



Hawaii's HealthCare Industry Skill Panels

Initial Report



January 2011



Sponsored by:





STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

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January 24, 2011

The Honorable Neil Abercrombie
Governor, State of Hawaii
Executive Chambers, State Capitol
Honolulu Hawaii 96813

Dear Governor Abercrombie:

I am please to submit the First Healthcare Industry Skill Panel Report for 2010. Sponsored by the Department of Labor and Industrial Relations' (DLIR), Workforce Development Council (WDC), Career and Technical Education Center at the University of Hawaii, the Chamber of Commerce of Hawaii, and the University of Hawaii Community College System, this initial findings and recommendations represent the work of over 150 stakeholders statewide from our health care community. The early success of these efforts is due to broad-based participation by employers, labor, educators, workforce development professionals, community-based and professional associations, and government agencies.

Hawaii is facing difficult economic times, but the healthcare industry continues to face significant labor shortages in occupations essential to the delivery of effective and health care services. These shortages are not only in the urban hospitals that hire thousands of highly-skilled professionals, but are also in rural and isolated areas where community health centers are often the largest employer in the area.

The five Skill Panels, which address Nursing, Long Term Care, Technical Disciplines, Primary Care, and Workforce Readiness, met two times formally in late 2010 to address three goals. This Skill Panel Report contains the initial recommendations and action plans to address these goals:

- Connect Hawaii residents to training, funding, and jobs to meet immediate healthcare industry labor needs in the next 12 to 18 months;
- Develop an action plan to meet long term labor needs for the healthcare industry; and
- Bridge the communication gap between employers and the University of Hawaii (UH).

This report will note that positive outcomes have already been produced. The communication gap between health care employers and the UH have been addressed through the formation of these panels. Additionally, the DLIR's WDC was awarded a one-year year \$150,000 State Health Care Workforce Planning as part of the Affordable Care Act of 2010, based upon the concept and work of the panels. Successful completion of this planning grant is expected to lead to additional federal dollars for implementation.

We look forward to your review and feedback.

Regards,

-S-

DWIGHT TAKAMINE
Director

Letter to be Inserted from Executive Committee and Chairs

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WORKFORCE DEVELOPMENT COUNCIL

The Hawaii Workforce Development Council (“WDC”) is comprised of private and public-sector members appointed by the Governor. The 31 members are committed to providing direction to the State’s workforce development efforts, and supporting and encouraging the best use of resources for those purposes.

The WDC is mandated by State law to develop and annually update information on workforce development for the Governor and the Legislature. Each year, the WDC presents workforce issues and recommendations in its *Report to the Governor on Workforce Development*.

During 2008-2009, WDC members and other stakeholders revisited the role, mission, and vision of the WDC; outlined the state’s planning context using previous reports and studies; assessed how the State compares with the rest of the nation; and established goals and priorities for 2009-2014. The group identified four major priority areas based on an evaluation of current state programs and resource requirements to:

1. Improve the delivery of timely education and training to prepare current and future workers for projected high-demand occupations.
2. Focus more attention on upgrading the skills of incumbent workers.
3. Expand the labor pool in the face of anticipated long-term shortages.
4. Address workforce housing.

According to a number of sources, healthcare has a high number of workforce shortages in many occupations. **After learning about the successes of Skill Panels in other states, the WDC members voted to devote the launch of a number of Panels as part of the strategic planning process for 2010.**

INDUSTRY SKILL PANELS

Industry Skill Panels are private/public partnerships that work to ensure that employees in key industries have the skills needed to meet the changing needs of businesses quickly and competently. These Panels harness the expertise of leaders in business, labor, education, economic development and other stakeholders to identify workforce development strategies and close skill gaps in a specific industry. Industries using Skill Panels have included health care, construction, agriculture and food processing, information technology, electronics, energy, transportation, aerospace and advanced manufacturing.

Skill panel leaders build consensus and prioritize their local and regional industry workforce needs, and are better able to mobilize partners and leverage resources to make the greatest

impact. Their mutual efforts carry more weight with government, associations, businesses and education than trying to fill their workforce needs within “silos.”

An anatomy of industry skill panel is presented in a diagram below.

