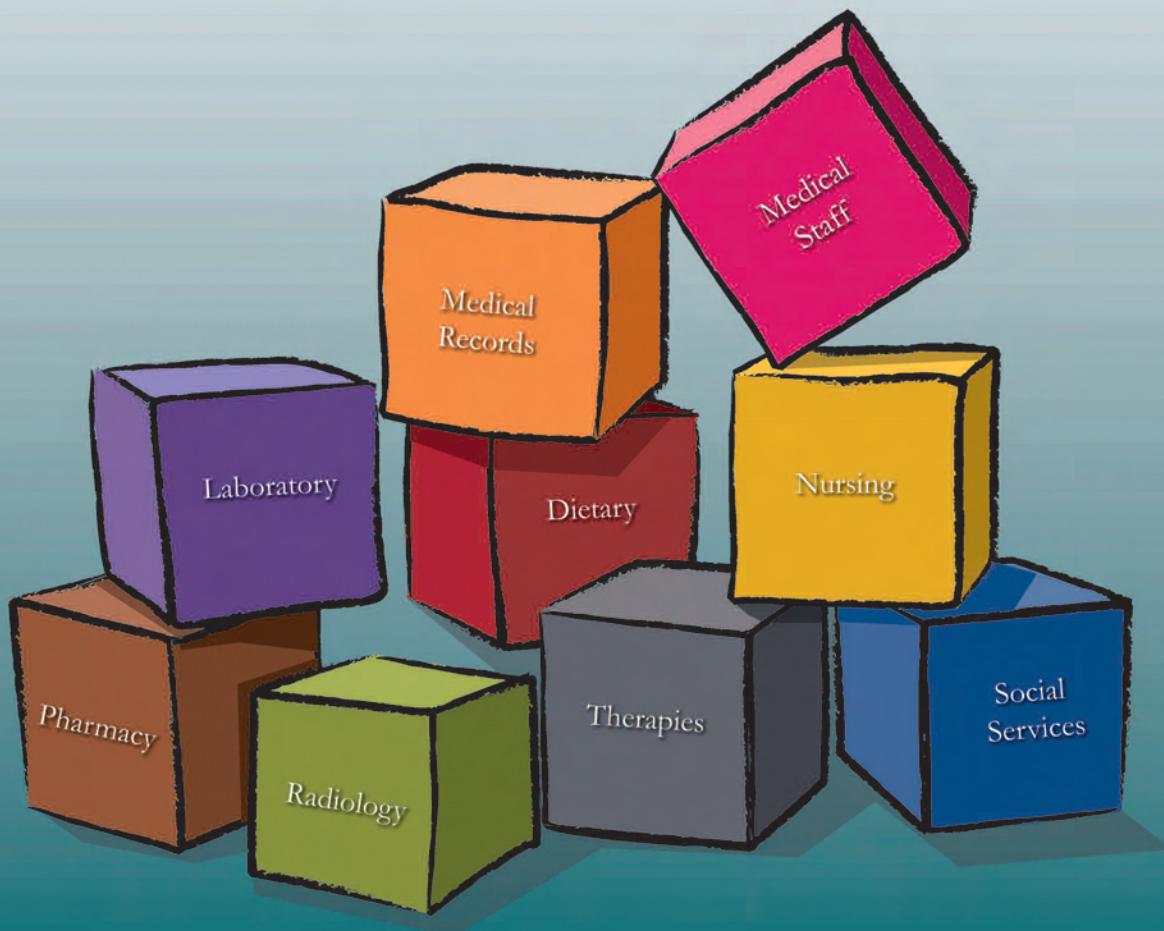




The Illinois Hospital Association Workforce Survey

2008 Workforce Profile





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Table of Contents

PAGE

EXECUTIVE SUMMARY

Extent and Location of Workforce Shortage	1
Illinois Hospitals Addressing Workforce Development	2
Aging Workforce	3
Conclusion	3

WORKFORCE PROFILE

Introduction.....	5
Methodology	5
Staff Positions Covered in the Survey	6
Extent and Location of Workforce Shortages	7
Recruitment	
Most Difficult Department	7
Recruiting Difficulties Vary by Hospital Location	8
Factors Responsible for Recruiting Difficulties	9
Vacancy rates	
Median Vacancy Rates: The “Typical Hospital”.....	11
For Some Hospitals, Vacancy Rates Are Understated	16
Aggregate Vacancy Rates: A Statewide Picture of the Workforce	16
Trends in Aggregate Vacancy Rates	17
Retention	
Most Difficult Departments for Retention	19
Turnover rates	
Median Turnover Rates: A Picture of Turnover at the “Typical” Hospital	20
Aggregate Turnover Rates: A Statewide Picture of Employee Retention.....	23
Illinois Hospitals Addressing Workforce Development	
Encouraging Interest in Health Occupations	24
Providing Direct Support to Higher Education in Health Care	25
Supporting Employees Enrolled in Health Care Curricula.....	27
Costs Incurred in Developing New Workers and Supporting Health Care Education	28
The Aging Workforce	
Estimating the Age of the Hospital Workforce	30
Preparing the Work Environment for an Aging Workforce	30

APPENDIX A – METHODOLOGY

Survey Development and Administration	33
Response Rates	33

APPENDIX B – SURVEY INSTRUMENT.....35

Charts & Tables

CHARTS

PAGE

1	Recruiting Is Most Difficult in the Therapeutic Services Department	7
2	An Inadequate Supply of Qualified Applicants Is the Top Factor Responsible For Recruiting Difficulties	10
3	Median Vacancy Rates by Hospital Location	13
4	About 40% of Hospitals Have High Vacancy Rates for PTs and OTs	14
5	Aggregate Vacancy Rates Have Declined for Several Positions, Including RNs	18
6	Trends in Vacancy Rates for Therapy Positions Are Mixed	18
7	Most Difficult Departments for Retention	19
8	Median Turnover Rates by Hospital Location	22
9	Percentage of Hospitals Reporting High (Greater than 15%) Turnover Rates	22
10	Activities Introducing Students to Health Care Careers: Variations by Hospital Location	25
11	Support Provided to Health Care Education Programs, by Location	26
12	Support for Employees' Education, by Hospital Location	28
13	Most Costs Are Incurred in Support of Employees' Health Care Education	29
14	Concerns About the Impact of Workforce Issues on Ability to Meet Future Needs	32
15	Survey Response Rates by Hospital Location	34

TABLES

1	Patient Care Settings Represented in the Survey	6
2	Most Difficult Departments for Recruitment by Hospital Location	9
3	Median Vacancy Rates on January 1, 2008.....	12
4	Percentage of Hospitals Reporting Vacancy Rates of 10% or Higher by Hospital Location	15
5	Aggregate Vacancy Rates on January 1, 2008	17
6	Median Turnover Rates, 2007	21
7	Aggregate Turnover Rates for Direct Patient Care Positions, 2007	23
8	Activities Hospitals Undertake That Encourage Interest in Health Care Careers	24
9	Hospital Activities in Direct Support of Higher Education in Health Care	26
10	Activities Hospital Undertake in Support of Employees' Education	27
11	Age of Hospital Employees.....	31
12	Survey Response Rates by Hospital Size	33

Executive Summary

Illinois hospitals are strongly committed to providing access to patient care services across the state 24 hours a day, seven days a week, 365 days a year. Our hospitals deliver inpatient and outpatient services to hundreds of thousands of patients – providing 7.5 million days of care and more than 30 million outpatient visits each year. Illinois' approximately 200 hospitals range from teaching hospitals that train tomorrow's physicians and nurses, to community hospitals that transform advances in medicine and technology into better lives for patients, to rural facilities that bring high-quality patient care to the less populated regions of our state. Currently, Illinois hospitals directly employ 238,450 people, and each of those hospital jobs supports an additional 2.24 jobs in other businesses and industries. In all, hospital employment supports 8.95% of all non-farm jobs in Illinois.

However, like hospitals across the nation, the ability of Illinois hospitals to deliver their services is threatened as they continue to face both an immediate need for qualified staff as well as a long-term shortage of health care workers in many job categories. An aging population, inadequate educational capacity, financial constraints, and other stresses have contributed to a severe personnel deficit for hospitals. The Illinois Hospital Association's (IHA) 2008 Workforce Survey was conducted to better understand the impact of the current shortage of qualified health care professionals on Illinois hospitals and the communities they serve.

IHA staff developed the survey in conjunction with the IHA 2008 Workforce Task Force to serve as a benchmark for future trending. The results also provide current information to communicate hospitals' workforce challenges to outside interests and offer support for ongoing strategic planning for both IHA and our member hospitals. The results provide valuable insight on the following key topics:

- (1) The extent and location of workforce shortages in Illinois;
- (2) The measures that Illinois hospitals have taken and the resources they have expended in attempting to address workforce development; and
- (3) The likely impact of an aging workforce on hospitals' staffing, and the ways in which hospitals are modifying the work environment to accommodate older workers.

EXTENT AND LOCATION OF WORKFORCE SHORTAGES

Respondents identified therapy services as the departments for which recruiting is most difficult, followed by nursing and the medical staff. When the top three recruiting challenges were evaluated together, nursing was the department mentioned most often, with therapy second and pharmacy third. Furthermore, the survey determined that medical staff recruitment was identified by less than 20%

of the hospitals as their number one recruitment challenge, with less than 10% ranking physician recruitment as their number two or three challenge. This finding suggests that hospitals experiencing difficulty recruiting physicians regard this category as their number one problem. However, when physician recruitment is not identified as the priority issue, it is unlikely to surface as one of the top three concerns.

When the top recruiting challenges were examined by hospital location, therapy services were found to be a major issue in large urban areas (the Chicago and St. Louis regions), with nursing most problematic in other urban (for example, Peoria, Rockford, Bloomington, Champaign) and rural areas. Large urban and other urban locations also experienced the most difficulty in recruiting pharmacists. Physicians were the top recruiting challenge among one-third of rural hospitals. Across all occupations and geographical areas, the lack of qualified applicants was cited most frequently as the number one reason why hospitals find it difficult to recruit staff.

Survey results indicate that the typical, or median, hospital has a vacancy rate of 9% for physical therapists (PTs), indicating that 50% of responding hospitals had a vacancy rate that was lower and 50% had a rate that was higher than 9%. The median vacancy rate for registered nurses (RNs) was 5.4% and the rate for occupational therapists (OTs) was 5.1%. For all other positions, the median vacancy rate was 0%, meaning that at least one-half of all respondents reported no vacancies for those positions on January 1, 2008.

Although the typical hospital had a relatively low vacancy rate for most positions included in the survey, 20% indicated that their hospitals had high vacancy rates (higher than 10%) for most positions in therapeutic services as well as for some nursing positions (including RNs), dietitians, surgical technologists and assistants, and pharmacists.

Turnover rates show the number of employees leaving their hospital positions during the course of a year and indicate the hospitals' ability to retain their staff. Survey findings determined that turnover is highest for RNs, pharmacy technicians, licensed practical nurses and surgical technologists. At least one-third of all hospitals reported turnover rates of 15% or more for these positions as well as for others in the nursing department and several in the therapeutic services department. For most occupations, turnover is highest in large urban areas.

ILLINOIS HOSPITALS ADDRESSING WORKFORCE DEVELOPMENT

Addressing health care workforce development is a critical interest for Illinois hospitals and the communities they serve. Expanding the health care workforce is a complex challenge requiring initiatives and solutions that address numerous points on the supply continuum: career awareness; student preparation; educational capacity and programming; licensure; recruitment; and retention. Illinois hospitals are actively involved in public and private partnerships across

the state that strengthen the critical connection between health care educators and providers and address each of these factors in workforce development.

Nearly all hospitals – in all locations – are trying to enhance the public’s awareness and interest in health care careers. Survey results indicate that job shadowing is the most common activity that hospitals engage in to encourage interest, followed by hospital tours and student internships. Many of these experiences occur in collaboration with area elementary, junior and high school partners. Hospitals also assist colleges and universities by providing financial or in-kind resources to support faculty expansion and health care educational programming. More than one-half of the responding hospitals reported that their staff members participate in formal consortia or coalition efforts to address educational program expansion. Furthermore, hospitals support their employees’ education, with 94% of Illinois hospitals providing tuition reimbursement and nearly half also offering loan forgiveness opportunities.

AGING WORKFORCE

The disproportionately large number of baby boomers nearing retirement is a major factor fueling continued concern that the supply of health care workers will remain insufficient to meet patient care demands. In addition to the well-publicized federal figures projecting an Illinois shortage of more than 21,000 nurses by 2020 (HRSA, 2002), results from the Illinois Department of Professional Regulation’s 2007 survey determined that two-thirds of the state’s currently licensed nursing workforce (185,557) are age 46 or older. However, aging concerns are not limited to the nursing profession. According to national estimates, 36% of active physicians are over 55 and most will retire by 2020. It is likely that the graying in health care involves other hospital occupations, reflecting the demographic trends in the general populace.

IHA’s results found that in approximately one-third of the positions included in the survey, one-half or more of employees are estimated to be age 50 or older. In addition to nursing, the occupations with the oldest workers are medical transcriptionists and coders, medical laboratory technologists, licensed clinical social workers, and surgical assistants. More than a quarter of the hospitals have made changes to their work environment in the past five years to accommodate the aging worker, with an additional 17% expected to make similar changes within the next two years.

CONCLUSION

As employers and providers of essential patient care services, Illinois hospitals have a vested interest in the viability of our state’s current and future workforce. Unfilled physician and employee positions potentially compromise patients’ access to care and hospitals’ ability to provide quality services; they may also have negative impacts on the local economy. In addition to the commitment and efforts by Illinois hospitals to address workforce issues, state policymakers and educational partners must work with IHA to identify and implement strategies to

assure adequate numbers of qualified and available physicians and staff for hospitals. The results of IHA's survey offer good reason to engage those interests and inspire collective efforts.

2008 Workforce Profile

INTRODUCTION

For the last several years, surveys of IHA member CEOs have identified workforce shortages and other workforce-related issues as challenges common to Illinois hospitals of all sizes and in all locations. In early 2008, the IHA Board of Trustees established the Workforce Task Force, which was charged with prioritizing potential workforce initiatives and the Association's ongoing workforce projects to identify those most likely to benefit IHA members.

The Task Force directed staff to conduct a survey to collect data from member hospitals, focusing on three main areas:

1. Identifying hospital staff positions and geographic areas where members are experiencing a shortage of qualified patient care staff, and measuring any shortages in terms of vacancy and turnover rates;
2. Determining whether and how hospitals experiencing workforce shortages are taking action to address those shortages, and the resources that they are expending to do so; and
3. Identifying the number and percentage of direct patient care staff who are approaching retirement age, and whether and how hospitals are accommodating those staff.

METHODOLOGY

In early May 2008, the IHA 2008 Workforce Survey was sent via email to CEOs, Directors of Human Resources, and Chief Nurse Executives at all IHA member hospitals. Members were given the option of completing the survey electronically and returning it via email or printing it, completing it manually, and returning it by fax.

Email reminders were sent at the end of May and in June and July. At the end of the survey process, 60% of members had responded. Respondents were essentially representative of IHA members in terms of size and geographic location. (For more information on the survey methodology, see Appendix A.)

Survey responses were analyzed in the aggregate and for selected groups of hospitals, including analyses by hospital size (number of full time equivalents, or FTEs) and by geographic location. Hospitals' locations were classified as "large urban," indicating that they are located in a Metropolitan Statistical Area (MSA) with a population of 1 million or more (i.e., the Chicago or St. Louis metropolitan areas); "other urban," meaning that they are located in an MSA with a city of greater than 50,000 or a total population greater than 100,000 (for example,

Rockford, Peoria, Champaign, etc.); or “rural,” meaning that they are located outside of an MSA.

