



## WORKFORCE DEVELOPMENT BOARD OF VENTURA COUNTY

### HEALTHCARE COMMITTEE MEETING

**Friday, May 4, 2018**

**8:00 a.m. - 9:30 a.m.**

United Food and Commercial Workers (UFCW), Local 770  
816 Camarillo Springs Road (Suite A), Camarillo CA

### MEETING AGENDA

8:00 a.m.	<b>1.0 Call to Order and Agenda Review</b>	Greg Barnes
8:03 a.m.	<b>2.0 Public Comments</b> <i>Procedure: The public is welcome to comment. All comments not related to items on the agenda may be made at the beginning of the meeting only.</i>	Greg Barnes
8:05 a.m.	<b>3.0 Approval of Minutes:</b> March 2, 2018	Greg Barnes
	<b>4.0 Ventura County Regional Strategic Workforce Development Plan</b>	
8:10 a.m.	• Healthcare Deputy Sector Navigator: Update	John Cordova
8:20 a.m.	• Regional Healthcare Care Coordinator Pathway Project: Update	John Cordova Patricia Duffy
8:40 a.m.	• Alameda Contra Costa Counties Optometric Society Office Assistant Training Program -Optometric Office Assistant Registered Apprenticeship	Patricia Duffy
8:50 a.m.	• Joint Regional Sector Committees' Meeting: Action Plan for a Regional Approach to Work-Based learning in Healthcare	Greg Barnes Patricia Duffy Committee Members
9:00 a.m.	• HASC – February 26, 2018 Event Review and Discussion	Patricia Duffy
9:10 a.m.	• Year-End Review	Greg Barnes Patricia Duffy
9:20 a.m.	• Calendar	Patricia Duffy
9:25 a.m.	<b>5.0 Committee Member Comments</b>	Committee Members
9:30 a.m.	<b>6.0 Adjournment</b> <u>Next Meeting</u> TBD Joint Regional Sectors Meeting August 2018	Greg Barnes

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**WDB Healthcare Committee**  
**March 2, 2018**  
**MINUTES**

**Meeting Attendees**

Committee

Greg Barnes (Chair)\*  
Christina Lee  
Sandy Melton  
Irene Ornelas  
Bill Werner

WDB Administration

Patricia Duffy

Guests

Marilyn Jansen (UFCW, WDB Board Member)  
Charlyn Gutierrez (Westminster Free Clinic and Community Care Center)

\*WDB Member

**1.0 Call to Order and Agenda Review**

Greg Barnes (Chair) called the meeting to order at 8:10 a.m.

**2.0 Public Comments**

There were no public comments.

**3.0 Approval of Minutes: January 5, 2018**

Motion to approve: Greg Barnes  
Second: Irene Ornelas  
Motion carried

**4.0 Ventura County Regional Strategic Workforce Plan**

• Regional Healthcare Care Coordinator Pathway Project: Update

Patricia Duffy announced the roll out of the courses for the Los Angeles/Ventura Healthcare Coordinator Project. This project was an extensive collaborative effort bringing together six Los Angeles WDBs, the Ventura WDB, colleges, clinics, associations and industry. Driven by the Healthcare Industry, expressing a need for training for care coordinators and with the SELACO WDB leading the grant funded process, numerous agencies collaborated over a two year process. Patricia mentioned the project name has been changed and is now called the C3 Skills Alliance (Collaborative for Care Coordination).

Ventura Community College District, through Dr. Alexandria Wright's program will be offering the entry level class for Patient Navigators. The anticipated start date for this first class is the end of March. Training for level II and level III Care Coordinators is being developed with the anticipation of having courses offered in the Ventura region in the Fall.

Patricia thanked the Healthcare Committee members for their active involvement in the Care Coordinator Pathway Project (C3 Skills Alliance). The Healthcare Committee members participated in developing a survey to identify the local need for Care Coordinator training. John

Cordova, DSN for Healthcare, was actively involved as the Community College representative for this region, serving on the Education Committee for the project and leading the DACUM process to develop the curriculum. Mr. Cordova also provided on-going assistance with the process of curriculum development and expediting the curriculum development. Patricia Duffy served on the Leadership Committee and Industry Committee. WDB Healthcare Committee member Michelle Reynolds (Ventura County Healthcare Agency), was able to assist in identifying two healthcare professionals who volunteered to go to Los Angeles to represent Ventura in a two day process called a DACUM, a method used to develop a curriculum. Previous committee member and then Executive Director of the Camarillo Healthcare Center, Brett Watson attended the first Industry Committee meeting in Los Angeles and advocated for the need for Care Coordinator incumbent worker training in Skilled Nursing Facilities.

Patricia Duffy acknowledged the active support and involvement of the WDB Healthcare Committee Chair, Greg Barnes and Vice Chair, Richard Trogman and all the Healthcare Committee members in making this collaborative effort successful.

- Joint Regional Sector Committees' Meeting: Action Plan for a Regional Approach to Work-Based Learning in Healthcare:

The Committee Members worked to develop an action plan for a regional approach to work-based learning in Healthcare, as a follow up to the Joint Sectors Committee meeting. The goal is to develop an action plan for an approach to work-based learning. The question presented to the Committee was "What steps do we need to take to implement a regional approach to work-based learning in Healthcare?" The Committee Members had been given a form to complete as a follow up to the Joint Sectors' Committee meeting. They selected the top 3 obstacles to work-based learning from five categories developed from the group sessions in the Joint Sectors meeting. The Healthcare Committee members ranked the order of five action items, prioritizing how the actions needed to be approached, from first to last. The plan is to report the results at the next WDB Board meeting, engage the Board in discussion and return to the Committee to discuss next steps in implementing the action plan.

- Career Pathways: Updates

Irene Ornelas, reported on the upcoming Entrée to Employment Dinner for Healthcare that will be held on Thursday, May 17<sup>th</sup> at California Lutheran University from 6:00 pm-8:00 pm. Entrée to Employment brings together Healthcare Industry professionals with high school, adult education and community college students to interact in engaging dinner conversations regarding Healthcare Careers.

## **5.0 Committee Member Comments**

There were no comments.

## **6.0 Adjournment**

Greg Barnes adjourned the meeting at 9:40 a.m.

### Next Meeting

May 4, 2018 (8:00 a.m. - 9:30 a.m.)  
United Food and Commercial Workers, Local 770 (UFCW)  
816 Camarillo Springs Rd., Camarillo, CA (Suite A)

**Los Angeles and Ventura Counties C3 Skills Alliance | Collaborative for Care Coordination**  
**Summary of Approved Care Coordination Training Programs**

The following programs were identified in statewide asset mapping of care coordination training programs by the California Community College Centers of Excellence. They are approved for middle-skill level II Care Coordination/Case Management Training with a rating of 8 out of 8 of the competencies which were identified in the Community College \*Developing A Curriculum (DACUM) Care Coordination Job Analysis.

School/Organization	Type	Access	Level	Industry	Cost	Occupations	Description
American Case Management Association (ACMA) Compass Directional Training for Care/Case Managers	NP Assn.	Online, self-directed.	II	Hospitals Clinics	\$350 - \$750	RN SW	Compass is an online learning system that features a Case Manager Course Library with content developed, validated and maintained by an advisory board of practice experts. The courses are tailored to RN and SW case managers and will provide access to ten (10) case management modules which address the competencies of care coordination and case management. The training offers continuing education units. Go to the web link for a complete course description: <a href="https://www.acmaweb.org/compass/CM_Compass_Library.pdf">https://www.acmaweb.org/compass/CM_Compass_Library.pdf</a>
CSU Institute for Palliative Care Care Excellence   Foundational Care/Case Management Program	U Public	Online, self-directed; one virtual course.	II	Hospitals Clinics	\$1,950	RN SW	The Foundational curriculum was developed by the California State University Institute for Palliative Care to teach essential care coordination and case management skills. The series is comprised of 6 courses; 5 online courses and one virtual course. The content is applicable to nurse case managers, social work case managers, and all care managers and care coordinators working with all patient populations. Go to the web link for a complete course description: <a href="https://careexcellence.org/foundational/">https://careexcellence.org/foundational/</a>
CSU Institute for Palliative Care Care Excellence   Advanced Care/Case Management Program	U Public	Online, self-directed.	II	Hospitals Clinics	\$2,550	RN SW	The Advanced Concepts curriculum was developed by the California State University Institute for Palliative Care for case managers whose responsibilities include coordinating the effective delivery of care to decrease costs and improve the quality of care. This series is comprised of 5 online courses. The courses are self-paced and designed to increase the ability of care managers to effectively support diverse patient populations with complex medical and social needs. Go to the web link for a complete course description: <a href="https://careexcellence.org/advanced/">https://careexcellence.org/advanced/</a>

The following programs are developed from a promising practice pilot program identified in asset mapping. They are approved as pilot programs for Entry-Level I Patient Navigator training.

School/Organization	Type	Access	Level	Industry	Cost	Occupations	Description
Downey Adult School	Public	Classroom; 6-8 Saturdays	I	Clinics Hospitals	\$1,250	CNA, MA HHA, CSSS	The curriculum was developed from a pilot program and enhanced to incorporate all of the competencies identified in the Patient/Health Navigator Case Study prepared by the California Career Ladders Project and several relevant competencies of the Community College Developing a Curriculum (DACUM) Care Coordination Job Analysis. The curriculum is designed for new and incumbent entry-level healthcare workers who have completed training as a Medical Assistant (MA), Certified Nursing Assistant (CNA), Home Health Aide (HHA), Community & Social Service Specialist (CSSS) and related health occupation training. Training consist of 45 hours of instruction delivered on campus and includes 9 modules of instruction, lab, hands-on activities and assessments. A complete course description will be available at the school websites in January 2018.
East San Gabriel Valley Regional Occupational Center	Public	Classroom; 6-8 Saturdays	I	Clinics Hospitals	\$1,250	CNA, MA HHA, CSSS	
El Camino Community College	Public	Classroom; 6-8 Saturdays	I	Clinics Hospitals	\$1,250	CNA, MA HHA, CSSS	
Glendale Community College	Public	Classroom; 6-8 Saturdays	I	Clinics Hospitals	\$1,250	CNA, MA HHA, CSSS	
Ventura Community College District	Public	Classroom; 6-8 Saturdays	I	Clinics Hospitals	\$1,250	CAN, MA, HHA, CSSS	

**Los Angeles and Ventura Counties C3 Skills Alliance | Collaborative for Care Coordination**  
**Summary of Approved Care Coordination Training Programs**

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**Career Pathway Levels (See Career Pathway Chart):** **Entry Level I (Patient Navigator):** MAs, CNAs, LVNs, HHAs, CCSSs; 2 years or less experience.; **Middle-Skill Level II (Care Coordinator):** RNs (ADN, BSN), Social Workers (BSW), and related Human Services Degrees; 2+ years experience; **Professional Level III (Care Management):** RNs (BSN, MSN) and Social Workers (BSW, MSW); 3-5+ years experience. No Level III training programs have been approved at this time.