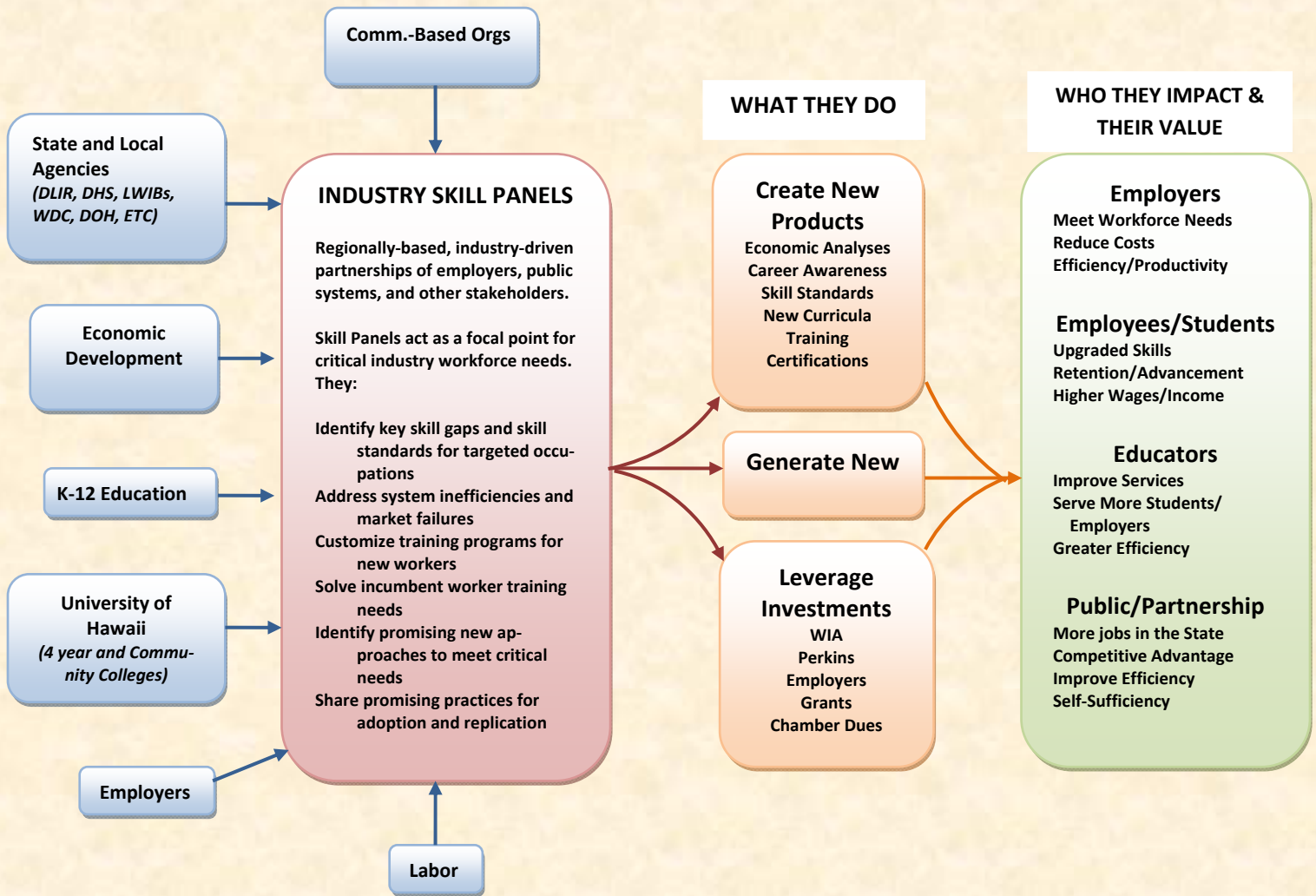


Figure 1: Anatomy of Industry Skill Panel
 (Source: Evaluating Industry Skill Panels: A Model Framework, June 2008)

HOW INDUSTRY SKILL PANELS MAKE A DIFFERENCE

"Through the Skill Panel process, healthcare employers and educators are communicating in unprecedented ways. These collaborations are already resulting in initiatives that will improve health-care in the State of Hawaii."

Carl Hinson, Director of Workforce Development, Hawaii Pacific Health

Skill panels bring together stakeholders from many perspectives in an industry and enable them to collaborate in addressing critical issues, skill gaps, training needs, and setting and monitoring performance outcomes. As a pioneer in developing Industry Skill Panels, Washington State adopted this framework in 2000, and in the past decade Panels have expanded both geographically and within industries.



Examples of success include:

- The vacancy rate of invasive Cardiovascular Technicians was reduced by 100% between 2003 and 2007.
- An independent evaluation of four Washington Skill Panels found that these initiatives leveraged over \$18 million in additional investments - more than 30 times the amount of public funds invested.
- The Panels have demonstrated effectiveness in decreasing skills gaps and vacancy rates in over 40 Skill Panels launched by Washington State since 2000.

IMPORTANCE TO HAWAII

Like many other states, the State of Hawaii is threatened by the lack of a highly-skilled work force in many industries such as healthcare. According to the Hawaii State Center for Nursing and the Hawaii/Pacific Basin Area Health Education Center at the University of Hawaii John A. Burns School of Medicine, current projections show the state could be short of 1,230 physicians and 2,669 registered nurses to care for an expanding population that includes an estimated 280,496 baby boomers who will be 65 or older by 2020. These shortages will worsen in the following decade.

The insufficient numbers of physicians, nurses and other health care professionals have grave repercussions given the aging population, a situation which requires higher healthcare investments.

The Industry Skill Panel initiative in Hawaii was launched in 2010 and funded by the Workforce Development Council (“WDC”) of the Department of Labor and Industrial Relations (“DLIR”), and the University of Hawaii - Center for Career and Technical Education (“CTE”). These initiatives are geared towards developing strategies to provide:

- Workers with better skills, jobs and career opportunities;
- Employers with more efficiency and less turnover;
- Educators with information about current skill requirements; and
- Public agencies with data on employers' skill needs.

HEALTHCARE INDUSTRY IN HAWAII

Hawaii has eight not-for-profit hospitals plus their satellite clinics, three for-profit hospitals, plus a for-profit 5-facility long-term care system. The State has the fourth largest U.S. public hospital system with 13 facilities on five islands, and has 14 Federal Qualified Community Health Centers on six islands that served 124,000 patients in 2009, or nearly 10% of the state’s population.



Due to the isolation of the neighbor islands, most of the State is considered Medically Underserved or Health Professions Shortage areas by the US Department of Health and Human Services.

