



# WI Director of Nursing Council

## **Nursing Assistant Shortage Complicated by Wisconsin Regulation**

The Wisconsin Director of Nursing Council, (WDONC) represents nursing leaders in Skilled Nursing, Assisted Living, Hospice and other Long-Term Care Facilities. Our members are Directors of Nursing, Assistant Directors of Nursing, Staff Development, Nurse Managers, Administrators, Suppliers and Consultants, among others who are looking to advance nursing in the continuum of care.

Our purpose in sharing a position paper on the healthcare worker crisis facing the long term care industry is to heighten awareness specifically on the Certified Nurse Aide (CNA) shortage. Our organization believes that this shortage has been directly impacted by the rules and regulation imposed by the State of Wisconsin through its regulation of nurse aide training requirements. Although according to studies this staffing crisis issue is multifaceted, the WDONC has chosen to focus on revised legislation to positively impact this issue. Indirectly, this will also decrease the cost to the Wisconsin Medicaid program. Impacting the availability of nursing assistants will in turn assist us in resolving the turnover of nursing leadership in long term care which can directly be tied to the quality of care that is delivered to the state's most vulnerable citizens.

The WDONC is proposing **the elimination of the 120 hours nursing assistant training requirement and a return to the federally mandated 75 hour requirement.** This change will decrease the financial burden on individuals interested in health careers and allow them to enter the field in a time frame comparable to other entry level positions. It will also continue to adequately prepare them as entry level healthcare workers able to provide basic cares to Wisconsin citizens in need of care in the long term care continuum due to illness and/or disability.

**History:**

In 1987, the federal government enacted the Omnibus Reconciliation Act or OBRA. In that regulation, 75 hours of training were mandated for nursing assistants before they could work in federally certified nursing homes. This mandate was to assure basic training for entry level healthcare workers.

Wisconsin's statutory regulation related to nursing aide training is DHS Chapter 129. In 2008 the Wisconsin Rule was changed to require 120 hours of training as opposed to the federally mandated 75 hours. In 2013 Act 357 was passed in an effort to bridge the ability of CNAs from other states to obtain certification in Wisconsin if they were already certified in other states. It provided direction to accept certification from other states if the individual had been trained, competency tested and worked 2088 hours. It also provided for the ability to create a shortened training course consisting of an additional 45 hours allowing CNAs from other states that did not have the work experience to gain the additional hours without having to take an entire 120 hours course.

**Facts:**

The healthcare worker shortage that encompasses both licensed nurses and CNAs is well documented with studies dating back to 2008. The studies projected a continuing need for additional workers secondary to the increased demand for long term assistance by the aging of America. The Wisconsin Hospital Association in 2014 reported vacancies in hospitals at 7.1 percent for CNA positions. Today, 2016 a study conducted by Leading Age, Wisconsin Healthcare Association, Wisconsin Assisted living Association and Residential Services Association of Wisconsin reported 14.5 percent caregiver vacancies. This report also notes that the CNAs entering the healthcare career is continuing to decline with statistics showing 24% less individuals applying for certification and a decline of 5,431 in individuals renewing their CNA certification.

There is no doubt the problem exists. Finding solutions for the long term care environment is complicated by poor wages, underfunding of the Medicaid program and workforce numbers in total, but it is further crippled by self imposed regulatory requirements above the minimum standards set forth by the federal government. DHS 129 requires 120 hours of training to become a certified nursing assistant in the state of Wisconsin; our neighboring states of Minnesota, Michigan and Iowa require only the 75 hour course for certification. Individuals from these neighboring states are not recognized as being adequately prepared to work in Wisconsin unless certain other criteria are met. This criteria is so burdensome that many trained individuals work in fields other than healthcare due to wage disparity, difficulty entering into the healthcare

workforce due to regulatory issues surrounding certification and the need to make an living immediately.

To enter the healthcare industry as a Certified Nursing Assistant, the individual must apply and be accepted into an approved nursing assistant course. These courses are approved and monitored by state of Wisconsin to assure compliance with the standard set forth in DHS 129. The applicant is paying on average \$700 for this course. If the course is offered through the technical college environment there is often additional student fees incurred. The applicant then must successfully complete the course by attending and then passing both a written and skills test. The courses are offered in an accelerated fashion with completion within a month attending classes full time, the class may be conducted by semester or other offering frequencies to meet the individual needs. After the course is completed a state approved competency test is conducted costing \$110.00 plus approximately \$8.00 in additional fees. This evaluation consists of both a written and skills test. Wait time for testing times varies throughout the state but is reported by the State of Wisconsin to be in an acceptable range of on average 2 weeks. This leaves the individual seeking an entry level position out of the healthcare industry for a minimum of 6 weeks.

**Points of Discussion:**

The intent of an increase in training was with the intention of improving the quality of care to the elderly and disabled in Wisconsin. Through federally reported quality indicators there is no documentable impact on the quality provided that can be linked to increased staff training in the state of Wisconsin.

There is no evidence that longer training has impacted the quality of care. What is documented is that nursing leadership retention directly impacts the quality of care. Citations in nursing homes at the highest level called immediate jeopardy are at record levels with only 2008 being higher. Therefore, the intended purpose of the increased training hours for nursing assistants has failed.

Entry level positions in other fields are often associated with no time commitment for training and better wages. Therefore, the employable seek jobs that provide income immediately, especially if their primary reason for being in Wisconsin seeking employment is to supplement them as they complete their education in one of Wisconsin Colleges.

Nursing homes in particular are already mandated through regulation to assure that care is being provided by properly trained and qualified individuals. The responsibility to meet this regulation is on the employer not the State of Wisconsin.

The long term care industry needs every individual interested in a healthcare career to be able to enter that career with reasonable training and financial expectations. The Directors of Nurses in long term care have an unacceptable turnover rate which directly impacts the residents they care for. The WDONC in a study of 79 leaders in long term care found that 63% of them identified staffing as their number one challenge.

**Recommendations:**

**The WDONC supports the return to the 75 hour nursing assistant federal training requirement. This simple regulatory change from the required 120 hours to the 75 hour course:**

- Will positively impact the ability of providers of Wisconsin's long term care to attract, hire and retain the much needed Certified Nursing Assistant.
- Will allow long term care facilities to provide the training that is necessary to meet the needs of their particular resident/client population.
- Will allow regulators to hold nursing homes accountable to well trained and qualified staff through existing federal regulations.
- Will decrease both the financial and time investment by the potential healthcare worker interested in entry level career opportunities.
- Will allow individuals certified in neighboring states to become certified and work in Wisconsin long term care without additional cost and time to the worker. It allows properly trained and willing workers to provide services to our elderly and disabled instead of seeking employment in other industries.

This move will not resolve the entire healthcare worker shortage we are facing. Since 2008 we have done little to significantly impact the ability to attract healthcare workers we have only watched the crisis develop. Now that crisis is upon us, we must take action. Returning to the federally mandated training requirement of 75 hours can be that one thing that has an impact on both increasing the numbers of available trained and certified nursing assistants with the indirect effect of nursing leadership retention. This proposal does not ask for additional Medicaid dollars but makes a reasonable request for less regulation.

We need you to do this **ONE THING**. This **one change** that will have a significant impact on CNA staffing without any additional allocation of funds.

## **Lost CNA Employees**

**These 2 employees were lost as employees in the health care field as CNAs due to Wisconsin CNA rules. These stories are frequent and common in college towns and along state borders.**

### **Jami Drake Story ( January 22, 2016)**

Jami Drake applied for a CNA position with Dove Healthcare – West. She took her CNA in Minnesota in January 2015 and has been working since then at a facility in Minnesota. Unfortunately she does not have the required 2088 hours from her previously employer to test in Wisconsin for her CNA, she would have to take the entire course over. Since she just started her semester back up at UWEC, taking the CNA course is not an option for her at this time. However, she stated maybe sometime this summer could work.

Her application said that she heard about us from the UWEC – School of Nursing so I asked her specifically how she heard about us... She stated that her fellow students that previously had their clinical here said this was a great facility to work at and recommended it above others!

