



## Charting New Directions



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# Governor's Healthcare Workforce Summit Post-Summit Report



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### Acknowledgements

The success of the Governor's Healthcare Workforce Summit is due to the work and dedication of a number of individuals. Below, we would like to recognize just part of the team that made this initiative possible. Of chief importance are the participants in the Summit, who are named in the Appendix. We are especially grateful to **William "Bill" Robertson** who accepted the challenge of leading this effort by acting as the Chair of the Healthcare Steering Committee.

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**The Maryland Sub-cabinet**, composed of senior executives from each of GWIB's partner agencies, are coordinating programs in their departments to address the critical skills shortages in the healthcare industry. Their efforts will significantly impact the supply side of the workforce equation. Special thanks to Sub-cabinet Chair **Kathy Oliver**, Assistant Superintendent of the Maryland State Department of Education, for her leadership. Sub-cabinet members represent:

*Maryland Department of Labor, License and Regulation*

*Maryland Department of Business and  
Economic Development*

*Maryland State Department of Education*

*Maryland Higher Education Commission*

*Maryland Department of Aging*

*Maryland Department of Human Resources*

*Maryland Department of Juvenile Services*

*Maryland Department of Rehabilitative Services*

*Maryland Department of Housing and  
Community Development*

**The Military Healthcare Transition Committee**, comprised of representatives from the education, licensing boards, U.S. Department of Defense, the U.S. Department of Labor and healthcare industries, has focused on recruiting into the Maryland healthcare industry both military personnel transitioning out of the military and military spouses. Special thanks to Committee Chair, **Stan Seidel**, Director of U.S. Department of Labor, Veterans' Employment and Training Service for the State of Maryland.

**In addition, we would like to recognize those who helped fund the Summit.** Private sector support for this initiative was overwhelming with in excess of \$17,000 being raised. In addition, the U.S. Department of Labor, Veterans' Employment and Training Service and the U.S. Department of Labor, Employment and Training Administration each contributed \$25,000 for this healthcare initiative.

**Healthcare Workforce Initiative Funding:**

*U.S. Department of Labor, Veterans'  
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*U.S. Department of Labor,  
Employment and Training  
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*Adventist Healthcare*

*Association of Maryland Hospitals and  
Health Systems*

*Calvert Memorial Hospital*

*Civista Health, Inc.*

*Doctors Community Hospital*

*Fort Washington Hospital*

*Holy Cross Hospital*

*Johns Hopkins Hospital*

*Kessler Adventist Rehabilitation  
Hospital, LLC*

*Maryland General Hospital*

*Mercy Medical Center*

*Montgomery General Hospital*

*Peninsula Regional Health System*

*Sinai Hospital*

*Union Hospital*

*Washington County  
Hospital Association*

### Introduction

Maryland, like most states, is experiencing a skilled healthcare worker shortage, which will grow larger if no decisive actions are taken. Recognizing this growing concern, the Maryland Governor's Workforce Investment Board (GWIB) recruited healthcare employers, State licensing boards, education representatives, the U.S. Department of Labor, the U.S. Department of Defense, and allied State agencies to form a Healthcare Workforce Steering Committee to begin this healthcare workforce initiative. The Governor's Healthcare Workforce Summit marks the middle of this initiative, not the beginning or the end. This report should be considered alongside the other healthcare workforce initiative materials, which can be found at [www.mdworkforce.com](http://www.mdworkforce.com).

In advance of the Summit, the Healthcare Workforce Steering Committee documented the current extent of the healthcare worker shortage and forecasted the future situation. In addition, the Steering Committee researched different strategies and best practices of other states in addressing this issue. Once identified, the Steering Committee voted which strategies would be the most effective for the State of Maryland. The compilation of these strategies and the Steering Committee research was compiled in the Maryland Governor's Healthcare Workforce Summit Monograph.