STAFF POSITIONS COVERED IN THE SURVEY

The Workforce Task Force felt strongly that the data collected should represent members’ workforce issues across the continuum of care that they provide. Survey respondents were therefore asked to include both the inpatient acute care setting and any affiliated patient care organizations in their responses.

The care settings represented by the data are shown in Table 1. As expected, most respondents (88%) reported data for inpatient acute care; exceptions were specialty hospitals. In addition, workforce data representing post-acute care services were included by many respondents. Inpatient and outpatient rehabilitation services were included by about one-half of respondents, home care by 39%, and skilled/intermediate care by 39%. Ambulatory care data were reported by 44% of hospitals.

Most of the survey focused either on patient care staff in general or on the staff in nine specific patient care departments: Dietary Services, Medical Laboratory, Medical Records, Medical Staff, Nursing, Pharmacy, Radiological/Imaging, Social Services, and Therapeutic Services. The section of the survey that collected data to use in measuring vacancy and turnover rates was more specific, focusing on 32 staff positions within those departments. A copy of the survey instrument is included as Appendix B.

Table 1
Patient Care Settings Represented in the Survey

Patient Care Setting	N	% of Respondents
Ambulatory Care (on- and off-site)	49	43.8
Home Care	44	39.3
Inpatient Acute Care	99	88.4
Inpatient Behavioral Health	32	28.6
Inpatient Rehabilitation	58	51.8
Outpatient Behavioral Health	19	17.0
Outpatient Rehabilitation	53	47.3
Physician Practices	38	33.9
Skilled or Intermediate Care Unit or Facility	44	39.3
Other	16	14.3
Total	112	100.0

EXTENT AND LOCATION OF WORKFORCE SHORTAGES

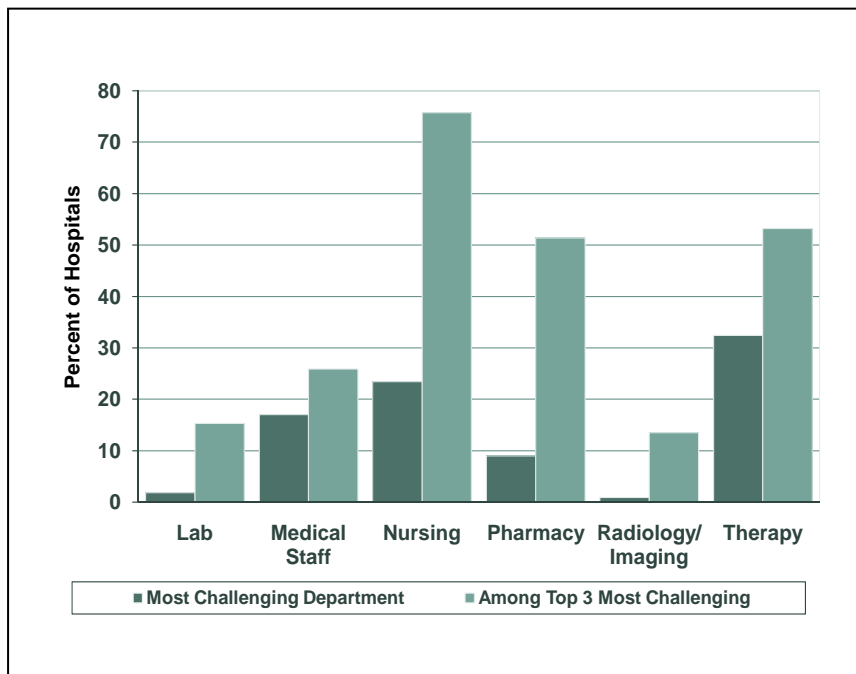
A workforce shortage may manifest itself in many forms. For example, employers may find it difficult to recruit employees (but not necessarily to retain them once they've begun employment); they may find that competition from other employers – or other environmental factors – make retention of qualified staff difficult; they may find that both recruitment and retention are challenges; or they may find that they are able to recruit and/or retain staff, but that the resources required to do so are much greater than they had been previously. The IHA 2008 Workforce Survey was designed to identify issues relating to both recruitment and retention for professional staff positions within IHA member organizations.

RECRUITMENT

Most Difficult Departments for Recruitment

Although recruiting challenges clearly differ among types of staff positions - even within a single department – the survey sought to identify areas of focus within IHA member organizations where workforce-related challenges are particularly common. For this reason, respondents were asked to consider their overall recruiting efforts and to rank their organizations' departments based on the level of difficulty experienced in recruiting for licensed and/or professional staff positions in those areas.

Chart 1
***Recruiting is Most Difficult in the
Therapeutic Services Department***



Responses indicate that member organizations are experiencing their primary recruiting difficulties in four main areas. Therapeutic Services was identified most frequently as the top source of recruiting challenges; almost one-third of respondents (32%) ranked it

as their number one challenge. This was followed by Nursing (23%), and the Medical Staff (17%). Just under 9% ranked Pharmacy as the department that they find most difficult to staff.

To better understand hospitals' recruiting challenges, data were analyzed to identify not only the department ranked as number one in presenting recruiting difficulties, but also those ranked among the top three. When rankings were combined in this way, the same four departments appeared among members' top three concerns, although Nursing was mentioned more frequently than Therapeutic Services. Three-quarters of member organizations indicated that Nursing is among the three departments that they find most difficult to staff, followed by Therapeutic Services (54%) and Pharmacy (51%). Medical Staff was identified among the three most difficult departments by 26%.

It should be noted that although Medical Staff recruiting was identified as the number one challenge by 17% of respondents, only an additional 9% ranked it among their second or third most challenging departments. This suggests that hospitals that experience difficulty recruiting Medical Staff consider it their number one problem; if it is not ranked as the top challenge, it is not likely to be ranked as among their most challenging departments at all.

Internal medicine and/or family practice physicians were identified most frequently as the type of physician that is difficult to recruit. This was followed by surgeons and other types of specialists.

As noted above, 23% of respondents ranked Nursing as the department for which recruiting is most difficult – but if they didn't rank it as their top challenge, more than half (52%) ranked it as their second or third most challenging area. This indicates that recruiting for nurses is difficult, although not necessarily the top difficulty, for three-quarters of IHA members. Similarly, although only 9% of respondents ranked Pharmacy as their top recruiting challenge, more than half (51%) ranked it in their top three, indicating that although most do not mention this department as their top challenge in recruiting, 42% included it among their second or third most challenging departments.

Recruiting Difficulties Vary by Hospital Location

As discussed above, Therapeutic Services was most likely to be identified as the number one recruiting challenge among respondents overall. Recruiting for therapists is not equally problematic in all locations throughout the state, however. Hospitals in large urban areas (i.e., the Chicago and St. Louis areas) were most likely to identify Therapy as their top challenge; 46% of hospitals in these areas did so, compared to only about 21% of both other urban and rural hospitals. Hospitals in other urban areas were most likely to identify Nursing as their number one challenge. Rural hospitals were more likely than others to focus on physicians as their top recruiting challenge.

Other departments that present recruiting challenges in disproportionate levels around the state are listed on page 9.

- Recruiting for Pharmacy is more likely to be challenging for large urban and other urban hospitals than for rural hospitals. Just over one third (35%) of rural hospitals ranked Pharmacy among the three departments for which recruiting is most difficult, but 47% of other urban hospitals and 66% of large urban hospitals ranked Pharmacy in their top three recruiting challenges.
- Medical Records is somewhat more likely to be mentioned among the top three recruiting challenges by large urban hospitals (10%) compared to approximately 5% of other urban and rural hospitals.
- Medical Laboratory is identified most frequently as among the top three challenges in rural hospitals (28%), compared to 6% of large urban and 11% of other urban hospitals.
- Radiology/Imaging was mentioned as among the top three challenges by 26% of other urban hospitals, compared to 8% of large urban and 14% of rural hospitals.

Table 2
Most Difficult Departments for Recruitment by Hospital Location

	Departments Identified as the #1 Challenge or As Among the Top 3 Challenges							
	Large Urban		Other Urban		Rural		Total IL	
	#1	In Top 3	#1	In Top 3	#1	In Top 3	#1	In Top 3
Medical Laboratory	2.0	6.0	5.3	10.5	0.0	27.9	1.8	15.2
Medical Records	2.0	10.0	0.0	5.3	0.0	4.7	0.9	7.0
Medical Staff	10.0	14.0	0.0	10.5	32.6	46.5	17.0	25.9
Nursing	16.0	84.0	31.6	79.0	27.9	62.8	23.2	75.0
Pharmacy	10.0	66.0	15.8	47.4	4.7	34.9	8.9	50.9
Radiology/Imaging	2.0	8.0	0.0	26.3	0.0	14.0	0.9	13.4
Therapeutic Services	46.0		21.1	57.9	20.9	44.2	32.1	53.6

Note: Columns may not add up to 100% as not all responses are represented.

Factors Responsible for Recruiting Difficulties

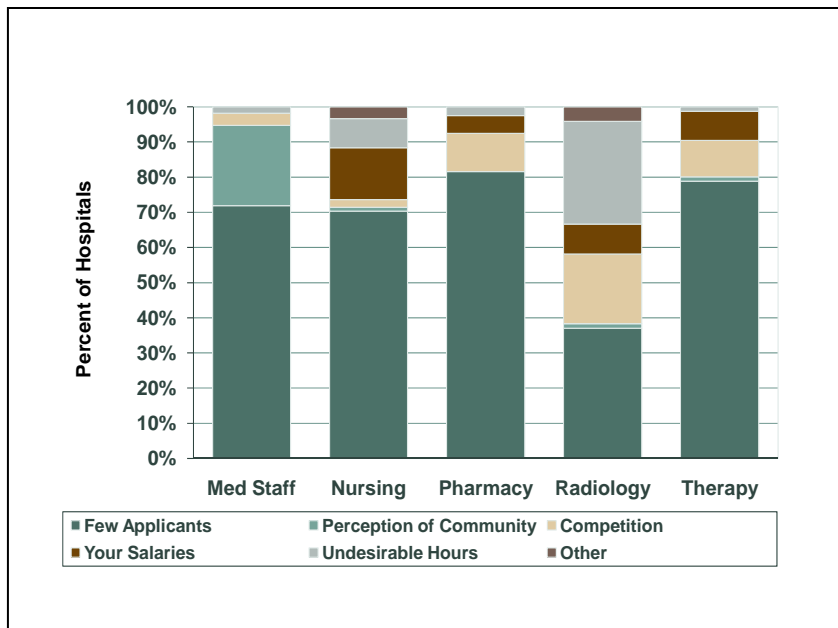
There are many reasons why hospitals find it difficult to obtain staff. Anecdotal evidence provided by members has pointed to difficulties in the education “pipeline,” resulting in too few qualified applicants, competition from other types of employers, and many other factors.

This survey attempted to move beyond anecdotal evidence to identify the barriers that hospitals most frequently encounter in attempting to hire for different departments within their organizations. Respondents were therefore asked to rank the factors that are responsible for the recruiting difficulties that they face in each hospital department.

Survey results show that the factor ranked first most frequently – across all hospital departments – was an insufficient number of qualified applicants for the positions available. The majority of respondents identified this as the number one challenge contributing to recruiting difficulties in the Pharmacy, Therapeutic Services, Nursing, Medical Staff, Medical Laboratory, and Medical Records departments. For other departments, although a lack of applicants was not identified as the top factor by a majority of respondents, it was still the factor cited more frequently than any other – 42% identified it as the number one factor contributing to recruiting difficulties in Social Services, 39% in the Radiology/Imaging Department, and 32% in the Dietary Department.

The impact of other factors on recruiting difficulties varies by the type of professional staff being sought. The undesirable hours or shift work that can accompany hospital-based positions were most frequently considered a deterrent to recruiting in the Dietary, Medical Laboratory and Radiology/Imaging departments. The salaries that hospitals can pay were most likely to be ranked as a primary reason for recruiting difficulties with Dietary and Social Services positions. The need to compete for applicants with non-hospital employers was most frequently identified as the primary recruiting problem for positions in the Medical Records, Radiology/Imaging, and Social Services departments.

Chart 2
An Inadequate Supply of Qualified Applicants is the Top Factor Responsible for Recruiting Difficulties



Survey results indicate that physicians' negative perceptions of a hospital's geographic region or community are seen as an important contributing factor to the difficulties that IHA members have recruiting physicians to their medical staffs. Almost one-quarter (23%) of respondents - virtually all from rural organizations - identified this as their number one challenge in physician recruiting. Interestingly, a hospital's geographic region or community was not considered to be a primary roadblock in recruiting for any departments other than the medical staff.

VACANCY RATES

Vacancy rates and turnover rates are commonly used to identify workforce shortages. Vacancy rates measure the proportion of all budgeted positions (i.e., positions that a hospital wants to fill) that are actually filled on a given day.

A Methodological Note on Vacancy Rates

The Median Vacancy Rate is determined by calculating a vacancy rate for each hospital, organizing the rates in a distribution that is sorted from the lowest rate to the highest rate, and then identifying the rate that is in the middle of that distribution. Because it is a middle value, it is fairly representative of the whole distribution of values – one-half of the vacancy rates in the state are lower than this value and one-half are higher, so it can be said to depict what is happening at the “typical” hospital. It is best understood by comparing it with the 25th and 75th percentiles, as is done here.

The Aggregate Vacancy Rate is calculated by summing the number of open FTE positions in all responding hospitals, the number of budgeted FTE positions in all responding hospitals, and then calculating a rate based on these summed values. In other words, it is calculated as:

$$(\sum \text{Open FTE positions}) \div (\sum \text{Budgeted FTE positions})$$

This rate is more influenced than is the median by large hospitals with particularly high or low rates because it is based on the total number of positions and openings across the state; large (or small) numbers of openings and/or positions will disproportionately affect it. This rate is best understood as a picture of the state’s vacancy rate; it shows the overall vacancy rate across the state, but may not be representative of the typical hospital - or in fact of most hospitals across the state.

Respondents were asked to report, for their organization overall and for each of 32 patient care positions, data that would allow for the calculation of vacancy rates as of January 1, 2008 (i.e., the number of budgeted FTEs and the number of FTE openings on January 1, 2008). To assure consistency with the reporting methodology required by the Illinois Hospital Report Card Act, hospitals were to report data excluding employees on family, medical or disability leave and those who provide per diem services. Vacancy

rates were then calculated by dividing the number of open FTE positions by the total number of budgeted FTEs.

Note that both median and aggregate vacancy rates are presented in this report. See the sidebar for more information on interpreting these statistics.

Median Vacancy Rates: The “Typical” Hospital

Survey respondents reported having a total of 101,159 budgeted positions on January 1, 2008. This includes all positions: direct patient care, administration and support services. Of these, 4,702 were vacant at that time, yielding a statewide vacancy rate of 4.6%. The typical, or median, hospital had a vacancy rate of 3%.