Workers in healthcare/social assistance comprised slightly more than 10% of the state workforce in 2009 Labor Market Information (“LMI”) is produced for healthcare professions in most standard occupational category codes for Hawaii. However, in 2009 during the formation of the Healthcare Advisory Group within the WDC, it was discovered that many of the projections reflected only general trends. LMI information is obtained primarily through the combined use of national data and surveys locally volunteered by establishments, not factoring in supply factors such as the availability of local education and training and the frequency of special programs in the University of Hawaii system (such as surgical technician and diagnostic medical sonographer). Also, LMI information is also not available for healthcare occupations at the county/LWIB level on a current basis, nor by a number of sub-specialties with shortages.

1. *Aging Population amplifies health care shortages*, Star Advertiser, Nov 18, 2010.

A number of organizations have investigated the shortages in healthcare occupations—this is not only a Hawaii problem but is also experienced nationwide, and in some cases is a world-wide trend. Some of the efforts to identify healthcare workforce shortages in Hawaii include:

Agency/Program	Population Addressed
Hawaii-/Pacific Basin AHEC	Statewide inventory of physician shortages and other healthcare workforce activities.
Hawaii County Healthcare Alliance	Hawaii County, addressing primary and specialty care shortages.
University of Hawaii grants to develop curriculum capacity for healthcare occupations	Oahu initially. Plans must be developed to increase capacity on neighbor island campuses.
Long Term Care Commission—Long-Term Care Financing Study	Recommendations for financing options
Hawaii Center for Nursing	A broad group of academics and employers are addressing the nursing shortage and updating curricula.

With all these resources, however, Hawaii does not have a centralized and employer-driven process that also includes a broad range of stakeholders.



SKILL PANELS IN HAWAII

Following Washington State’s experience, the WDC approved the use of strategic planning funds to launch four Skill Panels in Nursing, Long Term Care, Technical Disciplines and Primary Care. Additional sponsors include the Office of Career and Technical Education, the Department of Labor and Industrial Relations, and the Chamber of Commerce of Hawaii.

Members for the Panels were solicited from the areas determined most successful in Washington State—employers, secondary and post-secondary educators, community-based organizations, economic development boards and organizations, labor organizations, and the workforce development system (Local Workforce Investment Boards and One-Stop Centers). Additional members were sought from professional and trade associations, and government agen-

cies such as the Department of Business, Economic Development and Tourism. A comprehensive list of the Skill Panel membership is listed in the Appendix.

The dates for the launch of the Skill Panels was set for October 5 and November 9 to provide members time to develop action plans. Resources from the WDC and other agencies allowed for over 40 members from neighbor island counties to participate in the meetings.

Mike Brennan, an economic development specialist at the Workforce and Training Board in Washington State assisted in planning the meetings and attended to facilitate the formation and first steps of the Panels. His experiences with Washington’s successes helped to provide a context for the dialogues, beginning with the employer point of view. As Mr. Brennan noted, “all the other members are paid to be here, while the employers are paying to participate”.

EARLY RESULTS OF THE OCTOBER AND NOVEMBER MEETINGS

The agenda for October 5 and materials presented included a primer on the Skill Panel process and desired outcomes, funding streams from federal sources, and LMI short and long term projections of retirements and vacancies.

The emphasis at the beginning of each Panel was to allow employers to share their concerns and issues. These issues formed the core of the Panel Problem Statements. Each Panel developed its own method of developing the issues and identifying recommendations and solutions. Many of the recommendations were “overarching” and fell into all Panels. The November 9 session continued the dialogue, and the members reported on actions performed since the October 5 meeting.



A major feature of Skill Panels is that they immediately bring disparate groups together to solve problems. There are often early results from these interactions, called “Quick Wins” and the Hawaii Panel experience also generated several initiatives that have generated immediate results.

“Quick Wins” from the Skill Panels included the following:

- Participation by neighbor island members helped to bridge the communication gap between and within education and employers, and ensured that the discussion and outcomes were not “Oahu-centric”.
- A hospital nursing consortium by Hawaii Pacific Health and educators from the University of Hawaii School of Nursing and Dental Health, Kauai Community College and Hawaii Pacific University is developing a pilot program to train final year RN students in specialty areas to reduce the time required in acute care before moving into specialty slots, which are a major shortage in the State.
- Partnerships between employers and post-secondary educational institutions from the Technical Disciplines Skill panel have begun work on a diagnostic medical sonography program to meet a critical needs in the State.
- Identification by all Panels that workforce readiness was a major issue regardless of education level. Members are reviewing work readiness curriculum and are formulating process for private sector buy-in and acceptance.
- The Nursing Skill Panel is currently conducting a hospital-based survey to identify vacancy rates and estimated shortage for the next decade. At time of publication, eleven (11) hospitals have responded.



PRIMARY CARE SKILL PANEL



WORKFORCEDEVELOPMENT

COUNCIL

Primary Care Skill Panel Members

Nani Medieros (Co-chair)

Public Affairs & Advocacy Director Hawaii Primary Care Association

Jeri Arucan

Researcher, DLIR-Research and Statistics

Jamie Boyd

Windward Community College

Stephanie Bell

Director of Development , Waianae CCHC

Ric Custodio

Medical Director , Waianae CCHC

Dan Domizio

Clinical Programs Director, Puna Community Medical Ctr.