The Monograph was designed to give the Summit stakeholders a jumping off point for discussions at the Governor's Healthcare Workforce Summit, which was held on August 28th, 2003 in Annapolis, MD. The Summit brought together for the first time in Maryland, over 160 key stakeholders in the healthcare industry — employers, educators, licensing and certification organizations, and relevant State and Federal agencies to take action on strategies to increase the number of healthcare workers.

During the Summit, participants referenced the Monograph and the work of the Steering Committee to further develop and prioritize these strategies. The conclusions of the Summit participants have been compiled into this Post-Summit Report, to serve as a benchmark and plan for action.

The Summit is an excellent example of how the private sector and government can work together to focus on workforce development issues. The Healthcare Workforce Steering Committee, in conjunction with the Maryland Department of Labor, Licensing, and Regulation and the Governor's Workforce Investment Board, plans to continue to work together to implement the strategies outlined in this report. Many champions in the public and private sector have stepped forward to assist in making these changes happen, but additional support is still required.

The healthcare workforce shortage is not only a workforce and economic issue, but also a critical quality of life issue in Maryland. As you read through this report, you are urged to take an active role by getting involved in this workforce initiative and ensure that Maryland and its healthcare industry continue to thrive.

## Summit Overview

The *Governor's Healthcare Workforce Summit* was held on August 28th, 2003 at the Loews Hotel in Annapolis, MD. Over 160 key stakeholders gathered to address the healthcare workforce shortage. Of those attending, approximately fifty percent represented the private sector. Below is a summary of the day's activities.

The Summit was kicked off by the new Executive Director of the Maryland Governor's Workforce Investment Board (GWIB), **Robert "Bob" Seurkamp**, who welcomed the participants and explained the goal for the day's events.

### Maryland Business Works:

- Support employer strategies for upgrading the skills of currently employer workers
- Provides training opportunities in specific skills needed by businesses
- Allows employer-based training projects targeted at specific demand occupations, requiring a dollar-for-dollar match from the employer
- A primary focus area in healthcare
- 12 local Workforce Investment Areas will help develop the skill upgrade training projects.

Seurkamp announced, "Our goal is to poise Maryland for action and for implementation of change. Strategies proposed today will be implemented by identifying champions among your organizations who will make the strategies a permanent part of the workforce development system for the healthcare industry." To support this effort, GWIB will continue to create policy and strategies to assist the private and public approaches in meeting the skill demands of Maryland.

Supporting this cooperative effort, Secretary of the Maryland Department of Labor, Licensing and Regulation (DLLR), **James D. Fielder, Jr., Ph.D.**, addressed the Summit and explained his charge from the Governor to reorganize and reenergize the State's public workforce development department as a model agency that can address the workforce needs of both business and job seekers. Specifically he announced three new and exciting pieces of the restructuring plan:

- 1) The Governor's Workforce Investment Board has been brought under the Department of Labor, Licensing and Regulation and a new Chairperson, Gino Gemignani, and a new Executive Director, Robert Seurkamp, were chosen to demonstrate stronger business representation and leadership.
- 2) Establishment of a new Division of Workforce Development with a new Assistant Secretary, Bernard Antkowiak, who has extensive experience in the workforce development field.
- 3) Development of new partnerships with other key State departments such as the Department of Business and Economic Development and the Maryland State Department of Education.

Secretary Fielder also unveiled the plan for the Governor's new workforce development initiative – a new State program, Maryland Business Works, that earmarks \$1 million of federal funds to support existing Maryland businesses in the retention and growth of their workforce (see side bar). He closed by challenging the group to adopt the belief that "workforce development is economic development" and encouraged participants to apply this idea to the strategies being developed during the Summit.

## **The Healthcare Workforce Initiative**

**Bill Robertson**, Chairman of the Healthcare Steering Committee, delivered the overview and foundation for the Healthcare Workforce Initiative. “The Summit is part of a coordinated approach, an on-going iterative process founded upon facts and driven by the work of the Steering Committee and the Summit today to explore the capacity of developing and implementing strategies to address this changing environment.” To guide the Summit proceedings, Robertson unveiled the categories to be further examined. These strategy categories included:

- Attraction and Recruitment
- Retention
- Professional Development
- State Policy and Finance
- Military Healthcare Workforce Transition

## **Review of Recommendations**

Prior to the Summit, the Steering Committee selected initiatives to be further examined during the Summit. To reveal the details of the selected strategies, Robertson invited members of the Steering Committee to briefly outline the recommended initiatives. The following steering committee members presented the initiatives and served as Chair to the discussions in the subsequent strategy sessions.

