

2006
GEORGIA HOSPITAL ASSOCIATION
WORKFORCE REPORT



Changing Demographics –
Bridging Generations

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EXECUTIVE SUMMARY

The Georgia Hospital Association (GHA), through the work of its Workforce Council, conducted a survey of its member hospitals in the summer of 2006 to assess the status of the hospital healthcare workforce. The data contained herein have been analyzed and compared to previous GHA Workforce reports to ascertain current and future trend in hospital workforce needs.

According to the findings, vacancy rates in Georgia hospitals, when compared to 2004, are increasing for several key positions including clinical RNs, pharmacists, physical, occupational and respiratory therapists and medical record coders. Turnover rates have also increased for these positions as an increasing number of competitive entities outside of hospitals vie for the same limited professional pool. In addition, perhaps the most telling data regarding future needs is in the age distributions of current professionals employed by hospitals. Close to 30% or more of registered nurses, pharmacists, and medical technologists are age 50 or more. The size of the generation of professionals behind them presently is not adequate to fill their roles as these maturing workers decrease their work hours or retire. To compound the issue, demand for these positions due to service demand based on projections for the next two years is increasing.

At current graduation rates Georgia colleges and professional schools will not be able to meet the demand for the present and future healthcare workforce needs. Although many initiatives have been implemented since the 2004 report, including significant financial support for education from Georgia hospitals, challenges continue to exist. These include school capacity, faculty shortages, graduation rates, adequate clinical education opportunities and financial aid for prospective students.

Recommendations to address the healthcare workforce needs were developed through meetings with stakeholders including colleges and schools, state agencies, professional organizations, and other healthcare worker employers and are incorporated into this report. Perhaps the most critical is the recommendation for ongoing workforce data collection and analysis in order for workforce strategic planning to occur. Although useful, GHA is presently the only entity in Georgia collecting healthcare workforce demographic and employment data. Profession-specific demographic data is urgently needed for assessment, trending and planning to meet the demands for all healthcare professionals in Georgia, not just those employed by hospitals. Other recommendations include addressing faculty and clinical education issues in schools and enhancing the workplace environment in order to improve retention and productivity in the hospitals.

The results of this report illustrate the need for continuing a collaborative focus on all levels to meet the future demand for healthcare workers, not only due to a shrinking, aging healthcare workforce, but also fueled by increasing service needs as Georgia's population increases, ages and continues to increasingly develop chronic diseases. The health of Georgia citizens depends on it.

INTRODUCTION

The Georgia Hospital Association, through the GHA Workforce Council, has focused specific efforts for the last 8-10 years to address the shortage of nursing and allied health professionals. Through the efforts of this group, a number of priorities have been identified including recommendations for education programs for members, information to communicate to key stakeholders, and development of guidelines for students, schools and health care facilities that helps standardize clinical training. The workforce shortage continues to be a major focus of the association and, most recently, a nursing summit was held in August 2006 to identify the priority issues for the state. The recommendations from that summit will be referenced in the Recommendation Section of this report along with the recommendations from the Workforce Council based on this data.

BACKGROUND

As noted in the 2004 report, projections from both the Georgia Department of Labor (GDOL) and the Health Resources and Services Administration (HRSA) indicate that the need for health care professionals is expected to continue to grow with the projection from the GDOL that the health services sector will account for one in every twelve jobs in Georgia in 2012. While hospital employment is not expected to grow as great as other health care areas such as home health, nursing homes, and physician offices, approximately thirty-five percent of the growth in the health services sector will come from increased hospital employment. When data was examined by the various professions, careers in the health care industry account for 75% of the projected new job growth among occupations with an associate degree. At the top of this list is RNs. While researchers, after analysis of recent data, have reduced the expected 2020 national shortage of RNs from 800,000 to 340,000 this figure is three times larger than the size of the current shortage when it was at its peak in 2001.

The increased demand for health care professionals occurs at the same time that Georgia is expected to grow nearly 17 percent from 2000-2010 and an additional 25 percent from 2010-2030. What's particularly important is the fact that the population in Georgia over the age of 65, when most of the health care is consumed, is expected to grow 24% from 2000-2010 and an additional 95% by 2030. In comparison to the rest of the US, the expected population growth over the age of 65 for the nation will be 78% from 2010-2030. This increase, along with other age group increases in the total population of Georgia, will raise the state from the 10th most populated state to the 8th most populated state. As with the 2004 report, a continual

increase in our health care providers over the age of 40 with no large increase in those professionals between the ages of 18-40 will present many challenges in the upcoming years for the state.

Many efforts have been underway in the state to increase the number of nursing and allied health graduates. These efforts include increases in the funding for the Intellectual Capital Partnership Program (ICAPP). As recently as April, 2006, the University System of Georgia provided \$5 million in initiative funding to address the shortage of nurses and nurse educators, the admissions limitations in existing nursing programs, and the lack of adequate clinical sites for nurse training. While many of these efforts have been focused on nursing because of the expected large future demand, other programs such as pharmacy and medical lab technology have seen a decrease in the number of graduates (33% and 125%) since 1993 and also pose challenges to meet workforce needs in the future (**Table 1**).

Table 1 Fourteen Year Trend in Graduates from Health Professions Programs in Georgia Two-Year, Four-Year and Graduate Programs

Professions	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	% Change 1993-2006
Physical Therapy	73	85	114	77	118	104	139	104	115	120	99	100	102	108	47.9%
Nursing	2135	2389	2511	2238	2191	1850	1661	1308	1320	1240	1463	1835	2031	1945*	-9.8%
Pharmacy	152	159	148	181	144	132	98	123	62	99	210	115	116	114	-33%
Medical Lab	122	91	110	115	89	60	62	44	47	39	52	26	26	54	-125%
OT	37	39	41	40	43	44	66	42	67	38	45	44	34	54	45.9%
Speech Language Pathology	40	53	70	129	138	137	180	134	130	128	130	38	39	66	65%

* does not include Department of Technical and Adult Education graduates from AD programs or private college graduates

As with the University System, the Department of Technical and Adult Education has seen an increase in the number of graduates from some of their programs. Those programs with the highest increases have been pharmacist technician, radiologic technician, and surgical technologist with physical therapy assistant experiencing a drop in the number of graduates (Table 2).

Table 2 Thirteen Year Trend in Graduates from Health Professions Programs in Technical School System														
Professions	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	% Change 1993-2003
CNA/PCA	0	76	337	635	830	842	457	513	659	1237	1206	**	**	na%
EMT/Paramedic	125	323	639	388	723	737	730	805	874	1056	1061	139	199	59.2%
LPN	1117	1175	1181	1141	1066	1070	908	919	853	880	1199	1300	1360	21.7%
Medical Assistant	291	342	415	355	366	341	459	430	451	422	582	625	699	140%
Medical Coding	0	0	1	22	16	42	52	72	150	200	170	**	**	NA
Occupational Therapy Assistant	0	0	0	0	0	0	16	37	20	36	19	15	15	NA
Pharmacy Assist/Tech	10	16	11	22	41	32	50	57	70	96	117	118	124	1240%
Physical Therapy Assistant	30	47	46	47	52	51	37	45	26	26	41	25	23	-30.4%
Radiologic Technician	108	122	129	143	153	132	153	150	188	206	217	269	295	173%
Surgical Tech	105	114	117	139	140	158	160	162	176	196	246	285	249	137%

** Unavailable

There are continuing efforts underway to address the concerns of graduation levels of the various professions including the establishment of the University System Task Force on Health Professions Education. Established in 2005, this task force issued a report June 2006 that includes a number of recommendations that closely align with the recommendations from the GHA Workforce Council and the recommendations of this report.

GEORGIA HOSPITAL ASSOCIATION WORKFORCE SURVEY RESULTS

Hospitals were surveyed in May, 2006 to continue to monitor and assess the workforce shortage. Seventy-one hospitals participated, representing 51% of licensed hospital beds, a decrease from 74% in 2004. This data has been compared to data from previous surveys from 1999, 2001 and 2004, where available.

MAJOR FINDINGS FOR REGISTERED NURSES

OVERALL RN VACANCIES AND VACANCY RATES

Participating hospitals reported a total of 1,376 vacant positions, a decline of 25% from the previous 2004 report. While the total number of vacant positions declined from the 2004 report, the vacancy rate increased from 8.77% in 2004 to 10.7 percent in this most recent survey. Given that fewer hospitals participated in this current survey, the number of vacant positions could be as high as 2,685 vacant positions if all hospitals had reported. In addition, these numbers do not include other health care settings such as long term care, home health, public health, mental health, and the prison healthcare settings.

In comparison to the rest of the country, Georgia has approximately 753 nurses per capita, one of the lowest states in the South Atlantic census region and one of nine states with the lowest number of nurses per capita. According to the 2006 American Society for Healthcare and Human Resources Administration (ASHHRA) Healthcare Human Resources Metrics Report, the overall RN vacancy rate for reporting hospitals around the country was 6%. Studies from other states show their RN vacancy rate at approximately 10%. It is quite concerning to see the vacancy rate increase given all the efforts to expand nursing school enrollment and the increase in the number of RNs employed by hospitals.