Loretta Fuddy

Chief, Family Health Services, Dept of Health

Beth Giesting

CEO , Hawaii Primary Care Association

Blayne Hanagami

Manager , Hawaii County One-Stop Centers

Jerris Hedges

Dean , UH John A. Burns School of Medicine

Alan Johnson

CEO, Hina Mauka

Nancy Johnson

Director of Allied Health, Maui College

Wendy Kodama

Clinic Director , Queen's Development Corporation

Kristen Kuboyama

Recruitment Specialist , Kaiser Permanente

Sherilyn Lau

Healthcare Pathways, Department of Education

Kelley Withy (Co-chair)

Director, Hawaii/Pacific Basin AHEC, UH-JABSOM

Fielding Mercer

President , Hawaii Academy of Physicians Assistants

Jan Miyamoto

WIA Administrator, Kauai County

Nicole Moore

Director, AHEC Hawaii County

Boyd Murayama

Assistant Hospital Administrator, Hilo Medical Center

Mary Navarro

Kauai Supervisor, Catholic Charities Kauai

Melonie Ogata

Researcher, DLIR-Research and Statistics

Anna Powell

Employment Analyst, WDC

Virginia Pressler

EVP, Chief Strategy Officer, Hawaii Pacific Health

Cantrell Shiroma

Program Coordinator, Vocational Rehabilitation Goodwill Industries of Hawaii

Catherine Sorensen

Primary Care Program Manager, Dept of Health

Mona Takara

Clinic Director , Queen's Development Corporation

Kimo Lee

Director of Development , W.H. Shipman, Ltd.

Sherry Menor-McNamara

Vice President, Business Advocacy & Government Affairs Chamber of Commerce of HI

Jessanie Marques

President , Hawaii Rural Health Association

The **Primary Care Skill Panel** drew members from community health centers, hospitals and clinics, educators, social service and other community-based organizations, and professional associations. During the morning session of the October 5 Panel, members identified 25 areas of focus which were condensed into 12 categories--life skills training, regulatory barriers, dental, primary care providers, behavioral health provider, cultural competencies, administrative, support staff, technical, researchers, physical therapy, and ultrasound. Employers were asked to prioritize the twelve categories to identify the most important issues to them, and these issues were :



administrative/leadership, regulatory barriers, primary care, health IT, and work readiness.

Problem Statements:



1. Hawaii experiences shortages in training for administrative and managerial personnel in healthcare, including the lack of a career ladder for these employees to advance professionally. Lack of training affects operations from first-time supervisors (including clinical positions) through more senior positions.
2. There are regulatory and other barriers (certification/licensure/credentialing) contributing to the health care workforce shortage in Hawaii that must be reviewed and addressed.

Barriers include licensure and credentialing requirements that inhibit the ability to hire personnel from other states and countries in a number of professions.

3. There is a shortage of primary care providers (“PCP”) in Hawaii. In this context, PCPs are defined as Medical Doctors, Doctors of Osteopathy, Nurse Practitioners and Physician Assistants. However, the Panel members stated that Primary Care is a team effort including as many as 25 different occupations that are critical to the care of patients.

4. There is a lack of awareness, understanding, training, and utilization of Health Information Technology (“IT”) and health IT occupations. Members noted that Health IT varies between community-based care (such as in community health centers and individual physician offices and clinics), and hospitals and medical centers.
5. People entering the workforce in Hawaii have a lack of work readiness skills including communication skills, writing skills, personal hygiene and presentation, timeliness, and general business practice comprehension. This issue arose in every Skill Panel on October 5, and a separate Panel was held on November 9 in order to address the issue.



Recommendations:

1. Inventory leadership and management training programs, and define career paths for administrative personnel. Identify programs and possible funding sources by pooling resources from employers, educators, the public workforce system, and community-based organizations.

Actions:

- Inventory existing programs in education and within healthcare organizations.
 - Survey employers to develop group training that reduces costs for individual employers.
 - Identify sources that can be adapted for use, such as the Nurse Leadership sessions developed by the Hawaii Center for Nursing.
 - Identify gaps in training and develop an action that includes contacting local sources such as the Shidler School of Business, and notes possible sources of funding for training..
2. Identify regulatory and other barriers, and create a legislative package that offers action steps to increase the availability of skilled workers for healthcare.

Actions:

- Generate a list of regulatory and other barriers and prioritize for importance to increasing the supply of healthcare openings;
- Prepare legislative packages for the 2011 and 2012 sessions that reduce or eliminate these barriers and identify constituencies able to testify on behalf of the measures;
- Follow through with legislation that has passed and not been implemented, such as licensing of dental hygienists through the Department of Commerce and Consumer Affairs.

3. To deal with the shortages of primary care providers in Hawaii, the following action steps were outlined:

Actions:

- Identify shortages for each occupation, including sub-specialties. Information should include vacancy information for 2010 and anticipated for 2011, and estimated shortages for each category in 2011, 2012, 2013-2016.
- Survey both hospitals and community-based care, as skills and requirements may be different.
- Develop recruitment and retention strategies for PCPs, nurses and other shortage occupations.

