

# Workforce Committee Recommendations

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Approved by KHA  
Board of Trustees  
June 2023



*Representing Kentucky Hospitals  
and Health Systems*



On behalf of Kentucky's 128 member hospitals and health systems, we are proud to share the 2023 State of Kentucky's Healthcare Workforce Report produced by the KHA's Workforce Committee on Kentucky's Future Health Workforce.

In response to unprecedented workforce stresses prompted by the COVID-19 pandemic, KHA developed the Workforce Committee in 2022. Hospital leaders, human resources experts, clinicians, and educational leaders from across Kentucky, along with the Kentucky Board of Nursing, joined together to solve for sustainability and cultivate diversity in the pool of caregivers. The goals are to:

- 1) Create additional pathways for community members to join the healthcare workforce
- 2) Enable hospitals to hire, retain, and grow clinical staff
- 3) Ensure families in Kentucky have access to the medical care needed to thrive

KHA commissioned the research firm Global Data to forecast supply and demand in the nursing workforce. The report projects a shortfall of 5,790 registered nurses (RNs) and 3,190 licensed practical nurses (LPNs) by 2035. Without intervention, the supply adequacy for RNs would be 90% and LPNs would be 76% of the state's demand.

The Task Force recommendations focus on three areas:

- 1) Expand Kentucky's Healthcare Workforce Pipeline
- 2) Remove Barriers to Healthcare Education
- 3) Retain the Healthcare Workforce and Redesign Models of Care

The recommendations include detailed actions that both policymakers, educators, and hospitals themselves can take. Given the breadth of the healthcare workforce, this report focuses on nurses and nurse extenders. Allied health professionals and physicians will be a future focus.

This is the beginning. We look forward to engaging with you as we rebuild, sustain, and grow Kentucky's vital health care workforce.



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# Committee Recommendations

# Recommendations for KHA and its MEMBER HOSPITALS/HEALTH SYSTEMS

Expand Kentucky's Healthcare Workforce Pipeline	Remove Barriers to Healthcare Education	Retain the Healthcare Workforce and Redesign Models of Care
Implement the <b>Talent Pipeline Management (TPM®)</b> partnership	Enhance <b>collaboration with schools</b> at each level of the education system.	Empower <b>experienced nurses</b> who left bedside care to serve in new roles as mentors, instructors, and virtual patient care.
Create a KHA <b>workforce website</b> to combine information about workforce, education, and hospital programs.	Implement a collaboration process for <b>clinical placements</b> .	Invest in new <b>career pathways</b> for healthcare workers.
Design a <b>social media campaign</b> to promote healthcare careers.	Improve <b>Dedicated Education Units (DEUs)</b> with partnerships between hospitals and nursing programs to provide adjunct faculty on units for more effective clinical learning.	Review and develop <b>new models of care</b> to enable greater multi-disciplinary collaboration.
Enhance <b>marketing and recruitment</b> initiatives.		Enhance <b>workers safety by workplace violence (WPV)</b> training and monitoring.
		Use technology/AI to provide more efficient care and <b>reduce clinician burden</b> .



Expand the workforce data collection program

# Recommendations for **POLICYMAKERS** and **EDUCATION LEADERS**

Expand Kentucky's Healthcare Workforce Pipeline	Remove Barriers to Healthcare Education	Retain the Healthcare Workforce and Redesign Models of Care
Expand <b>high school healthcare programs</b> , including implementing the practical nursing degree and licensure (LPN).	Incentivize students to choose healthcare professions, <b>enhance student resources</b> , and wrap-around services.	<b>Address socio-economic factors</b> preventing employees from remaining in the workforce.
Develop economic incentives to <b>retain and attract healthcare workers</b> . [Chamber proposal]	<b>Improve the admission process</b> for qualified applicants to health care education programs.	Continue to support <b>workplace violence (WPV)</b> initiatives.
Mandate a <b>robust data collection program</b> for licensed healthcare professionals	Identify and implement economic incentives to <b>increase the number of preceptors and clinical faculty</b> .	Eliminate legal, regulatory, and payment barriers to innovation for <b>new models of care</b> .
Fund additional classroom and <b>clinical faculty</b> and enhance other student resources.	Explore a standard curriculum to <b>reduce the burden for transfer students</b> .	Develop <b>apprenticeship and on the job training programs</b> for in demand careers which provide an alternate path for certification.
Adequate payment rates for commercial and government funded programs.		Reduce the administrative burden created by <b>payer requirements and other initiatives that drain provider resources from patient care</b> .

