

HEALTHCARE WORKFORCE

Turning Crisis into Opportunity





The Workforce Boards of Metropolitan Chicago

- Chicago Workforce Board
- Cook County Workforce Investment Board
- DuPage Workforce Board
- Grundy Livingston Kankakee Workforce Board
- Lake County Workforce Investment Board
- McHenry County Workforce Investment Board
- River Valley Workforce Investment Board
- The Workforce Board of Northern Cook County
- Workforce Investment Board of Will County

An Unprecedented Collaboration

The intelligence gathered and initiatives currently underway are the result of a regional collaboration that is unprecedented. The success of this process was dependent on regional stakeholders⁴ and employers sharing their knowledge and experience.

The Workforce Boards of Metropolitan Chicago salute their efforts, and those of the Healthcare Council, whose membership includes stakeholders with an expertise in healthcare as well as representatives of the healthcare industry. The Illinois Department of Commerce and Economic Opportunity is credited with providing the policy framework and funding to catalyze innovative public/private partnerships designed to equalize the supply and demand for skilled workers.

⁴ Regional stakeholders included professional and trade associations, labor unions, secondary and post secondary educational institutions, training providers, employment programs and staffing firms, community organizations and interest groups, local and state government, economic development professionals, and workforce professionals.



The Healthcare Workforce: Building for the Future

Normally, the statistics would be good news. By 2010, health occupations are projected to grow by 29%, as compared to 14% in non-health occupations. The U.S. Bureau of Labor Statistics reports that 10.5% of the U.S. civilian labor force works in the healthcare sector.

Instead, the healthcare industry reports a national shortage of skilled healthcare professionals to provide services to a growing population that is aging faster and living longer. The shortage is so severe that the American Hospital Association has labeled it “the looming crisis in healthcare”².

All across the U.S., the healthcare industry is finding it increasingly more difficult to fill critical positions. Unfortunately, the metropolitan Chicago region³ is no exception, and it is of great concern to The Workforce Boards of Metropolitan Chicago.

The Workforce Boards of Metropolitan Chicago (Workforce Boards) are a consortium of nine Workforce Boards that began working together several years ago, as a region, to address workforce issues. Their sector-based work, in cooperation with the healthcare industry, led to a Healthcare Workforce Summit in December 2002. The summit and follow-up activities focused on identifying how the workforce development system could assist the industry in addressing their workforce challenges.

Those efforts continued and expanded in the past year. During 2004, the Workforce Boards developed and deployed an online curriculum designed to help workforce development professionals expand their knowledge of the healthcare industry and to offer improved services to healthcare employers. The Workforce Boards, in cooperation with several co-sponsors, also convened the *Retaining Your Healthcare Workforce: Creating Career Development Programs for Valued Employees* conference; the conference provided employers with practical examples of career development and retention strategies.

As healthcare employers and leaders, we believe that partnerships with workforce investment agencies, educational institutions and other stakeholders are the keys to building a thriving workforce. Together, we can create a supply system that will guarantee the delivery of quality healthcare to the residents of Northeastern Illinois in a work environment that values the contribution of each and every employee.

**Mary Anne Kelly
Vice President
Metropolitan Chicago
Healthcare Council**

² In Our Hands, AHA Commission on Workforce for Hospitals and Health Systems, April 2002, page 6.

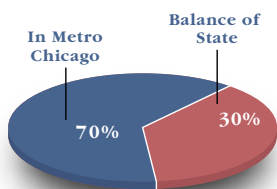
³ The metropolitan Chicago region includes the City of Chicago, and Cook, DeKalb, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will counties.



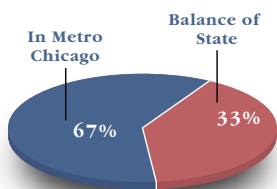
Regional activities undertaken with the healthcare industry also benefited from an initiative launched in late 2003 by Governor Blagojevich: Illinois' Critical Skill Shortages Initiative (CSSI)⁴. The CSSI was designed to:

- Assess the occupational and skill needs of industry sectors deemed critical to the region's economy;
- Identify critical workforce needs and challenges that threaten to undermine their competitiveness;
- Identify the reasons for these workforce shortfalls, both short- and long-term; and
- Involve employers and key industry associations, as well as other stakeholders, in the process of identifying and implementing solutions to these challenges.