### **Attraction & Recruitment —**

**Maria Butz,**  
*LifeBridge Health*

“The beginning of any workforce development system starts with attracting and recruiting people to the field. Will we be discussing the following initiatives in our session, with the goal of increasing the number and diversity of individuals choosing healthcare occupations:

- Tapping into diversity by actively recruiting men,

- Engaging higher education and industry trainers in assessing the availability of off-hours training and education opportunities,
- Increasing distance-learning programs.”

### **Retention —**

**George “Nik” Nikstaitis,**  
*Health Facilities Association of Maryland:*

“Once we have attracted and recruited workers into the healthcare industry we want to keep them. To strengthen the retention rates in healthcare employment we will be discussing:

- The expansion of technology to reduce employee stress and medical error, and
- The enhancement of workplace culture through mentoring programs for new employees.

The goals driving these initiatives are to increase the retention rates of Maryland’s current healthcare workforce, improve the healthcare workplace environment, and increase healthcare worker satisfaction.”

### **Professional Development —**

**Catherine Crowley,**  
*Association of Maryland Hospitals and Health Systems*

“Though professional development is arguably a retention strategy in itself, we believe we should focus on professional development specifically because there are several approaches we should try to proliferate. We recommend:

- Creating a clearinghouse of training opportunities, and
- Expanding career pathways programs to other populations.

Our session will explore these and other initiatives focused on the goals of advancing the skills and



expertise of incumbent healthcare workers, expanding educational capacity to meet the needs of the labor force and providing better access to healthcare skill opportunities.”

**State Policy and Finance —**

**Kathy Oliver,**

*Maryland State Department of Education*

“This whole effort is dependent on a true public/private partnership. We in education and government have so much to offer the private sector in creating an effective workforce development infrastructure. We recommend:

- Encouraging and educating K-12 students to study Math and Science so that they will be prepared to enter training opportunities in healthcare,
- Linking healthcare scholarships to Maryland employment needs.

These suggestions are the beginning of developing what we can accomplish together to meet the challenge of addressing the critical skills shortages in healthcare.”

**Military Transition —**

**Stan Seidel,**

*U.S. Department of Labor — Veterans’*

*Employment and Training Service*

“The skill and experience of military healthcare personnel is a great resource for the private sector healthcare system. We have looked at ways to transform the skills and experience into the basis for a career in Maryland’s healthcare industry. We recommend:

- Improving education and training opportunities for transitioning military,
- Increasing employer participation and assistance in placing personnel, and
- Advocating the formal accreditation and education of our veterans’ skills.

Our breakout group is a continuation of many months of work as a sub-group for this effort and today we will integrate our efforts with new suggestions and focus.”

## **CEO Forum**

**Bill Roberston,** President and CEO, Adventist HealthCare and Summit Chair, moderated the CEO forum and welcomed his colleagues, fellow healthcare CEOs:

**Kenneth H. Bancroft,** President and CEO, St. Agnes HealthCare

**James Hamill,** President and CEO, Washington County Health System

**Ronald Peterson,** President, Johns Hopkins Health System

The CEOs provided candid dialogue, responding to questions about the needs and opportunities facing the healthcare industry in Maryland.

## **Collaboration:**

Ron Peterson offered his insight on collaboration in the healthcare industry to address the workforce issues. “I think what we’ve learned, collectively perhaps, is that that a pure competitive model in a largely not-for-profit human services business is perhaps not the preferred model. We are learning very rapidly that we cannot merely attack this problem by competing against each other for a limited workforce...so I would proffer the notion that we have to move in the direction of a collaborative model.”