**Care Coordination Occupations (See Career Pathway Chart):** Registered Nurse (RN), Social Worker (SW), Licensed Vocational Nurse (LVN); Other: Medical Assistant (MA), Certified Nurse Assistant (CNA), Home Health Aide (HHA), and Community & Social Service Specialist (CSSS).

**Industry Reviewers:** Avanti Hospitals, Community Clinic Association of Los Angeles County, Kaiser Permanente, LA Care Health Plan

**Education Reviewers:** Community College Deputy Sector Navigators (Los Angeles and Ventura Counties), El Camino CC, Glendale CC, Rio Hondo CC

**Workforce Development Board (WDB) Reviewers:** City of Los Angeles WDB, Foothill WDB, Los Angeles County WDB, Southeast Los Angeles County (SELACO) WDB, South Bay WIB/WDB, Verdugo WDB

**Review Process:** Review was conducted by teams with industry, education and workforce boards represented on each team. Eight (8) competencies identified in the 2017 "Developing A Curriculum" (DACUM) Care Coordination Job Analysis were used as review criteria. A minimum rating of 7 out of 8 competencies (90%) was required for approval as a Best Practice.

\***DACUM:** Developing A Curriculum (DACUM) Care Coordination Job Analysis conducted in 2017 by the CA Community College Deputy Sector Navigators in Los Angeles and Ventura Counties based upon input by industry practitioners from hospitals and community clinics who are experienced in care coordination.



## WORKFORCE DEVELOPMENT BOARD OF VENTURA COUNTY HEALTHCARE COMMITTEE

### Survey Results

**Goal:** To develop an action plan for a unified approach to work-based learning for Healthcare in Ventura County.

Using the Joint Meeting WDB Regional Sector Committees' outcomes (November 2017), the Healthcare Committee ranked the top three obstacles in five categories.

1. What top three Business Engagement obstacles stand in the way of reaching the vision of a unified work-based learning strategy in Ventura County?
  - 1) Partnerships between business and education are needed
  - 2) Employer engagement
  - 3) Sustaining Commitment of Employers and Partner Collaboration/Coordination (#3 had a tie)
  
2. What top three Process and Bureaucracy obstacles stand in the way of reaching the vision of a unified work-based learning strategy in Ventura County?
  - 1) Coordination of efforts
  - 2) Restrictive HR Policies
  - 3) Fractured leadership and direction (capacity/priorities) and WDB + Partners capacity ( #3 had a tie)
  
3. What top three Leadership obstacles stand in the way of reaching the vision of a unified work-based learning strategy in Ventura County?
  - 1) Actionable plans needed
  - 2) Funds and better coordination
  - 3) Common means of communicating work being done
  
4. What top three Education/Training/Marketing obstacles stand in the way of reaching the vision of a unified work-based learning strategy in Ventura County?
  - 1) Education integrated with industry
  - 2) Length of time to get training from idea to classroom and need to establish certification/portability (#2 had a tie)
  - 3) Matching training vs. work schedule.

5. What top three Youth obstacles stand in the way of reaching the vision of a unified work-based learning strategy in Ventura County?

- 1) Transportation and supportive transit system not available ( #1 had a tie)
- 2) Student career inspiration/initiative lacking
- 3) Youth missing soft skills

**ACTION PLAN:**

6. *What are the next five steps, in order of priority, the Healthcare Committee needs to take to develop a unified work-based learning strategy in Ventura County?*

- 1) Plan to streamline the process/bureaucracy
- 2) Plan to engage business/employers
- 3) Plan to engage youth in work-based learning activities
- 4) Plan to align leadership, to have a common platform
- 5) Plan to align activities and market to the public what we are doing

Greetings,

To facilitate discussion at our upcoming Healthcare Committee meeting on March 2<sup>nd</sup>, Greg Barnes is requesting your feedback. We will use this information to develop a unified approach to work-based learning in healthcare for Ventura County. The information below came out of our Joint Sector WDB meeting in November.

**1. From each of the categories below please select your top 3 obstacles for each category . Please select the obstacles with work-based learning for healthcare in mind.**

**PLEASE BOLD or underline your choices:**

**Business Engagement**

- Sustaining Commitment of Employers
- Partnerships between business and education are needed
- Employer Champions wanted
- Employer engagement
- Not enough employers involved or hiring
- Partner Collaboration and Coordination

**Process and Bureaucracy**

- Time: Patience for incremental growth
- New things take time
- Re-doing work that's already been done
- Funding stream
- Red Tape
- Fractured leadership and direction (capacity/priorities)
- WDB + Partners Capacity
- Misaligned incentives (Inability to triangulate)
- No Framework
- Restrictive HR Policies
- Coordination of efforts

**Leadership**

- Project Champions wanted (Strategic Oversight)
- Actionable Plans needed
- Develop Common Vision-Education among all LEAs
- Common means of communicating work being done
- Funds + Better coordination

**Education/Training/Marketing**

- Perception of academic learning vs. work-based learning
- Matching training vs. work (INT) schedule (Swiss model: 3-4 vs. 1-2)
- Length of time to get training from idea to classroom

- Need to establish certification/portability
- Education integrated with industry
- Student knowledge of career options
- Limited program information available
- Negative image of Work-Based Learning – Change to Positive

### **Youth**

- Inclusion for all youth
- Transportation
- Supportive transit system not available
- Student career inspiration/ initiative lacking
- Youth missing soft skills

### **2. Please rank order the following five topics based on the action that you believe needs to be taken first to the last action.**

1. Plan to engage business/employers;
2. Plan to streamline the process/bureaucracy;
3. Plan to engage youth in work-based Learning activities;
4. Plan to align activities and market to the public what we are doing; and
5. Plan to align leadership; to have a common platform.

### **3. What's Going on? Please write down Healthcare work-based learning (internships, apprenticeship programs) you know about in Ventura County. (Please exclude the standard student clinical rotations required for a degree in some healthcare fields.)**



**JOINT MEETING  
WDB REGIONAL SECTOR COMMITTEES  
November 16, 2017  
"Skills Attainment for Upward Mobility &  
Aligned Services for Shared Prosperity"**

WDB Business Services Committee  
WDB Clean/Green Committee  
WDB Healthcare Committee  
WDB Manufacturing Committee  
WDB Programs Committee

**MINUTES**

**Meeting Attendees**

Business Services

Heidi Hayes (theAgency)  
Paula Hodge (College of the Canyons, SCCRC)  
Payal Kamdar (VSolvit)  
Tracy Perez\*  
Jaime Mata\*

Manufacturing

Alex Rivera\*(Chair)  
Michael Bastine (College of the Canyons, SCCRC)  
Marybeth Jacobsen (WEC)  
Marilyn Jansen\*  
Byron Lindros\*  
Tiffany Morse ( VCOE)  
Bill Pratt\*  
Tre Robinson (Wholesome Harvest Baking)  
Mary Anne Rooney(Civic Alliance)  
Bruce Stenslie\*

Programs

Tony Skinner\* (Chair)  
Roger Rice\* (Vice Chair)  
Jerry Beckerman(Segue)  
Connie Chan\*  
Mary Navarro-Aldana\*

WDB Members

Vic Anselmo\* (Chair)  
Greg Liu \* (Vice Chair)  
Brian Gabler\*  
Patty Schulz\*

Clean/Green

Anthony Mireles\*(Chair)  
John Brooks ( City of Thousand Oaks)  
Holly Chavez (Allan Hancock College)  
David Fleisch (County of Ventura)  
Darrell Gooden (VC Innovates, VCOE)  
Charles Harrington\*  
Grant Leichtfuss (Villa Park Orchards Assoc.)  
Mary Anne Rooney (Civic Alliance)

Healthcare

Greg Barnes\* (Chair)  
Richard Trogman\* (Vice Chair)  
John Cordova (College of the Canyons, SCCRC)  
Irene Ornelas (VC Innovates, VCOE)  
Michelle Reynolds (VCMC)  
Mary Anne Rooney(Ventura County Civic Alliance)  
Bill Werner (Simi Valley Hospital)  
Celina Zacarias\*

WDB Administration

Talia Barrera  
Patricia Duffy  
Tracy Johnson  
Patrick Newburn  
Vivian Pettit  
Ma Odezza Robite

Guests

Nancy Ambriz (County of Ventura)  
Lisa Brunelle (Department of Rehabilitation)  
Lisa Ecklund (VC Innovates, VCOE)  
Hillary Howard (VC Innovates, VCOE)  
Rachel Linares (County of Ventura)  
Melissa Livingston (County of Ventura)  
Susan Mathers (Department of Rehabilitation)  
Richard McNeal  
Christy Norton (County of Ventura)  
Eileen Rohlfing (Employment Development Department)  
Teresa Serrata (County of Ventura)  
Luanne Swanberg(South Central Coast Regional Consortium)  
Steve Thompson (Ventura Adult Continuing Education)  
Carolyn Vang-Walker (Ventura Adult Continuing Education)  
Alexandria Wright (VCCCD)

\*WDB Members

## **1.0 Welcome and Introductions**

WDB Chair, Vic Anselmo, welcomed the attendees to the Joint Meeting of the WDB Regional Sector Committees: Business Services, Clean/Green, Healthcare, and Manufacturing. Additional members from the Programs and Outreach Committee, as well as community partners were also in attendance. Vic Anselmo introduced the facilitator/guest speaker from California Workforce Association, Bob Lanter. Mr. Lanter provided a short self-introduction and asked the WDB members and sector committee members to give quick self-introductions.