Amanda and I both spoke with her today to figure out what we needed to do to get this person working for us. In speaking with Joey, she thought using her personal story to submit to a legislator regarding the bridge program would be a good idea and Jami had no issue with us using her story.

### **Jodi Moody Story (January 23, 2016)**

I received my CNA license in Minnesota at Normandale Community College on July 1st 2015. I decided to take the class and receive the license in Minnesota because I live there in the summers and can work the most during that season. However, I am a student at the University of Wisconsin Eau Claire and did not realize how much I could use a job. It would be most beneficial for me to work as a CNA because I am attending the University as a nursing student. I would love to get as much experience in the field as I can now so that I am better prepared in the future. Sadly, I cannot work at a CNA in Wisconsin because my license is from Minnesota. This issue has limited my job opportunities in the health care field greatly.

Thanks,

Jodi Moody



# The Long-Term Care Workforce Crisis:

A 2016 Report

Caregiver vacancy rates, long a concern for Wisconsin long-term and residential care providers, have reached crisis levels. In the largest survey of long-term and residential care providers to date, responses from 689 providers revealed:

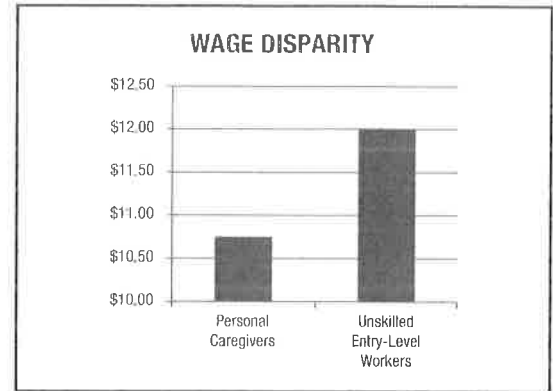
- High levels of caregiver vacancy rates in assisted living and nursing homes
- Major problems finding applicants and qualified caregivers
- Significant wage disparity between people working as trained personal caregivers and unskilled entry level workers taking jobs at gas stations, big-box stores, and fast food restaurants
- Lost admissions due to lack of caregivers
- An exodus of caregivers to jobs outside of healthcare
- Widespread use of overtime, double shifts and other strategies to fill scheduling gaps

The results of the survey, together with data from the Wisconsin Office of Caregiver Quality showing a decline in persons seeking or renewing certification as nursing assistants (CNA), expose a significant workforce crisis facing providers caring for people in need of long-term and residential care.

# Why Is There A Crisis?

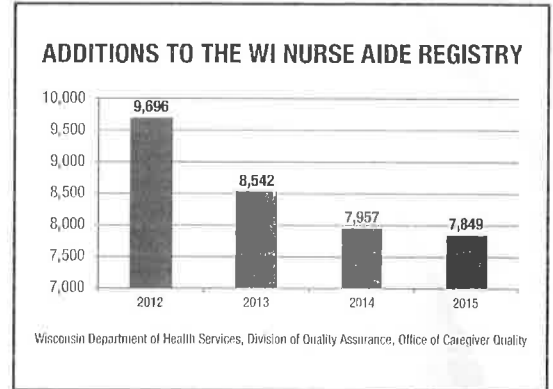
## Wage and benefit disparity

- Providers reported a median hourly starting wage for personal caregivers of \$10.75 compared to \$12.00 for local, non-health care employers seeking unskilled, entry level workers
- 4 of 5 personal caregivers who took jobs outside of health care left for better pay, better benefits and/or better hours



## Caregivers are leaving

- 56% of providers had personal caregivers leave for jobs outside health care
- An estimated 10,600 personal caregivers may have left for jobs outside of health care in the past year



## People are not seeking certification as caregivers

- Between 2012 and 2015, 24% fewer people applied for CNA certification<sup>5</sup>
- The number of people renewing their CNA certification declined by 5,431 between 2012 and 2015<sup>5</sup>, a drop of 24%

# How Providers Are Trying to Cope

## Limiting admissions

- 18% limited admissions in the past year, limiting access to long-term and residential care services to an estimated 5,335 individuals because of caregiver shortages

## Limiting benefits

- More than 50% of providers do not offer health insurance to part-time staff
- 1 in 4 providers had at least 10 employees on BadgerCare Plus, the state's Medicaid health insurance program for low-income persons



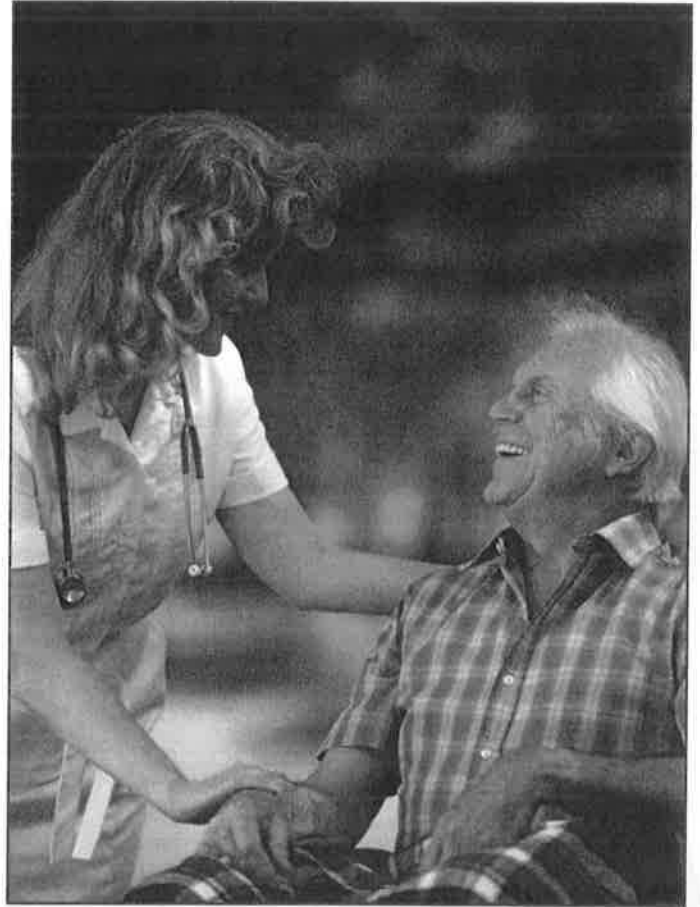
## Relying on current caregivers to fill open hours

- 84% of the time providers use overtime, double shifts, and/or other strategies to fill open hours which are expensive and can lead to caregiver burnout



# The Need for Caregivers!

- More than 87,000 Wisconsin residents live in 4,102 long-term and residential care facilities<sup>1</sup>
- Residents living in long-term and residential care facilities rely on an estimated 73,700 caregivers<sup>2</sup>
- The number of Wisconsin residents living in long-term and residential care facilities has grown 18% since 2003<sup>1</sup>
- In the next 30 years, the ratio of Wisconsin residents age 65 and older to the entire state population will grow from 1 in 7 to 1 in 4<sup>3</sup>
- By the year 2022 the need for personal care workers is projected to increase 26.4%<sup>4</sup>



## Scope of the Crisis

- Average caregiver vacancy rates of 14.5%, with 1 in 4 providers experiencing rates 20% and higher
- An estimated 11,500 vacant caregiver positions in Wisconsin long-term and residential care facilities

# 1 in 7

Caregiving staff positions are unfilled ...why?

More than **30%** of providers felt they were unable to compete with other employers

Nearly **50%** had no applicants for vacant caregiver positions

**70%** said there were no qualified applicants for caregiver openings



## We all can agree...

- Wisconsin residents living in long-term and residential care facilities deserve to be treated with dignity and respect
- Residents depend on the caregivers who work in these facilities
- Caregivers are responsible for the care, service, support, and safety of residents
- The work of caregiving is often difficult and demanding
- Caregivers are special people – it's not a job everyone can do

## The research validated what we've been hearing from providers:

- Caregiver vacancy rates are reaching crisis proportions, with as many as 11,500 openings across Wisconsin
- The median starting wage for personal caregivers is \$1.25 per hour less than the wage non-health care employers are paying for unskilled, entry level workers
- Caregivers are leaving because they can get better pay, better benefits, and/or better hours from non-health care employers
- People simply aren't applying for caregiver jobs
- Providers rely on overtime, double shifts and other strategies to fill open schedules. These stop-gap approaches are unsustainable and ultimately counterproductive if they lead to caregiver burnout.