Peterson posed a collaborative position to his colleagues, “How can we, as healthcare executives, in a very positive, proactive way expand the supply-side while, at the same time, take the responsibility to manage better what is occurring in our own institutions?”

Ken Bancroft responded, "There are more things that bring us together around this issue than divide us. We can't do it alone. We either collaborate on this or we will fail at it."

James Hamill explained what his organization is doing to collaborate. "What we're looking at is working with business in our community, as part of economic development. We are asking how we can create the educational resources that match what our needs are, in an area where we haven't had that capability."

Bancroft further explained this need for public/private partnerships, "The only way we can fill 37,000 new jobs by 2006 and the jobs we have now is through the kind of collaboration effort that's not just among the industry but also includes the educational institutions and the State, local, and Federal government."

### Image

The panel offered their thoughts on changing the perception of healthcare careers. Their comments centered on reaching out to students early and demonstrating upward mobility of career opportunities. They also stressed the importance of overcoming current perceptions of the industry by demonstrating that caring for others is noble and rewarding and that healthcare careers offer diverse opportunity, competitive wages and an intellectually stimulating environment.

### Flexibility

As many other industries have been forced to reduce their workforce, the healthcare industry has the opportunity to recruit these skilled, displaced workers to fill the healthcare workforce void.

Bancroft explained that St. Agnes has been working with those laid off from the airline industry, but suggested that there is much more that could be done. "There's a mindset that everyone needs a healthcare background to work

in healthcare, we need to be more open to those from other settings."

### Next Steps

In closing, the executives explored the roles needed to create change and foster collaboration.

Bancroft suggested, "Government can convene efforts like this [Summit] and provide necessary funding and education opportunities." He offered a progressive closing note for moving ahead, "We need to look beyond the traditional roles . . . Healthcare, healthcare jobs, and the way healthcare is delivered is going to need to be redefined over the next decade."

Hamill suggested an opportunity for more flexibility and suggested the cross-utilization of certifications. "They are too narrow right now."

Robertson wrapped up the panel discussions and set the platform for the remainder of the Summit agenda. "The solutions of the past created the problems of today so we're going to have to do something different today."

## The Public Workforce Investment System

Assistant Secretary of U.S. Department of Labor, Employment and Training Administration, **Emily Stover DeRocco** praised the Summit as an outstanding foundation for working together to achieve common goals in finding a solution to the healthcare workforce shortage. "I just want to absolutely commend Secretary Fielder for this event," said DeRocco. "I think it is a template for the nation – It is in fact, the single state event that is mirroring what we are trying to do across the country in high growth sectors of our economy."

"The reason we are all here today is, I believe the healthcare system in this Nation is in crisis and that crisis is, in fact, a workforce crisis," said DeRocco. "It's a \$600 billion industry and it is in desperate need of skilled workers."

To address this crisis, DeRocco suggested the utilization of the public workforce investment system and said that it would take cooperation from many to "work for some common goals" in order to finding solutions.

In closing, before the participants broke into the focused strategy sessions, she noted, "We are only constrained by our own creativity, our own opportunities to innovate and our own opportunities to join as partners."

## Maryland's Vision

Maryland Governor **Robert L. Ehrlich, Jr.** delivered the Summit's closing address and praised the participants for their dedication and cooperative drive to create change in Maryland. "The healthcare steering committee has done an admirable job of documenting this problem and identifying possible solutions. I applaud the leadership that they have shown in bringing us all here today," said Ehrlich. "It is up to each of you – the

stakeholders and decision makers of the healthcare and related communities – to take the steps that will ultimately solve this problem – the actions you take tomorrow and beyond are what matter most."

Ehrlich shared his personal commitment to addressing the healthcare workforce shortage. "This issue is one in which I have been involved for some time. I helped draft the Nurse Reinvestment Act, which President Bush signed into law a year ago. I also co-sponsored legislation to alleviate shortages for medical lab technicians and pharmacists."

Although Maryland is not alone in healthcare workforce shortage, Ehrlich noted, "How ironic that Maryland – a State with a critical mass of world-class medical institutions, including Hopkins Medicine, the University of Maryland Medical School, and the National Institutes of Health would be experiencing a deficit of healthcare workers."