Bob Lanter introduced his fellow guest speaker, Vinz Koller, from Social Policy Research Associates, who gave an interesting presentation about the Swiss apprenticeship model.

## **2.0 Apprenticeship 2.0: College without Debt**

Mr. Koller provided an informative presentation of the Swiss apprenticeship model and the features of the Swiss education system which allows multitude of career paths. The model includes teaching soft skills that will not create dead-ends, schools focused on teaching communication and advanced math subjects. He emphasized on the practice of the Swiss education system where there is a public and private partnership and strengthened by the Swiss economy which is considered as the sixth largest investor/economy in the world.

He also explained the key feature of apprentices in the Swiss model where students spend three to four days per week with employers while spending only one to two days inside the classroom. In the Swiss model, sixteen-year old students can make decisions and nineteen-year old students already have achieved professional certificates and can earn a living. He compared that the average age of apprentices in the Swiss model is seventeen years old versus twenty-nine years old in USA.

The question was asked, if the employers were required to have apprentices. Mr. Koller responded that "only thirty percent of the employers have apprentices."

He also explained the funding of apprenticeship system, how firms invest in apprentices, measurement tools, background on how the Swiss employees gain experience and soft skills and how skills are best learned. When asked how California can adapt the Swiss system, Mr. Koller shared that it can be achieved by: building ecosystems, establishing permeability, triangulating, rebuilding prestige, focusing on students, and diversifying the registered apprenticeships.

One of the participants asked for the observed best practices in California. Mr. Koller gave an example of the Valley Transit Authority in Santa Clara with one hundred new positions opened for apprentices. Also, Mr. Lanter gave an example where he explained that the veterans in Livermore were trained in engineering at the laboratory.

A participant asked Mr. Koller how to address the transportation issue for young workers since most of the jobs are located outside Ventura County. Mr. Koller responded that the workforce development is a regional affair. He further suggested to look at the local economy and market and to look at where people work. Mr. Lanter provided an example of the apprenticeship Task Force in Washington, D.C. It showed how to expand outside the classic apprenticeship model where small, medium, and large employers can participate. Mr. Koller added that employers should look at apprenticeship on a broader sense and that employees can do training online to address the transportation issue.

Mr. Koller was asked if the apprenticeships were paid by the companies. Mr. Koller responded that it was paid by the State in the Swiss model and that the employees did not pay anything

Mr. Lanter provided a brief explanation and examples of work-based learning namely: registered apprenticeships, on-the-job training, incumbent worker training, career tech education with a workplace component, and transitional jobs/work experience. He mentioned that twenty percent of local youth formula funds are for work experiences such as summer jobs, pre-apprenticeship training, on-the-job training, and internships. He also provided a list of resources for work-based learning.

### **3.0 A Common Vision**

Mr. Lanter facilitated a group brainstorming on what success looks like. Participants were divided into six groups with six to seven members each. Each group provided their response to the question: "What's Going On?" or "What are the current work-based learning activities being practiced in each organization?"

#### What's Going On?

- Internships – rehabilitation, VCOE (1000 in education offsite)
- On the Job Training – America's Job Center
- Field Trips – middle high (750)
- Training for Employability Skills
- Entrée to Employment (2,000)
- Job Shadows
- Guest Speakers
- Civic engagement
- Construction apprenticeships
- Summer camps
- Trade based charter schools
  
- Hospitality Industry
- Incumbent Worker Training (lean manufacturing)
- Adult Education Pre-apprenticeships Internships
- Department of Rehabilitation – limited internships/externships
- VC Innovates Adult Education
- CLU Capstone Program (MBA)
- TDC Studies
- CAD Department/ Manufacturing 30
- Manufacturing Week Tours
  
- Regional Makers Space
- Robotics
- Health Care
- CAL Works Internships
- PathPoint
- CSUCI-Clinical Tech

- County of Ventura – Summer Interns
  - Summer City Hall – Ventura & Oxnard
  - Trades (IBW, etc.) Apprentices
  - Employers (OJT) WIOA
- 
- AG Supervisor Training at VC Noncredit
  - Externship for Teachers In Engineering
  - NBVC Internships (Primarily Com College)
  - HCA (Health Care Agency) – WPL Revamping, Internships, Job Shadow
  - CTE Programs at H.S Focus on Industry Certificates
  - Career Education Center – Office of ED
- 
- On the job training
  - Union apprenticeships
  - University Internships
  - Government Internships
  - Regional Occupation Program
  - Summer in the City – VCCA
  - City Corps
  - Adult Education and Job Placement
  - CMTC
- 
- Applied Science Program at Ventura College (Entry level)
  - Internship at Career Education Center (VCOE)
  - Externship with CET
  - Incumbent Worker Training at
  - OJT at multiple companies
  - BOA + EDD – training (unpaid)

Mr. Lanter used the Victory Circle Technique or a visioning exercise which showed the ideal vision of work-based learning for one year from now in Ventura County:

- CWA report to get them involved
- Anchor employers; employers are saying “Thank you!”
- Businesses are retained/created
- They like making money while working
- Engagement scores are high
- Monitoring their responses thru social media
- Youth unemployment goes down in county
- Robust marketing on CTE
- Clear understanding of pathways
- Target industry that are local- here regionally start 2-3
- One-stop site connecting employers to interns
- Listing of all applications and career paths available
- Website and social media for the youth

- Job Seekers/Students say “I love my job!”
- Employers say “Why didn’t we do it before?”
- Cohort of gateway path with Business enrolled in VACE
- Directory of all Work Based learning programs with business partnerships
- Multiple payment methods
- Innovation in public sector employers
- Stable and secure innovation and productive career pathways
- CWA annual report on how sectors is moving to get this done
- Employers want more
- Students feel secure, valued, respected, and engaged
- Youth VI rate decrease in country
- New fast track program works well!

#### **4.0 Contradictions**

Mr. Lanter asked each group what obstacles stand in the way of reaching the vision of a unified work-based learning strategy of Ventura County. Each group listed their responses:

##### **Business Engagement**

- Sustaining Commitment of Employers
- Partnerships between business and education are needed
- Employer Champions wanted
- Employer engagement
- Not enough employers involved or hiring
- Partner Collaboration and Coordination

##### **Process and Bureaucracy**

- Time: Patience for incremental growth
- New things take time
- Re-doing work that’s already been done
- Funding stream
- Red Tape
- Fractured leadership and direction (capacity/priorities)
- WDB + Partners Capacity
- Misaligned incentives (Inability to triangulate)
- No Framework
- Restrictive HR Policies
- Coordination of efforts

##### **Leadership**

- Project Champions wanted (Strategic Oversight)
- Actionable Plans needed
- Develop Common Vision-Education among all LEAs
- Common means of communicating work being done
- Funds + Better coordination

## **Education/Training/Marketing**

- Perception of academic learning vs. work-based learning
- Matching training vs. work (INT) schedule (Swiss model: 3-4 vs. 1-2)
- Length of time to get training from idea to classroom
- Need to establish certification/portability
- Education integrated with industry
- Student knowledge of career options
- Limited program information available
- Negative image of Work-Based Learning – Change to Positive

## **Youth**

- Inclusion for all youth
- Transportation
- Supportive transit system not available
- Student career inspiration/ initiative lacking
- Youth missing soft skills

## **5.0 Commitment and Next Steps**

WDB committee members worked in cross-sector groups, reporting to the large group their responses. Below is a summary of the wall notes and committee members' comments during the follow-up discussion. The input will be considered during WDB planning and WDB/WIOA regional and local planning processes:

- Working on task force/ WDB
- Utilize programs that are available (once we find out)
- Office OJT, internships
- Actively network to bring business to table
- Pair with business to provide training
- Advocate on behalf of students
- Work through policies – align education to cut red tape
- Attempt to communicate purpose to students (Entrée to Employment)
- Leveraging resources and activities
- Guide students to meet passion
- Develop student committee for student voice
- Communicating to public at large
- Engage students early (middle school)
- Study what other countries are doing

## Summary of Next Steps

Based on the contradictions given aligned with the commitment listed above, Mr. Lanter suggested to provide a follow-through of these ideas with doable action plans with the following focus:

1. Plan to engage business/employers;
2. Plan to streamline the process/bureaucracy;
3. Plan to engage youth in work-based Learning activities;
4. Plan to align activities and market to the public what we are doing; and
5. Plan to align leadership; to have a common platform.

## 6.0 Close and Adjournment

Vic Anselmo adjourned the meeting at 4:30 p.m.

### Next Meeting

**Workforce Development Board Meeting**  
December 7, 2017  
America's Job Center of California (AJCC)  
3<sup>rd</sup> Flr, 2901 North Ventura Road, Oxnard



## 2017-2018 YEAR-END REVIEW Workforce Development Board of Ventura County

### **WDB HEALTHCARE COMMITTEE**

#### **2016-2017 Members**

WDB Members: Greg Barnes, Chair (Los Robles Hospital and Medical Center), Richard Trogman, Vice Chair (Kaiser Permanente), Martel Fraser (United Food and Commercial Workers, Local 770), Celina Zacarias, (California State University, Channel Islands)

Other Members: John Cordova (College of the Canyons, Deputy Sector Navigator), Carol Higashida (Moorpark College), Adam Hunt (Pacific Coast Homecare), Christina Lee (Moorpark College), Amy Mantell (St. John's Regional Medical Center), Sandra Melton (Ventura College), Dawn Neuman (California State University, Channel Islands), Irene Ornelas (Ventura County Office of Education, VC Innovates), Michelle Reynolds (Ventura County Health Care Agency), Mary Anne Rooney (Ventura County Civic Alliance), Lisa Safaeinili (Westminster Free Clinic) Bill Werner (Simi Valley Hospital)

#### **Committee Accomplishments**

- Clinical Laboratory Scientist (CLS) Field Experience Program:  
The Committee discussed the success of the first year of the CLS Field Experience Program. There were 8 students in four hospitals. The first year provided the opportunity to understand the range of different needs for the students entering the program. Some students had longer gaps between finishing their programs and finding field placements and needed more review time, which is why it is critical to have available field placements so students don't encounter long gaps due to an inability to find a field placement. CSUCI set up a review class and a CLS library, with on-line resources to practice for the licensing exam. The program is expanding, an application was submitted for Dignity Health, St. John's Regional Medical Center with plans for them to participate as a field placement site for the next cohort.  
  