Occupations in Primary Care

- Primary Care Providers (Internal Medicine, Family and General medicine, Gerontologists, Pediatrics; Osteopathy; APRN, Physician Assistants)
- Certified Nurse Assistants and Medical Assistants
- Dental (Dentists, Periodontists, Dental Hygienists, Dental Assistants)
- Care Coordination Workers (Social Workers, Community Case Managers)
- Nurses and Nurse Managers
- IT Workers (data entry, data analysis, EMR)
- Physical Therapists
- Ultrasound Technicians
- Behavioral Health Workers (Psychiatrists, Psychologists, Substance Abuse Counselors, Social Workers)
- Pharmacists and Pharmacy Technicians
- Community Health Workers and Health Educators
- Others positions that are related to integrated primary care delivery to patients and families

LONG TERM CARE SKILL PANEL



WORKFORCEDEVELOPMENT

COUNCIL

Long Term Care Skill Panel Members

Nina Enomoto (Co-Chair)

Coordinator for External Affairs
Center for Career and Technical Education UH

Kurt Akamine

Kauai Administrator , Ohana Pacific

Charlene Akina

Pers Enrichment Prog, Leeward Community College

Coral Andrews

Vice President, Healthcare Association of Hawaii

Mimi Andrian

Human Resources Director, Arcadia Retirement Residence

Linda Belisle

Non-Credit Nursing, Leeward Community College

Guy Benjamin

Director, Hawaii Medical Institute

Ann Boyd

Director of Workforce Development, Goodwill Industries

Allen Chung

Consultant, C Three Consulting/WDC Member

Lisa Contreras

Kona Community Hospital

Ashton Cudjoe

Education Director, Hawaii Medical Institute

Rosanna Evers

Director of Social Services
Waianae Coast Comprehensive Health Center

Sue Feltz

Maui College

Toni Hathaway

Kupuna Education Center, Kapiolani Community College

Gary Johnson

Chief of Gerontology, Hawaii Pacific Health

Linda Johnsrud

VP for Academic Planning and Policy,
University of Hawaii

Gail Okamura (Co-chair)

Oahu Region Education Director
Hawaii Health Systems Corporation

Keri Kajiya

Employment Consultant , Oahu WorkLinks

Catherine Kawamura

Healthcare Pathways, Department of Education

Vicki Lau

LMI Specialist, DLIR-Research and Statistics

Steven Lee

Business Development Manager, DBEDT

Tricia Malloy

Program Specialist, DLIR-WDD (ETF Fund)

Shawn Medeiros

Care Resources Hawaii/Queen's

Cindy Meiers

Board Member, HI Long Term Care Association

Ryan Okunaga

Human Resources Manager, Pearl City Nursing Home

Nadine Smith

COO, Ohana Pacific

Marilyn Seely

Specialist, UH Center on Aging

Bill Grier

Manager, Kauai County One-Stop Center

Paulette Wage

Human Resources, McDonald's

Jessica Yamamoto

Director, HIWEDO

Jill Yegian

Director of Programs
Hawaii Community Foundation

Long-term care is becoming a crisis of epidemic proportions in Hawaii due to the demographics in Hawaii and financing of care in facilities that are already overwhelmed—including larger numbers of post-acute care patients. The State faces a declining birth rate and a large increase in the number of older residents, a situation requiring more investment in long-term care services in a state with a higher-than-average Medicaid population. In 2008, the State implemented Managed Care for long-term care, requiring an increase for home and community-based workers. This change requires workers in facilities to upgrade skills to care for a higher percentage of patients who cannot be accommodated in a home setting. The situation requires rethinking training priorities and further capacity-building efforts among neighbor island counties for this rapidly expanding sector.

After an initial listing of issues, the Long Term Care Skill Panel members determined that three sub-groups would immediately meet during the October 5 Skill Panel meeting to further expand the issues and identify action steps. These sub-groups with specific tasks are:

- Identify the skill sets by occupation, and identification of private/public partnerships to increase specialized training in long term care
- Encourage better collaboration between stakeholders, and curriculum development including just-in-time training;
- Increase understanding in the general population of the importance of long term care as a profession



Problem Statements

1. Long Term Care professionals need continuous training such as just-in-time training in order to expand skill sets both in the facility and home/community settings and keep up with changing technologies.
2. Long term care does not attract sufficient numbers of students and workers who are interested in LTC as a career option.
3. Management and leadership training specialized for the field is lacking.
4. There are a number of severe workforce shortages in LTC occupations, such as physical therapist, occupational therapist, and speech therapist. There is no training locally for physical therapists and occupational therapists.

Desired Outcomes

1. A well-defined process to up-skill the LTC workforce to meet changing and increasing needs of employers and the community.
2. Development of a short-term plan to address skill gaps in LTC.
3. Improve community awareness of long-term care and how it impacts the State both positively and negatively (workforce shortages).
4. Data on local residents in mainland colleges getting degrees in shortage categories, and surveys regarding how many plan to return to Hawaii to work. (i.e. check with WICHE schools).