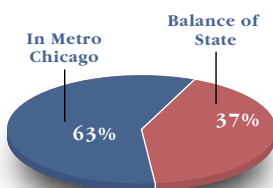
ILLINOIS EMPLOYERS



ILLINOIS LABOR FORCE



ILLINOIS HEALTHCARE WORKERS



This report highlights the Workforce Boards of Metropolitan Chicago's efforts to address the healthcare workforce critical shortages in the Northeast Economic Development Region (NEDR)⁵. It is a snapshot of the workforce challenges facing the healthcare industry in metropolitan Chicago, not a comprehensive assessment of the healthcare industry or its needs. The report focuses on unfilled jobs, skill gaps, and related human resource and training issues. Additionally, the report includes solutions developed by the healthcare stakeholders in the NEDR, with support and leadership from the Workforce Boards, and a description of the initiatives funded under the CSSI.

Understanding the Problem

While geographically the metropolitan Chicago region is only 10.3% of the entire State of Illinois, it represents 67% of the State's labor force and is home to 70% of its employers. In terms of the State's healthcare industry, 63% of the State's healthcare workforce is employed in the metropolitan Chicago region⁶. So, how does a region that is rich with educational institutions, has a robust healthcare industry and is home to a large labor pool find that it lacks the skilled workforce needed to fill good paying jobs in the healthcare industry?

⁴ The Critical Skill Shortages Initiative is supported with Workforce Investment Act funds administered by the Department of Commerce and Economic Opportunity. More information on this initiative is available at www.illinoisbiz.biz/wia2/CSSI.html.

⁵ While the Workforce Boards have defined the metropolitan Chicago region as including Livingston County, the Illinois Department of Commerce and Economic Opportunity has defined the NEDR as not including Livingston County.

⁶ Illinois Department of Employment Security, Work Info Center, <http://www.ilworkinfo.com>.



THE HEALTHCARE WORKFORCE: A DEMOGRAPHIC SNAPSHOT

General	Illinois	NEDR	NEDR % of State
Population (2002) ⁷	12,600,00	8,400,000	66%
Population growth (1992-2002) ⁷	7.7%	10.5%	
Geographic region covered (counties and square mileage) ⁸	55,584	5,743	10.3%
Civilian labor force (2004) ⁷	6,400,000	4,300,000	67%
Unemployment rate (October 2004) ⁷	5.5%	5.6%	
Labor Force – Healthcare (All employers)⁷			
Number employed in healthcare (2003)	520,100	328,800	63%
Percent of labor force employed in healthcare	8.1%	7.7%	
Higher Education			
Number of community colleges	48 ⁹	17 ¹⁰	35%
Number of public universities ¹¹	12	5	42%
Number of private colleges and universities ¹¹	75	45	60%
Healthcare programs – Registered Nurse	76	36 ¹²	47%
Number of total healthcare programs – Licensed Practical Nurse	35	14 ¹²	40%
Number total healthcare programs – Certified Nursing Assistant	N/A	58 ¹²	N/A

The Workforce Boards set out to answer those questions during the planning phase of the CSSI. The framework for gathering baseline research for the purpose of identifying critical skill shortages in the metropolitan Chicago’s healthcare industry, as well as the factors contributing to them and potential solutions, included the following:

1. A national scan of literature defined workforce challenges and identified emerging strategies/practices to address them;
2. Secondary data was compiled to provide a basis for analysis of the industry;
3. Employer surveys and focus groups determined critical hiring needs and related information such as hiring practices, duration of vacancies, qualifications required, and reasons for a lack of qualified job candidates.
4. Surveys and focus groups of current healthcare employees offered insights into occupational requirements and working conditions;

⁷ Illinois Department of Employment Security - Work Info Center, <http://www.ilworkinfo.com>

⁸ Illinois Secretary of State - Illinois Counties and Incorporated Areas, http://www.cyberdriveillinois.com/publications/pdf_publications/ipub1120.pdf

⁹ Illinois Community College Board, <http://www.iccb.state.il.us>

¹⁰ Includes City Colleges of Chicago which has 7 colleges

¹¹ Illinois Board of Higher Education, <http://www.ibhe.state.il.us>

¹² Workforce Boards of Metropolitan Chicago, CSSI Inventory of Producers, compiled by Thomas P. Miller and Associates, June 2004.