## What must be done to assure there are enough caregivers?

- Increase the number of people entering caregiving careers
- Value the work of caregiving
- Recognize and celebrate career caregivers
- Reward the work of caregivers with competitive wages and benefits

## For more information about *The Long-Term Care Workforce Crisis: A 2016 Report*, contact:

- LeadingAge Wisconsin: John Sauer, 608.255.7060, (jsauer@leadingagewi.org)
- Wisconsin Health Care Association/Wisconsin Center for Assisted Living: John Vander Meer, 608. 257.0125, (john@whcawical.org)
- Wisconsin Assisted Living Association: Jim Murphy, 608.288.0246, (jmurphy@ewala.org)
- Residential Services Association of Wisconsin: Dan Drury, 414.322.8979 (ddrury@o4cg.com)



### Glossary

Caregivers include registered nurses, licensed practical nurses, certified nursing assistants, persons with CBRF certification, resident assistants, and other direct and personal care workers

Long-term and residential care providers include adult family homes, community based residential facilities, residential care apartment complexes, and skilled nursing facilities

Assisted living includes adult family homes, community based residential facilities, and residential care apartment complexes

Personal caregivers include certified nursing assistants, persons with CBRF certification, resident assistants, and other direct and personal care workers

### Footnotes

<sup>1</sup> Wisconsin Department of Health Services, Division of Quality Assurance, *State of Assisted Living – CY 2014*, March, 2015

<sup>2</sup> LeadingAge Wisconsin, Wisconsin Health Care Association / Wisconsin Center for Assisted Living, Wisconsin Assisted Living Association, Residential Services Association of Wisconsin, *2016 Workforce Survey*, March, 2016

<sup>3</sup> Wisconsin Department of Administration, Demographic Services Center, *Wisconsin's Future Population, Projections for the State, Its Counties and Municipalities, 2010 – 2040*, December, 2013

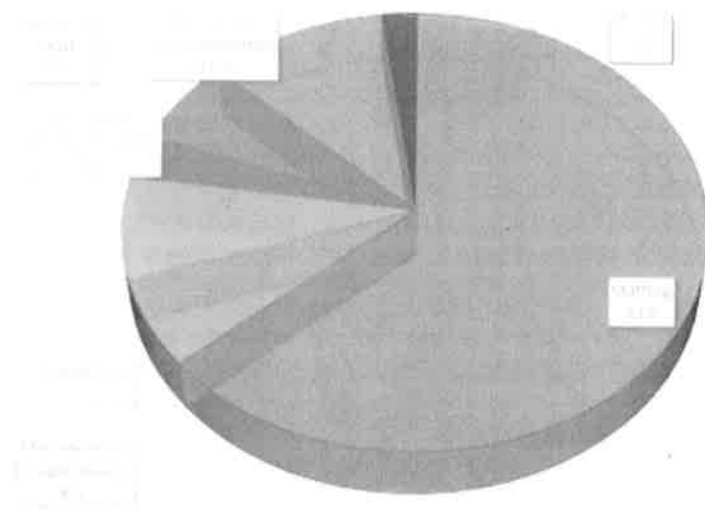
<sup>4</sup> Wisconsin Department of Workforce Development, Office of Economic Advisors, *Wisconsin Long Term Occupational Employment Projections, 2012-2022*, August 2014

<sup>5</sup> Wisconsin Department of Health Services, Division of Quality Assurance, Office of Caregiver Quality

# Wisconsin DON Council Survey

- 3 questions were asked:
  - What keeps you in your position?
  - What is your biggest challenge?
  - What would make your job more satisfying?
- 79 respondents

## Biggest Challenge



## Median Certified Nursing Assistant Wages

DeVry University Reporting on Salaries.com

Note: These salaries include all Certified Nursing Assistants not just entry level. CNAs working in hospitals earn higher wages. Both of these facts will skew statistics upward.

Location	Median Hourly Wage	Training Costs
Madison, WI	13.56	120 hours course costing approx. \$750 with testing fee of \$118
Milwaukee, WI	13.67	
Eau Claire, WI	12.93	
La Crosse, WI	12.39	
St Paul, MN	15.25	75 hour course, \$100 testing fee.
Rockford, IL	14.60	120 hour course, \$65 testing fee
Wal-Mart	10.00	Entry level- No training
Kwik Trip	19.23	Entry level – 2 week training



# Wisconsin Health Care Workforce 2014 Report

# Table of Contents

<b>Introduction .....</b>	<b>3</b>
<b>Workforce Trends and Changes in 2014 .....</b>	<b>4-8</b>
Aging of Wisconsin Residents.....	4
Aging of the Health Care Workforce.....	5
Shift from Inpatient Care to Other Environments of Care.....	6
Hospital Employment Remains Strong .....	7
Registered Nurse Relicensure Survey .....	8
<b>Hospital-Based Clinical Positions - Vacancy Report.....</b>	<b>8-10</b>
Advanced Practice Providers .....	9
Certified Nursing Assistants .....	10
Physician Assistants .....	10
Other Occupational Groups .....	10
<b>Health Occupation Groups of Special Interest to Hospitals .....</b>	<b>11-12</b>
Registered Nurses .....	11
Physicians .....	12-13
<b>Looking to the Future.....</b>	<b>13-14</b>
Workforce Projections.....	13
Best Jobs .....	13
Team-Based Care Delivery .....	14
<b>The Future Outlook for Wisconsin’s Health Care Workforce.....</b>	<b>15</b>
<b>WHA Recommendations .....</b>	<b>15</b>
<b>Information Sources .....</b>	<b>16</b>

# Introduction

Hospitals, clinics and nursing homes are an essential part of the infrastructure in a community. The ability of any community to attract economic development is directly tied to the accessibility to and quality of local health care services. Health care systems and hospitals support community health, but they are also among some of the largest employers and major contributors to Wisconsin's economy.

When the state and nation were plunged into one of the worst recessions in 2008 and many people experienced a job loss, Wisconsin's health care remained a stable and consistent employer of large numbers of people and maintained its well-respected status as the source of quality health care and exceptional patient outcomes.

In November 2014, Wisconsin's health care industry reported it employed 379,900 workers, including these market segments:

- Wisconsin hospitals employed 108,900;
- Ambulatory health care services employed 119,900; and,
- Wisconsin nursing and residential care facilities employed 79,500.

*(Source: Current Employment Statistics (CES)/query at [worknet.wisconsin.gov](http://worknet.wisconsin.gov))*

For more than a decade, workforce-related issues have been a top priority for the Wisconsin Hospital Association. A long-standing WHA goal has been to ensure there is an adequate, well-prepared cadre of workers available to perform the work of all positions in health care systems and hospitals across the state. Without an adequate workforce, Wisconsin will not keep pace with the growing demand for medical services in a state that is rapidly aging.

This WHA report is focused on the hospital workforce in Wisconsin; however, it is important to note that Wisconsin has a highly-integrated health care environment that includes outpatient facilities, medical clinics, long-term care and home health. That means a patient may receive care at several health care settings currently or sequentially. For that reason, some figures and notations will apply to the entire Wisconsin health care industry, while others will be specific to hospitals.