# Action Items & Rationale



# Recommendation #1: Expand Kentucky's Healthcare Workforce Pipeline

## Recommendations for KHA and its Member Hospitals and Health Systems

- Implement the **Talent Pipeline Management (TPM®)** partnership.
- Create a KHA **workforce website** to combine information about careers, education, scholarships, and hospital programs to centralize key information for students and parents.
- Design a **social media campaign** to promote healthcare careers.
- Enhance **marketing and recruitment** initiatives.

### ACTION ITEMS & RATIONALE

- ▶ KHA is partnering with the Kentucky Chamber of Commerce Foundation to implement the Talent Pipeline Management (TPM®) program and facilitate regional workforce planning to strengthen the pipeline.
- ▶ Marketing, websites, and social media campaigns depicting a positive image and the rewards of healthcare professions will attract new talent and create a more diverse (representative) workforce.



# Recommendation #1: Expand Kentucky's Healthcare Workforce Pipeline

## Recommendations for Policymakers & Education Leaders

- Expand **high school health care programs**, including implementing the practical nursing degree and licensure (LPN).
- Develop economic incentives to **retain and attract healthcare workers**.
- Mandate a **robust data collection program** for licensed healthcare professionals.
- Fund **additional classroom and clinical faculty** and enhance other student resources.
- Adequate **payment rates** for commercial and government funded programs.

## ACTION ITEMS & RATIONALE

- ▶ Accelerate entry into the healthcare and nursing workforce by incentivizing and funding with local high schools to train Licensed Practical Nurses (LPN) and other direct care positions. Other states, such as Virginia, have successful high school LPN training programs. Implementing these in Kentucky would help meet the rising need for LPNs.
- ▶ Economic incentives to retain and attract healthcare workers while promoting economic development will facilitate national and international recruitment of the future healthcare workforce.
- ▶ The lack of uniform workforce data collection by all licensure boards hampers the ability to understand Kentucky's healthcare workforce adequacy. Every licensure board should be required to collect a standardized data set, similar to KBN, as a condition of licensure renewal to support workforce planning.
- ▶ A lack of faculty is a limiting factor in nursing schools admitting all qualified applicants and increase the number of seats. An estimated increase in the number of faculty by 200 FTEs is needed to close the gap between the supply and demand of nurses by 2035 (GLocal Data)
- ▶ Adequate provider payment is required to pay competitive wages and meet rising labor costs. According to KaufmanHall, Kentucky hospital expenses for wages has risen by 29% and contract labor costs have grown by 335% from 2019-2022, both higher than the U.S. average.

## Recommendation #2: Remove Barriers to Healthcare Education

### Recommendations for KHA and its Member Hospitals and Health Systems

- Enhance **collaboration with schools** at each level of the education system.
- Implement a collaboration process for **clinical placements**.
- Improve Dedicated Education Units (DEUs) with partnerships between hospitals and nursing programs to provide adjunct faculty on units for more effective clinical learning.

### Recommendations for Policymakers & Education Leaders

- Incentivize students to choose healthcare professions, **enhance student resources**, and wrap-around services.
- **Improve the admission process** for qualified applicants to health care education programs.
- Identify and implement economic incentives to **increase the number of preceptors and clinical faculty**.
- Provide adequate state general funds to implement HB 200
- Explore a standard curriculum to **reduce the burden for transfer students**.

### ACTION ITEMS & RATIONALE

- ▶ Promote healthcare careers by engaging students, parents, and other stakeholders in primary, secondary, and post-secondary colleges and universities. Hospital and health system employees can serve as community mentors allowing students job shadowing opportunities.
  - ✓ Revise hospital access policy for students under 18 years of age
- ▶ Better planning and coordination to enable each qualified applicant to be admitted to a nursing (healthcare) program and improved collaboration process for successful clinical placements. [Medical school match-day program]. According to the American Association of Colleges of Nursing, thousands of qualified students are turned away from four year colleges and universities each year. In 2021, 91,938 qualified applications (not applicants) were not accepted at schools of nursing nationwide, primarily due to insufficient clinical placement sites, faculty, preceptors, and classroom space, as well as budget cuts. Nursing Schools See Enrollment Increases in Entry-Level Programs, Signaling Strong Interest in Nursing Careers (aacnnursing.org)
- ▶ Expand funding to increase the number of partnerships implementing Dedicated Education Units (DEUs). Review clinical educators requirements.
- ▶ 23RS HB200 establishes the framework to provide economic incentives for students and healthcare programs by establishing a state match for private contributions to fund student scholarships and reward performance among education programs.
- ▶ Missouri has developed a standard curriculum to reduce the burden for students who transfer to another institution and must repeat coursework.