The Governor remarked the workforce shortage is a complex and varied issue and will require extensive cooperation and action to solve. Ehrlich closed the Summit by charging the participants to create results, "This issue affects virtually every Maryland family. It won't be resolved today or even tomorrow, but this event is an important and necessary step in the process – together you have the talent, tools, and knowledge to bring about real positive change."

## **Strategy Session Objectives**

Following the plenary session, participants were assigned to Strategy Session breakouts to further investigate the recommended initiatives in each strategy. Participants were assigned to the sessions to ensure that a diverse audience representing a cross-section of employers, education, and government would collaborate.

Each session was staffed with a trained facilitator, steering committee member, best practice representative and a scribe. Summit participants were provided with a binder that contained the Summit Monograph and case examples of successful initiatives aimed at targeting the healthcare workforce crisis from Maryland and across the Nation. Participants were encouraged to utilize these materials as a resource during the session discussions.

The objectives for each session were accomplished in two phases. The first phase took place in the late morning after the plenary sessions. During the morning session participants accomplished the following objectives:

**A) Reviewed the Steering Committees suggested initiatives** — to develop an understanding of each initiative, the needs each addresses and the rationale behind their selection.

**B) Explored best practice examples from Maryland** — to learn from these experiences and incorporate their successes into the initiatives being considered for action.

**C) Suggested alternative initiatives** — to engage the participants in small group discussions about the session strategy topic and ensure that all possible options were explored. Participants considered the initiatives suggested by the Steering Committee and also examined the initiatives that were not selected prior to the Summit as they formulated their session initiatives.

**D) Prioritize the initiatives** — to focus the direction of the Session's action plan. Participants utilized

a group voting process and selected the top initiative to be developed in the afternoon session.

The Strategy Sessions reconvened after the lunch break to focus on the top initiative selected during the earlier session and to develop the plan for implementation. Participants accomplished the following objectives in the afternoon strategy session.

**A) Develop an Initiative Plan** — to explore the opportunities and barriers associated with the initiative and determine the actions, both short and long term, needed to implement the selected initiative.

**B) Identify Public/Private Champions** — to guide the implementation of the initiative actions. Participants were asked to nominate potential champions to lead the implementation of initiative actions.

**C) Identify initiative actions** — to be considered by the Steering Committee and Sub-cabinet that require complex and longer-term coordination.

## Strategy Recommendations

Each Strategy Session was charged with developing an action plan for the top initiative selected by the session participants at-large. After the initiative was explored, champions were recommended to assist with the implementation. The following are the recommended initiatives along with agreed-upon ideas for implementation and the suggested champions for each action.

## Attraction and Recruitment

### Initiative Chosen:

To be able to accept all qualified candidates to healthcare programs and increase faculty.

### Ideas:

- 1) Implement a visiting professor program.

Suggested Champions: Joyce Jordan (Harford County School), Ann Posyden (Nursing and Recruitment, Franklin Square Hospital).

- 2) Examine the salary structure for faculty to determine if compensation is too low.

Suggested Champion: none chosen.

- 3) Examine the current programs that exist in education.

Suggested Champions: Elizabeth Cavey (MD Department of Juvenile Services) and Angie Pickwick (Health Sciences, Montgomery College)

- 4) Develop partnerships to expand the educational capacities.

Suggested Champions: Cal Pierson (Association of MD Hospitals and Health Systems) and Barbara Heller (School of Nursing, University of MD)

## Retention

### Initiative Chosen:

Developing improvements to the healthcare workforce culture.

### Ideas:

- 1) Enable and fund management and supervisory training programs for healthcare employees in conjunction with other higher education institutions.

Suggested Champion: none chosen.

- 2) Pull all major healthcare associations together to decide how and what to do then determine multi-level, flexible training programs that can be implemented in higher education institutions.

Suggested Champion: none chosen.

- 3) Create management certification programs.

Suggested Champion: none chosen.