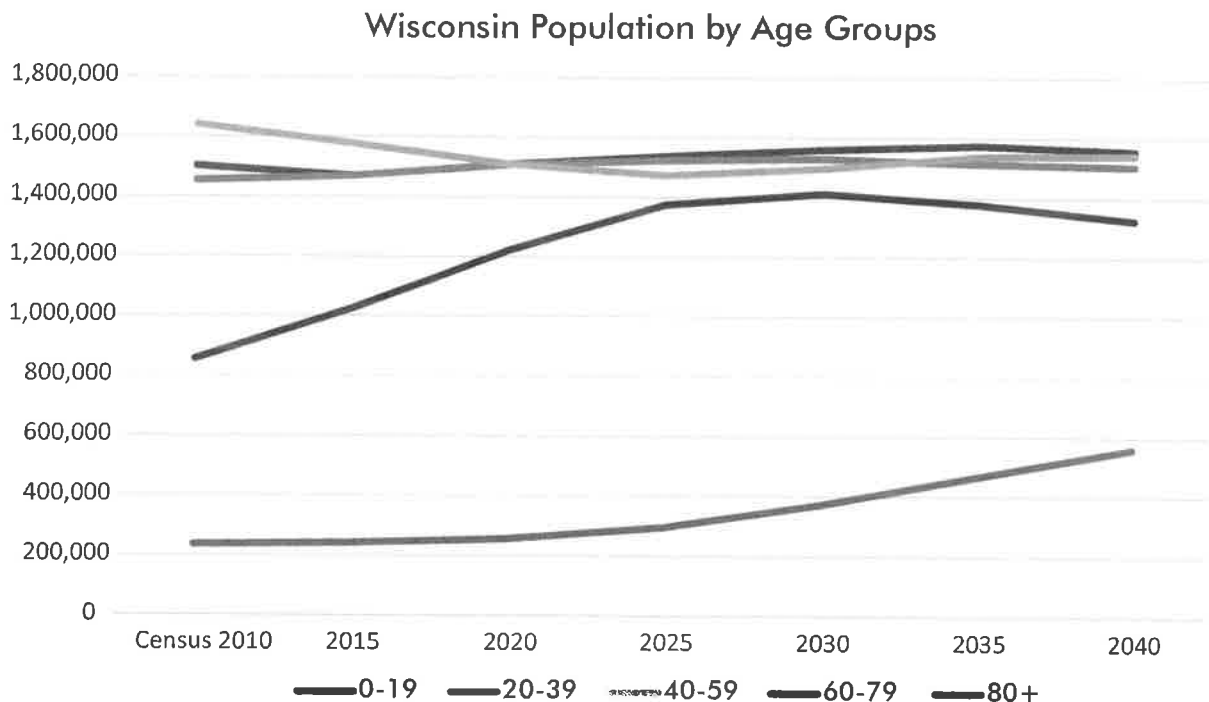
# Workforce Trends and Changes in 2014

## Aging of Wisconsin Residents

The aging of the population and the workforce in Wisconsin continues as an ongoing and predictable trend. The large population cohort, well-known as the “baby boomers,” continues to age toward retirement accompanied by the expected increase in health issues that occur in an aging population. At the same time, births in Wisconsin continue to decline. The implications of these two trends include:

- **Smaller workforce.** One measure of economic growth is new job creation. As the workforce ages into retirement with little growth seen in upcoming generations, there is a serious risk that Wisconsin will not have enough workers to meet employer demand.
- **Increased demand for health care.** Aging is accompanied by an increase in health care utilization. Worn joints, aging eyes and chronic conditions contribute to this increase. As the number of Wisconsin residents who are older increases, the state will see an increased demand for health care services.
- **Reduced school-age population.** The number of school age children is currently declining in Wisconsin. This could mean a reduction in state funds needed for education, or costs per pupil could increase as schools and districts work with smaller classes.
- **Reduced spending.** Older residents are likely to purchase smaller residences, have smaller retirement incomes and spend less on goods. As the number and proportion of older residents increases, money available to the state to pay for such services as health care and education will likely decline.

These future risks are fairly likely scenarios as they are based on census and population data.



Source: Wisconsin's Future Population Projections  
UW Madison Applied Population Laboratory



# Aging of the Health Care Workforce

As the population of Wisconsin ages, so does the health care workforce. Long educational preparation times for many health occupations means that for some occupations, individuals enter the workforce already in their fourth decade.

WHA annually conducts a personnel survey of the 150 Wisconsin hospitals, health systems and specialty hospitals. The survey found that the health care workforce is older than the general Wisconsin workforce.

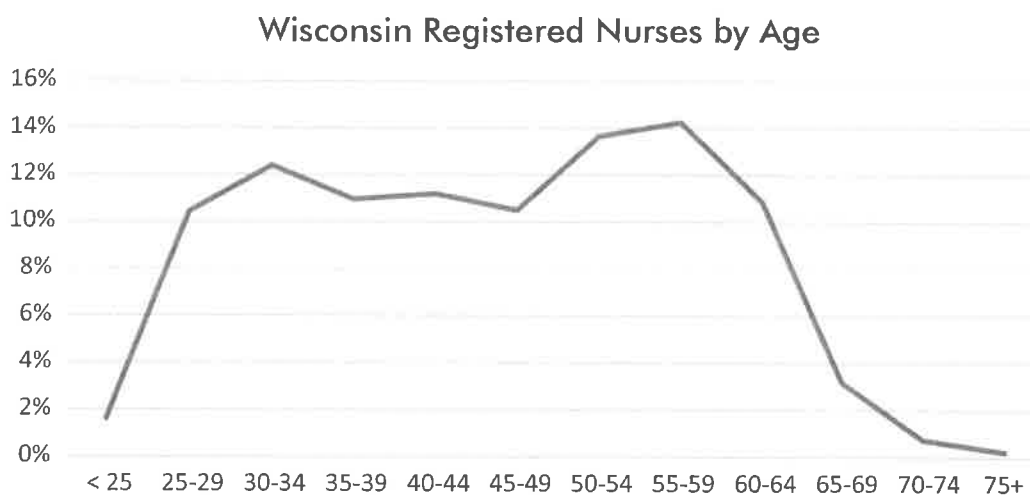
Other findings included:

- Approximately 20 percent of hospital-employed professional occupations are age 55 or older, but there is significant variation among the professions.
- The oldest of the reported groups are laboratory technologists where 34.5 percent are reported as over age 55. Certified registered nurse anesthetists are next with a reported 28 percent over that age with 26.9 percent of advanced practice nurses over age 55. Professionals over age 55 in the workforce may choose to work an additional decade or more, but still these numbers indicate retirements in significant numbers that hospitals will need to predict and prepare for. The occupations above will need an educational and recruitment focus in the near future.

The WHA survey also revealed some occupational groups that are younger than the reported average, for example:

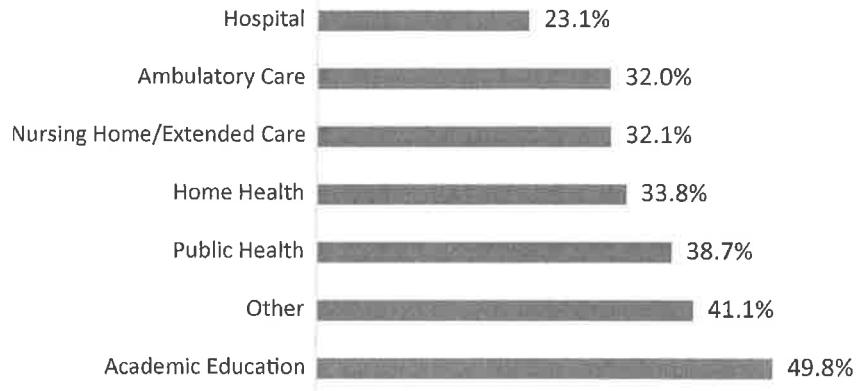
- Only 11.4 percent of certified nursing assistants and 11.5 percent of physical therapists are over the age of 55; and, 12.9 percent of radiology technologists and 14.4 percent of surgical technologists are over age 55.

Registered nurses as an occupational group are aging as well. Wisconsin schools of nursing have done a nice job of increasing enrollments and graduations. That means there are new entrants into the nursing profession who are early in their careers. These new graduates are having an impact. This graph shows the age distribution of RNs who completed the Wisconsin Relicensure Survey.