Recommendations

1. Identify skill gaps in education of long term care occupations, or where there is no specialized training
2. Make changes in regulations to allow instructors without current level of required hours in LTC to teach basic skills for specialized training.
3. Create credentialing for “pre-CNA” positions that lead to a career pathway in LTC. Credentialing will allow WIA and other training funds to be used, and will allow low-skilled workers an entry-level job while they improve their basic skills.
4. Create a marketing campaign for high schools, One-Stop Centers, community colleges and the general public to increase awareness about LTC careers and the opportunities that lead to living-wage positions in a growing field.
5. Create Focus on retention as an issue in LTC, as it is difficult to recruit workers to the field. Work with employers and unions to identify ways to retain older workers, such as providing part-time work so that they will be able to work longer. Identify incentives such as the creation of well-defined career pathways for LTC care workers

Occupations in Long Term Care

RNs	Social Workers/Case
LPNs	Managers
Nurse Aides	Gerontologists
“Pre-CNA” Positions	



NURSING SKILL PANEL



WORKFORCEDEVELOPMENT

COUNCIL

Nursing Skill Panel Members

Catherine Adams (Co-Chair)

Director, Patient Safety & Quality Services

Mary Boland

Dean and Professor - School of Nursing &
Dental Hygiene, UH Manoa

Gail Crabbe

Registered Nurse, Hawaii Nurses Association

Phyllis Dayao

Director, Career Kokua--DLIR

Phillip De Porto

Healthcare Pathways , Department of Education

Suzann Filleul

Nurse Executive , Kaiser Permanente

Joanne Iritani

Regional Chief Nurse Executive,
Maui Memorial Medical Center

Joanne Itano

Director, Academic Affairs, University of Hawaii

Sandra Jones

HR Director, Goodwill Industries of Hawaii

Holly Kaakimaka

HR Director
Hilo Medical Center

Cindy Kawikami

Vice-President, Queen's Medical Center

May Kealoha

Chair of Nursing, Kapiolani Community College

Patty Lange-Otsuka

Associate Dean for Admin & Fiscal Affairs
Hawaii Pacific University

Lori Lau

Program Manager, SEE Hawaii
Goodwill Industries of Hawaii

Andy Levin

Patient Ombudsman, Beacon Grant Project

Wes Maekawa

Nursing Counselor, Kapiolani Community College

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Charlene Ono (Co-chair)

Nursing Faculty, Kaua'i Community College

Angela Pelayo (Co-Chair)

Kaiser Permanente

Brigitte McKale

Chief Nurse Executive, Pali Momi Medical Center

Kathleen Nielsen

Executive Director , Hawaii County WIB

Mary Oneha

Chief Operating Officer
Waianae Coast Comp. Health Center

Noe McGuire

RN - Clinical Competency, Kaiser Permanente

Peter Quigley

Associate Vice President, Academic Affairs
UH Community Colleges

Leon Richards

Chancellor, Kapiolani Community College

Karen Schultz

Vice-President , Queen's Medical Center

Susan Tai

Director of Kaua'i Economic Development Plan,
Kauai Economic Development Board

Charlene Teramoto

Recruitment Manager, Queen's Medical Center

Karen Teshima

Healthcare Coordinator, Mayor's Office, Hawaii County

Amy Thomas

System Director, Nursing Education,
Hawaii Pacific Health

Gail Tiwanak

Executive Director
Hawaii State Center for Nursing

Cade Watanabe

Community & Political Organizer, UniteHere! Local 5

Alice Li

Assistant Director, Executive Education Center
UH, Shidler College of Business

After an initial discussion of nursing issues, it was determined that hospital-based Registered Nurses (RNs) would be the focus of the Skill Panel. The lack of specialty nursing and the impending retirement of up to 1000 nurses in the coming decade make this issue one of the most critical in Hawaii's healthcare workforce.

Problem Statements

1. There is a lack of specialty RNs in Hawaii's hospitals, in part due to lack of locally-available training.
2. As a result, hospitals must use temporary help ("traveling nurses") at a greater expense and for a limited amount of time.
3. For permanent specialty nurses, hospitals often must recruit on the mainland US and internationally, also adding to personnel cost.
4. As a result of the bottleneck in moving to specialty nursing, new RNs often cannot find RN jobs in hospitals. The options for many are either to take positions such as ward clerks, CNAs, and Medical Assistants awaiting an RN position opening, work in an area not of their choice (such as long term care), or move to another state to obtain hospital acute care experience.
5. Available labor market information does not provide information RNs by specialty or by county.



Recommendations

1. Survey hospitals to identify anticipated vacancies, retirements, and shortages for each of the major RN specialties and develop funding mechanisms to close the specialty RN gaps.

Actions:

- Deploy a survey requesting the information (*an initial survey has been done*)
 - Prepare information for policy makers to emphasize the need for specialty training for hospital-based RNs
 - Provide information to educational institutions and request funding for positions to provide training for hospitals
 - Identify funding for hospital-based training programs
2. Create programs within hospitals to make medical-surgery positions available to new RNs with on-the-job training in the clinical setting.
 - Share information on Skill Panel activities with appropriate labor organizations to invite their participation in designing new pathways for RNs.

3. Share information on Skill Panel activities with appropriate labor organizations to invite their participation in designing new pathways for RNs.
4. Develop “Academies” at educational institutions or employer hospitals to:
 - Use HPH model for training of specialty nurses offered twice per year
 - Include didactic, online, simulation, preceptor-clinical, testing
 - Possibly move portions of this program to schools
 - Offer CEUs for participation
 - Also investigate use of Tripler AMC modules on specialized RN training
 - Include Kapiolani CC’s Nursing Bridge Series on Nursing Leadership



TECHNICAL DISCIPLINES SKILL PANEL



WORKFORCEDEVELOPMENT

COUNCIL

Technical Discipline Skill Panel Members

Patty Boeckmann (Co-chair)