## Recommendation #3: Retain the Healthcare Workforce and Redesign Models of Care

### Recommendations for KHA and its Member Hospitals and Health Systems

- Empower **experienced nurses** who left bedside care to serve in new roles as mentors, instructors, and in virtual patient care.
- Invest in new **career pathways** for healthcare workers.
- Review and develop **new models of care** to enable greater multi-disciplinary collaboration.
- Enhance workers safety by **workplace violence (WPV)** training and monitoring.
- Use **technology/AI** to provide more efficient care and reduce clinician burden

### ACTION ITEMS & RATIONALE

- ▶ Designing new roles for experienced nurses that leave bedside care allows them to share their expertise and revitalize their careers without leaving the hospital workforce. Opportunities in hospital-at-home programs and virtual (remote) nursing positions, including remote patient monitoring and virtual intensive care units (VICU), support new nurses, may prolong careers, retain experience, and enhance the quality of patient care.
- ▶ New and re-imagined career pathways provide opportunities for professional advancement and career fulfillment. School-to-work, school-at-work, and school as a benefit are all examples of nursing initiatives that enable LPNs to become ADNs, ADNs to become BSNs, and BSNs to become MSNs, customized to individual career objectives and professional aspirations.
- ▶ Review and develop new models of care for nurses and allied health practitioners to expand patient care responsibilities where appropriate and encourage delegation to support use of additional personnel and unlicensed staff to enhance the efficient use of resources for better care delivery.
- ▶ Reports performed on behalf of the AHA have found that paperwork adds at least 30 minutes to every hour of patient care provided and in some settings, adds an hour of paperwork per hour of care. [FinalPaperworkReport.pdf \(procentive.com\)](#)
- ▶ Technology-enabled flexible scheduling and the use of the gig (on-demand) economy will provide a greater work-life balance for healthcare workers.



## Recommendation #3: Retain the Healthcare Workforce and Redesign Models of Care

### Recommendations for Policymakers & Education Leaders

- Address **socio-economic factors** preventing employees from remaining in the workforce.
- Continues to support statewide **workplace violence (WPV)** initiatives.
- Eliminate legal, regulatory, and payment barriers to innovation for **new models of care**.
- Develop **apprenticeship programs** for in demand careers which provide an alternate path for certification.
- **Reduce the administrative burden** created by payer requirements and other initiatives that drain provider resources from patient care.

### ACTION ITEMS & RATIONALE

- ▶ Workplace violence (WPV) creates an emotional and physical burden for healthcare workers who fear for their safety and detracts from a positive and productive work environment. SB80 became law during the 2023 Regular Session of the Kentucky General Assembly to include emergency room providers in the “list of protected workers for the offense of assault in the third degree,”, and this should be expanded to the entire hospital and other healthcare settings.
- ▶ The freedom to innovate and re-imagine models of care may require flexibility in regulations and legal requirements to enable new prototypes to be implemented.
- ▶ Review and adjust changes to laws and regulations to permit certification through apprenticeship programs as a way to provide another, faster, track for training certain healthcare workers.
- ▶ Our health depends on the well being of our health workforce. The AMA found that physicians and other staff spent an average of two business days completing prior authorizations, and an AHA survey found one large, national hospital system spent \$15 million per month on administrative costs associated with insurer prior authorization changes and 2-3 FTEs were employed just to monitor insurer bulletins for changes to prior authorization rules. ([Commercial Health Plans’ Policies Compromise Patient Safety and Raise Costs | AHA](#))
- ▶ A variety of studies have found that administrative expenses account for approximately 15% to 25% of total national health care expenditures, an amount that represents an estimated \$600 billion to \$1 trillion per year. ([cost of administrative paperwork in health care - Google Search](#))