As with the previous surveys, the data was sorted by economic region and the results indicate that 9 areas out of twelve have a 9.9% or greater vacancy rate. When compared to the 2004 survey results, only 4 economic regions in 2004 had a vacancy rate higher than 10%. (Table 3)

Table 3. 2006 (2004, 2001, 1999) Total RNs Budgeted, Budgeted Vacancies, and Vacancy Rate by Economic Region and 2004, 2001 and 1999 RN Vacancy Rates

Economic Region	Total Hospitals	Totals Beds	Total Budgeted	2006 Vacancy Rate (%)	2006 Budgeted Vacancies	2004 Budgeted Vacancies	2001 Budgeted Vacancies	1999 Budgeted Vacancies
<i>One</i>	4 (6, 7, 9)	697	631	9.9%	63	111.5	133.9	84.28
<i>Two</i>	6 (2, 4, 7)	884	695	6.1%	42.7	9.3	101.6	74.4
<i>Third</i>	15 (26, 33, 22)	5331	5931.9	9.9%	590.4	950.9	1188	996.6
<i>Fourth</i>	6 (7, 9, 7)	890	980	6.6%	64.8	58.6	97.2	143.3
<i>Fifth</i>	5 (3, 5, 5)	452	312.4	9.9%	31	10.7	80.6	64.7
<i>Sixth</i>	7 (5, 10, 8)	1526	1623.6	10.3%	167.5	258.6	223.6	172.7
<i>Seventh</i>	4 (7, 8, 8)	1264	1259.1	11.5%	145.4	118.4	327.1	109.2
<i>Eighth</i>	4 (6, 9, 9)	527	309.9	22%	68.3	82	93.1	102.1
<i>Ninth</i>	5 (5, 9, 8)	248	237.3	5.9%	14	24.2	34.5	40.6
<i>Tenth</i>	6 (7, 9, 11)	614	405.4	27.7%	112.4	90.9	181.7	124.1
<i>Eleventh</i>	7 (6, 13, 12)	873	438.7	17.4%	76.6	71.7	137.3	72.7
<i>Twelfth</i>	2 (7, 9, 7)	50	54	16.6%	9	57.8	158.5	200.1
State	71 (87, 125, 115)	13356	12881.5	10.7%	1376.1	1844.6	2757.2	2184.98

(above) provides the number of hospitals and beds in each of the regions.

Figure 1 shows the RN vacancy rate and total number of vacant positions for each of the regions.

Figure 1 RN Vacancy Rate and Number of Vacancies by Economic Region

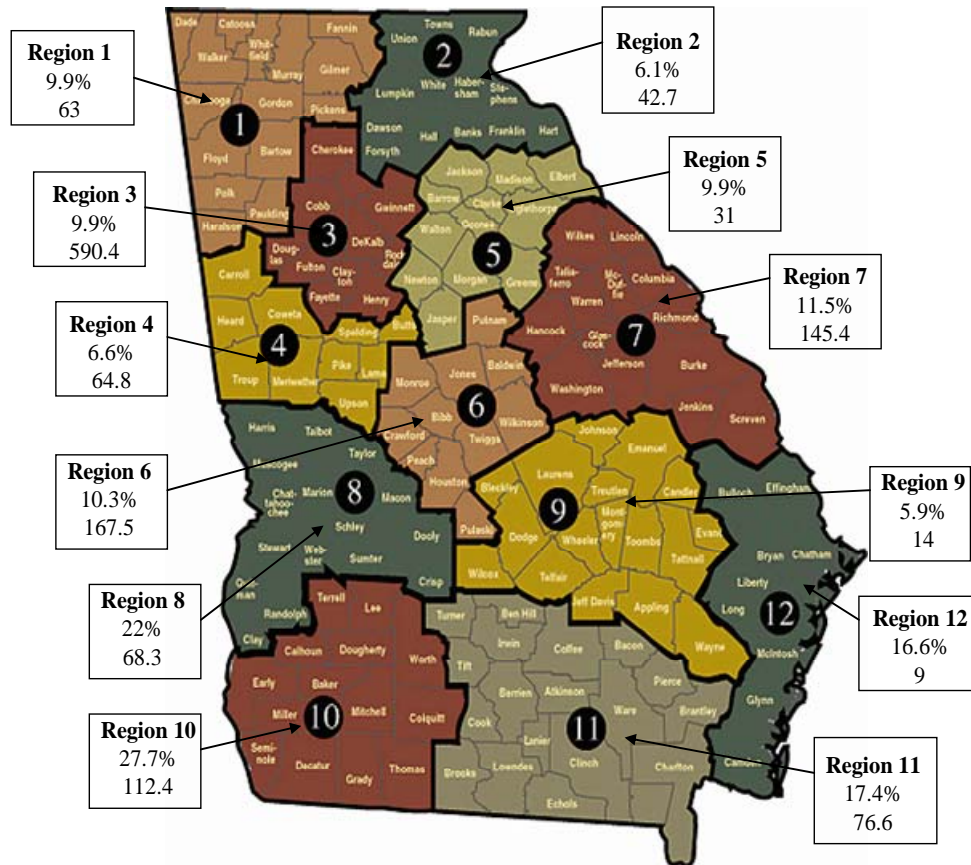


Table 4 provides information on total RNs budgeted, RN budgeted vacancies, and vacancy rate by bedsize. According to the survey results, hospitals with 400-499 beds had the highest vacancy rate of 15%. The next highest vacancy rate was the “200-299” bedsize category with 14%, followed by hospitals with less than 50 beds and hospitals with 50-99 beds (13.38% and 12.4%).

Table 4 Total RN Budgeted, Budgeted Vacancies, and Vacancy Rate By Bedsize

Bed Size	Total Hospitals	Totals Beds	Total Budgeted	Budgeted Vacancies	Vacancy Rate (%)
<50	16	423	307.2	41	13.38%
50-99	19	1381	998.9	124.2	12.4%
100-199	11	1566	1698.8	143.8	8.5%
200-299	6	1539	1296	181.5	14%
300-399	4	1405	1508.1	146.8	9.7%
400-499	3	1304	1432.2	220.6	15%
500+	12	5738	5640.4	518.2	9.1%
STATE	71	13356	12881.6	1376.1	10.7%

Figure 2
RN Vacancy Rate (5) by Bedsize for
2004 and 2006

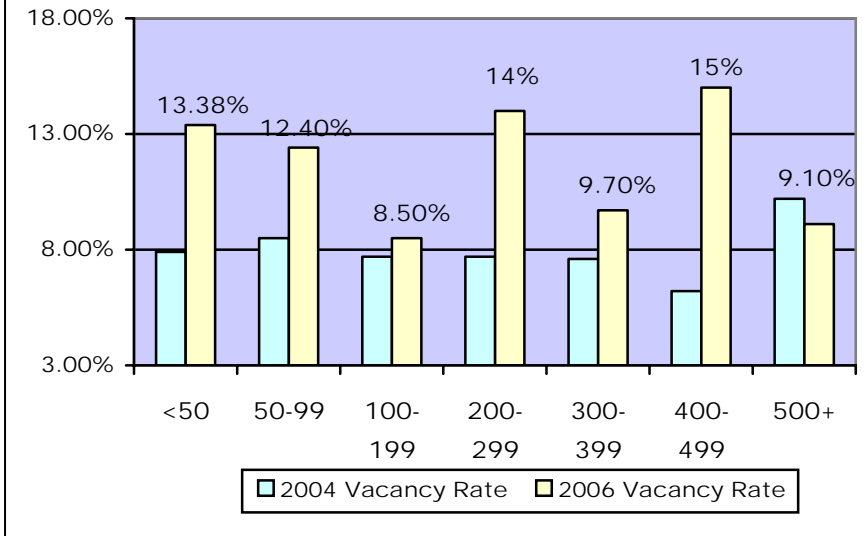
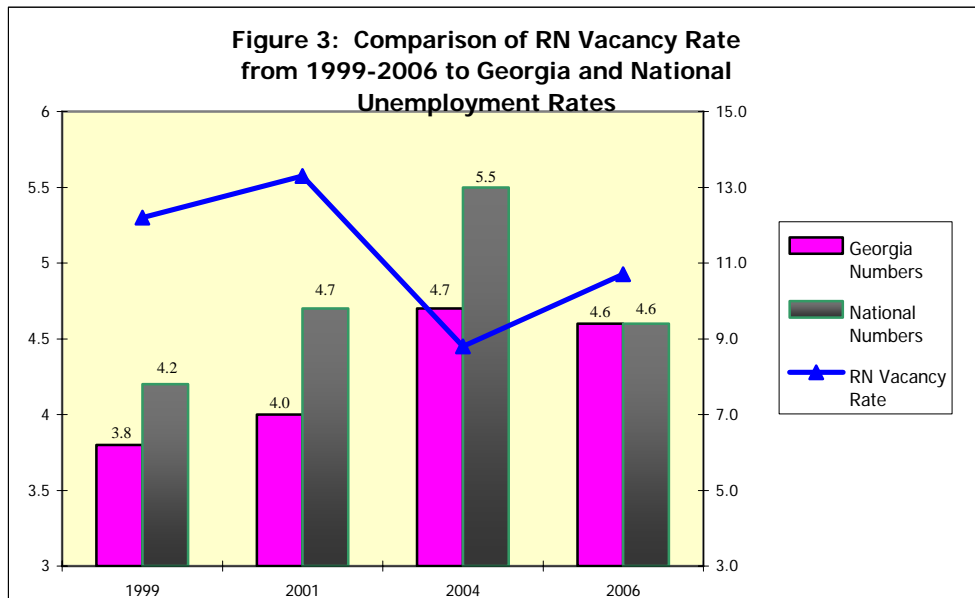


Figure 2 provides survey results for RN budgeted vacancies and vacancy rate by bedsize categories for 2004 and 2006. In comparing the vacancy rate by bedsize to what was reported in 2004, every bedsize category except “hospitals with greater than 500 beds,” experienced an increase in their vacancy rate from the 2004 report. The highest increase occurred for hospitals with 400-499 beds. They went from a 6.2% vacancy rate in 2004 to a 15% vacancy rate in 2006.