Table 3
Median Vacancy Rates on January 1, 2008

Position	n*	25th	50th (Median)	75th
Dietary Services				
Licensed Dietitian Nutritionist	65	0.0%	0.0%	0.0%
Medical Laboratory				
Medical Laboratory Technologist	75	0.0%	0.0%	5.6%
Medical Laboratory Technician	69	0.0%	0.0%	0.0%
Medical Records				
Registered Health Information Administrator (RHIA)	43	0.0%	0.0%	0.0%
Registered Health Information Technician (RHIT)	41	0.0%	0.0%	2.1%
Medical Transcriptionist	73	0.0%	0.0%	4.4%
Medical Coder	79	0.0%	0.0%	8.9%
Nursing				
Certified Nurse Anesthetist	35	0.0%	0.0%	11.4%
Certified Nurse Specialist	27	0.0%	0.0%	2.0%
Certified Nurse Practitioner	48	0.0%	0.0%	19.3%
Nurse Manager	77	0.0%	0.0%	5.9%
Registered Staff Nurse	95	2.9%	5.4%	8.9%
Licensed Practical Nurse	80	0.0%	0.0%	5.2%
Pharmacy				
Pharmacist	82	0.0%	0.0%	6.6%
Pharmacy Technician	81	0.0%	0.0%	4.8%
Radiological / Imaging				
Nuclear Medicine Technologist	61	0.0%	0.0%	0.0%
Radiographer/Radiologic Technologist	85	0.0%	0.0%	1.7%
Radiation Therapist	32	0.0%	0.0%	0.0%
Diagnostic Medical Sonographer	60	0.0%	0.0%	0.0%
Social Services				
Licensed Clinical Social Worker	45	0.0%	0.0%	0.0%
Licensed Social Worker	51	0.0%	0.0%	0.0%
Therapeutic Services				
Occupational Therapist	77	0.0%	5.1%	24.0%
Occupational Therapy Assistant	48	0.0%	0.0%	0.0%
Physical Therapist	85	0.0%	9.1%	23.3%
Physical Therapist Assistant	79	0.0%	0.0%	10.0%
Respiratory Care Practitioner	63	0.0%	0.0%	9.5%
Respiratory Therapy Technician	44	0.0%	0.0%	6.8%
Speech Language Pathologist	70	0.0%	0.0%	21.0%
Audiologist	26	0.0%	0.0%	0.0%
Other Positions				
Surgical Technologist	72	0.0%	0.0%	11.9%
Surgical Assistant	29	0.0%	0.0%	9.0%

*n – Number of hospitals reporting sufficient data to allow for the calculation of a vacancy rate.

Anecdotal evidence has suggested for some time that, in addition to physicians, hospitals are experiencing particular problems recruiting for registered nurses (RNs) and for therapeutic services staff, particularly physical therapists (PTs) and occupational therapists (OTs). Although other staff positions are mentioned as challenges by certain subgroups of members, these are the positions that have appeared challenging across the entire IHA membership and all types of hospitals.

These anecdotal reports were borne out by survey results, which show a median vacancy rate of 9% for PTs, indicating that 50% of responding hospitals had a vacancy rate that was lower and 50% had a rate that was higher than 8%. The median vacancy rate for RNs and for OTs was approximately 9%. For all other positions, the median vacancy rate was 0%, meaning that at least one-half of all respondents reported no vacancies for those positions on January 1, 2008.

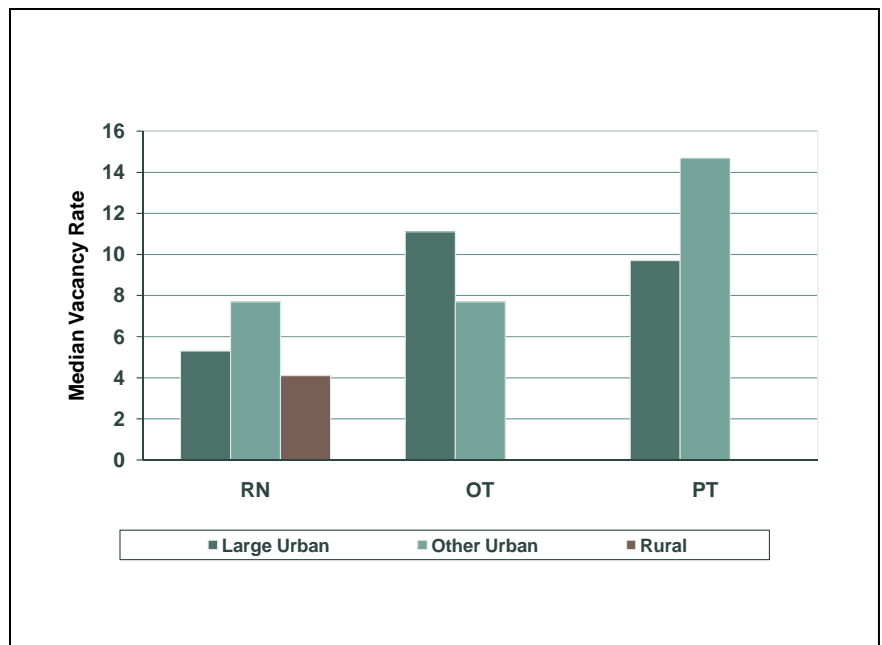
Table 3 includes a column showing the 75th percentile for each vacancy rate. This value is the rate which is exceeded by 25% of responding hospitals. For example, the 75th percentile for certified nurse practitioners is 19%. This means that although the median, or typical, hospital had a vacancy rate of 0%, one-quarter of the hospitals reported a vacancy rate that was greater than 19%. These data indicate that 25% of hospitals had a vacancy rate for OTs and PTs that was over 23%, and for speech language pathologists that was 21% or higher.

Median vacancy rates for several positions varied by hospitals' locations in the state, with the lowest rates in rural areas. Hospitals in other urban areas show the highest median rates for RNs and PTs. In addition, only other urban hospitals report a vacancy rate over 0% for certified nurse anesthetists, LPNs, pharmacists, surgical technologists and surgical assistants. Hospitals in large urban areas reported the highest rate for OTs.

The generally low median vacancy rates for most direct patient care

positions seems to indicate that hospitals are generally experiencing few problems with vacancies. This is true in the "typical," or median, hospital. What the median doesn't show well, however, is the large number of hospitals that have high vacancy rates.

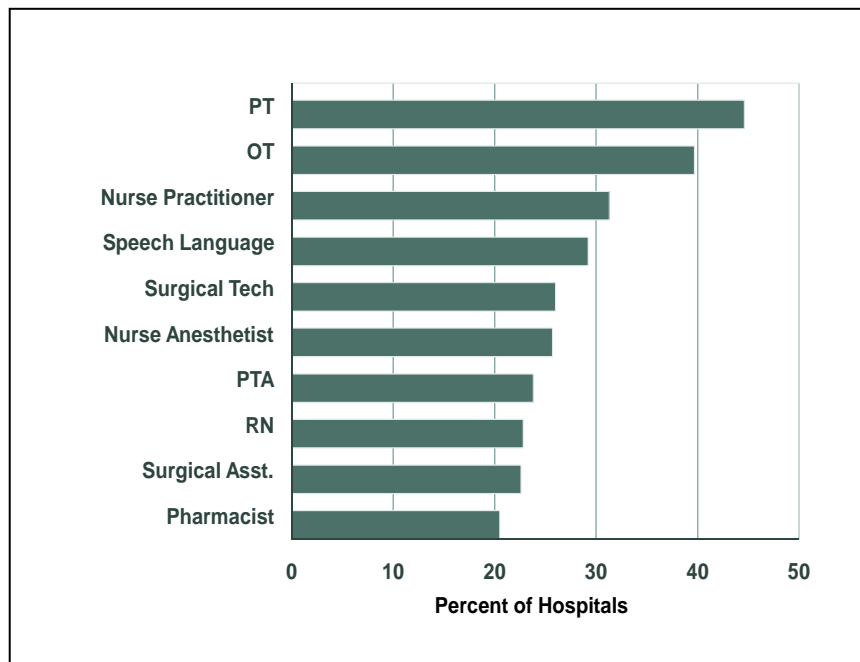
Chart 3
Median Vacancy Rates by Hospital Location



To better illustrate the workforce challenges in hospitals with vacancy rates above the median, analysis specifically identified those hospitals that were experiencing high vacancy rates (higher than 10%). These data are presented in Table 4. One in five survey respondents indicated that their hospitals were experiencing high vacancy rates for several direct patient care staff positions. The positions for which the largest proportions of respondents reported high vacancy rates are shown in Chart 4.

Again, positions in the Therapeutic Services department are prominent, with 45% of respondents reporting high vacancy rates for PTs, 40% for OTs, 30% for speech language pathologists, and 24% for physical therapist assistants. Other positions for which a large proportion of respondents report a high vacancy rate are Nursing (nurse practitioner, nurse anesthetist, RN), the two surgical assistant positions included in the survey (surgical technologists and surgical assistants), and pharmacists, for which 21% of respondents reported a vacancy rate of 10% or higher.

Chart 4
About 40% of Hospitals Have
High Vacancy Rates for PTs and OTs



Overall, hospitals in urban areas are more likely than rural organizations to report vacancy rates of 10% or higher. The exceptions are respiratory care practitioners and respiratory therapy technicians; high vacancy rates are more common for these positions in rural hospitals.

Table 4
Percentage of Hospitals Reporting Vacancy Rates of 10% or Higher
By Hospital Location

	Hospitals Reporting High Rates					
	Urban*		Rural		All Hospitals	
	n	%	n	%	N	%
Dietary Services						
Licensed Dietitian Nutritionist	46	23.9	19	10.5	65	20.0
Medical Laboratory						
Medical Laboratory Technologist	46	19.6	29	10.3	75	16.0
Medical Laboratory Technician	39	10.3	30	10.0	69	10.1
Medical Records						
Registered Health Information Administrator (RHIA)	31	16.1	12	16.7	43	16.3
Registered Health Information Technician (RHIT)	27	18.5	14	14.3	41	17.1
Medical Transcriptionist	46	19.6	27	7.4	73	15.1
Medical Coder	50	26.0	29	6.9	79	19.0
Nursing						
Certified Nurse Anesthetist	15	33.3	20	20.0	35	25.7
Certified Nurse Specialist	25	12.0	2	n/a	27	11.1
Certified Nurse Practitioner	33	30.3	15	33.3	48	31.3
Nurse Manager	51	19.6	26	11.5	77	16.9
Registered Staff Nurse	63	28.6	32	9.4	95	22.1
Licensed Practical Nurse	49	16.3	31	9.7	80	13.8
Pharmacy						
Pharmacist	56	23.2	26	15.4	82	20.7
Pharmacy Technician	53	22.6	28	14.3	81	19.8
Radiological / Imaging						
Nuclear Medicine Technologist	45	15.6	16	0.0	61	11.5
Radiographer/Radiologic Technologist	56	12.5	29	0.0	85	8.2
Radiation Therapist	28	14.3	4	n/a	32	12.5
Diagnostic Medical Sonographer	40	17.5	20	5.0	60	13.3
Social Services						
Licensed Clinical Social Worker	34	23.5	11	0.0	45	17.8
Licensed Social Worker	35	14.3	16	0.0	51	9.8
Therapeutic Services						
Occupational Therapist	52	48.1	25	24.0	77	40.3
Occupational Therapy Assistant	32	25.0	16	12.5	48	20.8
Physical Therapist	54	46.3	31	41.9	85	44.7
Physical Therapist Assistant	51	29.4	28	14.3	79	24.1
Respiratory Care Practitioner	45	17.8	18	27.8	63	20.6
Respiratory Therapy Technician	27	18.5	17	29.4	44	22.7
Speech Language Pathologist	50	38.0	20	10.0	70	30.0
Audiologist	21	4.8	5	0.0	26	3.9
Other Positions						
Surgical Technologist	47	29.8	25	20.0	72	26.4
Surgical Assistant	24	29.2	5	0.0	29	24.1

*In this table, "Urban" data include both large urban and other urban hospitals.

For Some Hospitals, Vacancy Rates Are Understated

IHA member organizations have sometimes indicated that they budget for fewer FTEs than they actually need, because, given workforce availability in their area and the challenges that they experience in recruiting, they know that they will be unable to fill all of their open positions. To the extent that hospitals use this approach routinely, vacancy rates will actually understate hospitals' unmet staffing needs since the number of budgeted FTEs (i.e., the denominator in a vacancy rate calculation) is artificially low.

In order to account for this practice, respondents were asked to indicate, for each type of patient care position included in the survey, the number of additional FTEs (if any) for which they would budget if those professionals were not in short supply. The results indicate that some hospitals do limit the number of budgeted positions, even if the need for those staff is acute. This is particularly true for PTs (18.0% would budget for more FTEs if they thought they would actually be able to hire them); RNs (10.8% would budget for more positions); medical laboratory technologists, physical therapist assistants, and OTs, and speech language pathologists (9.9% would budget for more FTEs in each category); nurse anesthetists (9.0% would budget more FTEs); and pharmacists and occupational therapist assistants (8.1% each).

In the aggregate, the decision not to budget for all of the positions that a hospital would like to fill has little effect on statewide vacancy rates. At the individual hospital level, however, the practice of budgeting for fewer FTEs than are actually needed because staff know that those budgeted positions cannot be filled, can dramatically understate a hospital's unmet need for staff. For example, in the hospitals reporting that they would budget for additional PTs if they believed that more were available to hire, vacancy rates, when adjusted for those additional FTEs, rose by 175%.

Aggregate Vacancy Rates: A Statewide Picture of the Workforce

As discussed earlier, the aggregate vacancy rate represents the total number of FTE openings in the state as a percentage of the total budgeted FTEs on January 1, 2008. It does not necessarily represent the average or typical hospital, but is appropriately used to understand the total number of job openings across the state, and the percentage of jobs that are open statewide.

Aggregate Illinois vacancy rates are presented in Table 5 and show that the largest proportions of unfilled positions in the state are among the therapies. More than 14% of OT positions were vacant statewide on January 1, 2008, as were 12% of PTs and 10% of occupational therapist assistants and speech language pathologist positions. The surgical assistant positions included in the survey also showed high vacancies across the state, with an aggregate vacancy rate of 13% for surgical assistants and 12% for surgical technologists. Other positions with aggregate vacancy rates of 10% or more included certified nurse practitioners (14%) and Registered Health Information Administrators (RHIA), with an aggregate rate of almost 12%.