There was also a discussion regarding developing a career pathway from MLT to CLS and exploring if there are successful models for this career pathway. Committee members discussed identifying ways to incorporate MLTs into more laboratories and exploring barriers that may be preventing incorporating the use of more MLTs.
- Regional Workforce Trends in Healthcare IT and Cybersecurity:  
The Healthcare Committee invited guest speakers, Healthcare Committee member and DSN for Healthcare, and DSN in ICT to present on Regional Workforce Trends in Healthcare IT and Cybersecurity. A two year grant allowed them to align with American Health Information Mangers Association (AHIMA) and Healthcare Information and Management Systems Society (HIMSS) and come up with six courses leading to an IT Technician Certification. They are looking at "New Collar Positions" identifying the point where you can enter the cybersecurity workforce without a degree in cybersecurity. They are working to build a pipeline to cybersecurity positions. Ventura College is planning to have a course offering in cybersecurity possibly in the spring.
- Critical Shortage of C.N.As



## 2017-2018 YEAR-END REVIEW Workforce Development Board of Ventura County

The Committee discussed the critical need for CNAs. The new State legislation which changed the staffing ratios in Long Term Care facilities has double the need, creating a critical workforce shortage to meet these requirements. A Committee member is working with the colleges and training programs in the South Central Coast Region to address this challenge and looking at innovative solutions such as apprenticeship programs.

- Regional Healthcare Case Manager/Care Coordinator Career Pathway Project:  
Continued participation in the Los Angeles/Ventura regional project, funded through a SlingShot grant from the California Workforce Development Board. Six Los Angeles Workforce Development Boards and the Ventura County WDB, along with industry partners in healthcare and education, worked together for over 2 years on this successful project. Two Committee members were actively involved in participating in meetings from the onset of the project, providing updates and discussions at the Healthcare Committee meetings.

The Healthcare Committee members participated in developing a survey to identify the local need for Care Coordinator training. A committee member and DSN for Healthcare, was actively involved as the Community College representative for this region, serving on the Education Committee for the project and leading the DACUM process to develop the curriculum. Another Healthcare Committee member served on the Leadership Committee and Industry Committee. A WDB Healthcare Committee member was able to assist in identifying two healthcare professionals who volunteered to go to Los Angeles to represent Ventura in a two day process called a DACUM, a method used to develop a curriculum. A previous committee member, representing a Skilled Nursing Facility in Ventura, attended the first Industry Committee meeting in Los Angeles and advocated for the need for Care Coordinator incumbent worker training in Skilled Nursing Facilities.

As of the March 31, 2018 curriculum had been developed for incumbent worker training and Patient Navigators and training began in LA with over 200 participants. Training through VCCCD, will begin in May. Level II and Level III curriculum is still being developed with plans to collaborate with the colleges in Ventura to offer this additional training. On-line incumbent worker training courses have been developed for industry to offer their employees the flexibility of taking courses on line. The Committee members discussed possibly developing a training cohort of hospitals in Ventura needing this training and offering it rotating through the hospital sites.

The support and involvement of all the Healthcare Committee members assisted in making this collaborative effort successful.

- Guest Speakers: Lisa Mitchell and Teri Hollingsworth, Hospital Association of Southern California  
Lisa Mitchell, Program Manager, Workforce Development and Teri Hollingsworth, Vice President of Human Resources, explained the role of the Hospital Association of Southern CA., (HASC). Ms. Mitchell and Ms. Teri Hollingsworth are reaching out to the Ventura Healthcare Committee offering HASC assistance in sharing local data they acquire through their research and surveys. Their data is collected on a quarterly basis. The Healthcare Committee members were pleased to hear about this opportunity and shared how it has been difficult to get accurate local data. Having a reputable source for local data will enable more opportunities for funding



## **2017-2018 YEAR-END REVIEW**

### **Workforce Development Board of Ventura County**

for healthcare workforce development and training. The Committee members were updated on HASC's current projects and their work in identifying the need for specialty nurses.

- **Joint Regional Sector Committees' Meeting "Skills Attainment for Upward Mobility & Aligned Services for Shared Prosperity"**  
Healthcare Committee members participated in the Joint Regional Sector Committee meeting held on November 16<sup>th</sup>, 2018. The meeting included WDB Committee members from five Committees, WDB Board members and community partners. The focus was to launch a regional approach to work-based learning. Bob Lanter, Director of the California Workforce Association and Vinz Koller, Social Policy Research Associates, led attendees through an interactive process. Mr. Koller described the Swiss Apprenticeship model "College Without Debt" and attendees went through group activities to identify what's going on regionally in work-based learning, obstacles, and actions that we need to address to move forward as a region.
- **Action Plan for a Regional Approach to Work-Based Learning in Healthcare:**  
The Committee Members worked to develop an action plan for a regional approach to work-based learning in Healthcare, as a follow up to the Joint Sectors Committee meeting. The question presented to the Committee was "What steps do we need to take to implement a regional approach to work-based learning in Healthcare?" The Committee Members had been given a survey to complete as a follow up to the Joint Sectors' Committee meeting. They selected the top 3 obstacles to work-based learning from five categories developed from the group sessions in the Joint Sectors meeting. The Healthcare Committee members ranked the order of five action items, prioritizing how the actions needed to be approached. The Healthcare Committee will continue to work on defining an approach to work-based learning for Healthcare.

#### **Insights: ( 2017-2018)**

- Having industry partners at the table enables us to identify and address regional industry needs. Continue to widen our networks to engage more healthcare providers in workforce development.  
Recruit additional committee members representing; mental health, EMS and Health IT.
- Collaborate to implement, in Ventura, the training programs developed for Patient Navigators and Care Coordinators, based on the successful work of the Los Angeles/Ventura Healthcare Coordinator Pathways Project. ( C3 Skills Alliance)
- Continue to monitor how changes in the healthcare system are impacting our regional healthcare workforce. For example, monitoring local hospital requirements to hire B.S.N. vs. A.D.N. nurses. Work with colleges and industry to identify an employment pipeline for A.D.N. graduates.
- Continue to facilitate collaboration between industry and education to identify and address the skills gaps in healthcare occupations.



## 2017-2018 YEAR-END REVIEW Workforce Development Board of Ventura County

- The need to increase “Earn and Learn” opportunities in the healthcare field through internships, on the job training, pre-apprenticeships and apprenticeships.
- Work with industry and colleges to encourage fast track, convenient, affordable A.D.N. to B.S.N. programs. Identify employer supported educational benefits.
- Some of our healthcare workforce needs overlap with other sectors (e.g., IT, finance, equipment maintenance). We need to work with the WDB Business Services Committee, Clean/Green Committee, and Manufacturing Committee to facilitate cross-sector collaboration.
- Need to identify career pathways to CLS. Explore successful models utilizing MLTs and identify barriers that may be preventing the use of more MLTs.
- Learned from the first cohort of students in the CLS Field Experience Program. Students who had long gaps between finishing their program and finding a field experience placement were more likely to need review courses. This exemplifies why there is the critical need to have field placements immediately available for CLS graduates.
- Continue the collaborative work of the WDB Healthcare Committee members to align the numerous healthcare education advisory committees in the region.

**2018-2019 MEETING CALENDAR**  
**Workforce Development Board of Ventura County (WDB) and WDB Committees**

	<b>WORKFORCE DEVELOPMENT BOARD</b>	<b>EXECUTIVE COMMITTEE</b>	<b>BUSINESS SERVICES COMMITTEE</b>	<b>CLEAN/GREEN COMMITTEE</b>	<b>HEALTHCARE COMMITTEE</b>	<b>MANUFACTURING COMMITTEE</b>	<b>MEMBERSHIP COMMITTEE</b>	<b>OUTREACH COMMITTEE</b>	<b>PROGRAMS COMMITTEE</b>
<b>JULY 2018</b>					Joint Sector Meeting TBA- August				
<b>AUGUST 2018</b>									
<b>SEPTEMBER 2018</b>					September 21 8:00 – 9:30 a.m.				
<b>OCTOBER 2018</b>									
<b>NOVEMBER 2018</b>					November 2 8:00 – 9:30 a.m.				
<b>DECEMBER 2018</b>									
<b>Locations</b> <b>AJCC Riverpark</b> = America’s Job Center of California, 3 <sup>rd</sup> Floor, 2901 N. Ventura Road, Oxnard <b>EDC-VC</b> = Economic Development Collaborative - Ventura County, 4001 Mission Oaks Boulevard, Camarillo <b>HSA</b> = Human Services Agency, 855 Partridge Drive, Ventura <b>UFCW</b> = United Food and Commercial Workers International Union, 816 Camarillo Springs Rd, Camarillo <b>VCCF</b> = VCCF Nonprofit Center, 4001 Mission Oaks Boulevard, Camarillo <b>VCOE</b> = Ventura County Office of Education, 5100 Adolfo Road, Camarillo								<b>CANCELED</b>	<b>RE-SCHEDULED</b>
								<b>NEW</b>	<b>CHANGED</b>

**2018-2019 MEETING CALENDAR**  
**Workforce Development Board of Ventura County (WDB) and WDB Committees**

	<b>WORKFORCE DEVELOPMENT BOARD</b>	<b>EXECUTIVE COMMITTEE</b>	<b>BUSINESS SERVICES COMMITTEE</b>	<b>CLEAN/GREEN COMMITTEE</b>	<b>HEALTHCARE COMMITTEE</b>	<b>MANUFACTURING COMMITTEE</b>	<b>MEMBERSHIP COMMITTEE</b>	<b>OUTREACH COMMITTEE</b>	<b>PROGRAMS COMMITTEE</b>
<b>JANUARY 2019</b>					January 4 8:00 – 9:30 a.m.				
<b>FEBRUARY 2019</b>									
<b>MARCH 2019</b>					March 1 8:00 – 9:30 a.m.				
<b>APRIL 2019</b>									
<b>MAY 2019</b>					May 3 8:00 – 9:30 a.m.				
<b>JUNE 2019</b>									

<b><u>Locations</u></b> <b>AJCC Riverpark</b> = America’s Job Center of California, 3 <sup>rd</sup> Floor, 2901 N. Ventura Road, Oxnard <b>EDC-VC</b> = Economic Development Collaborative - Ventura County, 4001 Mission Oaks Boulevard, Camarillo <b>HSA</b> = Human Services Agency, 855 Partridge Drive, Ventura <b>UFCW</b> = United Food and Commercial Workers International Union, 816 Camarillo Springs Rd, Camarillo <b>VCCF</b> = VCCF Nonprofit Center, 4001 Mission Oaks Boulevard, Camarillo <b>VCOE</b> = Ventura County Office of Education, 5100 Adolfo Road, Camarillo	<b>CANCELED</b>	<b>RE-SCHEDULED</b>
	<b>NEW</b>	<b>CHANGED</b>

# Southern California's Health Care Workforce: *Challenges, Approaches and Solutions*

A white paper produced by  
the Hospital Association of  
Southern California with  
FutureSense LLC.



