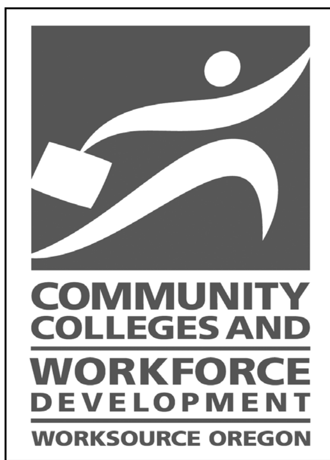

Community College Healthcare Action Plan

Concepts and Strategy, version 1.2
January 2003

Background

Oregon and the nation is becoming increasingly alarmed at shortages of healthcare workers in many areas. In spring of 2002, the Department of Community Colleges and Workforce Development (CCWD) issued a report, *Health Education and Training: What Community Colleges Can Do*, that provided an orientation for individuals and groups concerned with the crisis. It identified problems in recruitment and retention, workplace conditions, regulatory issues, but primarily focused on the fact that the capacity of our healthcare education programs could not meet the current nor projected demand. It concluded by stressing the need for educators to work together in new, innovative, and collaborative partnerships to solve the tough problems facing Oregon.

By Spring 2002, the Oregon Workforce Investment Board (OWIB) had investigated the crisis and compiled its Preliminary Report on its Healthcare Employment Initiative (final report issued Fall 2002). Concurrently, the Legislative Interim Task Force on Healthcare had also reviewed the shortages in the healthcare employment sector and issued its recommendations to the incoming legislature and governor. Using Oregon Department of Employment data and feedback from healthcare industry and education experts, both reports confirmed the urgency 1) to expand access to education and training programs across the sectors; 2) to target specific high demand programs; 3) to increase access and availability to pre-requisite courses for healthcare education programs; and 4) to utilize distance delivery more effectively.

CCWD convened a group of key stakeholders in a "Think Tank" in early 2002. They identified six Commitments in response to the emerging recommendations of the two taskforces:

1. Hire a Healthcare Specialist through ODE-OPTE and CCWD
   Theresa Levy, Health Education Specialist
2. Commit to work with industry partners to support and "resource" new and re-packaged programs and faculty.
   In the fall of 2002, the Oregon Association of Hospitals and Health Systems (OAHHS) partnered with CCWD to become sustaining members of the Oregon Health Career Center (OHCC). This partnership will bring industry and education together to find solutions and funding to expand capacity of and access to healthcare education.
3. Commit to statewide and local responses to healthcare issues.
   Community College Healthcare Action Plan (CCHAP), Winter 2003
4. Commit to three to five short-term training programs.
   See CCHAP
5. Commit to one to two statewide Distance Learning programs.
   See CCHAP
6. Improve how community colleges better share programs and information about healthcare.
   See CCHAP

The Plan Emerges

The Commitments were pursued with enthusiasm and energy. By early September 2002, a Healthcare Specialist was hired for ODE-OPTE. Understanding that strategic statements are vitalized by action plans, the Think Tank, OPTE, and CCWD planned a facilitated Gathering and invited all seventeen community colleges to send teams to participate. The Gathering was held October 7, 2002, at Chemeketa Community College.

Sixty-six persons attended, representing sixteen community colleges and several other key stakeholder groups. During the facilitated morning sessions, groups identified nine potential program areas and confirmed that the three highest immediate-focus areas were the registered nurse (RN)/ADN, the licensed practical nurse (LPN), and the certified nurse assistant (CNA) programs. The participants also focused particular interest on developing the health program pre-requisite courses and using a distributed delivery format. Additional issues permeated group discussions: better communication and sharing, common information site, enhanced clinical preceptors and sites, linkage to secondary school programs, better student preparation for entry, need for clearer career ladders.

In the afternoon small groups identified specific strategies to address the priorities and as a concluding activity, participants made commitments to follow-up work groups. This Community College Healthcare Action Plan (CCHAP) defines the strategy and next steps.

The Strategy Defined

Create a "capacity valve" through statewide program designs that aggregate and distribute courses, resources and student cohorts.

