

Health Systems, Schools Seek Student Strategies

JOHN MORRISSEY

Catholic health care faces a growing shortage of key professionals. Catholic higher education, to reduce that shortage, needs to produce professionals that match what the health care field requires of today's workforce. Students seeking health care training worry and are wary about the financial hole they're digging to pursue studies. That wariness can become a drag on student population for those colleges, which can become a drag on the supply of those key professionals. The problem is interconnected.

So too are programs to resolve that problem. Partnerships between schools and talent-hungry health care organizations are aspiring to attract students, give them early and ever-escalating experience in clinical settings, and then pay part or all of the tuition load. Health care organizations such as hospitals and nursing home systems are dangling first the tuition aid and, after the schooling's done, various levels of loan forgiveness, all to forge ties that bind graduates to their environment, culture and payroll.

For hospitals, the strategy for developing a stable and sustainable supply of nurses works like this: Get young people interested in pursuing health care, then interested in nursing, then trained effectively for that field and ultimately interested in joining their organization, hopefully for the long term. Financial incentives pave, and pay, the way.

Catholic Health Initiatives, based in Englewood, Colorado, spent \$5.4 million last year on tuition reimbursement, in increments of as little as \$2,500 and as large as \$24,000, depending on arrangements with colleges and the degree of difficulty in filling a position. The objective of such incentives for CHI hospitals is to "get 'em in the door, recognize that they have this burden of

debt and then help them if they can," said Regina Hutchinson, chief talent and learning officer. "It's definitely part of the recruiting process today."

Partnerships with a university create arrangements for students to do their clinical training and develop practice skills in the facilities of the hospital system partner, which uses that to connect future nurse candidates with the organization, said Maggie Fowler, system vice president and chief nursing officer of SSM Health, St. Louis.

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of the hospital, “it’s a dual opportunity, for the students to see what it’s like in a hospital setting, and also for the nurses and the managers in those hospital settings to observe students while they’re with them,” Fowler said. And to identify recruitment targets early.

As health care gets more complex and its workforce adapts to new needs, universities are looking to care-delivery settings as a crucial component of educating, said Penelope Moyers, EdD, OT, FAOTA, dean of the Henrietta Schmoll School of Health at St. Catherine University, St. Paul, Minnesota.

“We’ve decided that we cannot build curriculum without partners, and so we never develop a curriculum anymore unless partners are intimately involved in designing it,” Moyers said. Traditional instruction is still important, she said, but hospital settings enable “learning experiences that can be actually better achieved on-site rather than in a classroom.”

DEBT REDUCTION

Debt reduction for medical professionals can come from governmental as well as private sources. The Nurse Corps Loan Repayment Program, offered by the federal Health Resources and Services Administration, pays up to 85 percent of outstanding education debt for nursing students and practicing nurses in return for their working at least two years in medically underserved areas. Most states have some form of loan forgiveness as well.

Scholarship or repayment programs at the health system level have sprung up for reasons of urgency, influence on training, and defining and supporting strategic direction for nursing recruit-and-retain efforts.

Fowler said relationships with sources of nursing are critical to any organization’s success. Nurses constitute up to 50 percent of SSM’s hospital staffs, a third of its total work force. They influence the experience of patients that bears on quality metrics, and they interact with medical staff, social work, pharmacy and other essential components of collaboration for effective care. SSM’s debt reduction push is important to the professional practice environment it wants to maintain: It makes nurses want to join, helps them adjust well from academic to real settings and supports

their continued career growth.

In Missouri, where the nurse vacancy rate of 16 percent is the highest ever recorded, the nursing shortage is being felt ever more urgently as nurses retire, said Cathy Renth, executive director of nursing logistics at Mercy Hospital St. Louis. Retention is as tough as recruitment. Newly grad-

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uated nurses had typically worked at least two and sometimes up to five years there, “but now those graduates have so many other opportunities — nurse practitioner, advanced practice — that they’re only staying with us for maybe one or two years,” Renth said. Half the nursing staff has less than three years’ experience at the bedside.

So within the last year, a plan went into effect at Mercy that provides up to \$20,000 in loan forgiveness, parceled out over a four-year period of commitment. Each year nets the next round of financial benefit.

For shortages even more challenging than in hospitals, the solutions get more targeted. Two faith-based nursing home organizations in the northern Midwest, Benedictine Health System and Presbyterian Homes and Services, came together two years ago in a partnership with St. Catherine University in Minneapolis and St. Paul, Minnesota, to create the CareForce Innovation project, a platform to improve care and living options for older adults that includes programs intended to attract attention to long-term care as an option for nursing students.

One CareForce component, a health career pathway for certified nursing assistants, provides paid instruction leading to CNA certification, said Patricia Nott, vice president for people development at Benedictine. Students then earn St. Catherine nursing scholarships of \$7,500 per year, contingent on working at least 10 hours at Benedictine as a CNA while taking course work.

“It’s our hope, our goal, our mission,” said

Nott, “that by providing these scholarships, getting these students working with us while they’re going to school, they’ll have a new appreciation for the long-term care industry, and hopefully some of them will decide to make their career within long-term care.”