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The Hospital Association of Southern California (HASC), founded in 1923, is a not-for-profit 501(c)(6) regional trade association. HASC is dedicated to effectively advancing the interests of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. We are comprised of 184 member hospitals and 40 health systems, plus numerous related professional associations and associate members, all with a common goal: to improve the operating environment for hospitals and the health status of the communities they serve.

### **Executive Summary:**

*This paper's goal is to help workforce development managers and others understand the pressing workforce issues and concerns of hospitals, as well as identify strategies to address them. This paper reviews data collected by HR leaders in hospitals regarding trends in hiring, recruitment, workforce planning, turnover and retention, training, and the physician shortage. Additionally, this paper explores solutions including post-secondary partnerships, K-12 educational partnerships, strategies that address the specialty nursing experience gap, and strategic workforce planning.*

Recent figures show that health care accounts for nearly 18 percent of the gross domestic product, with year-over-year increases anticipated.<sup>1</sup> In terms of employment, a recent Kaiser Family Foundation study reports that health care employment accounts for nearly 9 percent of the total employment in the country – totaling nearly 12.5 million health care workers across the U.S.<sup>2</sup> No matter how you look at it, the health care industry accounts for a large portion of the U.S. economy and workforce – and California leads the way.

The California Health Care Foundation reports that California businesses employ nearly 1.4 million health care workers.<sup>3</sup> Health care related occupations account for over 7 percent of the total employment in California, and that number is projected to continue growing in the near future.<sup>4</sup> The Public Policy Institute of California reports that the number of Californians working in health care is expected to grow 23 percent by 2020, as well as account for almost 10 percent of all new jobs created in the state.<sup>5</sup> The aging population, increased life expectancy, as well as concerted preventative care and population health efforts, only compound the demand for health care workers across all facets of the industry.

According to the Los Angeles Economic Development Corporation (LAEDC) Institute for Applied Economics, the hospital industry specifically accounts for approximately 400,000 jobs in Southern California alone equating to \$28.7 billion in labor income (including benefits). Over the next five years, close to 150,000 health care openings will need

to be filled in the HASC region. More than 66,000 will be new jobs and over 83,000 will be replacement jobs. Of all openings over the next five years, 20 percent will require a high school diploma. Just over a quarter will require some post-secondary schooling, and an additional quarter will need a bachelor's degree. Just 8 percent will require a doctorate or professional degree. Average sector wages were highest in hospitals, reaching \$72,762 annually. Given the



breadth and size of these economic contributions, it is essential to have a clear understanding of the current state of the hospital and health care workforce in Southern California.

Of additional interest is the impact of the aging health care workforce as baby boomers who are health professionals retire. Approximately one third of the nursing workforce will retire in the next decade – an unprecedented number never seen before in history. This factor will demand more strategic planning efforts to meet what is anticipated to be an escalating future demand.

Mindful of this need, HASC is committed to assessing the current state of the health care workforce in Southern California, as well as identifying and working toward possible solutions for the health care industry's needs. To support these efforts, HASC kicked off a research study to explore workforce challenges, opportunities and risks connected to member hospitals, as well as possible solutions.

<sup>1</sup> Leonard K. U.S. sees historic jump in health care's share of the economy. U.S. News & World Report. 2016 Dec 2.

<sup>2</sup> Health care employment as a percent of total employment. The Henry J. Kaiser Family Foundation. 2015 May. <http://kaiserf.am/2wzhDM5>.

<sup>3</sup> Bates T. California's health care workforce. California Health Care Foundation. 2017 Aug. [www.chcf.org/publications/2017/08/california-workforce](http://www.chcf.org/publications/2017/08/california-workforce).

<sup>4</sup> Health care in California. State of California Employment Development Department. 2013. P. 5.

<sup>5</sup> Beck L, Bohn S, McConville S. California's health workforce needs. Public Policy Institute of California. 2014 Sept. [www.ppic.org/content/pubs/report/R\\_914SMR.pdf](http://www.ppic.org/content/pubs/report/R_914SMR.pdf).

## STUDY METHODOLOGY:

In spring of 2017, HASC invited 183 member hospitals in Los Angeles, Orange, Riverside, San Bernardino, Ventura and Santa Barbara counties to provide input on the challenges and best practices surrounding hiring, training, and retaining hospital staff. Hospital human resources, workforce development and talent acquisition leaders who agreed to participate were asked a series of 12 open-ended questions regarding hospital workforce development. Participants had the opportunity to describe challenges related to hiring new staff, retaining and upskilling existing staff, recruiting new talent, establishing partnerships with schools, and emerging hiring and training needs that might need to be addressed in the next few years.

Hiring and retention challenges, and strategies for licensed health professionals (pharmacy, laboratory, nursing, social services, physical therapist, respiratory therapist, etc.) include professional practice issues within each discipline that can have a significant impact on the ability to recruit and retain experienced personnel. In the future, HASC will work on exploring and identifying factors unique to each discipline to augment targeted strategies.

Job titles of those who participated in the study included:

Chief Human Resources Officer	Executive Director of Talent Acquisition
Senior Vice President of Human Resources & Organizational Development	Senior Human Resources Business Partner
Vice President of Human Resources	System Recruiter
Human Resources Director	Clinical Recruiter
Human Resources Manager	Talent Acquisition Consultant
Human Resources Supervisor	Recruiting Specialist

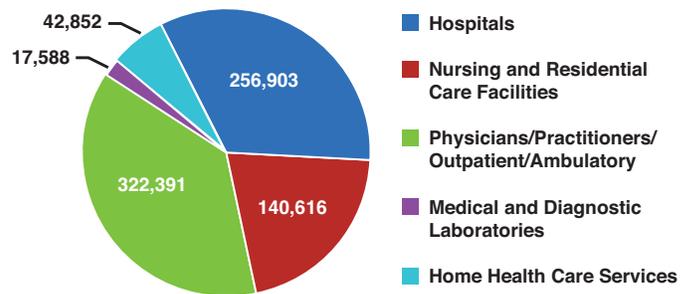
## Overview: Forecasting & Outlook

Before we dive into the results of the study, it is essential to understand industry outlook and forecasts for California. In July 2017, the LAEDC Institute for Applied Economics reported on workforce and economic forecasts for Southern California hospitals.<sup>6</sup> The research indicated growth for the health care workforce – with a total of nearly 150,000 new job openings in the next four years.

It is important to consider the impact hospitals have in the health care workforce. The LAEDC report highlights that while hospitals account for only about 1 percent of the health care service entities in the HASC region, hospital

employment accounts for nearly 33 percent of industry employment, meaning that by sheer numbers of job openings, employees hired, and turnover, hospitals feel workforce issues particularly acutely.

## Employment by Industry (2016)



Source: CA EDD

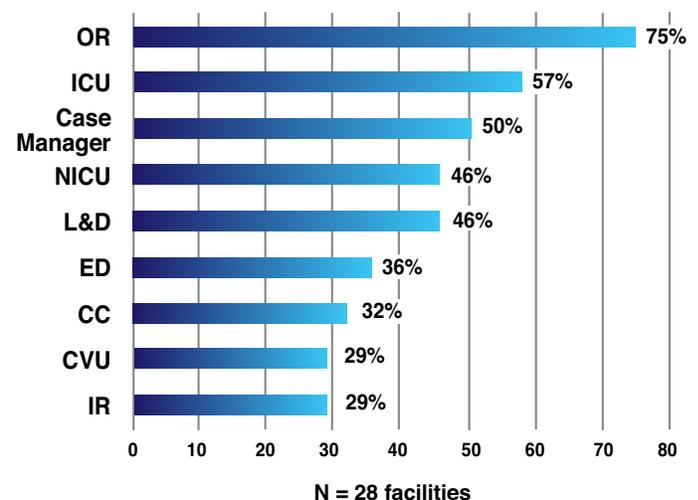
## STUDY RESULTS

Mindful of the demand and future needs of the health care workforce in Southern California, HASC highlighted five areas of focus for its workforce study. The five areas included: hiring, recruitment, workforce planning, turnover and training.