5. Focus groups with high school students identified common perceptions and misperceptions associated with healthcare careers;
6. An inventory of producers provided a picture of regional and local capacity in training qualified workers for high-demand occupations;
7. Career paths that would allow entry level employees to move into high-demand occupations were identified;
8. Policies and regulations that contributed to the shortages were scrutinized;
9. The Healthcare Council was consulted for the purpose of validating research results and providing much-needed input; and
10. Brainstorming sessions with representatives of the industry assisted with the identification of possible solutions.

Critical Occupations: Defining the Demand

High-demand (or high-shortage) occupations were defined by a number of factors:

- Projected demand exceeding the projected supply as evidenced by high vacancy rates, too few individuals in or entering the pipeline, and demographics;
- Adequate wages and benefits;
- Critical to the industry’s competitiveness, and
- Appropriate for targeting by the workforce development system.

Critical occupations, some of which were organized into clusters, are reflected in the following chart. All are in short supply in the metropolitan Chicago region.

DEMAND VS. SUPPLY: CRITICAL CAREER SHORTAGES

Occupation/Occupational Clusters	Demand ¹³	Supply ¹⁴		Shortage	
	2000 to 2010	2005	2013	2005	2013
Registered Nurses	6,595	1,600	1,965	4,995	4,630
Licensed Practical Nurses	1,385	380	518	1,005	867
Technicians & Technologists ¹⁵	1,390	583	847	807	543 ¹⁶
Therapists ¹⁷	1,847	267	590	1,580	1,257
Medical Records ¹⁸	2,444	805	2,228	1,639	216
Certified Nursing Assistants	2,778	2,726	4,891	52	2,113

¹³ Demand data, adjusted to include vacancies, reflects hospitals, doctor offices and long term care facilities.

¹⁴ Project Supply is based on Illinois Community College Board’s completer rate trends for 2001 – 2003.

¹⁵ Technicians and Technologists include the following occupations: Cardiovascular Technologists and Technicians, Medical and Clinical Laboratory Technicians and Technologists, Nuclear Medicine Technologists, Radiology Technologists and Technicians, Surgical Technologists.

¹⁶ Adjusted shortage figures for this occupational cluster by using 2 out of 3 completer trends time period to provide a more reliable average trend figure (removing aberration trend figure) for projecting supply.

¹⁷ Therapists include the following occupations: Physical Therapists and Physical Therapist Assistants, Occupational Therapists and Occupational Therapist Assistants, and Respiratory Therapists.

¹⁸ Medical Records include the following occupations: Medical Records and Health Information Technicians, Insurance Claims and Policy Processing Clerks, and Medical Assistants, Secretaries and Transcriptionists.

AVERAGE WAGES FOR SELECTED HEALTHCARE CAREERS



◆ Avg. entry wage per hour ◼ Avg. median wage per hour ▲ Avg. maximum wage per hour

The entry-level wage for the targeted occupations is over \$9.00 per hour in both acute care (hospital) and long-term care (LTC) settings. The lowest-paid occupation is Certified Nursing Assistant in the LTCs, with an average entry-level wage of \$9.27. Hospitals pay slightly higher hourly wages (\$9.57) to nursing assistants. Wages for all other targeted occupations exceeded \$10.00 per hour. With experience, the average wage for nursing assistants rises to \$11.51 in hospitals and \$10.74 for LTC. The highest (average) entry-level wage is for Nuclear Medicine Technologist at \$22.50 per hour¹⁹

As far as benefits are concerned, the Executive Summary of the MCHC Employer Survey Report states: "Virtually all acute care organizations provide benefits to full and part-time employees. In most acute care organizations, part-time employees are eligible for benefits if they work a minimum of 20 hours per week."