ALLIANCES AND PARTNERSHIPS

Benedictine’s arrangement is an example of focusing on support for and influence with selected schools rather than a general policy of education aid for medical trainees and professionals in financial need.

Mercy will accept training responsibilities for any nursing student attending college in the region, but it is working particularly with Maryville University’s Catherine McCauley School of Nursing in St. Louis. The aim is to engage McCauley students on their very first day of nursing school, said Renth. To that end, Mercy started a “sitter” program — extra assistance for some patients, one on one — that allows a new nursing student without any clinical training to interact with patients, and as importantly, with Mercy nurses.

“As they progress in their nursing education,” Renth explained, “we progress them in their skill set in the float pool. So they start as just a companion-type sitter, and they move on to what we call a patient-care associate, which is a nurse assistant or nurse’s aide. Once they graduate nursing school, they would have a priority placement with us.”

The hospital work supplements their income, it’s flexible enough not to interfere with class work or school schedules, and if the students stay with Mercy after graduation, they are eligible for loan forgiveness.

In Des Moines, Iowa, CHI has a partnership with Mercy College of Health Sciences, which has a significant nursing program, said Hutchinson. Literally next door to CHI hospital facilities, the college offers a tuition discount that is more than a student might get without the CHI association, she said.

CHI also has a preferred school network in which it works with certain accredited institutions to make scholarships available to health system employees who have gone back to school. Retrospective loan forgiveness also is offered in several regions in variable amounts, with commitment strings attached.

In the Nebraska health care market, a registered nurse who graduated within the past five years and has outstanding student loans can receive \$10,000 in funds — spread across five years — to help pay them off. CHI hospitals in that state “are really trying to encourage RNs who do have that debt to come to our jobs so that we can help them with that,” said Tracie Grant, system director of talent management. CHI’s Kentucky market offers loan forgiveness of up to \$24,000 for eligible positions — the ones harder to fill in certain specialties — paid over a four-year period.

For these partnerships of providers and educational institutions to succeed, said Grant, “It has to be a symbiotic relationship. Because we need the new grad, they need the experience [setting], so they need hospital and health care settings so they get the experience, and typically they also need teachers and preceptors and mentors for these folks just coming out of school. It has to be really a close relationship for us to continue to get the talent that we need.”

GEOGRAPHY AND DISTANCE

Despite concerted efforts to bolster educational institutions for sufficient output of medical professionals, several factors still make a sustainable

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nursing supply daunting. Typically a university draws from and distributes graduates to a limited geographic radius. Nursing positions in care settings with lower pay for often more difficult work, such as in nursing homes, are hard to fill to start with, and harder yet outside of large populated areas. And nurses don’t migrate well.

“The data out there will tell you most nurses don’t move very far from where they go to school,” Hutchinson explained. “They’re local people who grew up in a city, they go to school in the city, they work in a local place. They don’t want to pick up and go move out to Denver from Washington or Maryland just because there’s a job.”

The distance factor also is one reason for CHI’s difficulty placing people in rural areas, because no schools are close by. The reach of the St. Catherine nursing program is mainly within the Twin



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Cities metro area, said Nott. Benedictine is looking to initiate its training programs in elder care throughout Minnesota and beyond, but it has to collaborate with universities and colleges in the target expansion areas.

Ultimately, health care systems have to catch high school students in smaller and more rural areas as they are thinking about careers, getting them interested in the various available colleges and “knowing they can get a scholarship by working with us,” Nott said. Hutchinson observed that if CHI could get teens in hard-to-recruit areas interested early, they might be lured back when they finish college.

In Buffalo, New York, Catholic Health System is years into “a major community and institutional collaboration, from high school all the way to the colleges, universities and medical schools,” said Michael Moley, senior vice president of human resources.

In 2011, the health system approached the University of Buffalo and helped create a physician scholarship program totaling \$384,000 over 12 years. One person every four years gets a full ride, at \$32,000 per year. Awardees have to pursue a medical degree in primary care, return to Catholic Health System after residency, then be employed

for three years. Eligibility is specific to family of Catholic Health employees or its physician practice association.

“We primarily wanted to reward associates and their family members for being loyal employees,” Moley said. “We wanted to commit to members of our Catholic family.” That’s one way to add needed clinicians to a relatively out-of-the-way region.

In addition, the system fully subsidizes the education of current employees in the RN-to-BSN program at Buffalo-based Niagara University, a Jesuit institution. Typically about 32 students graduate per year at a cost of about \$28,000; graduates must commit to staying three years. More than 100 graduates so far have had their degrees financed by Catholic Health, Moley said.

The health system goes further, or rather earlier. Back in 2004, it realized unless it got students at the ninth-grade level interested in health care careers, they would never have the math and science background to pursue that direction. So it started outreach in middle schools, bringing students in and exposing them to health care careers.

That outreach escalated about 10 years ago, when Catholic Health System and eight other health care institutions established a Buffalo charter school focused on health sciences. The school just graduated its fourth class. Enrollment is 80 percent minority; the graduation rate is 84 percent, and 63 percent of graduates get accepted to a university. Many go on to study nursing or aspire to be physicians, medical technicians and radiology technicians.

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