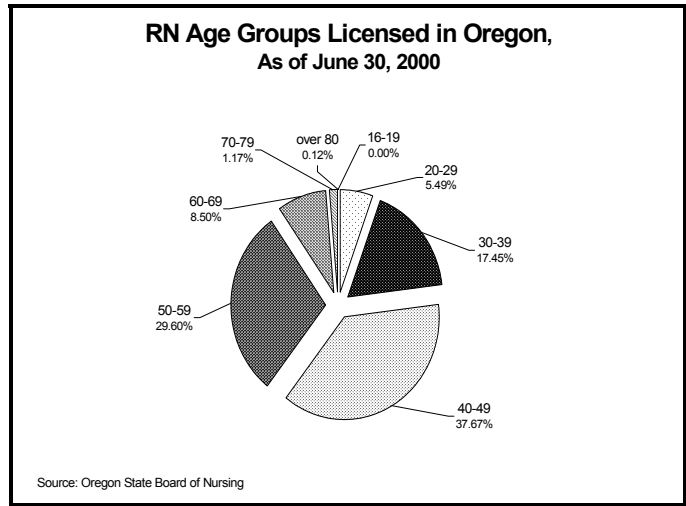
According to George Mason University, the nation had approximately 2.7 million RNs in year 2000. Almost 82 percent of these nurses were working, almost 72 percent were working full-time, and about 59 percent worked in hospitals.

Nearly two-thirds (64 percent) of Oregon's RNs worked in hospitals in year 2000 with another 13 percent in doctors' offices (Graph 2). Nursing homes and assisted living facilities employed approximately eight percent. Other industries employing RNs included government (eight percent), home health care (four percent), and education (1 percent).

## RN Licensure by Age Group

Licensed Nurses by Age Group, June 30, 2000	
Age Group	Number
16-19	1
20-29	1,930
30-39	6,132
40-49	13,239
50-59	10,402
60-69	2,987
70-79	411
over 80	42
<b>Total Nurses</b>	<b>35,144</b>

**TABLE 1**



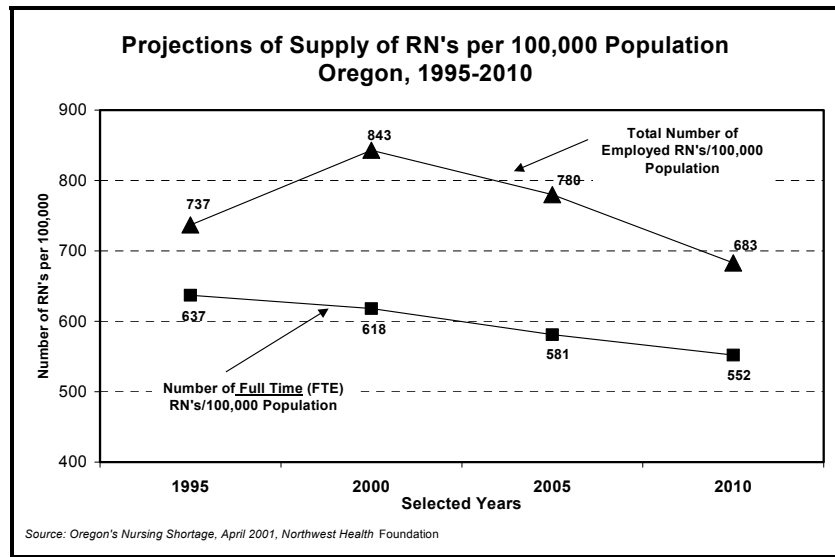
**GRAPH 3**

As shown in Table 1 and Graph 3, the majority of Oregon's registered nurse population fell into the 40-49 and 50-59 age ranges in year 2000. This meant that the majority, or 68 percent, of the state's registered nurses were between the ages of 40-59 while only 30 percent were 39 years or less. According to OSBN, the average age of Oregon's licensed nurses was 46.75 years in 2000.

## **Nursing Shortage**

As the 78 million member of the "baby boom" generation begin to reach age 65 and amplify the need for quality health care, it is anticipated that hospitals and other health care facilities will become even more desperate in their need for nurses, especially those who deliver specialized care. According to the American Medical Association, government projections indicate that by 2015, 114,000 full-time equivalent RN positions will be unfilled nationally.

Although the ratio of RNs employed in Oregon per 100,000 population has increased steadily over the last decade, the growth in the supply of nurses per capita lagged behind national figures according to the report by the Northwest Health Foundation, "Oregon's Nursing Shortage, A Public Health Crisis in the Making". Between the years of 1988-96, Oregon had a six- percent growth in RNs



**GRAPH 4**

per capita compared with a 28 percent growth nationwide. Graph 4 shows a predicted future decline in the proportion of RNs per population from 2000 –2010 for Oregon. A federal report, based on a survey conducted in year 2000, showed that 58.5 percent of nurses in Oregon were employed full-time and 41.5

percent were employed part-time. This proportion placed Oregon as the fourth highest in the nation in nurses employed part-time.