¹⁹ Illinois Critical Skills Shortage Initiative, Results of Employer Survey conducted for The Workforce Boards of Metropolitan Chicago, prepared by the Metropolitan Chicago Healthcare Council, April 14, 2004, pp. 49-58.

²⁰ Illinois Critical Skills Shortage Initiative, Results of Employer Survey conducted for The Workforce Boards of Metropolitan Chicago, prepared by the Metropolitan Chicago Healthcare Council, April 14, 2004, pp. 49-56.





Most hospitals provide a basic package of medical and dental coverage, life insurance, pension/retirement plan, tuition reimbursement and paid time off for vacation and sick time. Approximately 70% of hospitals offer a paid time off plan, which combines vacation and sick time. Approximately 75 to 80% of hospitals provide short-term disability, and almost 100% provide long-term disability.”²¹

At Mercy Hospital we are driven to maintain the highest level of excellence in service. To accomplish this, our workforce must be comprised of highly qualified, energized, creative and innovative thinkers – people who make things happen. We fully support and appreciate the workforce system’s collaboration with us in our continuous efforts to enhance our workforce.

**Sister Sheila Lyne, RSM
President and CEO
Mercy Hospital and Medical Center**

Targeted occupations have entry-level education requirements that can be attained in two years or less. This is consistent with one of the goals of CSSI, which is to improve the number of workers in the pipeline for critical skill shortage occupations within a two-year period. Although there are other occupations in the Chicago metropolitan region that provide better wages or are at a more critical level, those occupations require degrees or education at a baccalaureate and higher level.

The Issue: Supply versus Demand

Provision of healthcare is governed by the same economic principles of supply and demand that drive other industries. It is a service industry, and to meet the demand for essential healthcare services, the supply of professionals who provide the services must be both sufficient and adequately trained.

Vacancy rates demonstrate that there is already a critical supply shortage, and demographic projections indicate the demand for healthcare services will continue to rise due to the rapid aging of the population. The US Census Bureau reports that between the years of 2000 and 2030, the number of people between the ages of 65 and 84 will more than double, while the population of 20-44 year olds increases by only ten percent.²² In addition, people are living longer, and as people age they need more healthcare services.

²¹ Illinois Critical Skills Shortage Initiative, Results of Employer Survey conducted for The Workforce Boards of Metropolitan Chicago, prepared by the Metropolitan Chicago Healthcare Council, April 14, 2004, pp. 49-56.

²² U.S. Census Bureau 2004, “U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin, March 18, 2004



HOSPITAL/LONG TERM CARE EMPLOYMENT: STATE VS. REGION

Hospitals	Illinois	NEDR	NEDR % of State
Number of hospitals	215	104	48%
Average number full time equivalents per hospital	541	1200 ²³	
Total Employment (2003) ²⁴	220,600	152,400	69%
Hospital vacancy rate (VR) – Registered Nurse (staff nurse)	9.3%	8.8%	
Hospital VR – Licensed Practical Nurse	11.8%	9%	
Hospital VR – Certified Nursing Assistant	7.6%	7.1%	
Hospital turnover rate – Registered Nurse	14.4%	14.9%	
Hospital turnover rate – Licensed Practical Nurse	19.2%	25.8%	
Hospital turnover rate – Certified Nursing Assistant	31.9%	31.3%	
Long Term Care			
Number of long term care facilities²⁵	836	N/A	N/A
Nursing home VR – Registered Nurse	13.4%	14.3%	
Nursing home VR – Licensed Practical Nurse	12%	11.8%	
Nursing home VR – Certified Nursing Assistant	8%	4.8%	

Not only will the volume of services needed continue to increase, the kinds of services needed and the skills to provide them will change. Thanks to improved technology and new procedures and medications, average life expectancy has increased from 68.2 years in 1950 to 77.3 years in 2002. The senior citizens of tomorrow will need services that not only cure their illnesses but also improve their quality of life. More active elderly will demand physical, occupational, speech and language therapies in increasing numbers.²⁶

In order to meet the increasing demand, the supply of workers will need to increase. The Workforce Boards are focusing on increasing that supply but are also cognizant of the fact that the incumbent healthcare professionals are aging with the population. The average age of the Registered Nurse population was 45.2 in 2000 compared to 44.3 in 1996.²⁷ We must find ways to keep the more experienced workers in the workplace as long as possible to bolster the supply.