In many of the identified health service program areas, much work has been done and is under way at the local/regional level. What is needed is a collaborative statewide effort to identify the innovative ideas, programs, curricula, faculty and clinical resources and coordinate their availability and delivery to colleges and students across Oregon. By aggregating available resources, coordinating delivery schedules, courses, programs, and by utilizing distributive delivery methods, the colleges can supplement current local and regional offerings, and better respond to the cycles of supply and demand for health service workers. This maximizes program flexibility, mobility, and transferability and minimizes student travel and/or relocation.

Targeted "Statewide Programs"

Pre-requisites to post-secondary health services programs

Licensed Practical Nurse (LPN)

ADN/Registered Nurse

Program Design Elements

Aggregation—identifies existing courses and program curricula and package for statewide delivery.

Sponsorship—identify a lead community college or consortium of colleges to sponsor "programs" or cohorts.

Cohorts of students—aggregate groups of students from local, regional or statewide populations into cohorts to assure success in distributed course work; promote opportunities for multicultural and non-traditional populations.

Alternative delivery—offer program components as site-based and/or distributed delivery, using alternative schedules and locations, community-based clinicals, and appropriate

technology assisted methods (online, video-conferencing, simulated skills laboratories, etc.).

Players

Statewide Consortia/Steering Committee

A steering committee of community college healthcare educators and administrators will:

- Provide the ability to trouble-shoot and remove barriers
- Recommend and facilitate policy and procedures
- Advocate for the CCHAP strategies and projects

Research and Development Team

The Research and Development Team will be charged with the development and implementation of the CCHAP initiatives. They will:

- Define the scope and sequence of CCHAP projects
- Coordinate with participating partners to design and implement delivery to cohorts
- Continuously assess and redesign
- Systematize the delivery of sustainable statewide programs

Colleges and high schools

Voluntarily participate in one or more ways to provide:

- Course and/or instructor resources
- Student support services
- Clinical coordination and/or oversight
- Statewide program "sponsorship"

OHCC, OAHHS, and other health services industry partners

Key stakeholders who will participate by:

- Securing funding (grants, endowments, etc.) to cover expenses of segments, phases, or beta cohort demonstrations
- Coordinating fiscal services in support of individual grants or projects and/or of the R&D Team functions
- Providing advocacy and information sharing

Oregon Nursing Leadership Council (ONLC), Oregon Center for Nursing (OCN), Oregon Council of Associate Degree Programs (OCADP), college programs and four-year programs, and other health service education partners

The colleges and the Research and Development Team will collaborate with other health education groups and initiatives that provide:

- Leadership in defining common health service program pre-requisites
- Leadership for common course outcomes/curricula and cross-institutional/cross-sector articulation
- Connections with and/or membership on the steering committee and R&D Team to assure complementary development and program designs, to avoid duplication and/or redundant development, and to increase collaboration and coordination.

Phases/Funding

Phase I

Implement Research and Development Team, initiate Steering Committee, identify "first priority" projects.

- Use Carl Perkins and WIA leadership funds to fund initial effort of R&D Team
- Identify funding for Phases II and III

Phase II

Implementation of beta cohorts and demonstration projects

- Support delivery for beta cohorts
- Identify innovative short-term trainings

Phase III

Systematization of successful and redesigned beta cohort projects

- Capitalize on existing components, innovations already tried or in beta (delivery), to accelerate design phases and to create program components that can serve resident and distribute cohorts in multiple combinations, schedules, or delivery modalities
- Research and secure public and private funding from multiple sources to support R&D Team's work over long-term

Timelines

- Implement three "first priority" program projects concurrently
- Expect three to five year span for program design, beta demonstration, redesign, and systematization.

Table 1 - Projected Project Timelines

Pre-requisites	*Design*			
		Beta 1	*Beta 2*	
		Redesign	*Redesign*	*Redesign ongoing and as needed*
		Systematize: schedule, administer, and fiscally manage		
LPN	*Design*			
		Beta Cohort 1	*Beta Cohort 2*	
		Redesign	*Redesign*	*Redesign ongoing and as needed*
		Systematize: schedule, administer, and fiscally manage		
RN / ADN	*Design*			
		Beta Cohort 1	*Beta Cohort 2*	
		Redesign	*Redesign*	*Ongoing*
		Systematize		