Table 5
Aggregate Vacancy Rates on January 1, 2008

	n	%
Dietary Services		
Licensed Dietitian Nutritionist	65	7.3
Medical Laboratory		
Medical Laboratory Technologist	75	4.9
Medical Laboratory Technician	69	3.5
Medical Records		
Registered Health Information Administrator (RHIA)	43	11.8
Registered Health Information Technician (RHIT)	41	6.3
Medical Transcriptionist	73	5.9
Medical Coder	79	8.0
Nursing		
Certified Nurse Anesthetist	35	8.7
Certified Nurse Specialist	27	6.1
Certified Nurse Practitioner	48	13.5
Nurse Manager	77	5.9
Registered Staff Nurse	95	6.9
Licensed Practical Nurse	80	5.0
Pharmacy		
Pharmacist	82	6.7
Pharmacy Technician	81	6.5
Radiological / Imaging		
Nuclear Medicine Technologist	61	3.5
Radiographer/Radiologic Technologist	85	2.9
Radiation Therapist	32	4.4
Diagnostic Medical Sonographer	60	7.0
Social Services		
Licensed Clinical Social Worker	45	9.9
Licensed Social Worker	51	6.3
Therapeutic Services		
Occupational Therapist	77	14.6
Occupational Therapy Assistant	48	10.3
Physical Therapist	85	12.5
Physical Therapy Assistant	79	6.5
Respiratory Care Practitioner	63	8.0
Respiratory Therapy Technician	44	5.0
Speech Language Pathologist	70	10.1
Audiologist	26	2.5
Other Positions		
Surgical Technologist	72	12.0
Surgical Assistant	29	13.0

Trends in Aggregate Vacancy Rates

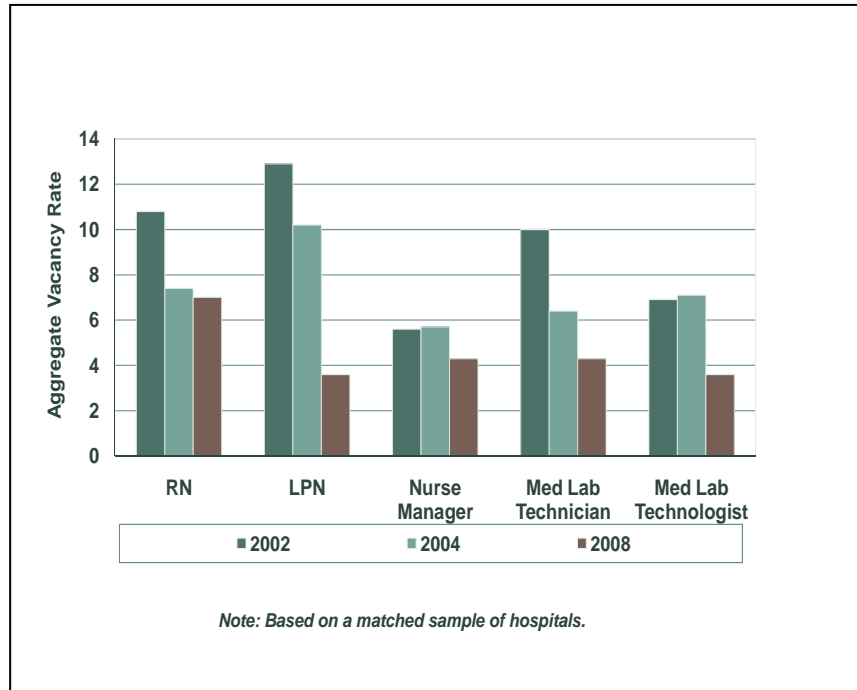
Trends in vacancy rates are best analyzed using a set of hospitals that provided data for every survey year; this methodology ensures that any changes that are seen in rates are due to actual changes experienced by hospitals, rather than to the inclusion of a different set of hospitals in different survey years.

Data from IHA workforce surveys conducted in 2002 and 2004 were combined with data from the 2008 IHA Workforce Survey; 50 hospitals were found to have provided data for each year. The data on open FTE positions and budgeted

positions were analyzed for 2002, 2004, and 2008 to develop an aggregate vacancy rate for each position and each year.

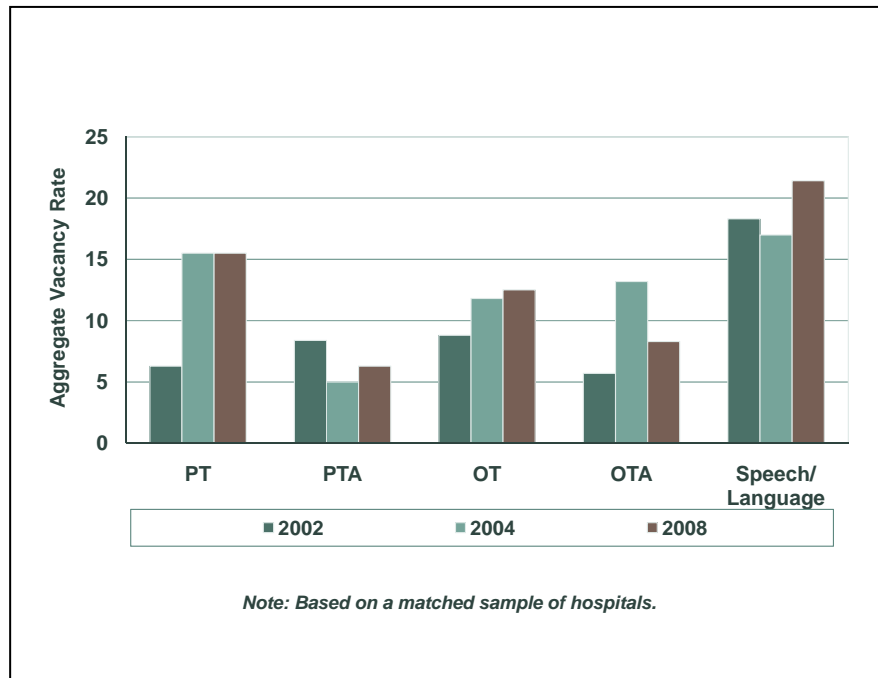
Chart 5
Aggregate Vacancy Rates Have Declined for Several Positions, Including RNs

The results of these analyses indicate that the percentage of open positions has dropped for several positions since 2002. Vacancy rates for both of the medical laboratory positions included in the survey, as well as for nurse managers, RNs, LPNs, and respiratory care practitioners declined, as Chart 5 shows.



For other positions, most notably several of the therapies, however, aggregate vacancy rates have risen. OT rates rose by 42% and vacancy rates for PTs have more than doubled; rising from 6.3% in 2002 to 15.5% in 2004 and 2008. Vacancy rates for PTAs and OTAs, however, did not show similar increases. Rates reported by this sample of hospitals for Speech Language Pathologists dropped slightly from 2002 to 2004, but rose again in 2008. See Chart 6.

Chart 6
Trends in Vacancy Rates for Therapy Positions Are Mixed



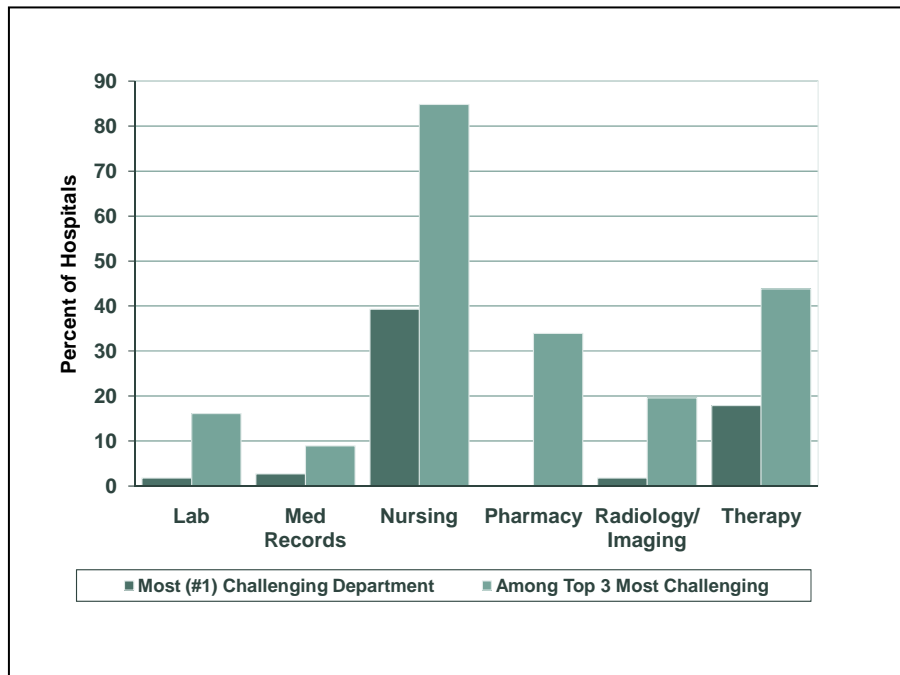
RETENTION

Most Difficult Departments for Retention

The IHA Workforce Survey also sought to identify the departments within IHA member organizations for which administrators and human resources professionals see staff retention as particularly challenging. Respondents were asked to consider their overall staff retention and to rank their organizations' departments based on the level of difficulty that they experience in retaining licensed and/or professional staff in those areas. These data are shown in Chart 7.

Responses to this question indicate that Nursing was most often ranked as the department in which retention is most challenging (almost 40% ranked this as their top retention challenge), followed by Dietary Services (21%) and Therapeutic Services (18%).¹

Chart 7
Most Difficult Departments for Retention



Data were analyzed to determine not only the departments ranked as number one in presenting retention challenges, but also those ranked among the top three. When rankings were combined to identify which departments were ranked as first, second or third in difficulty

retaining staff, Nursing, Dietary Services, and Therapeutic Services again appeared most frequently among members' top three concerns.

¹This finding is unexpected; nonlicensed dietary positions have been shown to have high turnover rates in previous surveys, but this has not been seen for licensed and/or professional staff in this area. One explanation may be that members completing the survey responded for all Dietary Services staff and not just for professional positions in the department. This occurred in the pilot test of the survey instrument and the survey was revised in an attempt to clarify the positions of interest; that attempted clarification may have been insufficient.)

Eighty-five percent of member organizations indicated that Nursing is among the three departments in which they find staff retention most difficult, followed by Therapeutic Services (44%) and Dietary Services (38%). Although no respondents ranked Pharmacy as their top staff retention challenge, it was ranked as one of the top three by one-third of all respondents.

The departments identified as among respondents' top three most challenging in terms of staff retention varied depending on the location of the organizations represented. Rural hospitals were more likely than others to report that physician retention is among their top three challenges (23%, compared to 6% of large urban and 5% other urban hospitals). The Pharmacy department was identified as among the top three most difficult departments in which to retain staff by 47% of other urban hospitals and 42% of large urban hospitals, but only by 19% of rural hospitals. As was true for recruiting, the Therapeutic Services department was also more likely to be identified by urban hospitals as a difficult department in which to retain staff; 50% of large urban and 58% of other urban hospitals reported this department among their top three challenges, compared with 30% of rural facilities. Although the Nursing department was identified as a retention challenge by the majority of respondents in all locations across the state, there is some regional variation: 95% of other urban hospitals ranked it as one of their top three challenges, compared with 86% of large urban hospitals and 79% of rural organizations.

TURNOVER RATES

While vacancy rates are used to measure the proportion of budgeted positions that are unfilled at a specific point in time, turnover rates are used to measure the extent to which hospitals experience “churn” in their positions – the proportion of filled positions that become vacant during the course of a year. In this analysis, turnover rates were calculated as the number of employees separated during 2007 divided by the number of employees that were on the payroll at the beginning of that year. In other words, this measure depicts the percentage of employees who left their position during the year, regardless of whether that position was later filled.

Median Turnover Rates: A Picture of Turnover at the “Typical” Hospital

The findings for turnover rates are quite different than those for vacancy rates, as Table 6 shows. While the median vacancy rate for most positions was 0%, respondents reported non-zero turnover rates for 11 patient care positions. Median turnover rates for four positions exceeded 10%.

The highest median turnover rate is among registered nurses. Over 15%, or one out of every 6.5 RNs, leaves his or her position each year. This is followed by pharmacy technicians (12.5%) and LPNs and surgical technologists (11.1% each).

Table 6
Median Turnover Rates, 2007

Position	Percentile			
	n	25%	50% (Median)	75%
Dietary Services				
Licensed Dietitian Nutritionist	63	0.0%	0.0%	16.7%
Medical Laboratory				
Medical Laboratory Technologist	66	0.0%	6.2%	16.7%
Medical Laboratory Technician	68	0.0%	0.0%	18.3%
Medical Records				
Registered Health Information Administrator (RHIA)	38	0.0%	0.0%	0.0%
Registered Health Information Technician (RHIT)	32	0.0%	0.0%	11.8%
Medical Transcriptionist	65	0.0%	0.0%	20.0%
Medical Coder	71	0.0%	0.0%	18.2%
Nursing				
Certified Nurse Anesthetist	30	0.0%	0.0%	11.1%
Certified Nurse Specialist	21	0.0%	0.0%	23.1%
Certified Nurse Practitioner	37	0.0%	0.0%	6.3%
Nurse Manager	73	0.0%	6.9%	16.7%
Registered Staff Nurse	83	9.4%	15.4%	20.0%
Licensed Practical Nurse	75	0.0%	11.1%	23.1%
Pharmacy				
Pharmacist	77	0.0%	3.3%	16.7%
Pharmacy Technician	80	0.0%	12.5%	30.0%
Radiological / Imaging				
Nuclear Medicine Technologist	56	0.0%	0.0%	18.3%
Radiographer/Radiologic Technologist	82	0.0%	6.8%	13.6%
Radiation Therapist	32	0.0%	0.0%	18.3%
Diagnostic Medical Sonographer	58	0.0%	0.0%	16.7%
Social Services				
Licensed Clinical Social Worker	37	0.0%	0.0%	16.7%
Licensed Social Worker	45	0.0%	0.0%	16.7%
Therapeutic Services				
Occupational Therapist	72	0.0%	0.0%	26.1%
Occupational Therapy Assistant	44	0.0%	0.0%	23.6%
Physical Therapist	80	0.0%	8.0%	20.0%
Physical Therapy Assistant	75	0.0%	7.0%	22.2%
Respiratory Care Practitioner	61	0.0%	8.0%	16.7%
Respiratory Therapy Technician	47	0.0%	0.0%	13.9%
Speech Language Pathologist	65	0.0%	0.0%	20.0%
Audiologist	20	0.0%	0.0%	33.3%
Other Positions				
Surgical Technologist	68	0.0%	11.1%	26.4%
Surgical Assistant	23	0.0%	0.0%	0.0%

As was true for vacancy rates, turnover is generally higher in urban areas; rural hospitals reported median turnover rates greater than 0% for only five positions. (See Chart 8.) Overall, turnover rates were higher in large urban hospitals than in other urban hospitals, with large urban facilities reporting higher rates for nine positions, including dietitians, medical laboratory technologists, two medical records positions (medical transcriptionists and medical coders), almost all

nursing positions, both pharmacy positions, PTs, and respiratory care practitioners.

Chart 8
Median Turnover Rates by Hospital Location

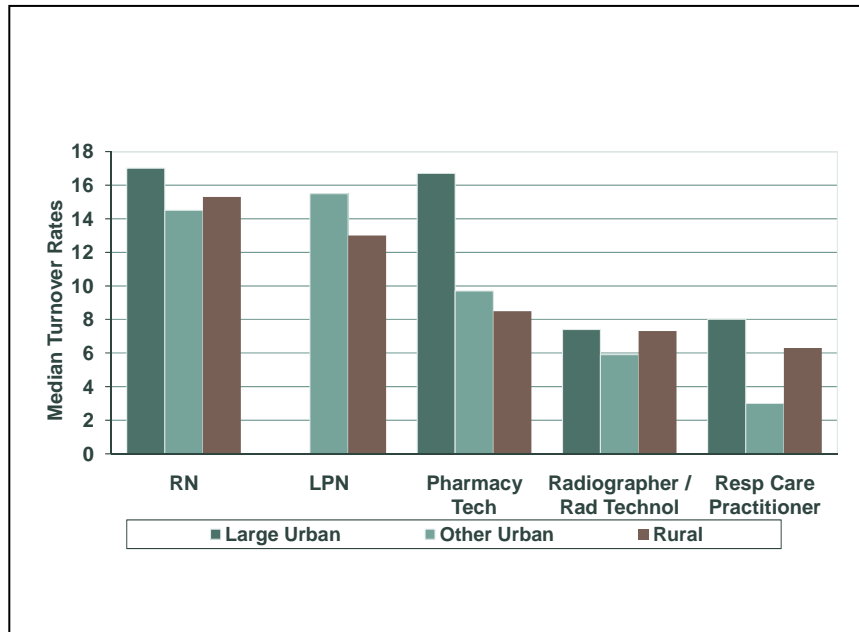
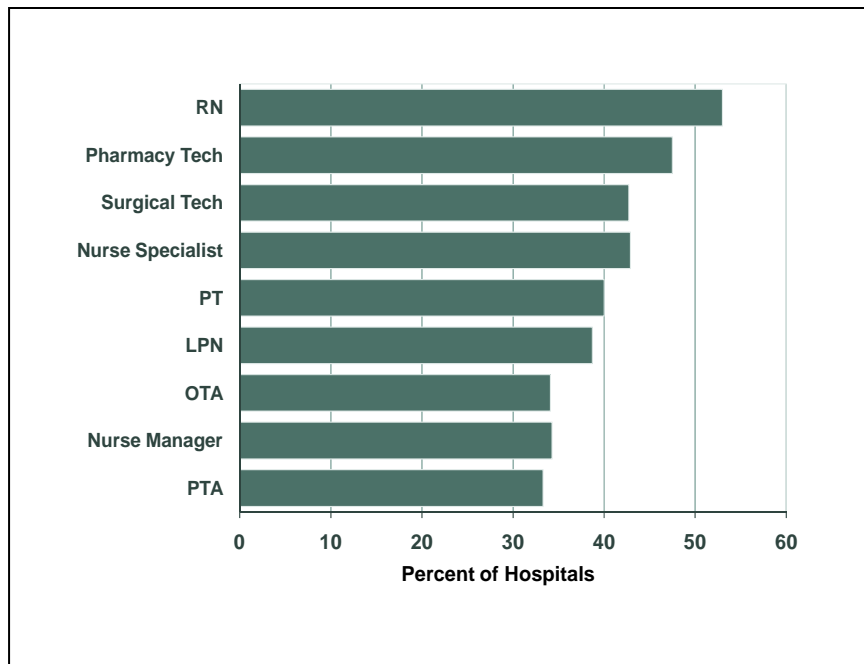


Chart 9
Percentage of Hospitals Reporting High (Greater than 15%) Turnover Rates

As noted above, the median turnover rate was highest for RNs. In addition, 53% reported a high turnover rate (i.e., a rate of 15% or more) for RNs. At least one-third of respondents reported high turnover rates for pharmacy technicians, nurse specialists, surgical technologists, PTs, LPNs, nurse managers, OTAs, PTAs, and OTs.