²³ Illinois Hospital Association, The Illinois Hospital Workforce 2002, March, 2003

²⁴ Illinois Department of Employment Security - Work Info Center <http://www.ilworkinfo.com>

²⁵ American Health Care Association, Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes, February 12, 2002

²⁶ US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Table 27 Life expectancy at birth, at 65 years of age and at 75 years of age according to race and sex: United States, selected years, 1900-2002

²⁷ HRSA, Bureau of Health Professions, The Registered Nurse Population March 2000: Findings from the National Sample Survey of Registered Nurses.



Increasing Production of Skilled Workers: The Solutions


Further analysis of the region's skill shortages focused on the following questions: "Why aren't there enough workers for these jobs?" and "How do we turn the situation around?" Solutions identified for addressing the causes contributing to supply shortages are summarized as follows:

Increase awareness and access to information about healthcare careers. Job seekers, including youth and career changers, know very little about the many career opportunities available in healthcare, not to mention wages and

MISPERCEPTION OF EDUCATIONAL REQUIREMENTS FOR SELECTED HEALTHCARE CAREERS²⁸

Occupations	HS	CC	4yr	4yr+
Billing / Insurance Clerk	14%	48%	33%	5%
Cardiac Cath. Technician	5%	19%	43%	33%
Certified Nursing Assistant	10%	20%	40%	30%
Licensed Practical Nurse	0%	33%	29%	38%
Medical Laboratory Technician	0%	35%	15%	50%
Nuclear Medical Technician	0%	10%	24%	67%
Occupational Therapist	5%	14%	29%	52%
Occupational Therapy Assistant (Certified)	0%	29%	48%	24%
Physical Therapist	0%	24%	33%	43%
Physical Therapy Assistant	5%	25%	50%	20%
Radiologic Technologist	5%	25%	35%	35%
Registered Nurse	0%	35%	35%	30%
Respiratory Therapist	0%	15%	55%	30%
Surgical / O.R. Technician (Certified)	5%	10%	10%	76%

How much did high school focus group participants know about health care occupations? Students were asked to identify the level of education required to acquire skills needed for healthcare occupations. Their responses have been tabulated above. The correct answers have been highlighted as a point of reference. (For example, the education requirement for Medical Laboratory Technicians can be met at the community college, but 65% of the students thought it required post-secondary.)

 solid colors show actual education required

²⁸ Workforce Boards of Metropolitan Chicago, CSSI Awareness and Perception Focus Groups, prepared by Corporation for a Skilled Workforce, May 16, 2004, page 18.



benefits. In fact, many believe healthcare is an undesirable option. Information about education, training and Illinois licensing and regulatory requirements is hard to find and hard to understand.

Create new programs that focus on students acquiring the fundamental education and training they need to prepare for healthcare careers.

Students lack the basics skills needed, particularly in math and science, to begin healthcare training or to apply for entry-level healthcare occupations. They have unrealistic expectations about what's needed to succeed due to inadequate guidance at the high school level.

Expand education and training capacity so that individuals have access to programs that provide skills, degrees, certifications and other credentials required for employment in healthcare occupations.

There is a shortage of qualified faculty, too few clinical sites, and insufficient funding for equipment and facilities to offer new programs. In fact, many programs have waiting lists and/or more applicants than they can accept. For example, nursing programs in the NEDR are reporting two and three times more qualified applicants than they can accept in their programs. When potential healthcare workers are put on waiting lists for seats in educational programs, they often give up and pursue other careers.

Reasons for this inability of educational producers to meet demand include:

- **Shortage of qualified faculty.** According to the American Association of Colleges of Nursing (AACN),²⁹ the lack of qualified faculty was the reason cited by more than one third of respondents for why 11% of qualified applicants were denied admission to nursing schools in 2000. The same study concludes the lack of qualified faculty may get worse due to the same major factor affecting other healthcare occupations: the retirement of a large percentage of current faculty members. When reviewing preliminary findings of this report, Healthcare Council members confirmed that AACN findings apply to the region and indicated that the faculty shortage was also acute in the allied health occupations. In addition, the educational system,

²⁹ American Association of Colleges of Nursing, Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply, Washington, D.C., May 2003



with its lower salary structures, is hard-pressed to compete with the healthcare provider system for these highly educated individuals.