In addition to the comparison between 2004 and 2006 related to bedsize, the RN vacancy rate data from 1999-2006 was compared to the U.S. and Georgia unemployment rates. Given that many of the practicing RNs are female (78%), previous studies have shown that when the unemployment rate is higher, more of the female population will be in the workplace. This would appear to be the case in 2004, when the U.S. unemployment rate was 5.5% and the Georgia rate 4.7% when the RN vacancy rate was 8.8% (**Figure 3**). Over the same period of time (1999-2006), there was a 12.4% increase in the US rate of individuals employed by hospitals.

Figure 3: Comparison of RN Vacancy Rate
from 1999-2006 to Georgia and National
Unemployment Rates



RN VACANCY RATE BY SPECIALTY

Respondents also provided vacancy data by nursing specialty. **Figure 4** shows that Critical Care RNs accounted for 31% (424.2 FTEs) of all RN budgeted vacancies, Medical/Surgical RNs accounted for 29 % (400.1 FTEs) of all RN budgeted vacancies, Emergency R.Ns accounted for 14.2% of all vacancies followed by Maternal/Child. Percentages from 2004 are noted in **Figure 4**.

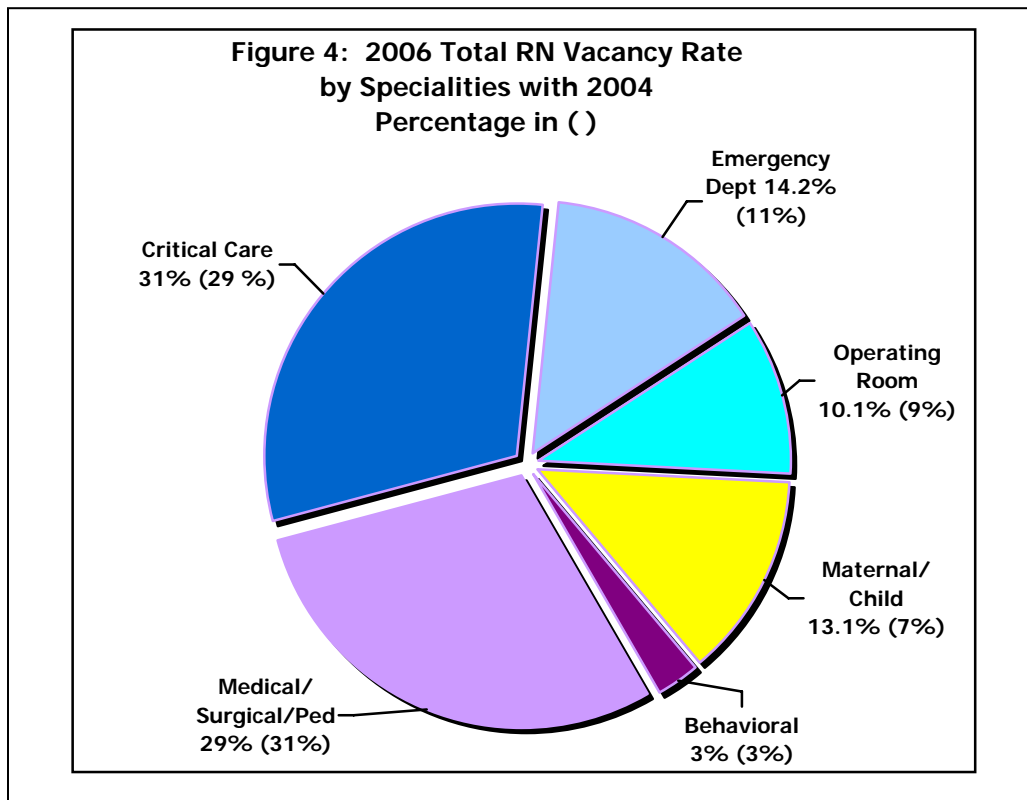


Table 5 (next page) shows these results in terms of the total vacant positions and the vacancy rate for the specific specialty by economic region and **Table 6** shows the same data by bed size of hospital.

Table 5
NUMBER OF VACANT NURSING PERSONNEL POSITIONS AND
VACANCY RATE BY STATE OF GEORGIA ECONOMIC REGIONS

CATEGORIES	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9	REGION 10	REGION 11	REGION 12
Medical/Surgical RNs	24 – 13.8%	6.3 – 4.0%	162.3 – 10%	12.5 – 3.2%	10.6 – 12.8%	66.7 – 9.7%	44.6 – 9.8%	18 – 17.6%	6 – 8%	15.3 – 10%	32.8 – 22.6%	1 – 6.2%
Critical Care RNs	11 – 10.6%	17.6 – 13%	124.1 – 10.3%	35 – 38.6%	7.6 – 15.9%	63.4 – 33%	30.4 – 13.2%	21.3 – 49.7%	4.6 – 13.6%	81.9 – 30%	27.5 – 35.8%	0 – 0%
Emergency Department RNs	15 – 12.6%	6.8 – 5.3%	96.1 – 13.3%	6.5 – 4.5%	7.3 – 10.1%	12 – 5.9%	24.2 – 16.3%	14 – 23.6%	2.1 – 3.6%	2.3 – 2%	6.4 – 8.1%	3 – 23%
Operating Room/ PACU RNs	8 – 8.7%	1.1 – 1.2%	80.8 – 9.4%	7.3 – 5%	1.9 – 4%	7.4 – 2.6%	18.1 – 11%	7 – 8.6%	0 – 0%	7 – 38.5%	1 – 1.4%	0 – 0%
Maternal/Pediatric/Neonatal ICU RNs	3 – 2.6%	3.9 – 2.5%	100.9 – 7.5%	3.5 – 1.8%	3.6 – 5.7%	18 – 8.2%	26.8 – 11.1%	5 – 20.8%	1.3 – 3.7%	4.9 – 5.9%	3.8 – 5.7%	5 – 47.6%
Behavioral Health RNs	2 – 7.4%	7 – 24.4%	17.2 – 8.8%	0 – 0%	0 – 0%	0 – 0%	1.3 – 6.8%	3 – 0%	0 – 0%	1 – 8.3%	5.1 – 0%	0 – 0%
Total Clinical RNs	88 – 11.4%	40.2 – 4.5%	780 – 10.3%	38.8 – 3.5%	24.9 – 7.2%	122 – 7.7%	25.4 – 11.5%	46 – 19.5%	9.2 – 7.5%	6.2 – 1.0%	73.9 – 10.6%	0 – 0%
Total LPNs	5 – 2.5%	2 – 0.7%	83.1 – 10.1%	5.5 – 1.3%	8 – 7.5%	20.4 – 8.6%	14.4 – 5.5%	6 – 5.2%	3.8 – 4.3%	22.6 – 6.2%	9.5 – 3%	8 – 16.8%
Total Nursing Assistants	1 – 0.7%	28 – 8.4%	210.3 – 8.5%	7.3 – 2.3%	10.7 – 18.6%	31.9 – 5.9%	44.4 – 12.9%	19 – 11.7%	4 – 4.1%	10.8 – 4.4%	21.2 – 6.8%	8 – 2.8%

MAJOR FINDINGS FOR LICENSED PRACTICAL NURSES

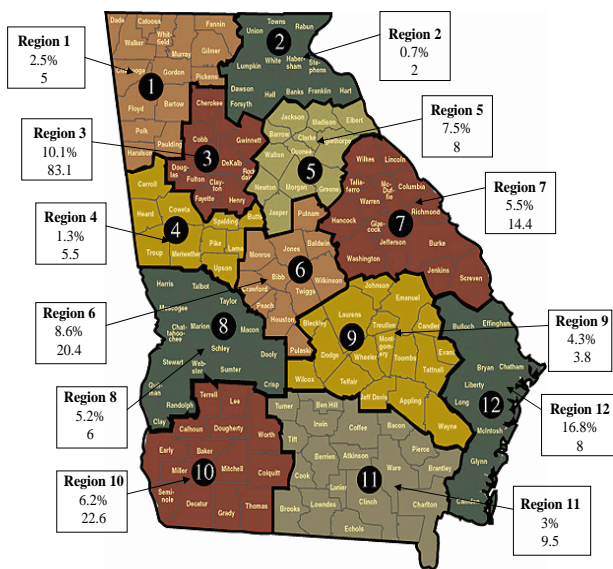
OVERALL LPN VACANCIES AND VACANCY RATES

The hospitals reported a total of 188 budgeted LPN vacancies for a statewide vacancy rate of 5.8%. The number of vacant LPN positions in the 2004 survey was 273.6 and the rate was 8.1%. The number of vacant positions continues to decrease as occurred with the 2004 survey but the number of participating hospitals in the 2006 survey was less than in 2004. If all of the hospitals had reported, there would potentially be a statewide shortage of 367 LPN positions.