### Hiring

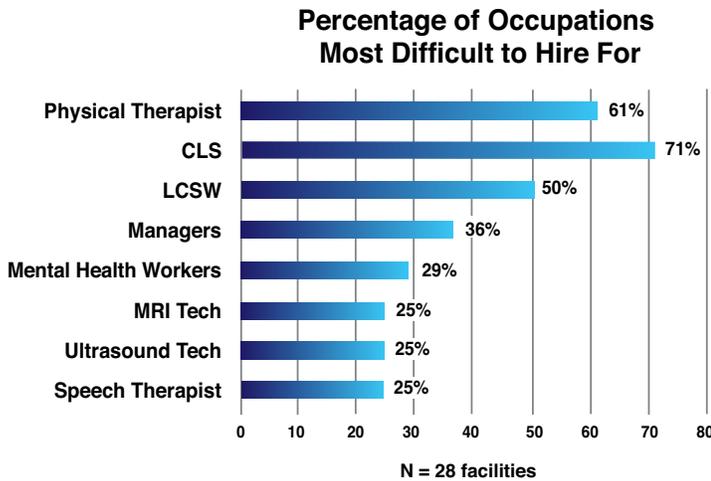
For the study, participants representing 28 hospitals were asked to list occupations they have the most difficulty hiring for. It should be noted that “most difficult to hire” was not defined to respondents and could mean the greatest demand (volume) needed to be hired, or even highest priority to hire (urgent and required). Unsurprisingly, specialty RN jobs topped the list with 93 percent of hospitals identifying difficulties in filling these jobs. When asked to specify which RN specialty positions are the most difficult to fill, we found that OR, ICU and Case Manager topped the list. The breakdown of all the top specialty RN jobs is detailed below:

## RN Positions Most Difficult to Hire



<sup>6</sup> De Anda R, Sedgwick S, Mitra S. The hospital industry in Southern California: an economic analysis. LAEDC Institute for Applied Economics. 2017 July.

While the most difficult-to-hire jobs were specialty RNs, there were many other non-RN jobs reported as well, as listed below:



Additionally, the data showed some specific localized trends by county and indicated some major barriers to hiring in each.

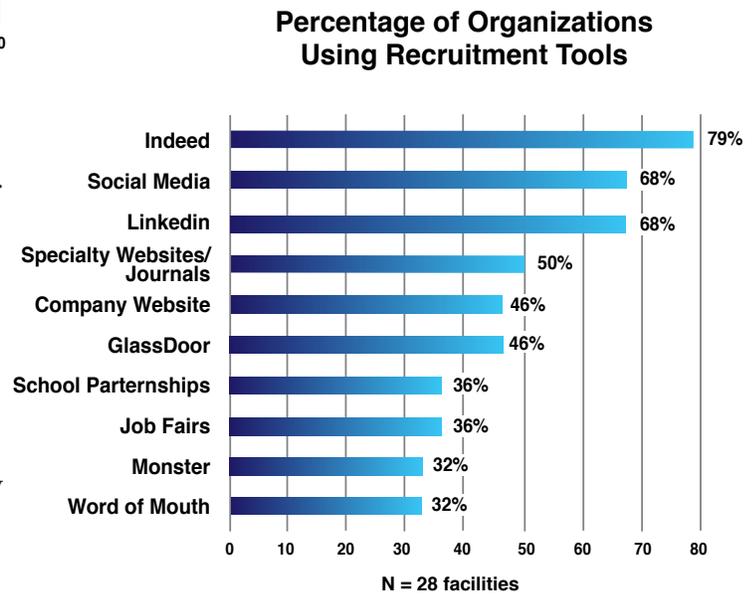
- **Los Angeles County** reported its biggest shortages in specialty RNs and clinical laboratory scientists were due to barriers including high cost of living and housing, competition with other local hospitals, high market saturation, competition for candidates, and difficult commute.
- **Orange County** reported its greatest shortages in specialty RNs, clinical laboratory scientists, physical therapists, pharmacists, licensed social workers and mental health workers were due to recruitment barriers like competition among hospitals for candidates, challenges with high cost of living, and difficult commutes.
- **Inland Empire** reported its biggest shortages in specialty RNs and physical therapists were due to barriers including geographic location (rural and remote), long commutes, limited local candidate pool, and weather extremes (deserts, mountains and snow).
- **Ventura and Santa Barbara counties** reported their biggest shortages in specialty RNs and clinical laboratory scientists were due to barriers including an aging workforce, a lack of local training programs to recruit from, and a lack of clinical sites. Additional barriers included the high cost of living and housing, difficult commutes, high relocation costs, and out-of-state licensing transfer costs and difficulties.

In the future, exploring local, regional, and statewide supply and demand for specific allied health professionals will be important to determine strategic recommendations for improvement to validate the extent of the shortage of talent in

specialty areas. Other future considerations would include focusing on internal barriers, not just external factors for hospitals or groups that might contribute to recruitment, hiring and retention such as: indicators of a healthy workplace, hospitals known as centers of excellence for specific programs or services that may attract expert providers/professionals and retain them, etc.

### Recruitment

Beyond the actual jobs in need of being filled, HASC also looked at the recruitment strategies used to fill vacancies. The study asked what mechanisms are primarily used for hospital recruiting efforts:



While the use of online recruitment tools prevails, many hospitals are also trying to leverage in-person means. Hospitals in all regions mentioned seeing positive results from hosting “open houses” (or similar events), which allow applicants to tour the hospital and meet existing staff to attract talent. Multiple hospitals detailed great success with this approach. In-person recruiting methods such as these, however, were not found to be used as frequently as online options.

The results show eight of the top 10 approaches that hospitals rely on for their recruitment efforts are to simply push out the job openings to candidates, and hope that the right candidates see and apply for the jobs. While some online tools like LinkedIn allow for strategic direct recruiting reach-outs, the results indicate a heavy reliance on non-strategic approaches to recruitment with the top being the “post and pray” method through most other online channels.

This study focused on the input from a target group of HR leaders. There is the possibility that if department directors (of pharmacy, laboratory, nursing, etc.) were asked the same

questions they might leverage other recruitment efforts that more directly involve academic systems, professional practice organizations, professional networking and partnerships.

### Workforce Planning

In terms of identifying the recruitment needs, both present and future, participants were asked how they approach workforce planning and determining annual staffing needs. The majority of respondents reported that there was little strategy with workforce planning, rather, workforce planning efforts were simply an exercise completed by leaders of individual departments as a budgetary consideration, with proposals for headcount ultimately approved by executive management or their governance board.

Some hospitals, however, did dive deeper in their workforce planning by looking at turnover, department demographics, and local market trends as tools to project what the future workforce needs look like (i.e. functional forecasting). Most hospitals reported not being able to engage in this level of strategic workforce planning due to constraints in budget, personnel, and resources to collect workforce data, analyze it, and forecast out the short and long-term needs.

In addition, effective efforts in forecasting may involve a model or framework that includes both HR leaders and service specific practice leaders to contribute to a more integrated plan. The study did not assess if practice leaders contribute to HR recruitment plans or the level of HR leaders' ability to know about and incorporate practice leader networks and partnerships that may be in place outside of HR. Other considerations worth exploring in the future would be how specific functions are carried out and by whom in the hiring process, as well as what resources or expertise are needed and available to those hiring.

### Turnover & Retention

The occupation experiencing the greatest turnover in the region was nursing, as reported by 79 percent of participants. Nurses are the most difficult to retain, according to the study, for reasons including local wage competition, difficult commute, and nurses deciding to go back to school.

Though hospitals do not report turnover as a large problem, results from the 4th-quarter 2016 *Health Care Workforce Survey Report*,<sup>7</sup> compiled by HASC and partners, shows us that while turnover is stable, it is still substantial. The numbers

	Turnover Rate	Hire Rate	Avg. Vacancy Rate
CA Statewide (All jobs)	10.2%	12.7%	5.1%
CA Statewide (RN)	10.7%	16.0%	5.9%
Nor. CA (All jobs)	9.0%	12.0%	4.0%
Nor. CA (RN)	9.0%	14.4%	4.3%
So. CA (All jobs)	11.0%	13.0%	5.2%
So. CA (RN)	12.1%	17.1%	6.4%
San Diego, CA (All jobs)	11.3%	14.4%	9.2%
San Diego, CA (RN)	11.1%	17.8%	9.6%

indicate that RN turnover is sitting at or near all other jobs. The considerable proportion of RNs compared to other jobs in the workforce explains why respondents likely feel the burden of RN turnover more than other roles, despite the turnover percentages being relatively similar.

In addition to the total turnover rate, the same HASC report indicates incredibly high rates of turnover for RNs within the first two years. With over half of RNs leaving their jobs at organizations within the first two years of service. This high incidence of turnover so quickly should inform unique strategies to refine hiring and selection criteria, as well as strategies to improve employee satisfaction and engagement for staff within the first 24 months of employment.

Hospital representatives from Orange County detailed their biggest barriers to retention being regulation, competition with pay, an aging population, high cost of living,

RN Length of Service Before Termination	Prevalence
Employed less than 1 year	28%
Employed 1-2 years	28%
Employed 3-5 years	14%
Employed more than 5 years	31%
N = 98	

and difficult commute. A hospital in Los Angeles reported competition with pay as being the biggest retention barrier they experience. A health system in Ventura and Santa Barbara counties reported relocation, family obligations, cost of housing, ample housing availability, and career change as the biggest barriers to retaining staff.

### Training

Participants in meetings and interviews were asked to identify opportunities in their hospitals to upskill current staff.

<sup>7</sup> Health care workforce survey report. California Hospital Association, FutureSense, Hospital Association of San Diego and Imperial Counties, Hospital Association of Southern California, Hospital Council of Northern and Central California, UC San Francisco. 2016 Oct - Dec. [www.healthcarehrsource.org](http://www.healthcarehrsource.org).

Hospitals in Los Angeles, Orange County, the Inland Empire and Ventura and Santa Barbara counties all identified **specialty nursing** as the



biggest opportunity to upskill their existing staff, followed closely by **leadership** training. Other noteworthy opportunities for training existing staff include building “soft skills” in staff – and upskilling through CNA-to-LVN training.

The impact of the specialty nursing shortage in hospitals is significant in all aspects of workforce. From recruitment and retention, to training and development, the short supply of specialty trained nurses is the main area of focus for most of hospital human resources, talent acquisition and workforce development teams, as evidenced by our discussions with HASC member hospitals. Participants in these discussions highlighted the need to provide opportunities for their existing nursing workforce to access hands-on training in the specialty departments. Finding ways to offer training and development in the specialty areas to the existing and new graduate hospital nursing workforce is a key strategy to address this shortage.

Participating hospitals also identified a clear career pathway for the **certified nursing assistant** (CNA) occupation as an important upskilling opportunity for staff. Those interviewed highlighted the opportunity to elevate entry-level CNAs to become **licensed vocational nurses** (LVN) through didactic and clinical training. Upskilling programs provide the opportunity to create progression for technical and sustainable jobs.