VP Hospital Operations
Straub Clinic and Hospital

Bruce Anderson

Director of Health and Science Programs
Hawaii Pacific University

Francisco Corpuz

Chief, DLIR-Research and Statistics

Julie Croly

Health IT Program Manager

Jim Dire

Vice-Chancellor, Kauai Community College

Mae Dorado

Instructor, Health Sciences
Kapiolani Community College

Joyce E. Hamasaki

Associate Professor of Nursing
Hawaii Community College

Virginia Hinshaw

Chancellor, UH Manoa

Kevin Kimizuka

One-Stop Manager , WDD/Maui County

Lori Nishgaya-Chung

DLIR-Research and Statistics

Juanita Lauti

Personnel Program Manager, HHSC

Lynley Mathews

Director, Surgical Services , Queen's Medical Center

Sandi McFarlane

Personnel Program Manager, HHSC

Pauline Menor-Ozoa

Employment Coordinator, Queen's Medical Center

Edwina Minglana

Director of Employment Services
Goodwill Industries of Hawaii

Karen Muraoka

Facilitator, Maui College

Aaron Koseki (Co-chair)

Health Sciences Department
Kapiolani Community College

Karen Pellegrin

Dir, Cont/Distance Educ & Strategic Planning,
UH Hilo School of Pharmacy

Solette Perry

Regional HR Director , West Kauai Medical Center

Sally Pestana

Faculty, Kapiolani Community College

Arlene Rosehill

General Operations Mgr. , Clinical Labs

Lori Sasaki

One-Stop Manager, Hawaii County/Kona

Deborah Shigehara

Interim Dir, Continuing Education & Training
Hawaii Community College

Pono Shim

CEO, Enterprise Honolulu

Stacia Takeuchi

Med Tech Educator, Diagnostic Laboratories

Aaron Tsuha

Healthcare Pathways, Department of Education

Sarah Vanterpool

Hawaii Medical Institute

Bettie Wagstaff

Acting Director for Community Services, HIEOC

Virgie Walker

Director, Imaging Services , Queen's Medical Center

Chris Whelen

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Technical Disciplines—Problem Statements:

1. There is a lack of healthcare career awareness in high schools. Panel members noted that a statewide cross-organizational “Health Careers Exploration” program is needed, starting in grade school, to interest students in healthcare careers. They also agreed that there is a need to define and widely disseminate clear K-16+ health careers pathways.
2. There is a need to fill in immediate shortages in Health IT /Informatics, Coding, Physical Therapy, Occupational Therapy, Radiologic Technology, Sonography/Echocardiography, Surgical Technology Medical Laboratory Technology.
3. Graduates are not “work ready” with a balance of technical and soft skills. Members of the Panel noted that the new graduates often lack “people skills” and technical skills.
4. There is a lack of an accurate, timely, and broadly accessible (E.g., web-based) job demand forecasting system. This is necessary to keep tracking job openings in health care and to improve planning for meeting health care workforce needs.



5. There is a lack of specialty training and training for new technologies in Hawaii.
6. There is a need for better communication between employers and education institutions. The panel members agreed that employers and educational organizations need to share information on types of job requirements and skills needed in health care industry.
7. There is a lack of training capacity for incumbent employees and prospective students in primarily the neighboring islands. People from neighbor islands often relocate away from their communities to acquire or advance their skills.
8. There is a need for a comprehensive clearinghouse system to support productive job internships.

Recommendations

1. Develop and regularly convene a subgroup of the Skill Panel to provide leadership and form the agenda for the larger group (primarily employers and educators)
2. Facilitate industry and education discussions to change and streamline curricula

Actions:

- Clearly define current and future job competencies and skill sets required.
 - Determine which curricula and certification programs exist that are “ready to go” to reduce shortages.
 - Add knowledge and competencies that are missing, remove redundancies and outdated material (E.g., molecular microbiology)
 - Identify gaps in education and use of technology; target sources of funding to use off-site clinical settings and purchase current equipment and resources used in employer settings
 - Determine where courses and programs are needed and offer or continue distance learning academic components where feasible.
 - Invite educators to seminars regarding new technologies and procedures offered in Hawaii in order to keep them abreast of new developments (high school and post-secondary levels).
3. Hire more clinical educators who teach well and who can work in the real world environment. Reduce reliance on working professionals unless their job has been restructured to allow participation in clinical training.



Actions:

- Survey employers to determine needs for clinical education, especially on the neighbor islands
- Pursue funding for clinical education through federal, state, employer and other private sources, including private grants.

4. Develop web-based data collection systems.

Actions:

- Structure the survey process so that the response rate and timeliness in responding to DLIR surveys improves.
- Determine whether the supply of graduates meets the demand for workers.

5. Develop partnerships to train workers where only small numbers of workers are needed.

Actions:

- Identify high-need occupations and locations where there is a critical need
- Convene educators to determine which campuses can offer training, or identify out of state resources that need to be contacted
- Identify funding sources from among public workforce agencies, education, and employer resources.

6. Define common skill sets that transfer across occupations

Actions:

- Convene educators and employers to identify common skill sets across allied health fields
- Investigate the “academy” approach that can be used for program pre-requisites such as the basic coursework in sciences and clinical applications;
- Conduct a pilot in one community college—investigate if CTE funding will be available to fund the pilot
- Evaluate the success of the academy approach, and replicate throughout the UHCC system, building capacity in areas where training is needed.

7. Commit resources to develop and expand apprenticeship/internship and skills gap training programs.

8. Develop partnerships to develop basic and advanced diagnostic medical sonography classes to meet needs in 2011 and 2012.