The WHA survey also found registered nurses who work in hospitals are among the youngest of their profession. This is most likely because hospitals account for a large proportion of nursing jobs in Wisconsin, and hospitals are often the first employment setting for new nurse graduates. The age of nurses in academic positions, which often require a longer educational course, has been a chronic and serious concern.

## Wisconsin RNs Age 55 & Over by Work Setting



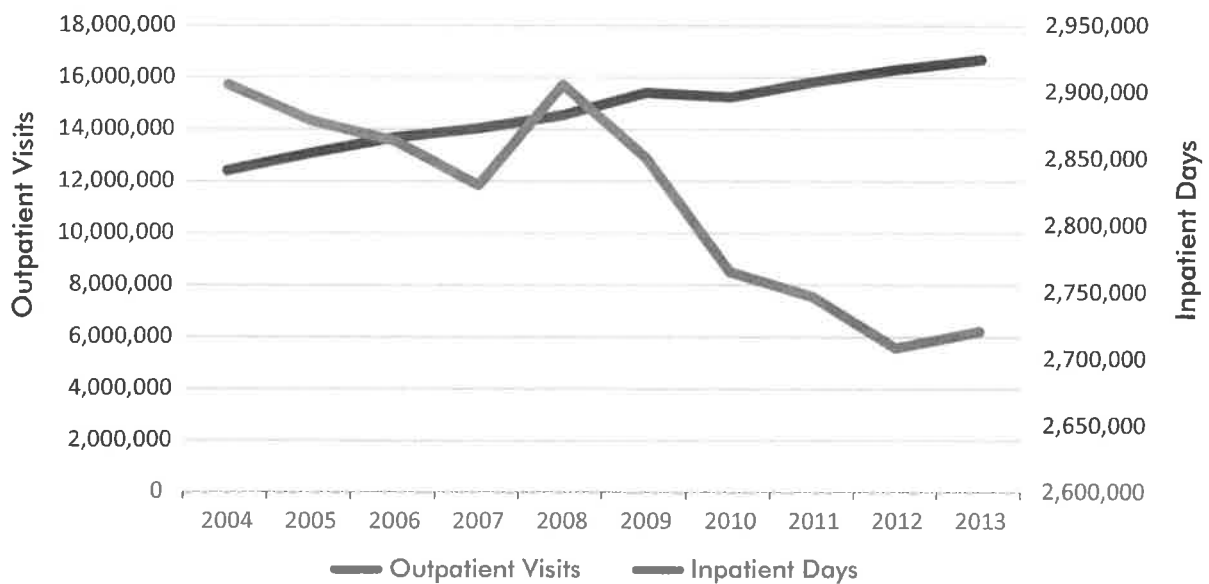
Nationally, it has been reported that the shortage of registered nurses has eased in part because nurses have extended their working careers by delaying retirement (Auerbach, et al, 2014). The authors report that the impact has been felt most strongly in “non-hospital settings, where older nurses tend to predominate.” (p 1479)

## Shift from Inpatient Care to Other Environments of Care

The traditional vision of hospital care is patients in beds receiving around-the-clock care, often over many days. Today, hospitals in Wisconsin provide only a portion of their care in this model. More and more, care is being delivered in ambulatory settings, where patients visit and stay for brief periods of time. Improvements in procedures, equipment and clinical knowledge have made it clear that patient outcomes are as good or better in these environments.

In 2011, the number of hospital employees reported to the Wisconsin Department of Workforce Development (DWD) exceeded the number reported to work in ambulatory care settings. In 2014, that has reversed with larger numbers reported working in ambulatory care.

## Hospital Inpatient and Outpatient Activity



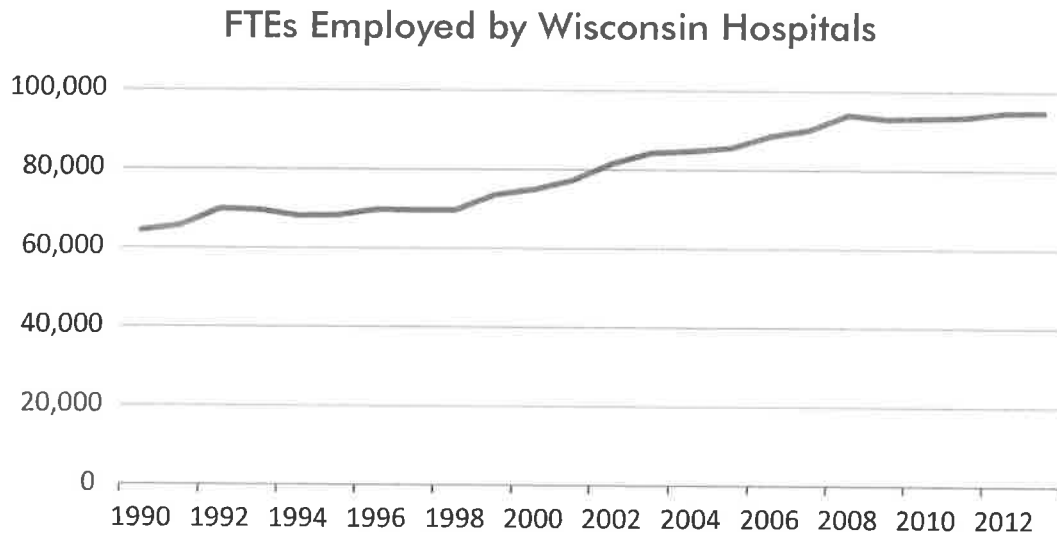
The move toward outpatient care means that health care employees are increasingly working in environments where patients need help with self-care, where home and residential caregivers need to feel safe and confident with care instructions, and where patients can return to the comfort of home surroundings sooner.

While this shift in care is already happening, the move to educate health care workers in outpatient, ambulatory and home environments has not kept pace. The decrease in the number of patients in hospitals has increased the competition for clinical learning experiences in hospitals. It is important that this does not result in fewer students being prepared for health care roles, but that new, innovative and outpatient-focused learning can be designed, implemented and utilized to ensure future health care workers learn and practice in the environments where patient care is increasingly being provided.

## Hospital Employment Remains Strong

Hospitals continue to be strong employers in Wisconsin. While many industries have experienced loss or at least wide variation in numbers of jobs and employees, the number of full-time equivalents (FTEs) employed in hospitals has trended on an upward path for at least the last two decades. Data in the table below is from the Annual Survey of Hospitals, conducted by WHA and available at <http://www.whainfocenter.com/services>. These jobs are located throughout Wisconsin. There is a hospital in 63 of Wisconsin's 72 counties. In most instances, there is a medical clinic located in the counties that do not have a hospital.

The FTE count includes all employees in all job classifications. These range from highly-trained professionals with long educational pathways, such as physicians, to positions that may be obtained with a high school education in departments such as housekeeping and nutrition. Hospitals are desirable places to work and are valued for being strong employers offering fully benefitted jobs while strengthening and supporting the communities where they are located.