Table 7 2006 (2004, 2001, 1999) Total LPNs Budgeted, Budgeted Vacancies, and Vacancy Rate by Economic Region and 2004, 2001, and 1999 LPN Vacancy Rates

Economic Region	Total Hospitals	Totals Beds	Total Budgeted	2006 Vacancy Rate(%)	2006 Budgeted Vacancies	2004 Budgeted Vacancies	2001 Budgeted Vacancies	1999 Budgeted Vacancies
<i>One</i>	4 (6, 7, 9)	697	197	2.5%	5	18	41.9	14.77
<i>Two</i>	6 (2, 4, 7)	884	277.2	0.7%	2	2.3	29.3	25.1
<i>Third</i>	15 (26, 33, 22)	5331	821.8	10.1%	83.1	100.7	110	47
<i>Fourth</i>	6 (7, 9, 7)	890	410.8	1.3%	5.5	9.8	14.3	15
<i>Fifth</i>	5 (3, 5, 5)	452	106.4	7.5%	8	4	13.7	42.6
<i>Sixth</i>	7 (5, 10, 8)	1526	236.6	8.6%	20.4	16.7	13	12.5
<i>Seventh</i>	4 (7, 8, 8)	1264	262.9	5.5%	14.4	47.9	111.6	19.6
<i>Eighth</i>	4 (6, 9, 9)	527	115	5.2%	6	2	44.6	19.5
<i>Ninth</i>	5 (5, 9, 8)	248	88.6	4.3%	3.8	2.8	11.8	3
<i>Tenth</i>	6 (7, 9, 11)	614	361.9	6.2%	22.6	43	63.6	36.8
<i>Eleventh</i>	7 (6, 13, 12)	873	312.3	3%	9.5	21.9	48.6	15
<i>Twelfth</i>	2 (7, 9, 7)	50	47.6	16.8%	8	4.5	24.4	8.9
State	71 (87, 125, 115)	13356	3238.1	5.8%	188.3	273.6	526.8	259.77

Figure 5 LPN Vacancy Rate and Number of Vacancies by Economic Region



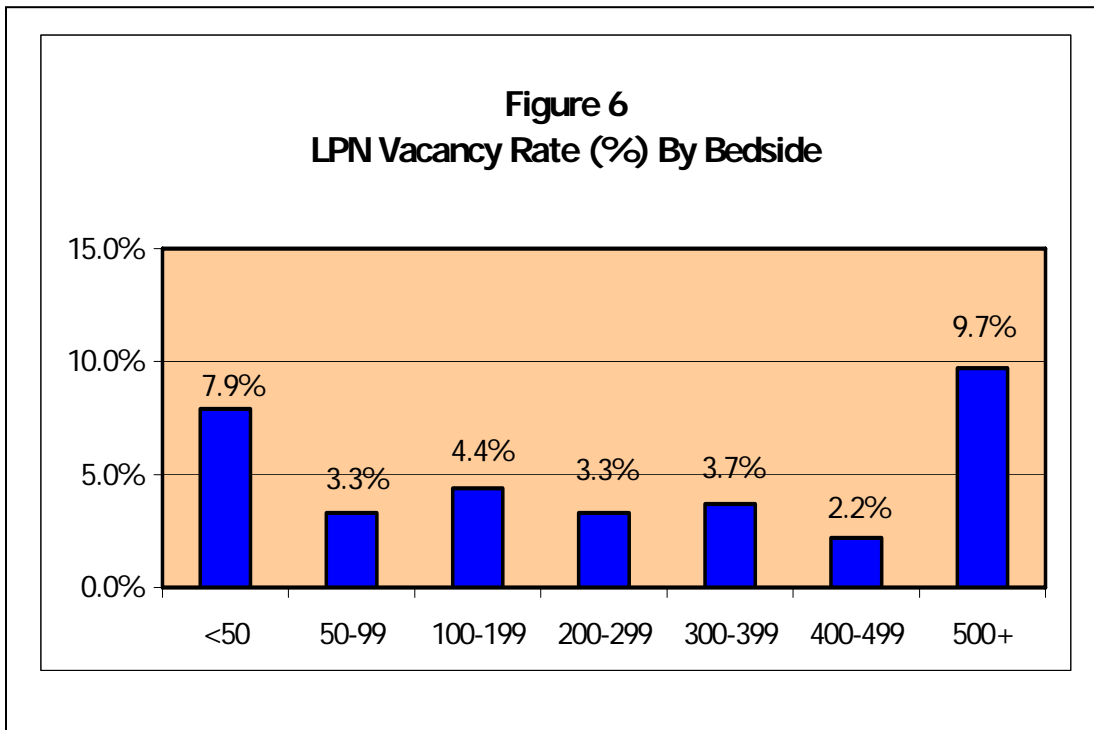
According to **Table 7** and **Figure 5**, economic regions two and four reported the lowest vacancy rate of 0.7% and 1.3%. The number of budgeted LPN vacancies increased in economic regions 6 and 12 and the vacancy rate increased for economic regions 3, 8, and 12.

Table 8 and **Figure 6** provide information on the LPN vacancy rate and budgeted vacancies by bedsize. According to this data, hospitals with less than 50 beds and those with more than 500 beds had the highest vacancy rate (7.9% and 9.7%).

Table 8 Total LPN Budgeted, Budgeted Vacancies, and Vacancy Rate By Bedsize

Bed Size	Total Hospitals	Totals Beds	Total Budgeted	Budgeted Vacancies	Vacancy Rate (%)
<50	16	423	239.2	19	7.9%
50-99	19	1381	529	17.4	3.3%
100-199	11	1566	464.5	20.4	4.4%
200-299	6	1539	670.8	22.5	3.3%
300-399	4	1405	230.7	8.5	3.7%
400-499	3	1304	86.2	1.9	2.2%
500+	12	5738	1017.7	98.6	9.7%
STATE	71	13356	3238.1	188.3	5.8%

Table 5 shows results in terms of the total vacant positions and the vacancy rate by economic region and **Table 6** shows the same data by bed size of hospital.



MAJOR FINDINGS FOR NURSING ASSISTANTS

OVERALL NURSING ASSISTANT VACANCIES AND VACANCY RATES

Based on the data reported by 71 hospitals, there were a total of 369.9 vacant positions. This compares to a total of 375.8 vacant budgeted nursing assistant positions in 2004. The statewide vacancy rate is 7.5%, which is higher than in 2004. Hospitals in regions 5, 7 and 8 reported the highest vacancy rate (18.6%, 12.9%, and 11.7%). Vacancy rates for the other regions varied from a low of 0.7% to 8.5%. See **Table 9** for more information.

Table 9 2006 (2004 and 2001) Total Nursing Assistants Budgeted, Budgeted Vacancies, and Vacancy Rate by Economic Region for 2004 and 2001

Economic Region	Total Hospitals	Totals Beds	Total Budgeted	Budgeted Vacancies	2006 Vacancy Rate (%)	2004 Vacancy Rate (%)	2001 Vacancy Rate (%)
<i>One</i>	4 (6, 7)	697	135	1	0.7%	7.2%	5.9%
<i>Two</i>	6 (2, 4)	884	336.1	28	8.4%	3.5%	9.8%
<i>Third</i>	15 (26, 33)	5331	2465.6	210.3	8.5%	5.1%	9.7%
<i>Fourth</i>	6 (7, 9)	890	314.5	7.3	2.3%	5.8%	8.2%
<i>Fifth</i>	5 (3, 5)	452	57.6	10.7	18.6%	16.5%	10.8%
<i>Sixth</i>	7 (5, 10)	1526	534.8	31.9	5.9%	14.8%	9.2%
<i>Seventh</i>	4 (7, 8)	1264	342.7	44.4	12.9%	8.2%	26.9%
<i>Eighth</i>	4 (6, 9)	527	162.6	19	11.7%	0%	22.7%
<i>Ninth</i>	5 (5, 9)	248	96.9	4	4.1%	1.5%	3.9%
<i>Tenth</i>	6 (7, 9)	614	243.6	10.8	4.4%	6.4%	20.5%
<i>Eleventh</i>	7 (6, 13)	873	312	21.2	6.8%	4.3%	8.8%
<i>Twelfth</i>	2 (7, 9)	50	281.7	8	2.8%	9.1%	8.0%
State	71 (87, 125)	13356	5283.1	396.9	7.5%	6.1%	11.9%

Table 10 Total Nursing Assistants Budgeted, Budgeted Vacancies, and Vacancy Rate By Bedsize

Bed Size	Total Hospitals	Totals Beds	Total Budgeted	Budgeted Vacancies	Vacancy Rate (%)
<50	16	423	200.7	23	11.4%
50-99	19	1381	521.4	22.1	4.2%
100-199	11	1566	435.4	34.2	7.8%
200-299	6	1539	461.1	34.6	7.5%
300-399	4	1405	513.9	14.2	2.7%
400-499	3	1304	477.1	17.4	3.6%
500+	12	5738	2673.5	251.4	9.4%
STATE	71	13356	5283.1	396.9	7.5%

When the data were analyzed according to bedsize of the respondents, hospitals with less than 50 beds and those with more than 500 beds had the highest vacancy rate (**Table 10**). Even though the vacancy rate has not increased a great amount from 2004, the number of vacant positions has gone from 375.8 in 2004 to 396.9, a six percent increase.

Table 5 shows results in terms of the total vacant positions and the vacancy rate by economic region and **Table 6** shows the same data by bed size of hospital.

MAJOR FINDINGS FOR ALLIED HEALTH PERSONNEL

OVERALL VACANCIES AND VACANCY RATES

The hospitals were asked to provide data on 13 allied health professional positions in the 2006 survey. This is a change from 2004 where the number was 12. The additional position for 2006 was PT Assistants. While the number of budgeted vacancies has increased only 1.5%, the vacancy rate has increased from 6.8% in 2004 to 8.9% in 2006.

The economic regions with the highest vacancy rate include 3, 8, and 10 (12.7%, 12.6%, and 11.3%). The regions with the lowest vacancy rate include 1, 4, 9, and 12.