Aggregate Turnover Rates: A Statewide Picture of Employee Retention

An aggregate turnover rate represents the total number of employees that left their jobs during 2007, expressed as a percentage of the number of employees on payroll at the beginning of the year. It does not necessarily represent the average or typical hospital, but is appropriately used to understand the total number of positions that turn over across the state. Aggregate rates here depict the statewide turnover in patient care staff.

Aggregate turnover rates are displayed in Table 7. Rates are highest for surgical technologists (24%), followed by audiologists and registered health information administrators (20%), and certified nurse specialists (19%).

Table 7
Aggregate Turnover Rates for Direct Patient Care Positions, 2007

	n	%
Dietary Services		
Licensed Dietitian Nutritionist	63	16.6
Medical Laboratory		
Medical Laboratory Technologist	66	11.2
Medical Laboratory Technician	68	12.3
Medical Records		
Registered Health Information Administrator (RHIA)	38	20.0
Registered Health Information Technician (RHIT)	32	15.8
Medical Transcriptionist	65	10.0
Medical Coder	71	13.0
Nursing		
Certified Nurse Anesthetist	30	8.5
Certified Nurse Specialist	21	19.0
Certified Nurse Practitioner	37	7.7
Nurse Manager	73	9.6
Registered Staff Nurse	83	14.9
Licensed Practical Nurse	75	15.7
Pharmacy		
Pharmacist	77	10.0
Pharmacy Technician	80	16.5
Radiological / Imaging		
Nuclear Medicine Technologist	56	11.4
Radiographer/Radiologic Technologist	82	9.8
Radiation Therapist	32	12.7
Diagnostic Medical Sonographer	58	11.4
Social Services		
Licensed Clinical Social Worker	37	15.3
Licensed Social Worker	45	14.8
Therapeutic Services		
Occupational Therapist	72	12.7
Occupational Therapy Assistant	44	14.6
Physical Therapist	80	14.0
Physical Therapy Assistant	75	13.2
Respiratory Care Practitioner	61	10.4
Respiratory Therapy Technician	47	14.2
Speech Language Pathologist	65	13.8
Audiologist	20	20.2
Other Positions		
Surgical Technologist	68	24.4
Surgical Assistant	23	5.0

ILLINOIS HOSPITALS ADDRESSING WORKFORCE DEVELOPMENT

Many institutions across the state, faced with difficulties in recruiting and/or retaining staff, are working alone and in concert with other community organizations to develop the health care workforce. Their efforts are focused in three areas:

- Encouraging interest in health care careers among students and other members of the public;
- Providing support to health care educational programs; and
- Supporting career development for their employees.

The 2008 IHA Workforce Survey asked respondents to detail the activities their organizations pursue in an effort to develop the health care workforce and to estimate the costs incurred.

ENCOURAGING INTEREST IN HEALTH OCCUPATIONS

Many hospitals work diligently to create interest in health care occupations among students and others, often reaching out to children as early as grade school to educate them about the types of health care careers available in hospitals. Based on the survey results, virtually all institutions pursue activities to help students and others understand what types of careers are available in health care – particularly in hospitals – and encourage them to pursue such careers. Fully 97% of respondents reported that they pursued one or more activities designed to encourage interest in health care careers.

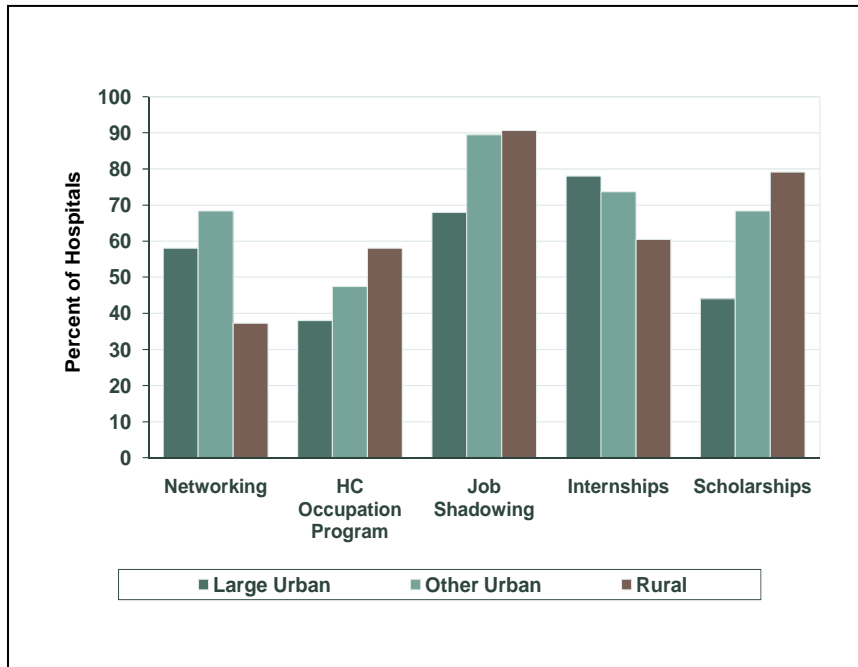
Activities that health care organizations pursue range from the informal (e.g., networking activities, hospital tours for the public and student tours) to the more structured, such as supporting internships or providing scholarships.

As Table 8 shows, the most common activity undertaken to educate the public about health care careers is job shadowing, where students have the opportunity to become more familiar with the day-to-day activities associated with specific careers of interest. This was followed by hospital tours (76%); internships (71%); career fairs (65%); and health care-oriented classroom presentations (62%).

Table 8
Activities Hospitals Undertake That Encourage Interest in Health Care Careers

Hospital Activities	n	%
Career Fairs	73	65.2
Provide Networking Opportunities (e.g., brown bag lunches)	58	51.8
Hold/Participate in Health Care Summer Camps	19	17.0
Provide Health-Care Oriented Classroom Presentations	69	61.6
Participate in a Health Care Occupation Program	53	47.3
Make Hospital Tours Available to Students	85	75.9
Provide Job Shadowing Opportunities	90	80.4
Offer Student Internships	79	70.5
Provide Scholarships to Members of the Public	69	61.6
Provide Other Financial Incentives	52	46.4

Chart 10
Activities Introducing Students to Health Care Careers:
Variations by Hospital Location



Nearly all hospitals – in all locations – undertake activities designed to increase public awareness of, and interest in, health care careers. The types of activities pursued, however, vary by hospital location, as shown in Chart 10.

Large urban hospitals are less likely than most to take part in a Health Care Occupation Program (a formal integrated curriculum

developed and offered in concert with a local high school), offer job shadowing, and provide scholarships to members of the public interested in pursuing health care careers. Large urban and other urban hospitals are most likely to provide internships as well as to hold career fairs and other events that promote networking opportunities. Rural hospitals are most likely to participate in a Health Care Occupation Program, provide scholarships, and offer job shadowing (equally likely to be offered by rural and/or by other urban hospitals).

PROVIDING DIRECT SUPPORT TO HIGHER EDUCATION IN HEALTH CARE

Hospitals are also engaged in assisting colleges and universities, the training grounds for future employees. Assistance may include direct financial support of health care faculty salaries or for other needs within health care education programs, providing space or facilities for programs and/or classes, providing staff to serve as faculty for academic programs, and many other types of innovative programs that support the health care education system.

Survey results shown in Table 9 indicate that although most organizations provide some kind of direct support to the educational programs that train their future employees, that support is more likely to be in the form of in-kind services rather than in direct financial support. The most common types of support that hospitals provide to educational institutions include providing sites for students'

clinical experiences (86%) and facilities and/or classroom space for instruction (67%).

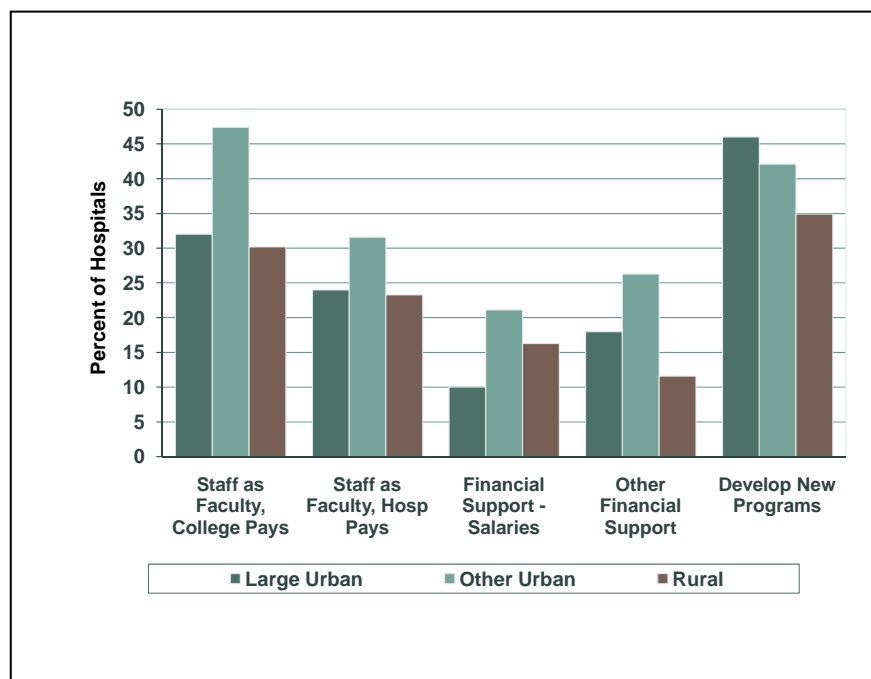
More than half of responding hospitals also reported that their staff members are engaged in formal consortia or coalition efforts to address educational program expansion and/or other strategies to address workforce shortages. Only 14% of hospitals provide direct support for faculty salaries and 17% provide some other direct financial support.

Table 9
Hospital Activities in Direct Support of Higher Education in Health Care

Hospital Activities	n	%
Hospital Staff Serve as Faculty; Educational Institution Pays	38	33.9
Hospital Staff Serve as Faculty; Hospital Pays	28	25.0
Provide Financial Assistance to Educational Institution to Support of Health Care Faculty Salaries	16	14.3
Provide Other Direct Financial Support of Health Care Education	19	17.0
Work With Educational Institution to Establish New Health Care Programs	46	41.1
Provide Classroom Space or other Facilities for Educational Program	75	66.7
Serve as a Clinical Site for One or More Types of Educational Programs	96	85.7
Engage Hospital Staff in Formal Efforts to Address Educational Program Expansion and/or Other Workforce-Related Strategies	59	52.7

Although the data seem to indicate that hospitals are more likely to provide non-financial than financial support, Chart 11 shows that other urban hospitals are more likely to provide direct financial support to educational programs. For example, 21% of other urban hospitals provide support for faculty salaries, compared with 10% of large urban and 16% of rural hospitals. Similarly, one-third of other urban hospitals pay their staff while the staff serve as faculty for educational programs; only 24% of large urban and 21% of rural do so.

Chart 11
Support Provided to Health Care Education Programs, by Location



SUPPORTING EMPLOYEES ENROLLED IN HEALTH CARE CURRICULA

Another way health care organizations can assist in the development of the health care workforce is through supporting their employees' education. The survey asked respondents to indicate how they support current employees who are enrolled in formal health care curricula that lead to a professional registration or certificate, or to a college or graduate degree. This would include, for example, a physical therapist assistant who has entered an educational program to become a physical therapist.

Survey results shown in Table 10 indicate that almost 94% of hospitals provide tuition reimbursement to their employees pursuing additional health care education, and 58% provide flex time to ease the work-education balance. Along with loan forgiveness (provided by nearly half of respondents), these activities are traditional benefits hospitals have made available for years.

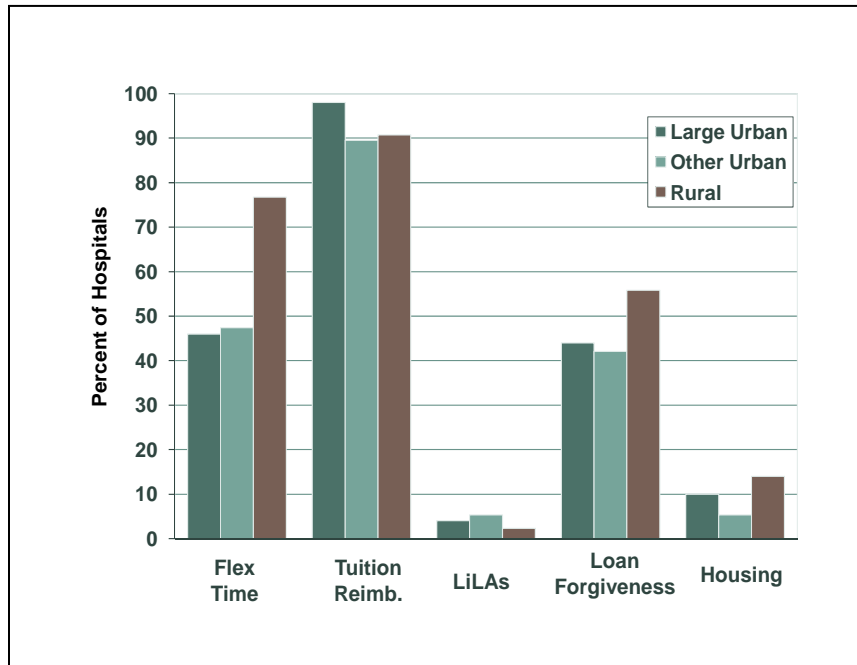
Less traditional – and less frequently offered – benefits include housing for out-of-town or foreign students (provided by 11%) and Lifelong Learning Accounts (LiLAs), which assist staff in financing their education by allowing employers to match account funds. At the time of the survey, less than 4% of organizations surveyed were using LiLAs.