# Registered Nurse Relicensure Survey

By law, nurses complete a workforce survey every other year as they renew their license to practice. This survey was completed for the third time by registered nurses as part of renewal early in 2014. Nurses (RNs and LPNs) are the only licensed health care group in Wisconsin for which a complete census of workforce data is available. Such data makes it possible to examine the current workforce and also helps to identify trends in this workforce. Examples include:

	2010	2011	2012
Survey Responses	77,553	81,187	83,918
% of nurses listing hospital as primary work location	49.9%	53.6%	52.9%
Number of Advanced Practice Nurse Prescribers	2,252	N/A	2,645
Number of RNs (renewing their license) under age 25	2,059	1,169	1,090
% of nurse faculty over age 55	42.8% (average age 51)	48.0% (average age 53)	49.5% (average age 53)

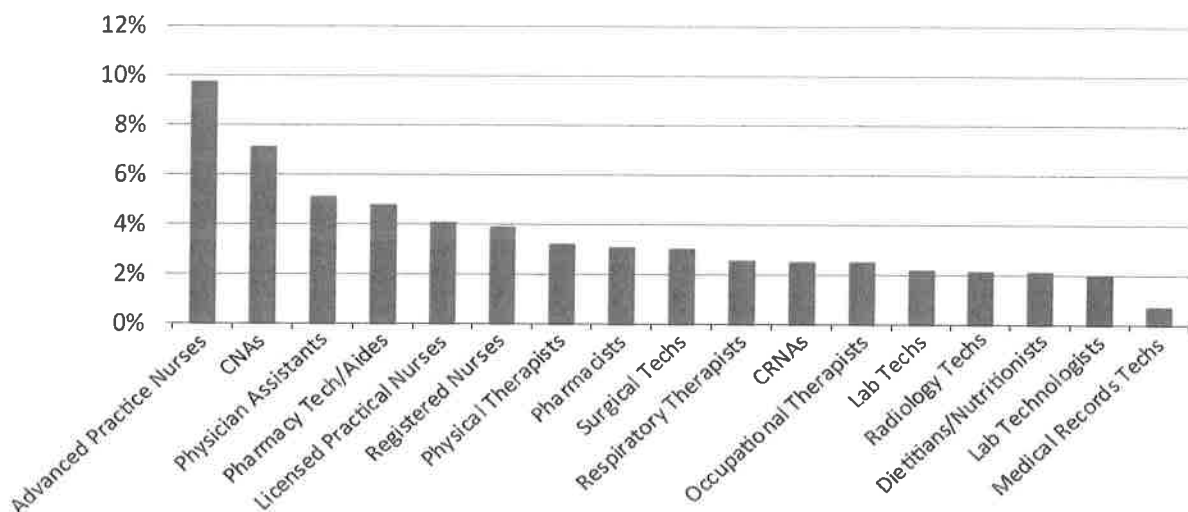
## Hospital-Based Clinical Positions - Vacancy Report

Each year, the Wisconsin Hospital Association collects employment data on a group of clinical professions. The WHA Personnel Survey is conducted in September of each year with the intent of taking a 'snap shot' in time to determine the current state of recruitment and retention efforts. The survey began more than a dozen years ago as a way to assess and report serious and ongoing shortages of hospital-based health care professionals.

The most recent results indicated that shortages or difficulty in recruiting is focused on a relatively small group of occupations with the remaining groups experiencing relatively low vacancy rates.

### Vacancy Rates for Selected Wisconsin Hospital Professions Statewide

Source: 2013 Hospital Personnel Survey



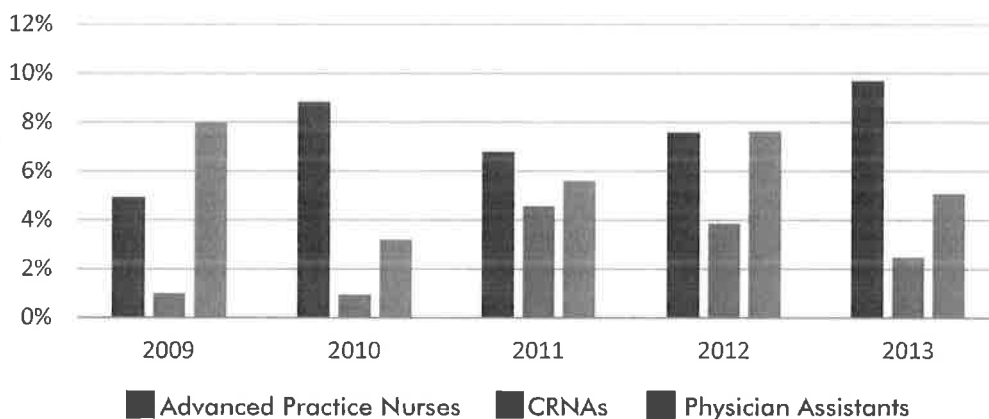
# Advanced Practice Providers

Hospital positions for advanced practice nurses have the highest vacancy rate in this year's survey, reporting a 9.7 percent vacancy. Nearly 1 in 10 of these positions in hospitals have been reported as vacant. Advanced practice providers—advanced practice nurses, physician assistants and certified registered nurse anesthetists (CRNAs)—were added to the survey recently and have only five years of data. They were added because hospitals were creating new positions and finding innovative ways to utilize the skills of these professionals and reported finding these new positions difficult to fill.

In 2013, hospitals reported employing 551 full time and 240 part time advanced practice nurses (APNs), while in 2009 they reported only 354 full time and 205 part time APNs. The increase in positions has resulted in more employees, but it has also created more vacancies.

## Statewide Vacancy Rates - Advanced Practice Providers

Source: WHA Personnel Surveys



The actual count of nurses eligible to serve as advanced practice professionals in Wisconsin is unclear. In the 2014 state relicensure survey “at a glance,” over 8,000 nurses indicated they held a master’s degree or higher in nursing. These nurses would be eligible to be employed as advanced practice nurses, but also as nursing faculty and nurse leaders in hospitals and other health care facilities. Within the survey, 4,471 nurses indicated that they were certified to practice as an advanced practice nurse, and 3,703 reported working in a role requiring certification as an advanced practice nurse in Wisconsin. Of those reporting preparation as an APN, 160 were certified nurse midwives and 536 were CRNAs according to the same survey. Most of the remaining APNs are nurse practitioners, but their exact numbers are unknown.

Hospitals employ a growing number of those nurses in advanced practice roles. They may practice in the emergency room, urgent care, specialty nursing units or as hospitalists.

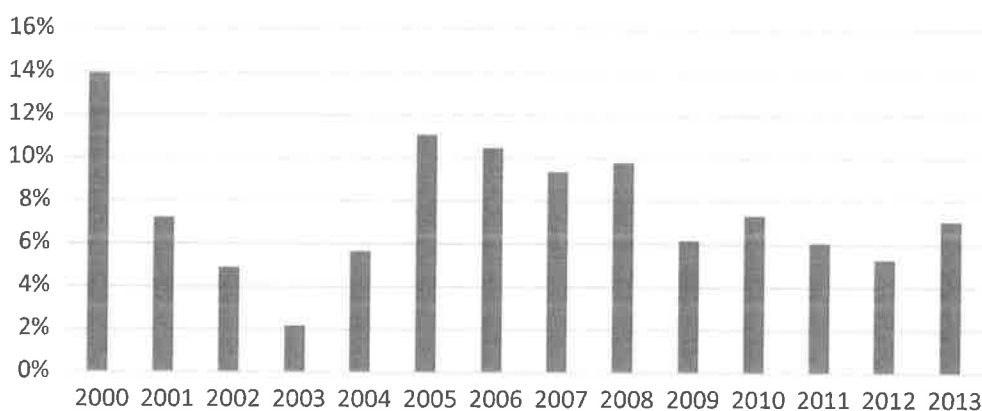
## Certified Nursing Assistants

Hospitals employ more than 7,800 individuals as certified nursing assistants (CNAs) and report a vacancy rate of 7.1 percent for CNA positions. Across the 14 years of survey data, the rate of CNA position vacancies has been variable. This is an entry-level health care position with many individuals who plan to, or are currently enrolled in, educational programs such as registered and practical nursing, who take CNA positions for only a short term. This results in more frequent turnover in CNA positions that causes an increase in position vacancies. In the most recent survey, 24 percent of all vacancies reported in the clinical occupations survey done by WHA were CNA positions.

The Wisconsin Department of Health Services (DHS) reviews and approves educational programs for nurse aides and has a list of more than 70 approved programs available to the public on their website at: [www.dhs.wisconsin.gov/sites/default/files/legacy/caregiver/pdf/files/NAtrgProgs.pdf](http://www.dhs.wisconsin.gov/sites/default/files/legacy/caregiver/pdf/files/NAtrgProgs.pdf).