Table 11 provides a comparison of 2006 results to reports in 2004 and 2001.

Table 11 2006 (2004 and 2001) Total Allied Health Positions: Budgeted, Budgeted Vacancies, and Vacancy Rate by Economic Region for 2006

Economic Region	Total Hospitals	Totals Beds	Total Budgeted	Budgeted Vacancies	Vacancy Rate (%) 2006	Vacancy Rate (%) 2004	Vacancy Rate (%) 2001
<i>One</i>	4 (6, 7)	697	295.6	10	3.4%	7.2%	7.7%
<i>Two</i>	6 (2, 4)	884	536.5	34.5	6.4%	5.8%	13.8%
<i>Third</i>	15 (26, 33)	5331	2977.5	379.8	12.7%	7.6%	12.3%
<i>Fourth</i>	6 (7, 9)	890	540.1	18.1	3.3%	3.7%	5.7%
<i>Fifth</i>	5 (3, 5)	452	209.8	9.5	4.5%	4.4%	7.4%
<i>Sixth</i>	7 (5, 10)	1526	873.2	67.5	7.7%	11.6%	10%
<i>Seventh</i>	4 (7, 8)	1264	554.8	44.6	8.0%	6.1%	11.2%
<i>Eighth</i>	4 (6, 9)	527	233.6	29.5	12.6%	4.4%	8.6%
<i>Ninth</i>	5 (5, 9)	248	208.3	4	1.9%	5.1%	8.4%
<i>Tenth</i>	6 (7, 9)	614	389.4	43.9	11.3%	11.0%	18.0%
<i>Eleventh</i>	7 (6, 13)	873	488.3	28	5.7%	5.8%	7.9%
<i>Twelfth</i>	2 (7, 9)	50	293.1	7	2.4%	5.3%	13.7%
State	71 (87,125)	13356	7600.2	676.4	8.9%	6.8%	11.3%

Table 12 Total Allied Health Budgeted, Budgeted Vacancies, and Vacancy Rate By Bedsize

Bed Size	Total Hospitals	Totals Beds	Total Budgeted	Budgeted Vacancies	Vacancy Rate (%)
<50	16	423	409.6	20.1	4.9%
50-99	19	1381	884.9	49.2	5.6%
100-199	11	1566	977.7	74.9	7.7%
200-299	6	1539	827.9	52.4	6.3%
300-399	4	1405	720.9	52.2	7.2%
400-499	3	1304	704.5	82.5	11.7%
500+	12	5738	3073.7	345.5	11.2%
STATE	71	13356	7599.2	676.8	8.9%

Hospitals also provided information based on their bedsize. Hospitals with between 400-499 beds and those with over 500 beds reported the highest vacancy rate and number of budgeted vacant positions (11.7% and 11.2%). These results are slightly different from the 2004 results. Hospitals with less than 50 beds reported the highest vacancy rate in 2004. Also unlike 2004, all of the hospitals reported at least a 5% vacancy rate (**Table 12**).

ALLIED HEALTH VACANCY RATE BY POSITION

Tables 13 and 14 show specific vacancy data of the various allied health professions by economic region and bedsize.

Figure 7 provides total allied health vacancy rates. Pharmacists, respiratory therapists, and medical technologists have the highest percentage of vacancies of the total allied health professions. In addition, the total number of vacancies for these three groups represents 40.6% of the total allied health professions vacant positions (82.6, 101.9, and 90.5). Other allied health professions with a high number of vacant positions include: Physical Therapists (59.7 positions); Radiographic Technologists (75.1 positions); and Medical Record Coders (76.5 positions).

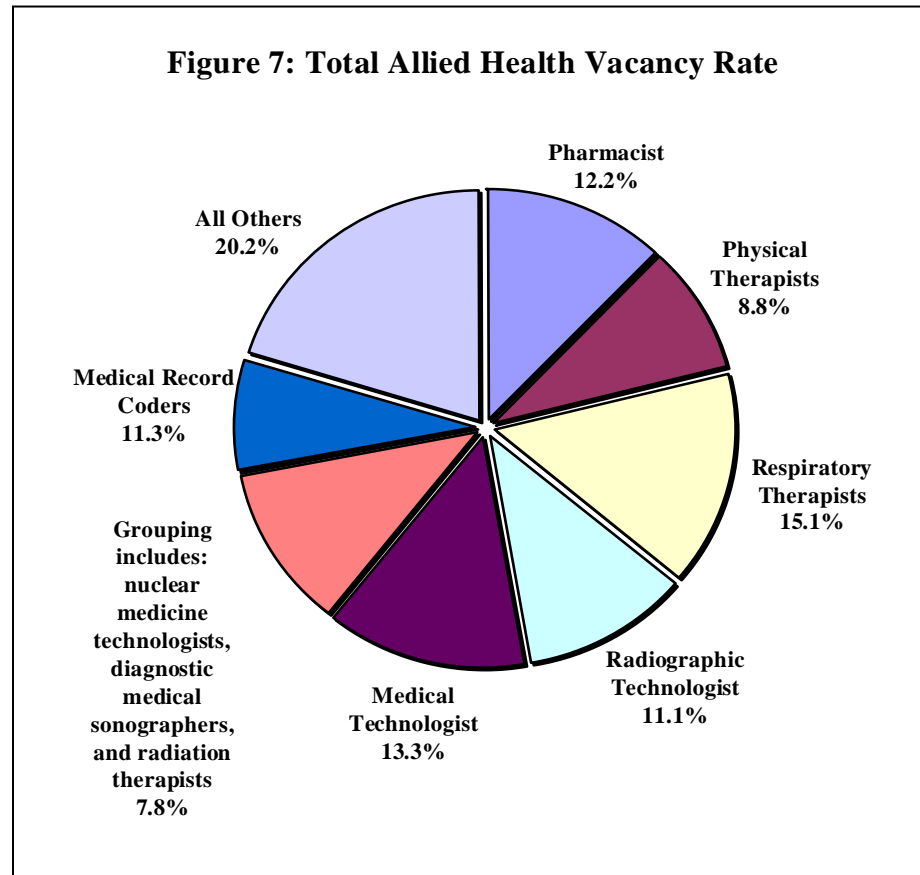


Table 13

NUMBER OF VACANT ALLIED HEALTH PERSONNEL POSITIONS AND VACANCY RATE BY STATE OF GEORGIA ECONOMIC REGIONS

CATEGORIES	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9	REGION 10	REGION 11	REGION 12
Surgical Technicians	1 – 2.8%	2.2 – 4.9%	46.8 – 10.3%	1 – 2.1%	1.8 – 10.3%	5 – 2.8%	3 – 3.3%	0 – 0%	0 – 0%	5 – 11.9%	0 – 0%	0 – 0%
Medical Technologists	0 – 0%	4 – 4.0%	60.7 – 11.6%	1.3 – 1.3%	0 – 0%	6 – 5.8%	5.7 – 4.7%	5 – 12.1%	3 – 8.4%	1.9 – 4.4%	1.9 – 1.9%	1 – 1.8%
Medical Record Coders	0 – 0%	0.2 – 0.8%	48 – 25.3%	1 – 3.2%	0 – 0%	6 – 19.3%	6.3 – 28.7%	2 – 11.7%	0 – 0%	4 – 13.5%	9 – 36.7%	0 – 0%
Occupational Therapists	1 – 20%	7 – 34.8%	12.3 – 14.2%	0 – 0%	1 – 22%	1.8 – 12.3%	1.4 – 12%	0 – 0%	0 – 0%	4.1 – 33.8%	1 – 16.7%	0 – 0%
Pharmacists	0 – 0%	2 – 4.6%	49.1 – 15%	3 – 6.6%	0 – 0%	10.5 – 9.3%	6.6 – 10.7%	6 – 54%	0 – 0%	2 – 7.4%	3.4 – 8.2%	0 – 0%
Physical Therapists	4 – 11.1%	5 – 10.7%	29.5 – 18.5%	4 – 0.2%	2 – 18.7%	3 – 10.4%	2.2 – 13.2%	3 – 75%	0 – 0%	4 – 13.9%	1 – 25%	2 – 44.4%
P.T. Assistants	1 – 6.6%	3.5 – 9%	5.5 – 19.1%	0 – 0%	1 – 11.7%	0 – 0%	2.2 – 39%	0 – 0%	1 – 29%	3 – 8.5%	1 – 9%	0 – 0%
Radiographic Technologists	3 – 5.7%	2.8 – 2.9%	33 – 6.7%	3.8 – 2.5%	2.7 – 7.5%	7 – 4.9%	4.4 – 6.6%	5 – 10.3%	0 – 0%	6 – 6.9%	4.4 – 4.2%	3 – 5.5%
Respiratory Therapists	0 – 0%	5.1 – 11.9%	50.1 – 12.3%	2 – 2.7%	1 – 3.5%	17 – 11.3%	8.8 – 7.3%	6 – 9.7%	0 – 0%	7.9 – 12.1%	3 – 2.9%	1 – 2.6%