Table 10
Activities Hospitals Undertake in Support of Employees' Education

Hospital Activities	n	%
Flex Time for Employees Pursuing Health Care Education	65	58.0
Tuition Reimbursement for Employees	105	93.8
Employer-matched Accounts Used to Finance Staff Education (LiLAs)	4	3.6
Loan Forgiveness	54	48.2
Housing for Out-of-Town/Out-of-State or Foreign Students	12	10.7

The ways in which hospitals support employees' healthcare education also varies by location, as Chart 12 shows. Overall, approximately 60% of hospitals report making flex time available to employees who are in an educational program. Almost 80% of rural hospitals offer their employees this benefit; less than one-half of urban hospitals provide it. Loan forgiveness is offered to about 44% of employees in large and other urban hospitals, but to 57% of employees at rural hospitals. Rural hospitals are also somewhat more likely to provide student housing.

Chart 12
Support for Employees' Education,
By Hospital Location



COSTS INCURRED IN DEVELOPING NEW WORKERS AND SUPPORTING HEALTH CARE EDUCATION

To summarize, the survey categorized activities that hospitals undertake to expand the health care workforce into three groups:

- Efforts to educate and interest students and the public in health care occupations,
- Direct support of health care education programs, and
- Support to current employees who are enrolled in health care education programs.

Hospitals' expenditures for these activities vary widely and depend on the nature of the activities undertaken and the number of people targeted. For example, the cost of offering scholarships is likely to be higher than the cost of offering periodic hospital tours – and the cost of scholarships will depend on the number of people supported.

Survey results show that in 2007 the median hospital spent \$26,000 on activities designed to develop interest in health care careers, \$27,000 in direct support of health care educational programs, and \$58,380 to support employees officially enrolled in a formal health care curriculum leading to a professional registration or certificate or a college degree. It should be noted that these are almost

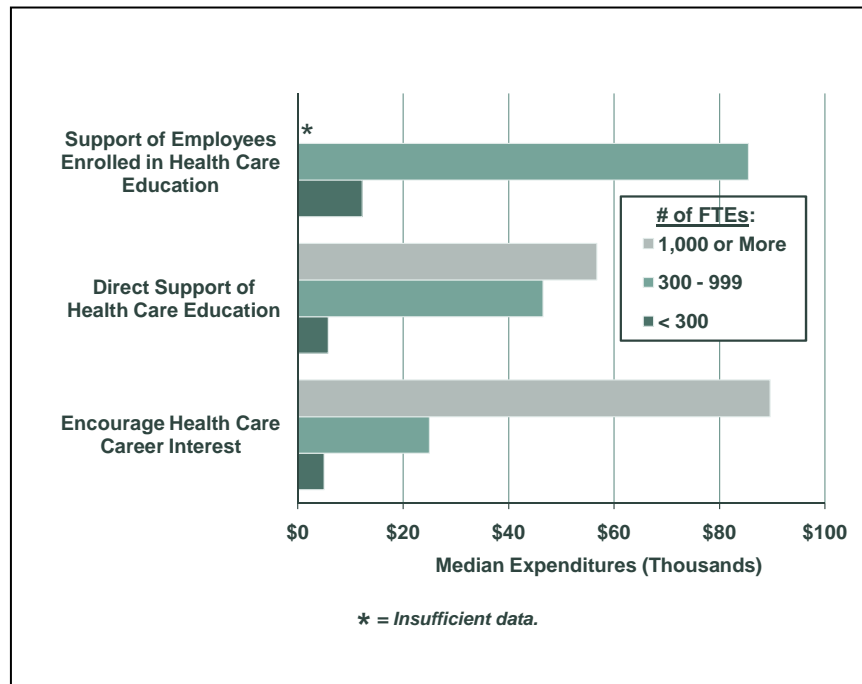
certainly conservative estimates. Although respondents were asked to provide both direct and indirect costs, these data largely reflect only direct costs; few hospitals were able to provide the indirect costs associated with such programs.

Not surprisingly, the costs that hospitals incur in these activities depend on the number of FTEs employed, with the smallest hospitals (those with fewer than 300 FTEs) spending the least on programs and initiatives to develop new workers and support health care education.

The most dramatic differences are between the largest organizations (1,000 FTEs or more) and others. Hospitals with 1,000 or more FTEs spent:

- Three times more than any other group on programs designed to raise awareness among students and members of the public about health care career opportunities,
- Ten times more than small hospitals on expenditures supporting health care education programs.

Chart 13
Most Costs Are Incurred in Support of Employees' Health Care Education



THE AGING WORKFORCE

The American population is graying, with an estimated 76 million baby boomers currently nearing retirement. As this population ages, the need for health care services is expected to increase dramatically. At the same time, the workers who provide those services are aging and also entering retirement. Although the current economic climate may defer some employees' retirements, there remains a real concern about the future availability of workers to meet growing health care utilization. Concerns are fueled by data projecting a shortage of 21,000 nurses in Illinois by 2020 (HRSA, 2002), and by data from the Illinois Department of Professional Regulation showing that Illinois' licensed nursing workforce is aging. It is expected that other groups of health care professionals are also aging and may be in short supply in the coming years.

ESTIMATING THE AGE OF THE HOSPITAL WORKFORCE

In order to identify the extent to which Illinois hospitals are already dealing with an aging workforce, the IHA Workforce survey included questions designed to determine the average age of hospitals' direct patient care staff and the percent of those staff members who are age 50 or older.

The findings are displayed in Table 11. Employees' reported average age ranged from 36 to 52. Overall, the oldest employees are medical transcriptionists, with an average age of 52. They are followed by three categories of nurses, suggesting that challenges associated with an aging workforce may be felt first in the nursing department. Certified nurse anesthetists have an average age of 49, the average nurse specialist is 48, and the nurse manager is 47. LPNs have an average age of 46, as do medical coders, Licensed Clinical Social Workers, and surgical assistants.

The youngest employees are found in the therapeutic services department. Speech language pathologists have an average age of 36, OTs are, on average, 38, and PTs are 37 years old. For about one-third of the positions included in the survey, 50% or more of workers are estimated to be over age 50.

PREPARING THE WORK ENVIRONMENT FOR AN AGING WORKFORCE

As health care workers age, their employers will likely find themselves challenged to modify the physical environment to accommodate the needs of older workers, such as making devices readily available to assist with patient lifting, and establishing shorter hours or flex time to enable employees to continue working.

Survey results show that 26% of health care organizations have made changes to the work environment in the past five years specifically to accommodate older workers. Of these, about one-half expect to make additional changes within the next two years. An additional 17% have not yet made modifications to the work environment but expect to begin doing so within the next two years.

Table 11
Age of Hospital Employees

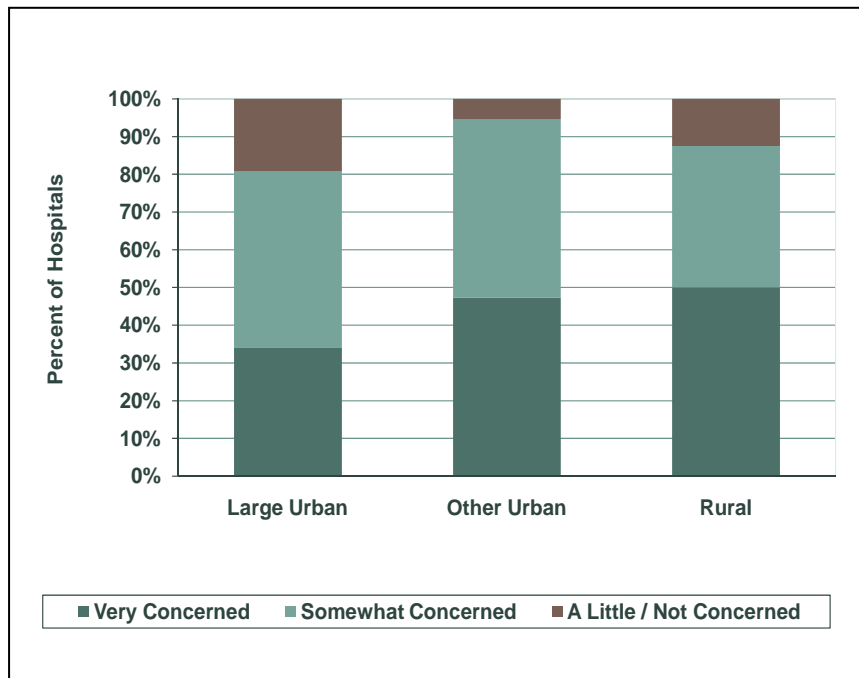
Position	Average Age*	% of Workforce Over Age 50
Dietary Services		
Licensed Dietitian Nutritionist	43.0	40.0
Medical Laboratory		
Medical Laboratory Technologist	47.0	50.0
Medical Laboratory Technician	45.0	42.0
Medical Records		
Registered Health Information Administrator (RHIA)	45.0	100.0
Registered Health Information Technician (RHIT)	44.5	42.9
Medical Transcriptionist	52.0	60.0
Medical Coder	46.0	50.0
Nursing		
Certified Nurse Anesthetist	49.0	50.0
Certified Nurse Specialist	48.0	50.0
Certified Nurse Midwife	39.5	31.5
Certified Nurse Practitioner	45.0	50.0
Nurse Manager	47.0	45.0
Registered Staff Nurse	43.0	34.0
Licensed Practical Nurse	46.0	50.0
Pharmacy		
Pharmacist	45.0	42.0
Pharmacy Technician	40.0	30.0
Radiological / Imaging		
Nuclear Medicine Technologist	42.0	42.0
Radiographer/Radiologic Technologist	40.0	24.0
Radiation Therapist	41.0	33.0
Diagnostic Medical Sonographer	43.0	28.8
Social Services		
Licensed Clinical Social Worker	46.0	50.0
Licensed Social Worker	41.5	46.5
Therapeutic Services		
Occupational Therapist	38.0	21.0
Occupational Therapy Assistant	39.0	33.2
Physical Therapist	37.0	20.0
Physical Therapy Assistant	41.0	27.0
Respiratory Care Practitioner	45.0	38.0
Respiratory Therapy Technician	43.0	50.0
Speech Language Pathologist	36.0	33.3
Audiologist	40.0	36.5
Other Positions		
Surgical Technologist	41.0	26.1
Surgical Assistant	46.0	50.0

**The survey question asked respondents to report their employees' average age. Data displayed in this table are medians.*

Respondents were asked to consider their workforce challenges overall, including the age of their workforce, the level of difficulty in recruiting and retaining staff, and the expected demand for services in their market area in the next five to 10 years. They were asked to indicate their level of concern with their institution's ability to meet future demands for services. Overall, 42% indicated that they are "extremely concerned" about the impact of workforce issues on their organization's ability to meet future challenges, and an additional 43% said that they were "somewhat concerned."

Respondents from hospitals in large urban areas appear to be most confident about their organizations' ability to meet future needs; only 34% indicated that they were very concerned, compared to 47% of other urban hospitals and 50% of rural hospitals. Almost 20% of large urban hospitals indicate that they are only a little or not at all concerned; just 5% of other urban and 13% of rural hospitals communicated this level of confidence

Chart 14
Concerns About the Impact of Workforce Issues on Ability to Meet Future Needs



Appendix A - Methodology

SURVEY DEVELOPMENT AND ADMINISTRATION

The IHA 2008 Workforce Survey was developed in March 2008 as an Adobe Acrobat form, giving recipients the choice of completing and submitting the survey electronically, saving it and submitting it via email, or printing it, completing it manually, and faxing it to IHA.

The survey was piloted with the 21 hospitals that made up the IHA Workforce Task Force at the time. The Task Force then met to discuss the survey and provide feedback; leading to modifications and the development of the final survey instrument.

The survey was sent to IHA member hospitals during the first week of May 2008. It was sent via email to CEOs, Directors of Human Resources and Chief Nurse Executives, who were asked to return their data within three weeks. Institutions that did not return their data received a reminder email at the end of May, at the end of June, and in mid-July. In addition, targeted follow-ups were made via email and telephone. Hospitals were specifically targeted for follow-up if:

- Their CEO or other leader(s) were members of the IHA Board of Directors, the IHA Policy Council, the IHA Advocacy Council, or the Small & Rural Constituency Steering Committee; or
- Their CEO identified workforce related issues as a primary concern during the most recent IHA Member Satisfaction Survey.

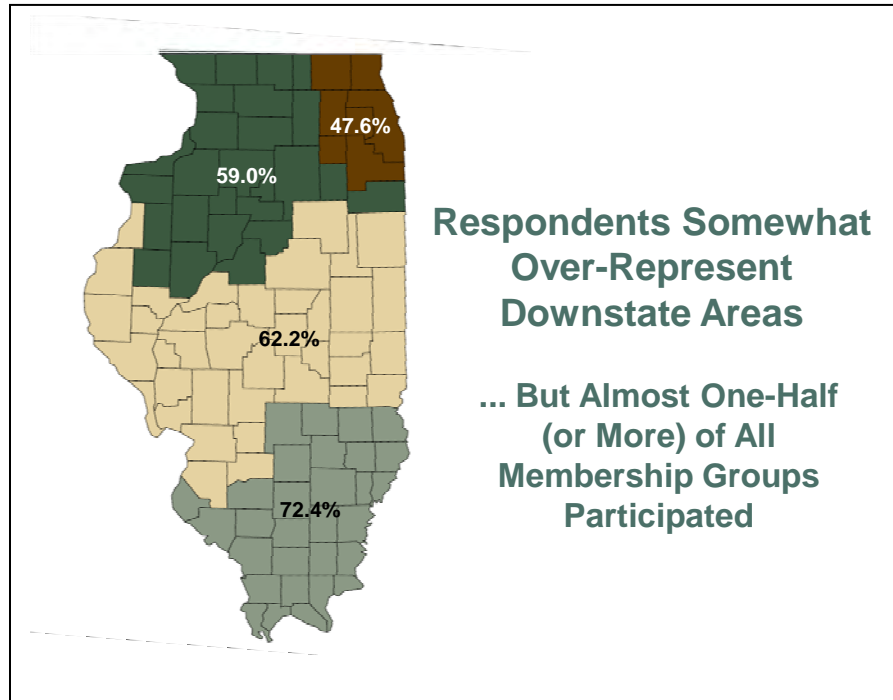
RESPONSE RATES

In all, 60.2% of members responded. Large urban hospitals and smaller hospitals were somewhat under-represented. Nevertheless, even among these groups, approximately one-half of the membership participated. This robust sample size should ensure that results are representative of the overall membership.

Table 12
Survey Response Rates by Hospital Size

# of Employees	# Responding	#% Responding
Fewer Than 250	23	46.0
250 to 749	36	59.0
750 to 1,499	28	62.2
1,500 or More	23	62.2

Chart 15
Survey Response Rates by Hospital Location



Appendix B - Survey Instrument

Illinois Hospital Association 2008 Workforce Survey

Name of Hospital _____ City _____

Person Completing Survey _____ Title _____

Phone: (____) _____ FAX: (____) _____ Email: _____

Instructions

1. Unless otherwise specified, answer all of the following questions including all employees who provide patient care services in your hospital and in your affiliated patient care organizations.
2. If you are responsible for staffing at more than one hospital, complete a separate survey for each hospital and its affiliated patient care organizations.
3. Answer all questions as completely as possible. If data are not available or not applicable to your institution, and you are completing the paper version of the survey, use the symbol (-). If data are not available/not applicable and you are completing the electronic version, insert a (-) if the field will accept this, otherwise leave the field blank.
4. Report data effective January 1, 2008 unless otherwise specified.
5. Answer questions in relation to non-exempt staff personnel unless otherwise specified. Please exclude all contract and agency staff.
6. For a definition of terms and position descriptions, refer to the glossary that was sent with this survey.
7. Please return to IHA by **May 23, 2008**.
8. If you have any questions, contact Kathy Gayda at (630) 276-5702 or kgayda@ihastaff.org.