### Statewide Hospital Vacancy Rates - CNAs

Source: WHA Personnel Surveys



## Physician Assistants (PAs)

Hospitals reported physician assistant (PA) positions as the third highest vacancy at 5.1 percent. The Department of Safety and Professional Services (DSPS) reports 2,066 individuals residing in Wisconsin are currently licensed to practice as a PA. Another 324 individuals hold a current Wisconsin license, but do not reside in Wisconsin, although some of these likely work in Wisconsin. The WHA survey reports 211 physician assistants work full time in hospitals in Wisconsin and 88 work part time. Again, a small percentage of the total PA workforce in Wisconsin work in hospitals, but the vacancy rate for those positions is significant.

## Other Occupational Groups

In the recent past, positions for pharmacist, physical therapist, occupational therapist, surgical technologist and other positions have been reported by hospitals as difficult to fill. Currently, the vacancy rate for all of these occupational groups is below five percent and not a focus of this report. In part, this may be explained by expansion of educational programs for these occupational groups. It may also be explained by individuals remaining at work more years than predicted. That there is no current urgency does not mean that attention should not be given on an ongoing basis to these and all health occupations in Wisconsin. Conditions such as the aging population, changing reimbursement mechanisms and growing health care knowledge and treatments will continue to change the employment landscape for hospitals and all health care facilities. A growing trend to provide care for patients in medical 'teams' will also likely increase the involvement of and demand for other groups of health professionals. Any of these important occupations could experience significant and unexpected changes in both supply and demand.

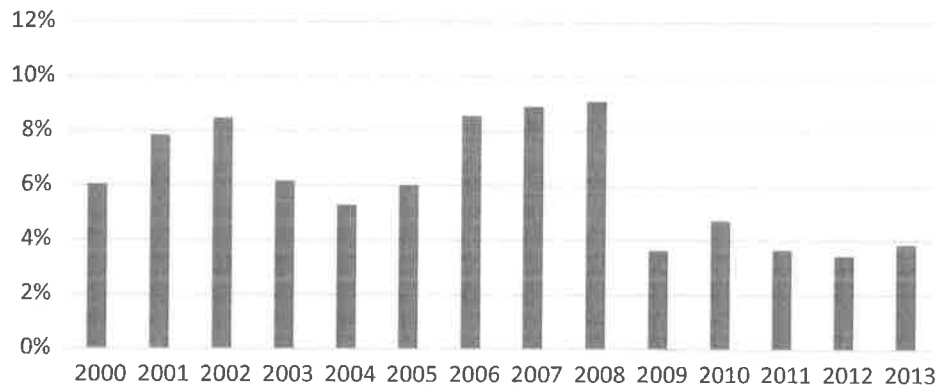
# Health Occupation Groups of Special Interest to Hospitals

## Registered Nurses

Over 32,000 registered nurses reported working in a hospital in the 2014 licensure survey. Nurses are the largest segment of the hospital (and health care) workforce. There is not a critical shortage of nurses at this time, and hospitals reported a 3.9 percent vacancy rate in the latest WHA survey. The vacancy rate has been relatively stable over the last five surveys, and has recovered since the years 2008 and before when recruitment for registered nurses was very difficult for hospitals.

### Statewide Vacancy Rates - Registered Nurses

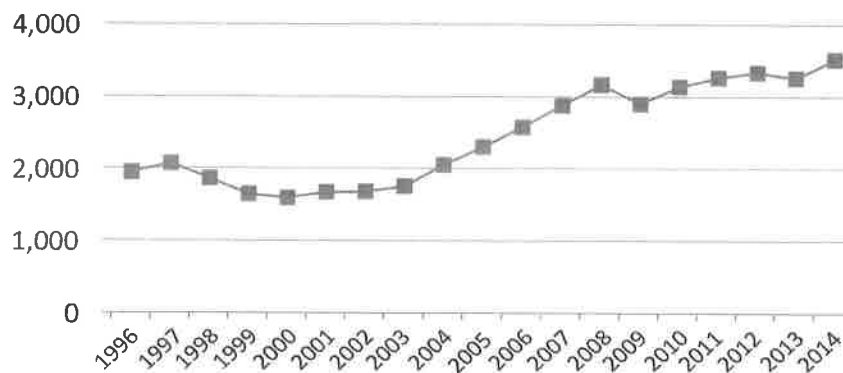
Source: WHA Personnel Surveys



The decline in position vacancies is due in large part to the number of nursing programs in Wisconsin and the increasing number of graduates from those programs. The number of new nursing graduates continues to increase. Wisconsin has more than three dozen nursing programs that prepare students for entry into practice. The number of entry-level nursing programs in Wisconsin continues to grow with new programs being approved by the Wisconsin Board of Nursing every year.

### Wisconsin First Time NCLEX Takers

Source: Wisconsin Department of Safety and Professional Services



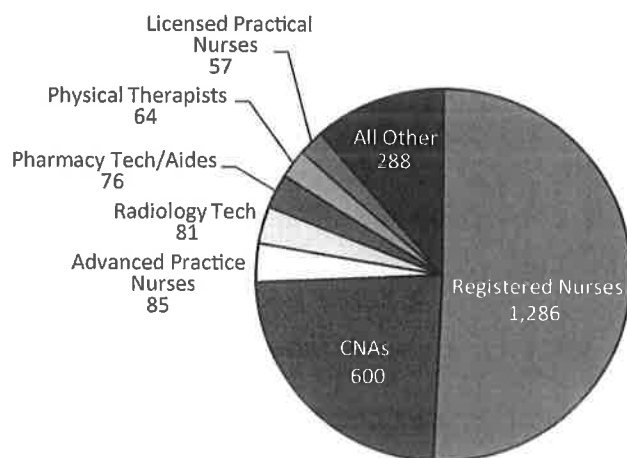
Because the RN workforce is very large, even a relatively low vacancy rate results in a large number of position vacancies. The 3.9 percent rate reported in the 2013 survey reflects over 1,200 positions. Registered nurse position vacancies are the greatest number of open positions reflected by hospitals in the latest survey with 51 percent of all reported vacant positions being those for registered nurses.

The job market for registered nurses will continue to be strong for this very large segment of the health care workforce.



## Vacancies for Selected Wisconsin Hospital Professions Statewide

Source: 2013 Hospital Personnel Survey



## Physicians

The WHA Personnel Survey has not included physician positions. When the survey was initiated more than 10 years ago, physicians were not often employees of hospitals. That situation is changing in Wisconsin with the growth of the hospitalist role, different models of medical staffing for emergency and urgent care, and changes in ownership of primary care practices.

According to the Department of Safety and Professional Services, there were 15,846 active allopathic physicians licensed and living in Wisconsin and 8,406 active licensed physicians who are living outside of Wisconsin in November of 2014. There were 1,085 active osteopathic physicians licensed and living in Wisconsin and another 575 living outside of Wisconsin. Those licensed but living outside of Wisconsin could be actively practicing in Wisconsin.

Nationally, the Health Resources and Service Administration of the Department of Health and Human Services reports that 24.8 percent of the physician workforce is more than 55 years of age compared to 18 percent of the total health care workforce. This is not surprising given the very long educational path for these practitioners.

Informally, hospitals report great difficulty in recruiting physicians, both those who are employees and those who are not employed by the hospitals but serve as medical staff. The Wisconsin Hospital Association has reported in other sources the need for action to address this shortage and is working with a variety of groups including the Wisconsin Council on Medical Education and Workforce (WCMEW) to increase the number of physicians educated in Wisconsin, the number of physicians recruited to Wisconsin and the number of local Wisconsin students admitted to medical education programs.

Physician workforce-related issues is a top priority for the Wisconsin Hospital Association. WHA has advocated for policies that foster a positive practice environment for physicians, for example:

- Wisconsin has long been viewed as a model state based on its medical malpractice environment. WHA has aggressively advocated to protect the stability of the current environment to help keep premiums affordable for practicing medical professionals and ensure a balanced compensation system.
- WHA supported and heavily lobbied for the Quality Improvement Act, which was signed into law in 2014. The QIA allows health care providers will be able to study and improve practices and, importantly, share what they learn with others without fear of those findings being used against them in a lawsuit. These changes have helped bolster the work of health care organizations that are working to improve patient care and raise the bar on quality statewide.