9. Break up the health care careers information bottleneck and expand information resources.
 - Commit resources to develop and staff a statewide health careers information clearinghouse that coordinates PR and marketing of health careers, career exploration, job shadowing, internships, career placement, and other activities such as Career Days.
10. Create career pathways for OT, PT and other allied health careers.
 - Develop clear-cut health careers pathways “tear sheets” that are widely understood and provide meaningful information to stakeholders and prospective workers.
 - Improve reach and quality of guidance counseling for students interested in health careers, and provide clear health care job descriptions to students early in their career planning process.
 - Expand “Ambassadors” mentoring program, where UH faculty mentor middle and high school students in health career disciplines.
 - Combine Science Fair activities (HPU has \$400K ARRA grant for a science fair) with health career exploration activities.—currently life sciences is underrepresented in the STEM programs.

Technical Disciplines Panel (Allied Health Careers)

- Physical Therapist Assistant
- Physical Therapist
- Occupational Therapist
- Occupational Therapy Assistant
- Surgical Technician
- Diagnostic Medical and Specialty Sonographer
- Licensed Medical Technician
- Medical Technologist
- Patient Care Technician
- Pharmacy Technician
- Other areas in allied health

- Researching and clarifying legal and supervisory issues for internships needs to be funded.
 - Job market projection system that informs planning for job internships and internship placements needs to be funded.
9. Surveys for neighbor islands trainings needs to be developed to find out training needs and new employee projections.
- Funding is needed for curriculum development, equipment student support in terms of coordinator and counseling support, tuition and fees, faculty cost (salary, airfare, housing), and rental space funding for island campuses.
 - Identify US DOE, US DOL, US DHHS and other sources of grants and private funding that can be tapped to meet the needs articulated.
10. For health informatics, funding is needed to create support services for physician offices while they transition to EMR.
- KCC has a program that is promoting training for private offices and clinics beginning in 2011
 - Investigate use of Employment and Training Fund (DLIR) to match employer contributions to this type of training.

WORKFORCE READINESS SKILL PANEL



WORKFORCEDEVELOPMENT

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Workforce Readiness Skill Panel Members

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During the first Skill Panel session on October 5, employers from all four Panels identified “workforce readiness” as a major concern. Further discussions led to the conclusion that the issue warranted the creation of an additional Panel. During the November 9 session, members from all four previous Panels created a fifth Panel - Workforce Readiness.



All entrants into healthcare professions need appropriate workforce readiness skills—Panel members identified groups that might need specialized curriculum or approaches, such as those in rural communities and other underserved populations, people from different cultural groups, single parents, those reentering the workforce after an absence, current college and high school students, older workers, foster children aging out and other adolescents, and the long-

term unemployed. It was also recognized that current employees and educators also need to be aware of these skill requirements on an ongoing basis.

This Panel will explore options and make recommendations for a statewide, comprehensive workforce readiness project that is considered useful by healthcare employers, educators and the public workforce system.

Identified Gaps in Workforce Readiness

A number of gaps were identified by employers, and fell into the following categories:

- Communications, such as customer service orientation, ability to work with cultural differences and work patterns, and accepting constructive criticism in the evaluation process
- Leadership and Teamwork, such as teambuilding, from first-line supervisor to the CEO
- Behavioral characteristics that are lacking, such as emotional intelligence and problem-solving
- Lack of knowledge about the world of work
- Technical abilities, such as technology usage by older workers, and increasingly, a high comfort level with using Electronic Medical Records (“EMR”) technologies; and
- Other desired skills - understanding and applying confidentiality in practice, and understanding and applying health and safety laws and organizational policies.

Recommendations

The skill panel members discussed ways in which employers, education and other constituencies could work together and combine resources in order to bridge the identified gaps.

1. Evaluate existing programs to determine what currently works and what does not work. Identified programs include consultants, the MASH program, Options in Healthcare and summer internships (both operated by the Department of Education), and the Hawaii Community Foundation. Some community colleges have work readiness testing and/or curriculum, and the Oahu Workforce Investment Board launched a testing-only program during 2010 using resources from WorkKeys and Accuvision.

Actions:

- Evaluate programs and meet in a multi-agency team to make decisions on which program will meet the needs of healthcare employers. Assign teams to make adjustments to meet the needs of Hawaii, such as cultural competencies.
- Identify funding through a number of sources.



2. Identify organizational supports that can be put in place, such as training of mentors, internships for students, and mock interviews to assist job seekers in preparing for the job search.



Actions:

- Sub-group will inventory existing organizational resources such as the Chamber of Commerce. Create an asset map of internships and other assistance to help students and jobseekers in health-care.
- Investigate workforce development resources to ensure that the agencies such as One-Stops are presenting information that is useful for those wishing to enter the healthcare field.

3. An inventory of leaders with effective soft skills would assist in Hawaii-oriented curriculum development.

Actions:

- Identify 10-15 professionals who exhibit effective soft skills and identify 10-15 traits that contribute to their effectiveness. Use this information to add to workforce readiness curriculum at the high school, post-secondary, workforce development, and incumbent worker level.



4. Exploration of an employer-sponsored work readiness credential

Actions:

- A sub-group is examining four curricula and certificate programs. A system will be selected by employers in consultation with educators and workforce development providers.
- Identify resources to launch the program
- Connect the workforce development system with employers and educators to ensure consistency in workforce readiness curricula and testing.





WORKFORCE DEVELOPMENT

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