- **Regulated curriculum requirements and the need for "hands-on", supervised clinical experience for all care-giving occupational degrees combined with an insufficient number of appropriate clinical training sites.** It has been difficult for training providers to find employers that are able to provide sites for clinical experience. Shorter hospital stays make it hard for students to get hands-on patient care clinical experience. Staff shortages are also a problem. With limited staff, there is little time to precept, mentor or even supervise students. Finally there are reimbursement issues for some areas such as therapy. For example, if a student provides the physical therapy for a patient, Medicare will not reimburse the provider.³⁰
- **Need for expanded capacity and new healthcare programs.** The system should provide incentives to education/training providers who aggressively expand to meet demand. Education/training providers hesitate to assume the added risks of program expansion. Healthcare programs are expensive and almost all of the schools providing them report financial losses on the programs. Faculty/student ratios require more faculty to be hired than for other programs; laboratory, simulation, and expensive equipment are necessities when teaching clinical courses. It is also hard to find suitable space.

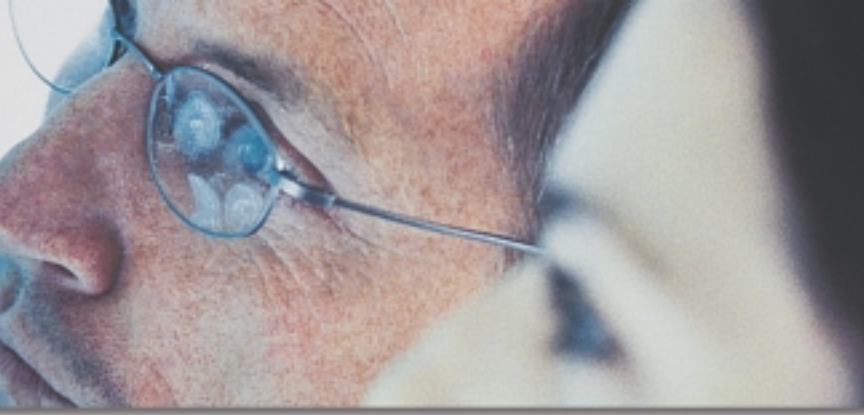
Establish student support systems to help them complete their training.

The attrition of students and their inability to complete training is attributed to the high financial and personal energy costs associated with healthcare training programs. This is particularly true of non-traditional students who struggle to meet family and financial obligations.

Identify career advancement opportunities and offer access to training to current workers, especially those in entry level occupations.

Many current healthcare workers have no idea how to take the next career step, and there is no system in place to provide them with career information or guidance. Incumbent workers also face financial stress when they seek

³⁰ Centers for Medicaid and Medicare Services, Medicare Coverage Database, CR#1498 (A1162), Article for Questions and Answers Regarding Payment for the Services of Therapy Students under Part B of Medicare, March 2005.



continuing or advanced education. Lower-paid workers in particular cannot afford to take time off from work to gain more education or training.

Improve the workplace environment and retain the current healthcare workforce.

Creating a culture that values and recognizes employees must be a key retention goal of healthcare employers. Employers must continue to seek creative ways to reduce the high stress, long hours and physical demands associated with many health careers. Components of a broad-based strategy to create a positive work environment include meaningful work design as an ongoing activity, employee recognition programs, competitive compensation and benefit programs, leadership development programs that enable managers to coach and nurture employees, professional development opportunities and communication strategies that encourage top-down and bottom-up exchange.

Addressing the Workforce Challenge

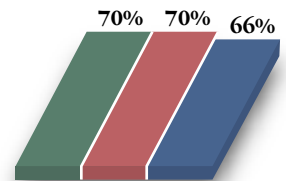
In the metropolitan Chicago region, more than \$2 million in Workforce Investment Act funds are being invested to implement creative solutions aimed at addressing the healthcare industry’s workforce needs. An additional \$3 million in leveraged and redirected resources, consisting of both public and private funds, are committed to these initiatives.