CATEGORIES	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9	REGION 10	REGION 11	REGION 12
Nuclear Medicine Technologists	0 – 0%	1.3 – 12.1%	13.7 – 19%	1 – 10.7%	0 – 0%	2 – 13.3%	1 – 14.5%	0 – 0%	0 – 0%	1 – 16.6%	1.2 – 10.9%	0 – 0%
Diagnostic Medical Sonographers	0 – 0%	1 – 6%	8 – 6.2%	0 – 0%	0 – 0%	4 – 12.3%	2 – 17.5%	1 – 33%	0 – 0%	1 – 10%	0.1 – 0.8%	0 – 0%
Radiation Therapists	0 – 0%	0 – 0%	10.9 – 32.5%	0 – 0%	0 – 0%	0 – 0%	1 – 10.5%	0 – 0%	0 – 0%	2 – 66%	1 – 9%	0 – 0%
Cardiovascular Technologists	0 – 0%	0.4 – 0.8%	12.2 – 15.9%	1 – 5%	0 – 0%	5.2 – 10.6%	0 – 0%	1.5 – 48.4%	0 – 0%	2 – 0%	1 – 20%	0 – 0%
Nurse Practitioners	0 – 0%	1 – 7.8%	7.1 – 7.5%	2 – 22%	0 – 0%	0 - 0%	0 – 0%	0 – 0%	0 – 0%	1 – 11.7%	1.8 – 30%	0 – 0%
Physicians' Assistants	0 – 0%	0 – 0%	7 – 13.1%	0 – 0%	0 – 0%	0 - 0%	1 – 25%	0 – 0%	0 – 0%	2 – 8.1%	0.5 – 5.3%	0 – 0%

Table 14
NUMBER OF VACANT ALLIED HEALTH PERSONNEL POSITIONS AND
VACANCY RATE BY BED SIZE 2006

CATEGORIES	<50	50-99	100-199	200-299	300-399	400-499	500+
Surgical Technicians	1 – 1.7%	1.2 – 1.6%	5.5 – 5.3%	3 – 3%	3 – 1.8%	6.9 – 6.4%	45.2 – 9.0%
Medical Technologists	2 – 2.0%	11.9 – 6.6%	10.9 – 5.8%	2.3 – 2.5%	2 – 2.4%	12.5 – 9.9%	48.9 – 8.7%
Medical Record Coders	0 – 0%	1.2 – 2.5%	12 – 20.5%	9 – 18.4%	.5 – 1.4%	0 – 0%	53.8 – 29%
Occupational Therapists	1.1 – 12.1%	2.5 – 8.2%	1.5 – 13.6%	3 – 22.7%	1 – 4.5%	2.1 – 8.9%	18.4 – 25.8%
Pharmacists	2 – 11.6%	3.5 – 6.1%	4.5 – 5.4%	5 – 6.6%	12.9 – 20.1%	4.7 – 6.8%	50 – 12.7%
Physical Therapists	3 – 20.7%	10.5 – 17.9%	2.5 – 12.7%	5 – 7.2%	3.5 – 9.3%	19.6 – 50.7%	15.6 – 12.4%
P.T. Assistants	0 – 0	5.2 – 11.6%	2 – 7.8%	3 – 7.9%	0 – 0 %	3 – 42.9%	5 – 12.0%
Radiographic Technologists	8 – 6.8%	5.5 – 2.9%	12.5 – 5.7%	6.3 – 3.1%	4.8 – 4.5%	13.4 – 8.1%	25 – 6.7%
Respiratory Therapists	3 – 7.0%	5.5 – 3.6%	14.1 – 7.4%	7.8 – 6.9%	11 – 10.9%	12.3 – 15%	48.2 – 10.1%
Nuclear Medicine Technologists	0 – 0%	1.3 – 6.6%	4.2 – 17.9%	1 – 6.2%	4 – 21.4%	2.6 – 16.9%	8.1 – 13.1%

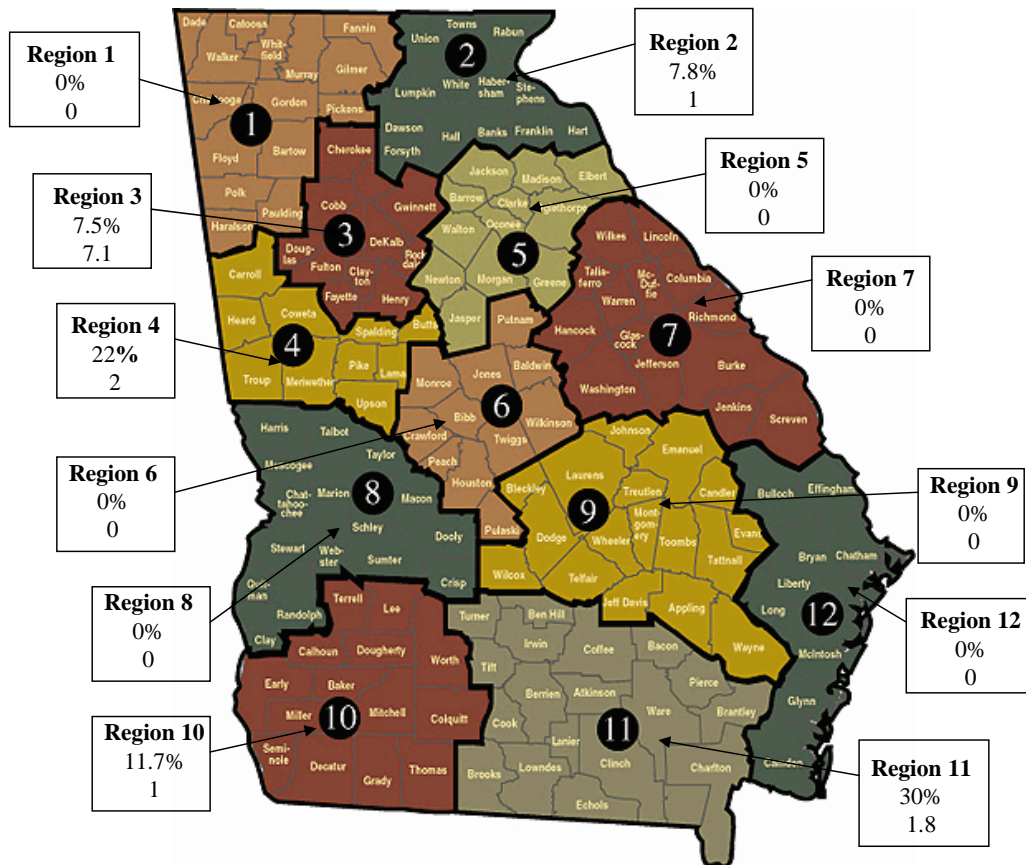
Mid-Level Providers

The 2006 report represents the first time data has been reported on nurse practitioners and physician assistants working in hospitals. The number of hospitals reporting this data was limited for this first survey. This may reflect the fact that many of these individuals may not be employed by a hospital or it could also mean that there are a limited number of these practitioners in various areas of the state. Information on these professionals will be provided specific to the profession.

NURSE PRACTITIONERS

According to **Table 13 and Figure 8**, data was reported by economic region 2, 3, 4, 10, and 11 regarding nurse practitioners. The vacancy rate ranged from 7.5% to a high of 30%. The number of vacant positions was very small, ranging from one to seven. The data was also analyzed by hospital bedsize as seen in **Table 14**. Hospitals with 50-99 beds reported a 14.6% vacancy rate. The highest vacancy rate was in the 300 -399 size of hospitals, 17.5%.

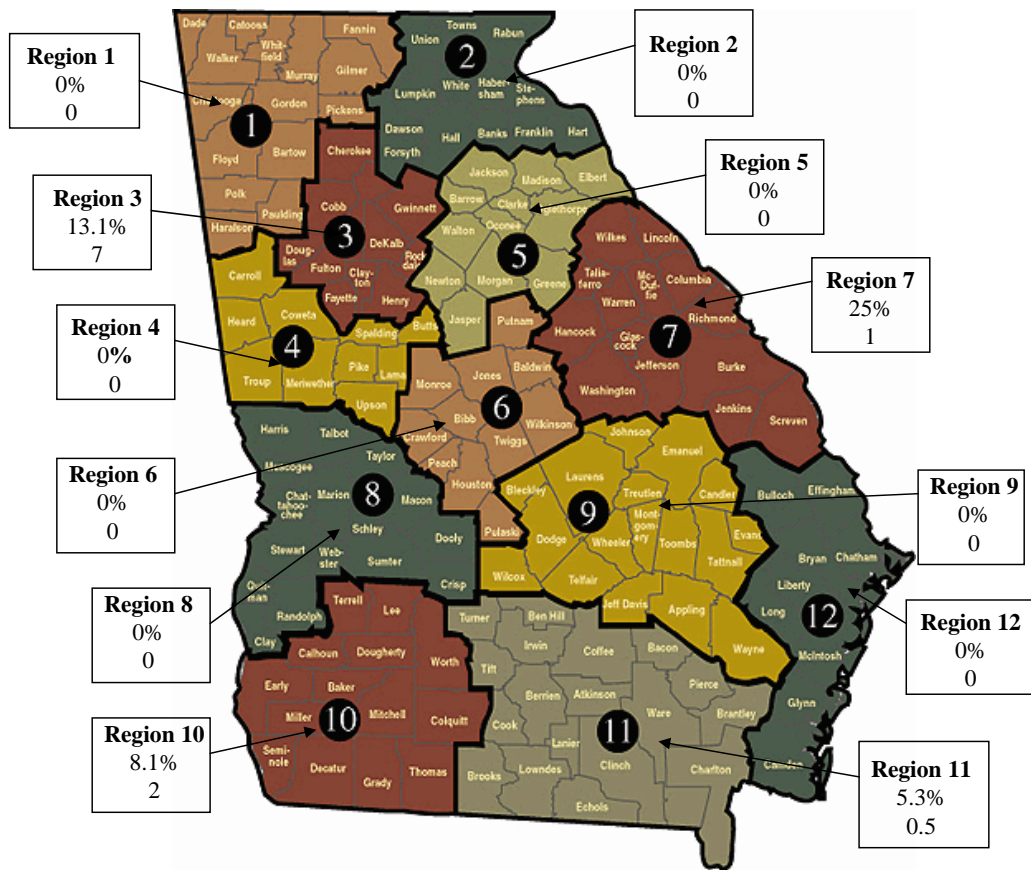
Figure 8 Nurse Practitioners Vacancy Rate and Number of Vacancies by Economic Region



PHYSICIAN ASSISTANTS

Hospitals were asked to provide data on physician assistants. Hospitals in economic regions 3, 7, 10, and 11 (Table 13 and Figure 9) reported vacancy rates ranging from 5.3% to 25%. While the actual number of vacant positions is very low, ranging from 0.5 FTE to seven, services may not be provided if there is a vacant position of a PA. Again data was analyzed by hospital bedsize (Table 14). Hospitals with 200-299, 300-399, and 500+ beds reported vacancy rates ranging from 2.5% to 12.6%.