### Hospitals

Over 60 percent of RNs working in Oregon are employed in a hospital setting. In a recent state hospital survey, 40 of Oregon's 59 hospitals responded to questions about workforce shortages. The respondents suggested that areas of greatest shortages were in ICU's (60 percent), operating room/surgical services (55 percent), and obstetrics (30 percent). Hospitals also reported that the average time to fill a vacant position was between three and four months and the turnover rates were between 10 and 25 percent.

A recent national hospital survey, commissioned by the American Hospital Association found that 15 percent of the hospitals surveyed reported severe RN shortages with an over 20 percent vacancy rate; 60 percent of those surveyed said they had experienced a significant increase in the number of RN vacancies since 1999.

### Nursing Homes

Approximately eight percent of Oregon's registered RNs work in nursing home or residential care facilities. Researchers have consistently found high turnover among nurse aides, LPNs, and RNs in nursing homes. Studies in 1998 and 1999 showed that the turnover rates among RNs in nursing homes ranged from 28 percent to 59 percent while turnover in acute care hospitals was from 12 to 23 percent (Seniors Housing & Care Journal, 2001: Volume 9, Number 1). Recent results from the 2001 American Health Care Association's Nursing Position Vacancy and Turnover Survey showed that the average national vacancy and turnover rates for staff RNs within nursing facilities was at 18.5 percent and 56.2 percent, respectively. Particular to Oregon, this study found the state's yearly staff RN vacancy rates to be 23.2 percent and its turnover rates to be 41.3 percent.

### Ambulatory Care

About 13 percent of the registered nurses employed in Oregon work in physicians' offices and clinics. A recent report from selected health systems in Portland reported that the rates of vacant positions for RNs ranged from 10 to 15 percent, with the average time to fill the position being 50 to 75 days. Turnover rates ranged from 18 to 22 percent.

## **Job Dissatisfaction**

Job dissatisfaction was a primary reason cited for nurse retention problems according to the May 17, 2001 GAO Testimony on Nursing Workforce before the Committee on Health, Education, and Labor. As of March 2000, 18.3 percent of RNs reported not being employed in nursing, up from 17.3 percent in 1992. According to the GAO testimony, a recent survey reported that the national turnover rate among hospital staff nurses was 15 percent, up from 12 percent in 1996. A 2000 national survey of home health care agencies reported a 21 percent turnover rate for RNs and a 24 percent turnover rate for Licensed Practical Nurses (LPNs).

Much has been written about job dissatisfaction among the RN workforce. The following is a compilation from various reports and surveys addressing the concerns of nurses in the workplace and the reasons they gave for being dissatisfied with their occupation and work environment.

### Workplace Issues

- Patients in hospitals, ambulatory care, nursing homes and home care are sicker than they used to be and discharged from care sooner. This rapid turnover adds more time to admit and discharge patients and less time to get to know their patients' health care needs and adequate nurse-patient interaction. This also increases the demand for nurses with training in specialty areas such as critical care and emergency departments.

- Significant reduction in nursing support staff and in services available to some patients-- consequently, nurses are expected to fill in the gaps and do more.
- State and federal regulatory requirements have increased the volume of work for nurses due to record keeping and paper work.
- Inadequate staffing levels and unattractive shift work, and increasing pressure to accomplish work.
- Involuntary furloughs and mandatory overtime.
- Stress related illnesses due to stressful and demanding workloads.
- Liability concerns about patient safety being jeopardized due to low staffing ratios, use of ancillary staff, and excessive mandatory overtime.
- Potential exposure to unsafe working conditions (heavy lifting, bio-hazards).
- High turnover or use of contingency labor adversely affects relations with permanent staff.
- Managers have not been consistently trained in employee relations/supervisory skills.

### Compensation and Advancement Issues

- Salary compression, limited non-wage benefits, and less opportunities for professional development in comparison to other industries.
- There are new types of positions that require or benefit from nursing education and experience and this training and experience is often difficult to attain.
- Recent expansion of opportunities for women in other career fields with better compensation, better hours, and less stress.

### Other Issues

- Increasingly contentious and less cooperative relationship between management and labor in many health settings that creates a lack of a constructive work environment for nurses.
- Licensing requirements are not keeping pace with changing health care practices. New RN graduates are often ill prepared for clinical practice and this puts a burden on all staff.
- The nursing profession suffers from a serious image problem and is under-represented by population segments such as men and minorities.
- Nurses do not feel they are part of the “shared mission” since they are often not included in the decision-making process.

*Sources: Oregon's Nursing Shortage, A public Health Crisis in the Making, Northwest Health Foundation, April 2001; Nursing Workforce, GAO Testimony, May 17, 2001; "From the Eyes and Ears of a Nurse, National Healthcare Cost & Quality Association, March 2001; Health Care Sector Employment Initiative, November 2001, Oregon Workforce Investment Board.*