The solutions – or demonstration projects – will be administered during the coming two years. While the projects will have only a modest short-term impact on the industry’s skill shortages, a significant impact will be achieved in the long-term through replication and expansion of successful practices and programs. The projects will also serve as a catalyst for increased collaboration of the workforce preparation system and healthcare industry.

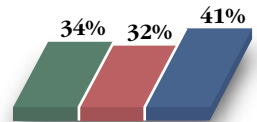
Advocate Health Care, comprising eight hospitals, numerous health centers, home health services, hospices, medical groups and clinics and other facilities, will increase the number of clinical sites for nursing students during "off shift"

INCUMBENT WORKER SURVEY³¹

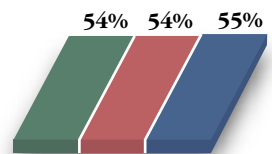
OVERALL JOB SATISFACTION



PAY SATISFACTION



OPPORTUNITY FOR PROMOTION/CAREER ADVANCEMENT SATISFACTION



- Total Incumbent Employees (N=935)
- Hospital Employees
- Long Term Care Facility Employees

³¹ Results of incumbent worker surveys, conducted by H.R. Solutions, Inc., as presented at May 2004 Stakeholder Forum.



hours (e.g., evening and weekends) in collaboration with community colleges. Additionally, in partnership with Oakton Community College, nurse refresher courses will be offered to licensed nurses who have been out of the profession for more than 5 years and are now ready to continue their career, previously licensed nurses whose license has lapsed for more than 5 years, and graduate nurses who have not passed the National Council Licensing Examination-RN within 3 years of graduation.

Business and Careers Services, in partnership with Harper College, Good Shepherd Hospital, and other hospitals, will offer a refresher course for nurses returning to the profession and/or needing to acquire their license. This project targets nurses who have attained academic credentials and need remediation/refresher training to regain or obtain licensure.

City Colleges of Chicago, a network of seven Chicago community colleges, will implement program intervention strategies that are designed to improve the retention of "at-risk" nursing students and significantly increase the number of students passing their licensure exams and entering the workforce. Additionally, incumbent workers at Cook County Bureau of Health Services and Mount Sinai Hospital will be upgraded from Licensed Practical Nurses to Registered Nurses.

DuPage County Workforce Development will establish sector-based career guidance and business services in the one-stop. A Healthcare Specialist Liaison will offer comprehensive career information to job seekers, promote healthcare career awareness in the K-12 educational system, and form partnerships with post-secondary educational institutions and assist healthcare employers in addressing their workforce needs.

Elgin Community College will help "high risk" students complete their Licensed Practical Nurse and Registered Nurse programs through a combination of tutoring, organized study groups, counseling, workshops and other support services. A Retention Specialist will coordinate with WIA one-stop staff and the Sherman Hospital Rescue Program to assist students and incumbent workers achieve their career goals.



Harper College will offer an evening and weekend nursing program in partnership with Northwest Community Hospital and St. Alexius Medical Center. Additionally, a core healthcare curriculum will be developed in cooperation with the hospitals. Incumbent workers completing the ten-credit curriculum will qualify for additional training in critical high-demand occupations.

Instituto del Progreso Latino will help bilingual individuals who have completed Certified Nursing Assistant training become Licensed Practical Nurses. A bridge program, operated in cooperation with Humboldt Park Vocational Education Center, Association House and Wright College, will offer two cohort classes and specialized educational support.

Joliet Junior College, in partnership with Provena St. Joseph's Medical Center, will establish an evening nursing program for incumbent workers as well as an online program that identifies students' academic weaknesses and customizes instruction to remedy them. These two programs should increase student retention and improve licensure rates. The third initiative is a bridge program designed to help incumbent workers advance into demand occupations. It will be administered jointly with Provena St. Joseph Hospital, Silver Cross Hospital and Morris Hospital and includes job-site career guidance services.

Lake County Workforce Development will increase the availability of training for medical records and billing career cluster occupations.