## Professional Development

### Initiatives Chosen:

Create clearinghouse of information.

Expansion of career pathways and professional development opportunities.

### Ideas:

- 1) Create a kit for what career ladder opportunities are available.

- 2) Remedial training for incumbent workers

- 3) Expand educational capacities (both faculty and facilities).

- 4) Create a clearinghouse of all available programs and funding opportunities.

- 5) Improve marketing of all healthcare programs.

Suggested Champion attributes: Credible with all partners, name recognition, have fundraising ability, skilled public speaker, have Statewide perspective, be dynamic, committed, be able to build teams, be proactive, have operational sympathies or respect, model the public/private partnership, have a vested interest, and help make it sustainable.

## State Policy and Finance

### Initiative Chosen:

Increase the pipeline for a qualified healthcare workforce.

### Ideas:

1) Revisit the requirements for faculty to expand it.

Suggested Champions: Cal Pierson (Association of MD Hospitals and Health Systems), Donna Dorsey (School of Nursing, University of MD), and John Sabitini (MD Higher Education Commission)

2) Establish an interdisciplinary coalition of professional organizations to spearhead the effort.

Suggested Champions: Nelson Sabitini (MD Department of Health and Mental Hygiene) and William Robertson (Adventist HealthCare)

3) Involve existing healthcare professionals in expanding available healthcare programs.

Suggested Champions: Catherine Crowley (Association of MD Hospitals and Health Systems) and Claudia Backett (Area Health Education Center)

4) Exploit the opportunities from an enhanced State-Federal partnership.

Suggested Champions: Emily Stover DeRocco (U.S. Department of Labor, Employment and Training Administration) and James D. Fielder, Jr., Ph.D. (MD Department of Labor, Licensing and Regulation)

5) Develop stronger partnership between the public and private sectors to manage issues of

adequate staffing, image building, expanding or improving facilities, determining where in-kind contributions can be helpful to efforts, and shifting underutilized resources.

Suggested Champions: Nancy Grasmick (MD State Department of Education), John Sabitini (MD Higher Education Commission), and Cal Pierson (Association of MD Hospitals and Health Systems).

## Military Transition

### Initiative Chosen

Change the licensure and certification process to facilitate the transition of military personnel and spouses to practice healthcare legally in the State of Maryland.

### Ideas:

1) Form an accreditation and certification council who will work with the training and education providers.

Suggested Champion Organizations: MD licensure and accreditation boards, U.S. Department of Defense, MD Department of Labor Licensing and Regulation, and the MD State Department of Education

Suggested Champions: Jacob Frego (Area Health Education Center, Eastern Shore), Ron Home (U.S. Department of Defense), Carol Eustis (Community College of Baltimore County), and Rose Howard (Navy Fleet and Family Support Center)

2) Form an employers' board that will select three occupations that has large vacancies to inform the licensure/accreditation council.

Suggested Champions: Bonnie Alterwitz (Johns Hopkins Hospital), Deborah Patrick (St. Joseph Medical Center), Sue Jalbert (Northwest Hospital Center), Rena Hardin (Navy Fleet and Family Support Center), and Allen McMillin (Calvert Memorial Hospital)

## Action Plan

The *Governor's Healthcare Workforce Summit* has produced five strategies with six major initiatives targeted at generating a sufficient qualified, skilled healthcare workforce for Maryland. The drivers for such changes are found in the leadership of our public and private sectors through the creation of sustainable public/private partnerships. To guide this challenge, a detailed implementation plan for action has been established.

## Resource Development

To assist with the coordination of such partnerships the Governor's Workforce Investment Board will seek Federal and foundation support to retain a fulltime coordinator to assist the Champions in implementing their respective strategies.