SERVICES AND TIME PERIOD FOR WHICH YOU ARE REPORTING

1. As indicated in the survey instructions (above), you should include all employees who provide patient care services in your hospital and in your affiliated patient care organizations.

Please indicate below the patient care settings that are **included** in the data that you are reporting.

- | | |
|---|---|
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Outpatient Rehabilitation |
| <input type="checkbox"/> Inpatient Acute Care | <input type="checkbox"/> Physicians' Practice(s) |
| <input type="checkbox"/> Inpatient Behavioral Health | <input type="checkbox"/> Skilled or Intermediate Care Unit/Facility |
| <input type="checkbox"/> Inpatient Rehabilitation | <input type="checkbox"/> Other (<i>Please specify</i>) |
| <input type="checkbox"/> Off-site Ambulatory Care | _____ |
| <input type="checkbox"/> On-Site Ambulatory Care | _____ |
| <input type="checkbox"/> Outpatient Behavioral Health | _____ |

7. IHA is interested in identifying the patient care departments for which you find **recruiting of licensed and/or professional staff** most challenging. Recognizing that recruiting differs for different positions within a department, please indicate generally which departments in your institution are most difficult to staff.

Please **rank** these departments in order of the level of recruiting difficulty, where 1=Most Difficult to Staff. (If your organization outsources a department/service, leave that rank blank.)

	<u>Rank</u>		<u>Rank</u>
Dietary Services	_____	Nursing	_____
Medical Laboratory	_____	Pharmacy	_____
Medical Records	_____	Radiological / Imaging	_____
Medical Staff (<i>Indicate Type(s) of Physicians</i>):		Social Services	_____
_____	_____	Therapeutic Services	_____
_____	_____	Other (<i>Please specify</i>)	
_____	_____	_____	_____
_____	_____	_____	_____

8. Show which of the following factors are most responsible for the recruiting difficulties that you experience in each department by **ranking** each factor from 1 to 6, where 1 = Most Responsible for Difficulty in Recruiting and 6 = Least Responsible for Difficulty in Recruiting.

Factors Most Responsible for Recruiting Difficulties:

1= Factor Most Responsible for Difficulty in Recruiting
6 = Least Responsible for Difficulty in Recruiting

	Shortage of Qualified Applicants	Negative Perceptions of Your Region or Community	Competition with Non-Hospital Employers	Salary Levels You Can Pay	Positions Require Undesirable Hours/Shifts	Other Reason(s)
Dietary Services	_____	_____	_____	_____	_____	_____
Medical Laboratory	_____	_____	_____	_____	_____	_____
Medical Records	_____	_____	_____	_____	_____	_____
Medical Staff (<i>Indicate Type(s) of Physicians</i>):						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Nursing	_____	_____	_____	_____	_____	_____
Pharmacy	_____	_____	_____	_____	_____	_____
Radiological/Imaging	_____	_____	_____	_____	_____	_____
Social Services	_____	_____	_____	_____	_____	_____
Therapeutic Services	_____	_____	_____	_____	_____	_____
Other (<i>Please specify</i>)						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

9. IHA would also like to identify the departments for which **retention of licensed and/or professional staff** is most challenging. Please indicate in which departments it is generally most difficult to retain staff beyond the first year of employment.

Please **rank** these departments in order of retention difficulty, where 1=Most Difficult and 8=Least Difficult to Retain. (If your hospital outsources a department/service, then leave that rank blank.)

	<u>Rank</u>		<u>Rank</u>
Dietary Services	_____	Nursing	_____
Medical Laboratory	_____	Pharmacy	_____
Medical Records	_____	Radiological / Imaging	_____
Medical Staff (<i>Indicate Type(s) of Physicians</i>):		Social Services	_____
_____	_____	Therapeutic Services	_____
_____	_____	Other (<i>Please specify</i>)	
_____	_____	_____	_____
_____	_____	_____	_____

10. Using the time period you indicated in Question 2, please complete the table that begins on the following page.

To use a calendar year: Indicate the number of FTEs budgeted and the number of FTE openings on January 1, 2008. Give the number of employees (people, not FTEs) on payroll on January 1, 2007 and the number of separations that occurred during 2007.

To use your fiscal year: Indicate the number of FTEs budgeted and the number of FTE openings on the first day of your current fiscal year. Give the number of employees on payroll on the first day of your most recently completed fiscal year and the number of separations that occurred during that fiscal year.

PLEASE NOTE:

For All FTE and Employee Counts: Exclude employees on family, medical or disability leave and those who provide per diem services to your organization.

Budgeted FTEs: Include filled positions and vacant positions for which the organization was recruiting at the specified time.

Separations: Include in separated staff any employees who were permanently removed from that position in the organization for any reason, including voluntary, involuntary, or an employee's acceptance of a different position within the organization (e.g., PT assistant to PT). Note that separations are defined differently for this question than they are in Question 5.

For Each Occupational Category: Refer to the glossary for position descriptions. If you employ multiple levels of a certain professional (e.g., Occupational Therapists and Senior Occupational Therapists), include all levels in the category specified in the survey. In the preceding example, Occupational Therapists and Senior Occupational Therapists would both be included in the survey category of "Occupational Therapist."

<i>Personnel by Occupational Category</i>	January 1, 2008 OR First day of Current FY		January 1, 2007 OR First day of Previous FY	Calendar Year 2007 OR Most Recently Completed FY
	Budgeted FTEs	FTE Openings	Employees (not FTEs) on Payroll	Employees (not FTEs) Separated
	<i>Dietary Services</i>			
Licensed Dietitian Nutritionist				
<i>Medical Laboratory</i>				
Medical Lab Technologist				
Medical Lab Technician				
<i>Medical Records</i>				
Registered Health Information Administrator – RHIA				
Registered Health Information Technician - RHIT				
Medical Transcriptionist				
Medical Coder				
<i>Nursing</i>				
Certified Nurse Anesthetist				
Certified Nurse Specialist				
Certified Nurse Midwife				
Certified Nurse Practitioner				
Nurse Manager				
Registered Staff Nurse				
Licensed Practical Nurse				

<i>Personnel by Occupational Category</i>	January 1, 2008		January 1, 2007	Calendar Year 2007
	OR		OR	OR
	First day of Current FY		First day of Previous FY	Most Recently Completed FY
	Budgeted FTEs	FTE Openings	Employees (not FTEs) on Payroll	Employees (not FTEs) Separated
<i>Pharmacy</i>				
Pharmacist				
Pharmacy Technician				
<i>Radiological / Imaging</i>				
Nuclear Medicine Technologist				
Radiographer/Radiologic Technologist				
Radiation Therapist				
Diagnostic Medical Sonographer				
<i>Social Services</i>				
Licensed Clinical Social Worker				
Licensed Social Worker				
<i>Therapeutic Services</i>				
Occupational Therapist				
Occupational Therapy Assistant				
Physical Therapist				
Physical Therapy Assistant				
Respiratory Care Practitioner				
Respiratory Therapy Technician				
Speech Language Pathologist				
Audiologist				

<i>Personnel by Occupational Category</i>	January 1, 2008		January 1, 2007	Calendar Year 2007
	OR		OR	OR
	First day of Current FY		First day of Previous FY	Most Recently Completed FY
	Budgeted FTEs	FTE Openings	Employees (not FTEs) on Payroll	Employees (not FTEs) Separated
<i>Other Positions</i>				
Surgical Technologist				
Surgical Assistant				

11. Some health care organizations, particularly those that have experienced difficulty hiring certain types of health care professionals, have stopped budgeting for those positions - or are budgeting for fewer than they would employ if a sufficient supply of qualified staff were available.

For each of the following positions, indicate for how many additional FTEs (if any) you would budget if those professionals were not in short supply.

(If you are completing the electronic version of the survey, your budgeted FTEs from Question 10 have been transferred to the columns labeled "FTEs Budgeted 1/1/08.")

<i>Occupation</i>	<i>FTEs Budgeted 01/01/08</i>	<i># FTEs You Would Add to Budget</i>	<i>Occupation</i>	<i>FTEs Budgeted 01/01/08</i>	<i># FTEs You Would Add to Budget</i>
Licensed Dietitian Nutritionist			Certified Nurse Specialist		
Medical Lab Technologist			Certified Nurse Midwife		
Medical Lab Technician			Certified Nurse Practitioner		
Registered Health Information Administrator – RHIA			Nurse Manager		
Registered Health Information Technician – RHIT			Registered Nurse Staff		
Medical Transcriptionist			Licensed Practical Nurse		
Medical Coder			Pharmacist		
Certified Nurse Anesthetist			Pharmacy Technician		

Occupation	FTEs Budgeted 01/01/08	# FTEs You Would Add to Budget	Occupation	FTEs Budgeted 01/01/08	# FTEs You Would Add to Budget
Nuclear Medicine Technologist			Physical Therapist		
Radiographer/ Radiologic Technologist			Physical Therapy Assistant		
Radiation Therapist			Respiratory Care Practitioner		
Diagnostic Medical Sonographer			Respiratory Therapy Technician		
Licensed Clinical Social Worker			Speech Language Pathologist		
Licensed Social Worker			Audiologist		
Occupational Therapist			Surgical Technologist		
Occupational Therapy Assistant			Surgical Assistant		

HOSPITAL EFFORTS TO RECRUIT AND RETAIN EMPLOYEES

12. Which of the following activities does your organization currently undertake in order to create interest in health occupations among students and other members of the public? (*Check all that apply.*)

- | | |
|--|--|
| <input type="checkbox"/> Hold career fairs | <input type="checkbox"/> Offer internships for interested students |
| <input type="checkbox"/> Provide networking opportunities (e.g., receptions, brown bag lunches with high school or other students) | <input type="checkbox"/> Provide scholarships for members of the public (exclude scholarships provided for hospital employees) |
| <input type="checkbox"/> Hold or participate in health care summer camps | <input type="checkbox"/> Offer other financial incentives |
| <input type="checkbox"/> Provide health care-oriented classroom presentations | <input type="checkbox"/> Other (<i>Please describe</i>) |
| <input type="checkbox"/> Participate in a Health Care Occupation program (a formal integrated curriculum with a local high school) | _____ |
| <input type="checkbox"/> Make hospital tours available to students | _____ |
| <input type="checkbox"/> Offer job shadowing | |

13. Review the activities that you listed in Question 12. What were the costs to your organization of these activities during 2007?

Direct Costs: \$ _____

Indirect Costs: \$ _____

14. Please indicate which of the following activities your organization has undertaken in direct support of higher education in health care. *(Check all that apply.)*

- Allow hospital staff to serve as faculty while educational institution(s) pays hospital for staff time
- Pay for qualified hospital staff to serve as faculty at educational institution(s)
- Provide financial support to educational institution(s) specifically in support of health care faculty salaries
- Provide other direct financial support of health care education at one or more educational institution(s)
- Work with educational institution(s) to establish new health care programs
- Provide classroom space or other facilities for educational program(s)
- Serve as a clinical site for one or more types of educational programs
- Engage hospital staff in formal consortia/coalition efforts to address educational program expansion and/or other strategies to address workforce shortages
- Other *(Please describe)*

15. Review the activities that you listed in Question 14. What were the costs to your organization of these activities during 2007?

Direct Costs: \$ _____

Indirect Costs: \$ _____

16. Which of the following activities has your organization undertaken in support of employees who are officially enrolled in a formal health care curriculum leading to a professional registration or certificate, and/or a college degree? *(Exclude support provided only for students pursuing continuing education credits.)*

- Flex time for current employees who are pursuing a health care education
- Tuition reimbursement for employees
- Lifelong Learning Accounts (LiLAs) – i.e., employer-matched accounts used to finance staff education
- Loan forgiveness
- Housing for out-of-town/out-of-state or foreign students
- Other *(Please describe)* _____

17. Review the activities that you listed in Question 16. What were the costs to your organization of these activities during 2007?

Direct Costs: \$ _____

Indirect Costs: \$ _____

EMPLOYEE AGE AND EXPECTATIONS FOR RETIREMENT

18. In the past five years, has your organization made any changes to the work environment specifically for the purpose of accommodating aging employees (i.e., employees over the age of 50)?

Yes

No

19. If yes, please describe the changes that have been made.

20. Is your organization planning to make any changes (or any additional changes) to the work environment **in the next two years** specifically for the purpose of accommodating aging employees?

Yes

No

21. If yes, please describe the changes that are planned.

SURVEY CONTINUES ON NEXT PAGE

22. Please use the table below to estimate the average age of your current employees and the percentage of employees in each type of position who are over the age of 50.

	Average Age	% Over Age 50
<i>Dietary Services</i>		
Licensed Dietitian Nutritionist	___ yrs	_____%
<i>Medical Laboratory</i>		
Medical Lab Technologist	___ yrs	_____%
Medical Lab Technician	___ yrs	_____%
<i>Medical Records</i>		
Registered Health Information Administrator – RHIA	___ yrs	_____%
Registered Health Information Technician – RHIT	___ yrs	_____%
Medical Transcriptionist	___ yrs	_____%
Medical Coder	___ yrs	_____%
<i>Nursing</i>		
Certified Nurse Anesthetist	___ yrs	_____%
Certified Nurse Specialist	___ yrs	_____%
Certified Nurse Midwife	___ yrs	_____%
Certified Nurse Practitioner	___ yrs	_____%
Nurse Manager	___ yrs	_____%
Registered Staff Nurses	___ yrs	_____%
Licensed Practical Nurse	___ yrs	_____%
<i>Pharmacy</i>		
Pharmacist	___ yrs	_____%
Pharmacy Technician	___ yrs	_____%

	Average Age	% Over Age 50
<i>Radiological / Imaging</i>		
Nuclear Medicine Technologist	____ yrs	____%
Radiographer / Radiologic Technologist	____ yrs	____%
Radiation Therapist	____ yrs	____%
Diagnostic Medical Sonographer	____ yrs	____%
<i>Social Services</i>		
Licensed Clinical Social Worker	____ yrs	____%
Licensed Social Worker	____ yrs	____%
<i>Therapeutic Services</i>		
Occupational Therapist	____ yrs	____%
Occupational Therapy Assistant	____ yrs	____%
Physical Therapist	____ yrs	____%
Physical Therapy Assistant	____ yrs	____%
Respiratory Care Practitioner	____ yrs	____%
Respiratory Therapy Technician	____ yrs	____%
Speech Language Pathologist	____ yrs	____%
Audiologist	____ yrs	____%
<i>Other Positions</i>		
Surgical Technologist	____ yrs	____%
Surgical Assistant	____ yrs	____%

SURVEY CONTINUES ON NEXT PAGE

23. Consider your operating environment overall, including recruitment, retention, the age of your workforce, and similar factors that affect the adequacy of your hospital's workforce.

Identify the **three types of positions that you find most challenging and with which you expect IHA's assistance.** (*Rank the positions where 1 = Most Challenging and 3 = Third Most Challenging.*)

Indicate, if you can, the type(s) of assistance that are most likely to be useful to you.