Figure 9 Physician Assistants Vacancy Rate and Number of Vacancies by Economic Region



PICTURE OF OVERALL SHORTAGE

AGING WORKFORCE

The shortage of both nursing and allied health professionals is impacted by a number of issues. One of these is age. While no recent studies have been undertaken to evaluate the age of current licensees, hospitals were requested to provide this information on a limited number of professionals in this workforce survey.

Table 15 – Age Distribution of Various Nursing and Allied Health Professionals

Professional	18-29	30-39	40-49	50-59	60+
• Total Clinical RNs	14%	26%	32%	22%	5%
• Total LPNs	15.1%	27.2%	26.5%	23.8%	7.4%
• Medical Technologists	8.99%	20.5%	30.7%	30.2%	9.6%
• Occupational Therapists	30.3%	39.8%	21.5%	7.9%	0.5%
• Pharmacists	17.9%	29%	26.9%	20.3%	5.9%
• Physical Therapists	19.8%	38.5%	30.5%	9.2%	1.9%
• Imaging	25.5%	32.6%	24.2%	14.9%	2.8%
• Respiratory Therapists	15.9%	32.3%	30.7%	18.3%	2.7%

According to this most recent data, 59% of RNs working in hospitals are over the age of 40 (**Table 15**). The 2004 survey reported that 58.4% of nurses were over the age of 40 compared to 53% in 2001. In addition, the 2006 data shows that 27% of RNs are over the age of 50, compared with 25.5% in 2004 and 20% in 2001.

LPNs tend to be an older group in comparison to RNs and this is reflected in the survey. Regarding LPNs, hospitals reported that 57.7% of LPNs are over the age of 40, compared to 59.5% in 2004 and 31.2% of LPNs are over the age of 50, compared to 30% in 2004 and 26% in 2001.

When reviewing the data for the various allied health professionals, there are several critical areas with a noticeable increase in the age of the profession. Approximately 70.4% of

medical technologists in hospitals are over the age of 40 and 39.8% are over the age of 50. When compared with the 2004 report, hospitals reported that 67% of technologists were over the age of 40 and 34% were over the age of 50. Another group with an aging workforce is respiratory therapists. In 2006, 51.7% of the practicing professionals in hospitals are over the age of 40 and 21% are over the age of 50. In 2004, it was reported that 51.4% were over the age of 40 and 18.2% were over the age of 50. The data from the other professions relative to percentage of the profession over the age of 40 and 50 include: occupational therapists (29.9% over the age of 40 and 8.4% over the age of 50); pharmacists (53.1% over the age of 40 and 26.2% over the age of 50); physical therapists (39.89% over the age of 40 and 9.39% over the age of 50); imaging (41.9% over the age of 40 and 17.7% over the age of 50).

When all of the professions are ranked according to percentage for the age grouping of 18-39, occupational therapists have the highest percentage (70.1%), followed by physical therapists (58.3%), imaging (58.1%), respiratory therapists (48.2%), pharmacists (46.9%), LPNs (42.3%), RNs (40%), and medical technologists (29.49%).

TURNOVER

Hospitals have identified that retention of current staff is a critical issue. The cost to an organization that has a high turnover rate can be very great and they are continually looking for ways to reduce this number. The 2006 data (**Table 16**) was compared to the 2004 report .

Table 16 – Turnover and Vacancy Rate for 2006 and Turnover Rate for 2004 for Various Nursing and Allied Health Professionals

Professional	2004 Turnover Rate	2004 Vacancy Rate	2006 Turnover Rate	2006 Vacancy Rate
• Medical/Surgical RN	23.4%	8.4%	25.4%	9.9%
• Critical Care RN	18.98%	10.2%	20.7%	19.4%
• Emergency Department RN	21.7%	9.53%	21.5%	10.5%
• Operating Room/PACU RN	15.08%	6.7%	15.9%	7.4%
• Maternal/Pediatric/Neonatal ICU RN	17.04%	8.0%	20.4%	7.1%
• Behavioral Health RN	N/A	N/A	19.7%	10.7%
• Total Clinical RNs	17.4%	8.8%	20.1%	10.7%
• Total LPNs	17.6%	8.1%	17.2%	5.8%
• Total Nursing Assistants/Patient Care Tech	19.85%	6.1%	28.1%	7.5%
• Surgical Technicians	15.23%	5.0%	20.3%	5.9%
• Medical Technologists	10.81%	5.1%	12.9%	6.8%
• Medical Record Coders	10.0%	8.8%	10.1%	17.9%
• Occupational Therapists	24.4%	12.4%	21.9%	16.3%
• Pharmacists	13.78%	8.4%	13.1%	10.9%
• Physical Therapists	14.41%	12.8%	21.6%	16.4%
• P.T. Assistants	N/A	N/A	19.7%	10.3%
• Radiographers (Radiographic Technologists)	17.55%	5.0%	66.0%	5.5%
• Respiratory Therapists	13.55%	6.0%	17.6%	8.8%
• Nuclear Medicine Technologists	14.5%	11.1%	16.0%	13.7%
• Diagnostic Medical Sonographers	15.5%	7.4%	26.3%	6.5%
• Radiation Therapists	17.5%	5.9%	13.1%	19%
• Cardiovascular Technologists	13.8%	7.6%	21.6%	9.9%
• Nurse Practitioners	N/A	N/A	26.6%	7.1%
• Physicians' Assistants	N/A	N/A	13.0%	8.9%

As seen in the table above (**Table 16**), noticeable increases occurred in the following groups: Medical/Surgical RNs (23.7% in 2004); Critical Care RNs (18.98% in 2004); Maternal/Pediatric/Neonatal RNs (17.04% in 2004); Nursing Assistant/Patient Care Tech (19.85% in 2004); Surgical Technician (15.23% in 2004); Physical Therapists (14.41% in 2004); Radiographers (17.55% in 2004); Respiratory Therapists (13.55% in 2004);

Diagnostic Medical Sonographers (15.5% in 2004); and Cardiovascular Technologists (13.8% in 2004). The data related to nurse practitioners and physicians assistants had not previously been reported.

TIME TO FILL POSITIONS

Hospitals provided information on the average time to fill different positions. According to the data, LPNs, nursing assistants/patient care techs, imaging, laboratory, and medical record coders took on average 30 days or less to fill. Therapists, both OT and PT, were the next group with greater length of time to fill the position, following by RNs, and Pharmacy. With each of these groups, hospitals reported that it took anywhere from 60-90 days to fill the position. This is slightly different from the 2004 survey when it was reported that laboratory professionals were taking over 60 days to fill the position. It can be extremely challenging to fill some of these vacant positions, especially in locations in the state where there is limited access to the various professionals.

STAFFING

Hospitals were asked to provide information on the percent of total RN hours worked as overtime. Of the responding hospitals, they reported that 7.6% of the total RNs hours worked is overtime. Hospitals were also asked to provide the percent of total RN hours worked as agency/contract hours. The hospitals reported that 3.2% of total RN hours were worked through agency staff. Finally hospitals reported that 76.7% of total RN hours were worked as 12-hour shifts.

Additional questions were asked regarding staff incentives, such as variable shifts, weekend options, etc. Seventy-three percent of hospitals offer variable shifts such as 4 hour, 8 hour, and 12 hours. Regarding weekend only option, 69% of the respondents offer this staff incentive. Some other staffing incentives include pay for: certifications, charge nurse, providing preceptorship training, critical shifts; and contingency fee. Many hospitals have a PRN nursing pool that offers a flat rate for shifts worked with higher rates on weekend. Others allow an individual to work full time without benefits for an additional add-on to their base salary. Finally, many of the hospitals indicated they provide tuition reimbursement and other educational incentives.

FUTURE PROJECTIONS

New to the 2006 survey report is data related to future projections. Hospitals are undergoing many changes and in some cases there are plans in place to expand the workforce to meet the added demand or new services. We asked hospitals to provide their expected increase for the various professions over the next two years. Based on these results (**Table 17**), hospitals expect that the professions with the greatest increase will be Radiographers, Diagnostic Medical Sonographers, Nurse Practitioners, Physicians Assistants, Radiation Therapists, Medical Record Coders, LPNs, Medical/Surgical RNs, and Emergency Department RNs.