### Status:

► On January 14, 2004, GWIB submitted a grant proposal to the U.S. Department of Labor, Employment and Training Administration, Business Relations Group requesting funding for the Maryland Healthcare Workforce Initiative and the Maryland Center for Sector-Based Workforce Development. The full amount requested is \$4,563,000, which, if fully funded, will provide \$3,269,000 for the Healthcare Workforce Initiative. Included in this proposal are funds for a healthcare coordinator and a healthcare industry analyst to manage the implementation of Summit strategies. In addition, the proposal provides funding for a media campaign promoting health careers, sixty scholarships to provide incentive for registered nurses to obtain teaching certification (thirty) and incumbent healthcare workers to become registered nurses (thirty), \$1 million to expand the Maryland Business Works Program (see side box on page 5 for program description), and funds for a Literacy and Numeracy program to improve the basic skills on entry-level workers.

► In addition, GWIB is currently in discussions with the U.S. Department of Labor requesting technical assistance to create an apprenticeship Career Lattice program that will allow Certified Nursing Assistants to become Registered Nurses.

## Champion Recruitment

During the Summit, champions were suggested to support and lead each strategy initiative. The champions are to form public/private partnerships to implement the initiatives and report the progress to the Steering Committee. Steering Committee members, Sub-cabinet representatives and GWIB staff will work to identify strategy initiative champions to join the implementation effort.

### Status:

- Many initiatives have champions assigned but others need leadership.
- The Male Nurses Speakers Bureau initiative is being championed by George Nikstaitis of Health Facilities Association of Maryland.
- The attraction and recruitment television campaign initiative champion is Steve Sherman of AEGIS Healthcare Business Solutions.
- The System Capacity strategy Chair is Catherine Crowley of the Association of Maryland Hospitals and Health Systems.
- Stan Seidel of U.S. Department of Labor, Veterans' Employment and Training Service is leading the Military Transition strategy.
- Pending approval of funding for the Healthcare Workforce Initiative, champions will be recruited for the other initiatives. Anyone interested in accepting the role of champion of an initiative or interested in serving on a strategy subcommittee should contact GWIB staff member, David Fontaine, 410-767-4145.

## Implementation Resource Model

### Communications

There will be continued communication of the implementation effort's progress. All Healthcare Workforce Initiative materials, such as the *Monograph*, the Healthcare Summit Binder, and this *Post-Summit Report* are available on the Board's website, [www.mdworkforce.com](http://www.mdworkforce.com). In addition to electronic communications and the published *Post-Summit Report*, representatives from each of the Strategy Committees will work to publicize the progress of each strategy and will represent the initiatives, as needed, across the State. In addition, the Strategy Committee contact information will also be made available should you have any questions or would like to get involved with a particular interest.

#### Status:

► The Healthcare Workforce Initiative materials are available on the Board's website, [www.mdworkforce.com](http://www.mdworkforce.com). Hard copies of the Post-Summit report will be mailed to the Governor's Healthcare Workforce Summit participants. An update of the Healthcare Workforce Initiative's activities was distributed by e-mail on January 7, 2004 and is available as well on the Board's website. Further updates will be forthcoming.

### Timeline

The strategy subcommittees have been meeting monthly, beginning in November 2003, to ensure that implementation of the initiatives are carried out on schedule. Before implementation activities begin the strategy subcommittees will develop benchmarks to measure the success of the implementation efforts at 3, 6, 9 and 12-month milestones in the following year. The results of employment data and other indicators of the workforce shortage will further validate these benchmarks and the implementation efforts. The goal of the strategy subcommittees is to deliver results

through the implementation of these initiatives by August 28, 2004, one-year from the Governor's Healthcare Workforce Summit.

#### Status:

► The Maryland Higher Education Commission and the MD Department of Labor, Licensing and Regulation have recently released, *Maryland's Top Demand Healthcare Occupations – Projected Demand and Reported Supply*. This report outlines the top 25 healthcare occupations, what credentials are required for those occupations, and where those credentials can be obtained. This report forms the baseline data for measuring the Healthcare Workforce Initiative's progress.

► The strategy subcommittees are working on both short term (3-6 months) and long-term projects. The latter is to be implemented by August 28, 2004, the Governor's Healthcare Workforce Summit anniversary.