Mayor's Office of Workforce Development, in cooperation with the City Colleges of Chicago, will offer advanced tutoring, counseling, and financial assistance to students at risk of dropping out of Surgical Technician and Radiologic Technician training programs. A second program component will offer an orientation to the healthcare industry; a cohort of students will then receive skills training, work readiness training and supportive services that leads to their employment in Cardiovascular Technologist and Medical Billing positions.

In order to plan effectively to address workforce shortages, the healthcare industry must partner with educational institutions to implement creative solutions. As a result of the Critical Skills Shortage Initiative, Silver Cross Hospital, a Solucient 100 Top Hospital®, will partner with Joliet Junior College to provide our current workforce with the opportunity to acquire the skills they need to advance into EKG and medical record positions.

Mark Jepson
Associate VP, Human Resources
Silver Cross Hospital



I can assure you that these shortages are real. Each and every day, individuals who experience a healthcare need or crisis are impacted by shortages. The Workforce Boards' commitment to building a demand driven workforce system is critical to our ability as health services providers to meet the needs of patients and to create healthy communities.

John F. Vrba
Illinois HealthCare Association
HCR-ManorCare Administrator

McHenry County Job Training will offer increased assistance to county residents seeking training for healthcare occupations. Because healthcare training in the area is limited, the resulting high transportation and child care costs often deter qualified applicants.

Riverside HealthCare one of a network of six Rush system hospitals in the metropolitan Chicago region, will expand its HeartMath program – a program to help employees manage job-related stress. The program will demonstrate how nurse turnover rates can be lowered and employee job satisfaction improved.

Southland Health Care Forum, in partnership with St. James Hospital, Advocate South Suburban Hospital, South Suburban College, and Prairie State College, will administer a program that helps incumbent workers progress in their careers. Nurses with Master's degrees will provide onsite academic instruction for three cohort groups. The project design includes flexible work schedules and an insurance benefit program for incumbent workers, educational enhancement modules, and onsite career advisement and vocational assessment.

Triton College, in collaboration with the West Cook Healthcare Workforce Consortium and Proviso-Leyden Council for Community Action, Inc., will administer a bridge program designed to help students complete training requirements for careers in Surgical/OR Technicians, Medical Records Coding and Insurance Billing. The program will offer remedial preparation as well as support services, including counseling, tutoring, and bilingual assistance.

Workforce Development, Inc. in partnership with Over the Rainbow, a nonprofit organization, will offer training for Medical Records/Health Information Technician positions to individuals with disabilities who live in assisted living facilities.



Workforce Services Division of Will County will administer a cohort medical billing/coding training program in cooperation with Joliet Junior College. In addition to occupational training, individuals will be given work readiness training to support their transition into employment.

Additionally, in cooperation with representatives of the regional Healthcare Council, the Workforce Boards will conduct a conference during 2006 that addresses the need for employers to retain their mature workers and share innovative best practices that have proven successful.

CLUSTER DISTRIBUTION OF IDENTIFIED SOLUTIONS

Innovative Solutions	Education/ Training Capacity	Career Awareness Information	Career & School Readiness	Student Support System	Career Progression/ Advancement	Workplace Environment
Advocate Health Care						
Business and Career Services						
City Colleges of Chicago						
Dupage County Workforce Development						
Elgin Community College						
Harper College						
Instituto del Progreso Latino						
Joliet Junior College						
Lake County Workforce Development						
Mayor's Office of Workforce Development						
McHenry County Job Training						
Riverside HealthCare						
Southland Health Care Forum						
Triton College						
Workforce Development Inc.						
Workforce Services Division of Will County						



Conclusion

The free exchange of information and open, honest discussion have resulted in creative, innovative partnerships that will go a long way toward addressing the shortages in the healthcare workforce. Each project will be evaluated to identify practices that are worthy of continuation and replication. The Workforce Boards of Metropolitan Chicago are excited to be part of a system that will bring quality employees to healthcare employers and expand the career opportunities available to the region's current and future workforce.

For more information on research conducted by the Workforce Boards of Metropolitan Chicago and activities undertaken in cooperation with the healthcare industry to address its workforce challenges, please visit www.workforceboardsmetrochicago.org.

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For additional information regarding healthcare solution projects, contact the Workforce Board in your area.

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