### *Physician Shortage*

While this report was primarily looking at hospital employees, we would be remiss not to address physician workforce shortages and projected physician retirements in the coming decade. Over 33 percent of physicians in California are over the age of 60.<sup>8</sup> Funding for graduate medical education

(GME), the second phase of a physician’s training after medical school, is a priority for the association. Since 1965, the Centers for Medicaid and Medicare (CMS) has been the largest single funder of GME in the nation.<sup>9</sup> However, in 1997, Congress capped the number of residency slots for which teaching hospitals could receive funding.<sup>9</sup> This cap has resulted in an enormous gap in funding for training, especially in California, where there is no dedicated state funding source for GME. The gap in funding for GME, what it costs California teaching hospitals to administer GME programs versus what they receive from CMS, is over \$1 billion, which means that teaching hospitals are subsidizing the cost of training our future physician workforce.<sup>10</sup> Over the years, the California Hospital Association has participated in several efforts to preserve and enhance funding for GME, both at the state and federal level. There has recently been some minor success in garnering state general fund dollars to expand residencies in the areas of primary care and family medicine, two specialties with pervasive

**Over 33 percent of physicians in California are over the age of 60.**

shortages. However, funding is uncertain from year to year, adding some risk for residency programs that wish to apply for this money to expand their programs. California and the nation need a more permanent solution to the underfunding of GME in order to avoid critical physician shortages and ensure access to care in the years to come.

## **STRATEGIES & SOLUTIONS**

The data collected through this study is integral to understanding the nature of the challenges and successes hospitals are facing when it comes to workforce development in the Southern California region. From regional staffing shortages, to career pathway development, there are clear opportunities that hospitals can assess to help find sustainable solutions.

### *Stronger Post-Secondary Educational Partnerships*

Education is a critical component to many of the difficult-to-hire-for jobs. Almost every job listed on the difficult-to-

<sup>8</sup> 2015 state physician workforce data book. Association of American Medical Colleges. 2015. [https://members.aamc.org/eweb/upload/2015StateDataBook%20\(revised\).pdf](https://members.aamc.org/eweb/upload/2015StateDataBook%20(revised).pdf)

<sup>9</sup> McGee D, Wagner MJ. GME funding: financial implications of curriculum design. Accreditation Council for Graduate Medical Education, 2016 Aug. [www.acgme.org/Portals/0/PDFs/Webinars/GMEFundingWebinar-ACGME2016-final.pdf?ver=2016-08-11-150712-387](http://www.acgme.org/Portals/0/PDFs/Webinars/GMEFundingWebinar-ACGME2016-final.pdf?ver=2016-08-11-150712-387).

<sup>10</sup>CHA/Manatt study on Medicare payment data (internal study). California Hospital Association, Manatt. 2010. Contact: Cathy Martin, CHA VP, workforce policy, [camartin@calhospital.org](mailto:camartin@calhospital.org).

hire-for list requires education or certification beyond high school. Considering this, hospitals should work to develop stronger relationships with post-secondary institutions to address pipeline shortages by increasing awareness about hospital careers (beyond the RN and MD) to those who will be entering the job force, and to create a strategic pipeline of talent for critical roles in health care.

Historically, academic partnerships may have felt like a lot of bureaucratic red tape, but with recent budget cuts and changes in government spending, academic institutions have an increased incentive to help solidify partnerships. The mutual needs and benefits to all parties involved will likely catalyze forming such relationships.

While many community colleges have partnerships with one or more universities to provide RN-to-BSN pathways for associate degree nurses (ADN) to continue on to get a bachelor's of science in nursing (BSN) within one year of RN licensure and completion, an opportunity exists for hospitals to consider hiring ADN nurses who are enrolled in a BSN program as a recruitment strategy and then supporting them with modified schedules to assure academic success.

These innovative partnerships not only allow hospitals to have a closer connection with the skilled employees entering the workforce, but also offer an opportunity to influence curriculum and refine the skills of future employees. These relationships would also provide opportunities to upskill



staff roles – such as keeping RNs on staff while working toward advanced nursing degrees.

Another opportunity with secondary and post-secondary institutions is to influence curriculum to ensure that graduates have the competencies needed to be successful in the current health care environment. With an increasing demand for patient-centered care and team-based care, there is a greater need for soft skills training for health care workers. Hospitals have an opportunity to help push for this to be addressed in curriculums.



While some schools have not yet integrated this into their curriculum and requirements, advocacy groups have been working to build supplemental programs for hospitals to access and use in onboarding new staff or upskilling their current staff with these soft skills. The Health Workforce Initiative (HWI) funded by the California Community College Economic and Workforce Development Division has developed a *Hi-Touch Healthcare: Critical Six Soft Skills* curriculum for pre-licensure programs to include in their courses and health care organizations to use to help augment the education that was received and to build the soft-skills training necessary to succeed in a new era of patient-centered health care.<sup>11</sup> Some of the skills included in the program include communication competency, ethics and professionalism, problem solving, diversity and compassion. These programs, developed by community colleges (in collaboration with affiliated organizations) provide low-to-no cost options to hospitals as a means of bridging the gap that formalized education can miss with soft skills training.

### *K-12 Educational Partnerships*

Most people think of academic partnerships with colleges and universities as the only way to build the RN pipeline, however the need is just as great, if not greater, for positions that fall in HASC's "Allied for Health" category as well. According to the Public Policy Institute of California, nearly 40 percent of new health care jobs in the next decade will require some level of college education, but less than a full bachelor's degree.<sup>12</sup>

A look at the 2017 *Allied for Health Hot Jobs Survey* shows that nearly half of the high-demand jobs listed require an associate's degree or some sort of additional certification,

<sup>11</sup> Economics and workforce development program – annual report. California Community Colleges. 2017.

<sup>12</sup> Beck L, Bohn S, McConville S. California's health workforce needs. Public Policy Institute of California. 2014 Sept. [www.ppic.org/content/pubs/report/R\\_914SMR.pdf](http://www.ppic.org/content/pubs/report/R_914SMR.pdf).

not a bachelor's degree or master's degree. Some of these jobs include: certified coder, surgical technician, nuclear medicine technologist, radiological technologist, CT technologist, ultrasound technician, etc. California has actively partnered with K-12 schools to implement education and

***In the specialty nursing areas, hospitals are feeling the weight of the shortage in turnover, cost, and operations.***

awareness programs about health care careers prior to high school graduation. This will ensure a quick transition and more pathways to certification or community colleges for the right education in these fields.

Another effort to help bridge the health career educational gap has come from the California Department of Education, which has built Technical Education Model Curriculum Standards for secondary school to ensure that high school graduates are trained with the competencies and skills to prepare for a health science career. These efforts augment current academic standards and learning objectives (like Common Core) and infuse a health care spin into the curriculum to increase awareness of the fields available to graduates. Associations and hospitals should continue to support these efforts, as well as find opportunities to partner with local organizations such as HOSA-Future Health Professionals to help build a workforce pipeline, as well as expose younger secondary and post-secondary students to careers in health care.

Another program which emerged from the California Community Colleges Economic and Workforce Development Division is the Health and Science Pipeline Initiative (HASPI) and Ambulatory Care Specialty Training to build interest in health care careers. HASPI is a grant-funded program, developed in San Diego that works with the entire educational spectrum (K-16) to increase health and medical career awareness, improve science proficiency in all educational levels, and partner to strengthen the transition to post-secondary programs with the goal of improving retention rates.<sup>13</sup> Such programs, now disseminated throughout the state, increase the odds of students becoming interested in health care careers, and also equip students with skills and education through supplemental curriculum

modules that elevate interest and lesson plans with the competencies and skills needed to transition to a post-secondary program in health care sciences.

Hospitals have an opportunity to advocate for continued funding of these programs which should enable them to build relationships with prospective employees.<sup>14</sup> In order to capitalize on this opportunity, hospitals need to generate creative options in developing, supporting and partnering with programs or schools that offer post-secondary options for technical degrees, associate degrees and certifications – all of which should help to fill the gap in positions that currently exist, and will continue to exist in the future.

### *Specialty Nursing Experience Gap*

The experience gap is of special concern in the specialty nursing area. Currently, RN curriculum does not adequately train staff to be “floor ready” upon graduation for specialty nursing areas such as critical care, operating room, labor and delivery, etc. Most RN pre-licensure programs across the country prepare RNs as “generalists,” with knowledge and competencies in each of five main areas: medical surgical, obstetrics, pediatrics, mental health and community health (BSN & MSN programs only). These graduates are typically “floor ready” as novices in these areas, practicing for the first time as an RN. Post-licensure, post-graduate residences that may include dedicated time learning specialty practices (like oncology, critical care, home health and primary care) are essential to RN development.

There is a window of time where RNs must learn specialty knowledge and bedside skills to be fully prepared to provide



<sup>13</sup> The health and science pipeline initiative: our vision. The Health and Science Pipeline Initiative. [www.haspi.org/about.html](http://www.haspi.org/about.html).

<sup>14</sup> Economics and workforce development program – annual report. California Community Colleges. 2017.

care in these areas. In the specialty nursing areas, hospitals are feeling the weight of the shortage in turnover, cost, and operations. There are vacancies in specialty nursing departments, and an abundance of new grad RNs. Hospitals, however, neither have the time nor resources to leverage and train these new RNs to be prepared to enter specialty areas.



Throughout the country, organizations are getting creative to help bridge this gap. One such program is New York Alliance for Careers in Healthcare's RN Transition to Practice Program. Born out of hospitals needing RNs in specialty areas – and new graduate RNs lacking specialty experience – the program takes licensed, recent-graduate nurses and puts them through a six-month training program with classroom and clinical training where 80 percent of their time is spent doing hands-on clinical training with a preceptor nurse in a partner hospital. According to the organization, the program was created to “bridge the gap between school and real-world situations.”<sup>15</sup>

HASC, in partnership with *HealthImpact*, is working to establish academic practice partnerships to develop nursing education courses in seven specialty areas consisting of didactic content and a precepted clinical practicum. (The seven RN specialty areas include perioperative, critical care, emergency department, labor and delivery, neonatal intensive care, care coordination, and case management.) Courses will provide content and immersive clinical ed-

ucation time preparing experienced RNs transitioning to new practice areas, and (senior) nursing students prior to graduation to begin practice in a hospital specialty area(s) following graduation and RN licensure.