## **Appendix: Summit Participants**

**Keith Allen**, *Sinai Hospital of Baltimore*

**Bonnie Alterwitz**, *Johns Hopkins Hospital*

**Bernie Antowiak**, *MD Department of Labor, Licensing and Regulation*

**Donna Ashman**, *MD State Board of Occupational Therapy Practice*

**Kenneth Bancroft**, *St. Agnes HealthCare*

**Barry Beeman**, *Atlantic General Hospital Corporation*

**Judith Belden**, *Johns Hopkins Hospital*

**Patricia Bennett**, *State Board of Examiners of Optometry*

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**Lenora L. Booth**, *Erickson Retirement Communities*

**David Bosser**, *Governor's Workforce Investment Board*

**Elizabeth Bowerman**, *Keswick Multi-Care Center*

**James Brannon**, *Atlantic General Hospital*

**Chris Brussalis**, *The Hill Group*

**Ann Bures**, *St. Joseph Medical Center*

**Maria Butz**, *Life Bridge Health*

**Betsy Caine**, *Adventist Healthcare, Inc.*

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**Nancy Creighton**, *St. Agnes Health Care*

**Donna Crocker**, *Erickson Retirement Community*

**Patrice Cromwell**, *Open Society Institute*

**Catherine Crowley**, *The Association of Maryland Hospitals and Health Systems*

**Hap Cursesey**, *Holly Mill Manor*

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**Jean Davis**, *Governor's Workforce Investment Board*

**Angela Dayton**, *U.S. Department of Labor/Employment and Training Administration*

**Emily DeRocco**, *U.S. Department of Labor/Employment and Training Administration*

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**Sharon Douglas**, *Baltimore City Community College*

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**Robert Ehrlich**, *State of Maryland*

**Bruce England**, *Susquehanna Workforce Network*

**Carol D. Eustis**, *Community College of Baltimore County*

**Paul Fader**, *Clinical Informatics Coordinator*

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**Greg Finnegan**, *Johns Hopkins Hospital*

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**Mark Gratzner**, *Lifebridge Health Human Resources*

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**Sharon Hadsell**, *Sinai Hospital*

**Ronni Haertig**, *MD Association of Community Colleges*

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**Candy Hamner**, *Northwest Hospital Center*

**Ann Hampton**, *University of Maryland Medical Center*

**Rena Hardin**, *U.S. Navy Fleet & Family Support Center*

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## **Governor's Healthcare Workforce Summit**

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**Rose Howard**, *U.S. Navy Fleet & Family Support Center*  
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**Donna Jacobs**, *University of Maryland Medical System*  
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**Madina Kassengaliyeva**, *Job Performance Systems, Inc.*  
**Sharon Kelley**, *Mount Washington Pediatric Hospital*  
**Joanna Kille**, *Governor's Workforce Investment Board*  
**John LaHart**, *Jonlin Healthcare, Inc.*  
**Linda LaHart**, *Sinai Hospital*  
**Keith LeCates**, *DLLR/Job Service & Upper Shore WIB*  
**Patricia Leiby**, *Frederick County JTA*  
**Kenneth Lewis**, *Union Hospital*  
**Charlene Lundgren**, *Doctors Community Hospital*  
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**Peter Monge**, *Montgomery General Hospital*  
**Andrew Moser**, *Anne Arundel Workforce Development Corp.*  
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**Bob Pelletier**, *Maryland Job Service*  
**Peter E. Perini**, *Magnolia Management, Inc.*  
**Stephen Permison**, *Standards Based Programs*  
**Ronald Peterson**, *The Johns Hopkins Health System*  
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**Sharon Rossi**, *Sinai Hospital*  
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**Pat Saunders**, *Anne Arundel Medical Center*  
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**Susanne Shipley**, *College of Notre Dame of Maryland*

## Governor's Healthcare Workforce Summit

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**Bob Thomas**, *Thomas Consulting Services*

**Peter Thomas**, *Western Maryland Consortium*

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**Jane Tinsley**, *Fort Washington Hospital*

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## Charting New Directions

Governor's Healthcare Workforce Summit  
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