Most Challenging Types of Positions	Rank	Describe Types of Assistance Desired:
Dietary Services	_____	_____
Medical Laboratory	_____	_____
Medical Records	_____	_____
Medical Staff (<i>Indicate Type(s) of Physicians</i>):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Nursing	_____	_____
Pharmacy	_____	_____
Radiological / Imaging	_____	_____
Social Services	_____	_____
Therapeutic Services	_____	_____
Other (<i>Please specify</i>)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. Consider the age of your workforce, the level of difficulty you currently have in recruiting and retaining staff, and the demand for services you expect to see in your market area in the next five to ten years. How concerned are you about the ability of your hospital to meet those future demands for services?

Very Concerned Somewhat Concerned A Little Concerned Not at All Concerned

25. What other workforce-related issues present the greatest challenges for your hospital?

THANK YOU!

PLEASE SUBMIT YOUR COMPLETED SURVEY TO IHA BY *MAY 23, 2008*.
SEE BELOW FOR SURVEY RETURN INSTRUCTIONS.

Questions? Please contact:

Kathy Gayda
Director, Policy Information & Analysis
(630) 276-5702 or kgayda@ihastaff.org

IHA 2008 Workforce Survey Instructions for Survey Submission

PLEASE COMPLETE AND SUBMIT THE SURVEY BY *MAY 23, 2008*.

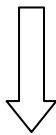
You may submit your data electronically

OR

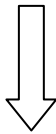
Via fax

INSTRUCTIONS FOR ELECTRONIC COMPLETION / EMAIL SUBMISSION

1. Note: If you would like to be able to save this form with partially complete and/or complete data, you will need to have installed Adobe Acrobat Reader version 8 or higher.
2. Save this form. (Note: it will save as an Adobe document, with an extension of pdf.)
3. Complete the survey following the instructions in the survey document.
4. To return the completed survey, click the "Submit" button (below) and follow the instructions. (Note: you may see two messages about sending the survey – this is OK – check the "Sent" folder in your email application to see that the email was sent.
5. To let IHA know that your form has been submitted, click on the "Notify IHA" button. This will ensure that any problems in receiving your emailed submission are identified and that IHA staff follow up with you.
6. Look for a return receipt from IHA within 1 business day of sending your survey. If you do not receive a receipt, please contact Marsha Curtis at (630) 276-5504.



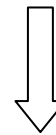
Click here to send your data electronically (via email)



To inform IHA that your survey has been sent via email, click here:

INSTRUCTIONS FOR PAPER COMPLETION / FAX BACK

1. Print (and, if desired, save) this form.
2. Fax to Marsha Curtis at (630) 276-5505.
3. Look for a return receipt from IHA within 1 business day of receiving your survey. If you do not receive a receipt, please contact Marsha Curtis at (630) 276-5504.



To inform IHA that your survey has been sent via fax, go to:

<http://www.zoomerang.com/Survey/?p=WEB227SM9PFLVA>

No matter how you choose to return it...

***THANK YOU FOR YOUR ASSISTANCE
WITH THIS IMPORTANT SURVEY!***



Illinois Hospital Association 2008 Hospital Workforce Survey

Glossary

DIETARY SERVICES

*Licensed Dietitian Nutritionist–

A person licensed in Illinois to practice dietetics, including the provision of “medical nutrition care,” dealing with : (a) interpreting and recommending nutrient needs relative to medically prescribed diets, including, but not limited to tube feedings, specialized intravenous solutions, and specialized oral feedings; (b) food and prescription drug interactions; (c) developing and managing food service operations, whose chief function is nutrition care and provision of medically prescribed diets; and (d) instructing individuals and groups in the application of nutrition principles to the selection of food.

MEDICAL LABORATORY

**Medical Laboratory Technologist (also known as Clinical Laboratory Technologist)

Medical laboratory technologists perform complex chemical, biological, hematological, immunologic, microscopic, and bacteriological tests. Clinical laboratory technologists evaluate test results, develop and modify procedures, and establish and monitor programs, to ensure the accuracy of tests. Some clinical laboratory technologists may supervise clinical laboratory technicians.

**Medical Laboratory Technician (also known as Clinical Laboratory Technician)

Clinical laboratory technicians perform less complex tests and laboratory procedures than technologists do. They usually work under the supervision of clinical laboratory technologists or laboratory managers.

MEDICAL RECORDS

**Registered Health Information Administrator – RHIA (also known as Medical Records Administrator – MRA/RRA)

Registered Health Information Administrators are responsible for the maintenance and security of all patient records. Recent regulations enacted by the Federal Government require that all health care providers maintain electronic patient records and that these records be secure. As a result, health information managers must keep up with current computer and software technology and with legislative requirements. In addition, as patient data become more frequently used for quality management and in medical research, health information managers ensure that databases are complete, accurate, and available only to authorized personnel.

**Registered Health Information Technician – RHIT (also known as Medical Records Technician – MRT/ART)

Registered Health Information Technicians assemble patients' health information, making sure that patients' initial medical charts are complete, that all forms are completed and properly identified and authenticated, and that all necessary information is in the computer. They regularly communicate with physicians and other health care professionals to clarify diagnoses or to obtain additional information. Technicians regularly use computer programs to tabulate and analyze data to improve patient care, better control cost, provide documentation for use in legal actions, or use in research studies.

**Medical Transcriptionist

Medical transcriptionists listen to dictated recordings made by physicians and other health care professionals and transcribe them into medical reports, correspondence, and other administrative materials. Medical transcriptionists return transcribed documents to the physicians or other health care professionals who dictated them for review and signature or correction. These documents eventually become part of patients' permanent files.

**Medical Coder

Medical record coders assign a code to each diagnosis and procedure, relying on their knowledge of disease processes. Technicians then use classification systems software to assign the patient to one of several hundred "diagnosis-related groups," or DRGs.

NURSING

Advanced Practice Nurse

A person who has met the qualifications for a (i) certified nurse midwife (CNM); (ii) certified nurse practitioner (CNP); (iii) certified registered nurse anesthetist (CRNA); or (iv) clinical nurse specialist (CNS).

*Certified Nurse Anesthetist (CRNA)

A nurse licensed in Illinois as a CRNA who performs anesthesia assessment and evaluations, administers anesthesia, and cares for patients in the perioperative period.

*Certified Nurse Specialist (CNS)

A nurse licensed in Illinois as a CNS with advanced education, knowledge, clinical skills and competencies in a specialized area of nursing and health care. The CNS provides nursing care to clients and guidance, education, and consultation for other nursing personnel. He/she is a Registered Nurse with a Master of Science degree in advanced nursing practice and is certified in his/her specialty.

*Certified Nurse Midwife (CNM)

A nurse licensed in Illinois who manages maternal and perinatal care in normal pregnancy, labor, and childbirth. CNMs also provide post-partum assistance and teaching to new mothers, and provide inter-conceptual care and family planning services.

*Certified Nurse Practitioner (CNP)

A nurse licensed in Illinois as a CNP who has successfully completed a formal program of study designed to prepare registered nurses to provide primary health care through diagnosis, clinical judgment, and management abilities to restore, maintain, and improve the health status of patients.

*Nurse Manager

For purposes of this survey, include in this category all Registered Nurses employed by the hospital who are not accounted for elsewhere in the survey. Typical positions will be head or charge nurse, supervisors, quality improvement coordinator, discharge planner, etc.

*Registered Staff Nurse (RN)

A nurse licensed in Illinois as an RN who is responsible for the nature and quality of all direct nursing care that patients receive. Does not include a registered nurse more appropriately reported as manager. (See Nurse Manager.)

*Licensed Practical Nurse

A nurse licensed in Illinois who performs nursing acts requiring the basic nursing knowledge, judgment, and skill acquired by means of completion of an approved practical nursing education program. Practical nursing includes assisting in the nursing process as delegated by a registered professional nurse or an advanced practice nurse.

*Licensed by the Illinois Department of Professional Regulation

**Unlicensed Position

PHARMACY

*Pharmacist

A person licensed in Illinois to provide pharmaceutical care to patients as determined by the pharmacist's professional judgment in the following areas, which may include but are not limited to (1) the interpretation and the provision of assistance in the monitoring, evaluation, and implementation of prescription drug orders; (2) the dispensing of prescription drug orders; (3) participation in drug and device selection; (4) drug administration limited to the administration of oral, topical, injectable, and inhalation drugs; (5) drug regimen review; (6) drug or drug-related research ; (7) the provision of patient counseling; (8) the practice of telepharmacy; (9) the provision of those acts or services necessary to provide pharmacist care; (10) medication therapy management; and (11) the responsibility for compounding and labeling of drugs and medical devices.

*Pharmacy Technician

A person who is licensed in Illinois to assist the pharmacist, under supervision, and who may perform such functions as assisting in the dispensing process, offering counseling, receiving new verbal prescription orders, and having prescriber contact concerning prescription drug order clarification.

RADIOLOGICAL/IMAGING

**Nuclear Medicine Technologist

Nuclear medicine technologists operate cameras that detect and map the radioactive drug in a patient's body to create diagnostic images. After explaining test procedures to patients, technologists prepare a dosage of the radiopharmaceutical and administer it by mouth, injection, inhalation, or other means and start a gamma scintillation camera, or "scanner." The images are produced on a computer screen or on film for a physician to interpret. When preparing radiopharmaceuticals, technologists adhere to safety standards that keep the radiation exposure as low as possible to workers and patients. Technologists keep patient records and document the amount and type of radionuclides that they receive, use, and discard.

**Radiographer/Radiologic Technologist

Radiographers produce x-ray films of parts of the human body for use in diagnosing medical problems. Radiographers must follow physicians' orders precisely and conform to regulations concerning the use of radiation to protect themselves, their patients, and their coworkers from unnecessary exposure. In addition to preparing patients and operating equipment, radiologic technologists keep patient records and adjust and maintain equipment.

**Radiation Therapist

Radiation therapists use machines – called linear accelerators – to administer radiation treatment to patients. The radiation therapist develops a treatment plan in conjunction with a radiation oncologist. During the treatment phase, the radiation therapist monitors the patient's physical condition to determine if any adverse effects are taking place, keeping detailed records of their patients' treatments.

**Diagnostic Medical Sonographer

Diagnostic medical sonographers use special equipment to direct nonionizing, high frequency sound waves into areas of the patient's body. Viewing the screen during the scan, sonographers look for subtle visual cues that contrast health areas with unhealthy ones. They decide whether the images are satisfactory for diagnostic purposes and select which ones to store and show to the physician. Sonographers take measurements, calculate values, and analyze the results in preliminary findings for the physicians.

SOCIAL SERVICES

*Licensed Clinical Social Worker

A person who is licensed in Illinois providing mental health services for the evaluation, treatment, and prevention of mental and emotional disorders in individuals, families and groups based on knowledge and theory of professional accepted theoretical structures, including, but not limited to, psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships and environmental stress.

*Licensed Social Worker

A person licensed in Illinois who holds a license authorizing the practice of social work, which includes social services to individuals, group or communities in any one or more of the fields of social casework, social group work, community organization for social welfare, social work research, social welfare administration or social work education. Social casework and social group work may also include clinical social work, as long as it is not conducted in an independent practice.

THERAPEUTIC SERVICES

*Occupational Therapist

A person licensed in Illinois who uses therapeutic use of purposeful and meaningful occupations or goal-directed activities to evaluate and provide interventions for individuals and populations who have a disease or disorder, an impairment, an activity limitation, or a participation restriction that interferes with their ability to function independently in their daily life roles and to promote health and wellness. Occupational therapy intervention may include any of the following: (a) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes; (b) adaption of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance; (c) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and (d) health promotion strategies and practices that enhance performance abilities.

*Occupational Therapy Assistant

A person licensed in Illinois to assist in the practice of occupational therapy under the supervision of a licensed occupational therapist, and to implement the occupational therapy treatment program as established by the licensed occupational therapist. Such program may include training in activities of daily living, the use of therapeutic activity including task oriented activity to enhance functional performance, and guidance in the selection and use of adaptive equipment.

*Physical Therapist

A person licensed in Illinois who examines, evaluates and tests individuals who may have mechanical, physiological, or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions, classifying these disorders, determining a rehabilitation prognosis and plan of therapeutic intervention, and assessing the on-going effects of the interventions. A physical therapist alleviates impairments, functional limitations, or disabilities by designing, implementing and modifying therapeutic interventions and also reduces the risk of injury, impairment, functional limitations or disability, including the promotion and maintenance of fitness, health and wellness. Physical therapists engage in administration, consultation, education and research. Physical therapy includes, but is not limited to: (a) performance of specialized tests and measurements; (b) administration of specialized treatment procedures; (c) interpretation of referrals from physicians, dentists, advanced practice nurses, physician assistants, and podiatrists; (d) establishment and modification of physical therapy treatment programs; (3) administration of topical medicine used in generally accepted physical therapy procedures when such medication is prescribed by the patients' physician; and (f) supervision or teaching of physical therapy.

*Physical Therapy Assistant

A person licensed in Illinois working under the supervision of a licensed physical therapist to assist in implementing the physical therapy treatment program as established by the licensed physical therapist. The patient care activities provided by the physical therapist assistant shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

*Respiratory Care Practitioner

A person registered in Illinois who is engaged in the practice of cardiorespiratory care and has the knowledge and skill necessary to administer respiratory care. The Respiratory Care Practitioner serves as a resource to the physician in relation to the technical aspects of cardiorespiratory care and the safe and effective methods for administering cardiorespiratory care modalities and is able to function in situations of unsupervised patient contact requiring great individual judgment.

**Respiratory Therapy Technician

A person who specializes in the technical details of general respiratory therapeutics. May assume clinical responsibility for specified respiratory care modalities involving the application of well-defined therapeutic techniques under the direct or indirect supervision of a Respiratory Care Practitioner or physician.

*Speech-Language Pathologist

A person who is licensed in Illinois to diagnose and evaluate speech and language abilities and plan, direct, and conduct rehabilitative treatment programs to restore or develop communication skills. The practice of speech-language pathology is the application of nonmedical methods and procedures for the identification, measurement, testing, appraisal, prediction, habilitation, rehabilitation, and modification related to communication development, and disorders or disabilities of speech, language, voice, swallowing, and other speech, language and voice related disorders. The practice includes: (a) hearing screening tests and aural rehabilitation procedures consistent with speech-language pathology training; (b) tasks, procedures, acts or practices that are necessary for the evaluation of, and training in the use of, augmentative communication systems, communication variation, cognitive rehabilitation, non-spoken language production and comprehension.

*Audiologist

A person licensed in Illinois who engages in the practice of audiology, which is the application of nonmedical methods and procedures for the identification, measurement, testing, appraisal, prediction, habilitation, rehabilitation, or instruction related to hearing and disorders of hearing. The practice of audiology may include, but shall not be limited to the following: (a) any task, procedure, act, or practice that is necessary for the evaluation of hearing or vestibular function; (b) training in the use of amplification, including hearing aids; (c) performing basic speech and language screening tests and procedures consistent with audiology training.

OTHER POSITIONS

**Surgical Technologist

Surgical technologists assist in surgical operations under the supervision of surgeons, registered nurses, or other surgical personnel. Surgical technologists are members of operating room teams, which most commonly include surgeons, anesthesiologists, and circulating nurses. During surgery, technologists pass instruments and other sterile supplies to surgeons and surgeon assistants. They may hold retractors, cut sutures, and help count sponges, needles, supplies, and instruments. Surgical technologists help prepare, care for, and dispose of specimens taken for laboratory analysis and help apply dressings.

**Surgical Assistant

Certified surgical technologists with additional specialized education or training may act in the role of the surgical first assistant. The surgical first assistant, as defined by the American College of Surgeons (ACS), provides aid in exposure, hemostasis, and other technical functions under the surgeon's direction that help the surgeon carry out a safe operation.