Table 17 Expected Percentage Increase in Various Nursing and Allied Health Professions in Next Two Years	
Profession	Expected Increase in Next Two Years
• Medical/Surgical RN	7.1%
• Critical Care RN	5.2%
• Emergency Department RN	7.0%
• Operating Room/PACU RN	4.3%
• Maternal/Pediatric/Neonatal ICU RN	3.3%
• Behavioral Health RN	4.9%
• Total Clinical RNs	6.7%
• Total LPNs	8.9%
• Total Nursing Assistants/Patient Care Tech	4.9%
• Surgical Technicians	5.6%
• Medical Technologists	6.5%
• Medical Record Coders	8.1%
• Occupational Therapists	5.3%
• Pharmacists	2.8%
• Physical Therapists	3.4%
• P.T. Assistants	3.1%
• Radiographers (Radiographic Technologists)	72.7%
• Respiratory Therapists	3.8%
• Nuclear Medicine Technologists	6.1%
• Diagnostic Medical Sonographers	12.2%
• Radiation Therapists	9.1%
• Cardiovascular Technologists	5.6%
• Nurse Practitioners	11.2%
• Physicians' Assistants	11.3%

FINDINGS RELATED TO FINANCIAL SUPPORT

Hospitals continue to provide support to their local educational programs and to both employees through benefits and prospective employees through scholarships. **Table 18** below provides the most recent available data on the level of support provided by hospitals. Even since 2005, a number of hospitals have initiated special programs to support their local schools. This support includes scholarships for current students in addition to additional opportunity for students to work at the hospitals through both externships and employment once they have completed their education program. In addition, many hospitals have provided direct support for faculty salaries and other resources.

Table 18

	Scholarships	Faculty Salary	Tuition Reimbursement	Other Resources	Total Educational Support
FY 1999	\$2,004,169	\$336,463	\$1,497,491	\$649,826	\$4,487,949
FY 2000	\$1,889,762	\$519,063	\$1,873,654	\$610,448	\$4,892,927
FY 2001	\$1,127,299	\$873,416	\$2,008,167	\$1,247,186	\$5,256,068
FY 2002	\$1,540,277	\$1,042,138	\$2,108,921	\$1,671,749	\$6,363,085
FY 2003	\$3,581,505	\$381,067	\$2,621,720	2,811,512	\$9,395,803
FY 2004	\$3,609,403	\$557,614	\$3,012,854	2,831,166	\$10,011,036
FY 2005	\$880,075	\$551,923	\$1,150,833	\$2,214,661	\$4,797,492
Totals	\$14,632,490	\$4,261,684	\$14,273,640	\$12,036,548	\$45,204,360

RECOMMENDATIONS

This list of recommendations was developed after reviewing the recommendations from the 2004 report, the recommendations from the Final Report Task Force on Health Professions Education, June 2006, recommendations of the Nursing Summit, 2006, and the recommendations of the GHA Workforce Council.

DATA AND FORECASTING

As noted in the 2004 report, when the budget crisis hit Georgia in early 2003, funding for data analysis was eliminated. This continues to be a very important need for workforce planning in Georgia. There are a number of areas in which data is needed. This includes data from the licensed health care professionals and data from providers. Through the use of such data, the state would be better prepared to plan for future educational needs and the placement of any programs.

Recommendations:

Develop a data-driven strategic plan to bring about a balance between supply and demand -

- Initiate a mandatory on-line, well thought-out survey of licensed professionals;
- Create a Center for Health Professions Workforce with an initial focus on nursing and other professions most in jeopardy to collect and analyze demand data;
- Initiate a mandatory survey at time a licensee applies to change license to another state;
- Mandate a licensure criminal background check process in order to require admission CBC for students to ensure efficient use of student slots;
- Build consensus on appropriate composition of the nursing workforce through study of population health needs;
- Explore impact of “out of state” students seeking clinical placement in Georgia; and
- Enhance communication/coordination among education institutions and GBON.

EDUCATIONAL PROGRAMMING AND STUDENT FINANCING

These areas have received a great deal of focus and discussion. With the large increase in the nursing student applications, efforts have been undertaken to expand the slots in nursing and allied health programs through the use of ICAPP. The expansion of the service cancelable loan program through the Georgia Student Finance Commission has also been welcomed. Some of the challenges continue to be the shortage of faculty. The 2004 report included the recommendation to continue the ICAPP for Healthcare program. While this was funded in 2006, concern continues to be raised by the various programs receiving this funding because of the limited notification prior to the awards being made.

The shortage of faculty was an issue of concern for the Georgia Board of Nursing in 2005 and resulted in their placement of a moratorium on new generic nursing programs. While the moratorium was lifted November 2006, concern about the faculty retirement and availability continues. One concern that had been expressed is the limited number of students who are applying for faculty fellowship programs. It was reported that the level of funding and period of time for pay-back was limiting the number of applicants. The Task Force on Health Professions Education report included a major recommendation related to this issue. They recommended that the system begin “initiatives to review and revise system and institutional policies related to health professions faculty recruitment and retention.” They hope that by focusing on the system level, there will be less competition between the programs for the limited pool of faculty members.

Recommendations:

Nursing faculty should be at a sufficient level to meet the increased enrollment of nursing programs -

- Maintain political support for competitive nursing faculty salaries;
- Increase amount of available scholarship funds in order to increase award amounts and reconfigure work pay-back period for faculty service cancelable loans;
- Institute University of Georgia system level coordination/cooperation as a way of increasing coordination of distance learning and clinical placement;
- Increase awareness/marketing of nurse faculty preparation programs;
- Explore short term use of post-master’s clinical faculty; and
- Increase amount and number of GA Research assistant stipends available for nursing doctoral students;
- Explore innovative faculty/hospital staff sharing programs.

CLINICAL PLACEMENT

With the increase in enrollment, schools have become very innovative in order to assure their students with clinical placement. In many programs, students attend clinical on evenings and weekends. In addition, many schools have advanced simulation labs that let the student experience and respond to life-like medical events. Since this is such a new area of learning, schools are hesitant to move in the direction of replacing portions of clinical education with simulation lab experience.

With schools moving to multiple shifts and times to accommodate student clinical education, it has been recognized that technology might be used to streamline this process. The Nursing Education Task Force Clinical Subcommittee has begun the review and discussion of clinical placement software. This software would allow clinical facilities the opportunity to identify times when students could use their site for clinical education. It would then allow the schools to match up students with open slots, making the planning process more seamless.

Recommendations:

Use innovative strategies to expand clinical education opportunities to increase school enrollment and clinical experience of students through:

A. Enhanced collaboration between schools and clinical affiliates to facilitate clinical education -

- Work toward standardization of common clinical placement requirements such as basic orientation for OSHA, fire safety and HIPAA and health/immunization requirements;
- Institutionalize local community discussions regarding coordination of clinical placements well in advance of the needs that includes all providers;
- Standardize student clinical placement agreements;
- Using technology, move toward an automated scheduling system for clinical education through the use of clinical placement software; and
- Raise hospital awareness regarding importance of clinical placements to the long-term resolution of shortage.

B. Alternative options for clinical experiences explored and implemented –

- Create resources/education to support “good” clinical experiences when using alternative settings;

- Evaluate ways to make use of nursing homes and public health for clinical placements and include those providers in local planning meetings;
- Optimize use of simulation labs by seeking clarification from GBON regarding the amount of clinical hours that can be provided through the labs; explore opportunities to share simulation labs among programs in same geographic area;
- Enhance education/orientation and other techniques to enhance skills of clinical simulation lab staff members; and
- Explore sharing opportunities with local hospitals to help defray annual maintenance costs.

WORKPLACE ENVIRONMENT AND ENHANCED PRODUCTIVITY

Hospitals are continually challenged to address the concerns of their professional employees and at the same time meet the financial issues of their organization given the high number of uninsured patients who seek care. To improve retention, hospitals are using a number of methods to improve the workplace environment. To assist them in these efforts, GHA has provided a number of educational programs. Most recently, a series of conference call programs entitled, “Healthful Practice/Work Environment,” have been provided to hospitals. These programs, based on the American Organization of Nurse Executives *Principles and Elements of a Healthful Practice/Work Environment* and very similar to the 14 Forces of Magnetism, provide information in some key areas. These include: collaborative practice culture; communication rich culture; shared decision-making; encouragement of professional practice and continued growth, and recognition of the value of nursing’s contribution.

In addition to the series of programs on the environment, GHA initiated a program to increase the knowledge level of those in management and leadership roles. Those who are able to complete the series of both in-person and conference call programs receive a certificate in Healthcare Management and Leadership. A number of hospital staff have completed this series of programs and received their certificate.

Finally, GHA held a series of regional meetings talking with staff to determine their specific areas of concern. Following those meeting, the Staff Nurse Advisory Committee was developed as a forum in which to share professional experiences and successful practices with colleagues from around the state. Participants are asked to identify issues that affect recruitment and retention of nurses into the profession and the hospital environment and strategize potential solutions. Having met four separate times over the past year, this group portrays an enthusiasm for the profession and how much they gain from each other that can

then be shared with their hospital. This group has also been very open about discussing concerns and suggestions relative to clinical training of students. Many of the members have shared the new initiatives they are involved with that include their own internal staff nurse advisory committee, establishing a nursing council, initiating interdisciplinary rounds and meetings, and establishment of a unit based practice council.

Recommendations:

- Continue to promote and support collaborative initiatives with providers, licensing boards, professional organizations, educational institutions and other partners to create practice standards and a work environment that meeting the needs of patients and the health care workforce;
- Continue to refine and develop the Staff Nurse Advisory Committee and use information gained from this group to share with other groups; and
- Continue to identify educational programs that will promote a healthy work environment.



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