- In-state opportunities to complete graduate medical education are critical to ensuring that Wisconsin can attract and keep physicians. In 2014, WHA supported a grant program which was funded in the state budget. This grant funding is being used to expand existing and create new residency programs. It also is supporting the Medical College of Wisconsin's medical school expansion in central and northeast Wisconsin.

The Wisconsin Hospital Association has been a long-time supporter of the Wisconsin Council on Medical Education and Workforce (WCMEW). In 2014, WCMEW announced that it had expanded its scope to include strategies to include broad range of health care professionals to encompass the team-based approach to delivering health care. Over the next year, WCMEW will:

- Develop a statewide strategic workforce plan;
- Expand efforts on post-graduate medical education;
- Further activities on team-based care;
- Deliver a follow-up report to "100 New Physicians";
- Recognize exemplary leadership in health care education; and,
- Explore possible grant opportunities.

WHA will continue to work closely with WCMEW and its stakeholders, which include: The Medical College of Wisconsin, Pharmacy Society of Wisconsin, UW School of Medicine and Public Health, Wisconsin Academy of Physician Assistants, Rural Wisconsin Health Cooperative, Wisconsin Medical Society, Association of Nurse Educators of Wisconsin, Wisconsin Staff Physician Recruiters and the State of Wisconsin.

## Looking to the Future

The health care environment is changing nationally, and impacts are being felt at the state level. What impact those changes may have is difficult to predict, but workforce planning is important and necessary if Wisconsin is to have the workforce it needs to care for its residents.

## Workforce Projections

The Wisconsin Department of Workforce Development offers long-term projections of work and worker needs. The most recent projections for the period 2012 to 2022 estimate hospital employment will grow by 12 percent over that period with estimates for greater growth in other portions of the health care industry—ambulatory health care services to grow by 25.9 percent and home health care services to grow by 46 percent during that period. (Source: 2012-2022 Industry Projections, accessed at: <http://worknet.wisconsin.gov/worknet>)

Similar projections are made by occupation.

2012-2022 Projected Growth in Select Occupations	
Occupation	Projected Growth
Nurse Practitioner	28%
Surgical Technologist	23%
Laboratory Technician	24%
Registered Nurse	13%

(Source: Occupation Projections, accessed at: <http://worknet.wisconsin.gov/worknet>).

These projections indicate that Wisconsin can expect jobs—new jobs—in the health care industry. The jobs will be in hospitals but also in ambulatory care and all other areas of health care. There will be employment opportunities. It is important that there be enough individuals interested in health care jobs, educated and prepared to work in those jobs.

## Best Jobs

Annually, *U.S. News & World Report* creates a list of 100 best jobs. The 2015 list was published in January. In that list, which considered stress levels, growth volume and rate, median pay, employment rate and future prospects, health care jobs took five spots in the publication's top 10. The top health care jobs in hospitals and health care systems were:

1. Nurse practitioner, number two overall, was described as a position that has high levels of autonomy, a median salary of \$92,670 and projected growth of 37,000 new jobs by 2022.
2. Physician, number four overall, due in large part to significant projected growth in job prospects over the next 10 years because of a looming physician shortage. Not only will the position grow by 123,300 new job openings by 2022, it comes with high salaries, with general internists earning a median salary of \$186,850, according to *U.S. News*. Median salaries vary geographically, with the highest-paying areas including Wilmington, North Carolina; Tallahassee, Florida; and Wichita, Kansas.
3. Physical therapist, number six overall, is projected to grow 36 percent by 2022. The job's median salary is \$81,030, with those working in home health care, nursing homes or schools earning the most.
4. Registered nurse (RN), ranked at number nine, a role that FierceHealthcare previously reported will be in greater demand as health care shifts to a team-based model. The job's median salary is \$66,220, but RNs also have higher median salaries depending on geographical area, with those in metropolitan California areas likely to earn higher salaries, according to the report.
5. Physician assistant, ranked at number 10, which has an extremely low 1.4 percent unemployment rate and is expected to grow by 33,300 new jobs within the next seven years. The median annual salary in 2013 was \$92,970.

Found at: [FierceHealthcare\\_editors@fiercehealthcare.com](mailto:FierceHealthcare_editors@fiercehealthcare.com) Jan 15, 2015

## Team-Based Care Delivery

With a looming physician shortage and a growing number of health care professionals aging out of the workforce, multi-disciplinary teams are seen as one way to ensure that care will be accessible, affordable and effective, especially for those with chronic or complex diseases. The future health care environment will be focused on value. A new model of care delivery is needed to achieve great health care outcomes with more limited resources, perhaps fewer or at least different providers. What is needed is a high-functioning health care team.

Teams already functioning in some locations in Wisconsin have demonstrated that they are cost effective and met with improved patient satisfaction. Maureen Smith, MD, MPH, PhD, with the University of Wisconsin School of Medicine and Public Health, when presenting at a recent WCMEW program on team-based care described their use of teams.

"The more patient-centered a team is, the more likely they are to meet a common goal of improving quality," Smith said. "Working in a team also decreases burnout, reduces the workload and builds cohesion across the unit."

Providers organized as teams to care for patients represent the future of health care. WCMEW will continue to serve as a catalyst in helping to disseminate team-based care throughout Wisconsin

Team-based care is new in Wisconsin and faces obstacles, but this new model of care delivery may be the best currently-known strategy for addressing the issues implicit in meeting the medical needs of a growing and aging population, as the state faces stagnant numbers of health care workers and diminishing financial resources.

# The Future Outlook for Wisconsin's Health Care Workforce

A workforce plan requires accurate workforce data and, to some degree, an ability to predict the future. In an industry that is changing as rapidly as health care, one thing is certain—organizations that are committed to providing high-quality, accessible care are developing strategies now to ensure they will be able to meet the demands of people living in their communities today and in the future.

Wisconsin's population is aging, and living longer, so it is clear that individuals will require and expect more care. That, along with the fact that federal and state initiatives are increasing access to health insurance, will increase demand. Some of that care may be delivered in new settings, but staff availability will remain an important factor in the delivery setting, whether it is provided in a hospital, clinic or through telemedicine.

Health care workers will be older. The majority of the workforce will be comprised of older workers, but the implications for individual workers will be a concern. Many of the jobs in health care require lifting, standing, walking, and evening and night shifts—all difficult for the older worker. When there is meaningful economic recovery, a significant number of current workers will leave the workforce or reduce their hours of work. Those retirements will trigger a new round of shortages. Even with those retirements, the remaining workers will likely be older than is the norm today.

Competition for the younger worker will increase. Wisconsin and all of the country will see a smaller demographic of younger workers. Many occupations and industries will likely compete for that younger cohort. Today's health care workforce is comprised most often of women of non-Hispanic white background. Those population groups that rarely select health care careers today will be needed to attain a workforce of adequate size.

Work will be more technologically complex. Individuals entering health care occupations will need to be well prepared in the sciences, have complex decision making skills, work well in teams and be comfortable in a changing environment.

Hospitals and health systems, along with all other facilities that provide health care, are well aware of the staffing, training and recruitment challenges that are ahead. Developing effective workforce strategies will require all stakeholders to work together to create an educational infrastructure that will support tomorrow's workforce.

## WHA Recommendations

At present, the challenges of workforce planning focus on preparing a workforce that has the right skills and competencies to function in a new and constantly changing environment. The Wisconsin Hospital Association makes the following recommendations.

1. Health care employers must carefully plan for future retirements.
2. The health care educational system must ensure that clinical education experience in ambulatory and non-traditional environments of care is included and emphasized for all health care professions.
3. The State of Wisconsin must focus on improved data collection from health care licensed professionals, provide analysis and forecast demand and supply to be prepared to meet the health care needs of Wisconsin residents.
4. The health care industry must search for and integrate new models of care, e.g., the team-based care model, into the care delivery system
5. All stakeholders in health care must be ready to find and implement innovative and creative ways to address Wisconsin's health care needs, including preparing new categories of health care professions to support changes in health care delivery.

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