Transition to practice programs like these are already popping up in California. Over the past few years, 25 nursing schools have provided transition-to-practice courses for newly-licensed RNs in partnership with hospitals. Implementation of these programs, while already widespread, has been limited by funding.

Another mechanism to meet this need is using RN residency programs for new grad nurses. These programs provide a comprehensive approach to transition from the classroom into areas of specialty practice. These programs include onboarding to the hospital and culture, customer service training, extended classroom training in specialty areas, extended precepting and onboarding efforts. Thus far, research has proven the efficacy of such programs in reducing turnover in new nurses, as well as increasing their skill level in specialty areas.<sup>16</sup>

The California *New Graduate RN Employment Survey 2015-2016*, compiled by *HealthImpact*, shows that 48 percent of newly-licensed RNs completed “some type of new grad program.”<sup>17</sup> The length and quality of such programs vary and there is need for improvement. One of the *IOM Future of Nursing Report* (2010) recommendations is for all newly-licensed RNs to participate in a transition-to-practice program and for all RNs in practice to complete a transition-to-practice program when moving to a new specialty area. Evidence indicates these are needed and essential to practice.

Some hospitals have become even more creative with their residency programs. At the Cleveland Clinic in Ohio, salaries are scaled within residency programs to ensure that residents enrolled in RN residency programs move to a full RN salary when they reach the designated level of competency needed for their roles.<sup>18</sup> HASC region hospitals can

<sup>15</sup> New York Alliance for Careers in Healthcare. RN transition to practice program as a model for bridging the education and practice gap. New York Alliance for Careers in Healthcare. 2016 April 6. <http://nyachnyc.org/rn-transition-to-practice-program-as-a-model-for-bridging-the-education-and-practice-gap/>.

<sup>16</sup> Harrison D, Ledbetter C. Nurse residency programs: outcome comparisons to best practices. *Journal for Nurses in Professional Development*. 2014; Mar-Apr; 30(2):76-82.

<sup>17</sup> New graduate RN employment survey 2015-2016. *HealthImpact*, 2017 Jan. <https://healthimpact.org/publication/new-graduate-rn-employment-survey-2015-2016/>.

<sup>18</sup> Stringer H. Building the case for nurse residencies. *Nurse.com*. 2015 May 19. [www.nurse.com/blog/2015/05/19/building-the-case-for-nurse-residencies/](http://www.nurse.com/blog/2015/05/19/building-the-case-for-nurse-residencies/).

look to other organizations for best practices and options, but should strongly consider the use of creative options such as these to bridge the gap between school and patient care.

In addition, nurse managers and HR managers could partner to address another educational gap – RNs returning to school to further their education. This path may help address the experience and knowledge gap in specialty nursing, but it also adds an operational burden. Nurses returning to school for advanced education is a trend that will continue and is expected to increase. It will result in turnover when the organization is unable or unwilling to accommodate a change in flexible scheduling (the No. 1 reason) or a modified schedule that may need to change based on academic semesters and course schedules. This is an area employers could address with the aim of retaining nurses who are advancing their education.

### *Strategic Workforce Planning*

When asked about workforce planning, most health care organizations state a commitment to strategic workforce planning, but the reality is that current approaches are tactical ways to address headcount and current state analytics instead of true strategic workforce planning. It's time to move from workforce planning as glorified “recruiting efforts” to informed, long-term, management-supported strategies in an organization.

According to the results of this study, much of health care recruitment and workforce management has been thought about functionally – simply fill openings as they arise. It often appears that forward thinking lunges ahead only for one budget cycle. Mindful of this, operational planning for the workforce must move past functional planning into tactical, transactional and strategic planning of the workforce beyond the next fiscal year, looking forward three to five years.

Moving from reactive to a proactive, holistic and strategic approach means that hospitals must set aside resources to make this a priority for leaders. In the 2017 survey this report is based on, most organizations reported the biggest barriers to proactive workforce planning were a lack of funding, staff and resources to collect data, analyze and forecast long and short-term trends. Hospitals committed

to tackling these issues must invest to ensure workforce planning can be tackled effectively. This means hiring strategic, business-minded HR personnel to manage the process, ensuring staff are available to do the work, and using data-driven approaches that focus on long-term needs, not just six to 12 months out.

In addition, building strong relationships between HR, hiring managers and practice leaders to address shared workforce efforts and mutual goals is critically important. Stra-



tegic workforce planning must integrate leaders who are business-minded and quality-focused. These efforts should work to develop effective processes that involve practice leaders and HR leaders working together. A perspective that sees recruitment as broader than candidate sourcing and current vacancies, but also includes outreach to schools, professional groups and peers to improve outcomes.

To quantify the cost of inaction in strategic workforce planning, one only needs to look at nursing. According to a 2016 report, 67 percent of hospitals are responding to nursing shortages with contract employees.<sup>19</sup> The report estimates the average hospital is spending approximately \$3 million a year on travel nurses alone. In addition, health care turnover rates are on the rise, accounting for 12 percent of all U.S. turnover – at a cost of \$61 billion annually.<sup>20</sup>

HASC surveys back these trends. Strategic workforce planning can reduce dependence on contract workers, reduce turnover and allow for the best use of staff within

<sup>19</sup> 2016 healthcare staffing survey report. Nursing Solutions, Inc. 2016 March 23. [www.nsinursingsolutions.com/Files/assets/library/workforce/Healthcare%20Staffing%20Survey%20Report%20-%202016.pdf](http://www.nsinursingsolutions.com/Files/assets/library/workforce/Healthcare%20Staffing%20Survey%20Report%20-%202016.pdf).

<sup>20</sup> Sears L. 2017 retention report: trends, reasons & recommendations – healthcare supplemental report. Work Institute. <http://info.workinstitute.com/healthcareretentionreport>.



## CONCLUSION

Each day, publications, data, and innovative solutions become available and should be included in the workforce development conversation. One example is the need to adjust the scope of practice for certain roles such as medical laboratory technicians to assist with the clinical laboratory scientist shortage, as well as doing a deeper dive into the shortage of behavioral health professionals.

The impact of shortages in many occupational areas, as well as projected growth in America's health care economy prove that it's time for hospital leaders to move past business as usual towards creative solutions. It's time for hospital leaders and HR managers to be proactive by allocating the necessary funds and time to develop creative partnerships that will increase the number of skilled workers.

As the data shows, it's time for the professional community to come together and address the workforce problem while it is still manageable – and to ensure the future of quality patient care.

an organization. In the face of these skyrocketing expenses, hospitals should stop asking **how can they afford to address the issue**, and instead ask **how can they afford not to put efforts and resources into a workforce plan.**

To jumpstart this process, hospitals should put aside time and resources to analyze what is driving turnover and vacancies, explore current costs resulting from it, and invest in change to reduce these costs.

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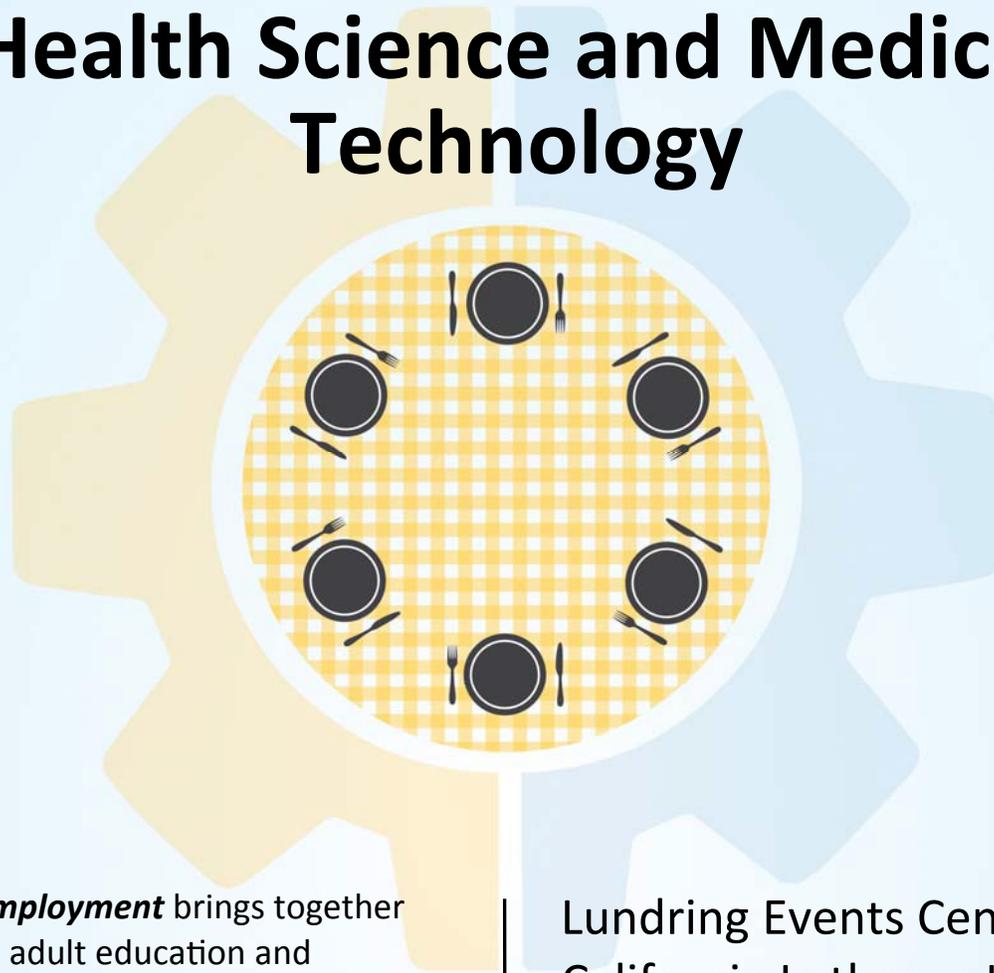
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