

MINUTES
Council for Allied Health in North Carolina
Office of the President
March 3, 2004

Thomas Bacon, Chair, welcomed persons attending the Council meeting. He noted that a number of members and regularly attending guests were absent due to several other meetings taking place. The Council approved the January 7 minutes.

Presentation on the NC Association of Health Care Recruiters

Patricia D'Aurizio, president of the North Carolina Association of Health Care Recruiters, presented information about the association which has more than 100 members representing more than 47 hospitals and hospital systems. The association promotes recruitment and retention efforts in North Carolina and promotes the state as a place for health care professionals to practice. She said scholarships are offered in allied health and nursing. While the association promotes individual institutions, the main premise of the group is to promote North Carolina and to be sure the state's residents have an adequate number of health care professionals to care for them, she explained. The association has no "head hunters" or search firms and is limited to people in recruiting, D'Aurizio said. She added the association does have some corporate sponsors that allow the group to give more scholarships and to sponsor student activities.

D'Aurizio said that with more than 100-plus members dealing daily with hiring, selection, and going to campuses, the group has a very good feel for what is happening at the grass-roots level. Because of this, she said, the association would have something valuable to offer the Council. She noted that the association has been and still is involved with the NC Center for Nursing – participating in surveys and offering insight into day-to-day operations at the hospital level. Because the association represents so many systems, its members also have a "good feel" for long-term care and outpatient settings, she added.

Responding to questions from Kathy Heilig, D'Aurizio said the association offers individual memberships for persons actively engaged in recruiting for health care in North Carolina. The group also has association memberships with some schools. Also, individuals with an interest, but not a vocation, in recruitment of health care professionals may have a non-voting membership. D'Aurizio also provided information about the group's corporate sponsors, explaining that they are vendors with whom the association does direct business and that they pay \$200 per year. Search firms are not allowed to join, she said. Advertising agencies that are health-care focused and professional journals may join. They have no voting privileges and are not allowed in the business portion of association meetings. They may participate in open or educational sessions.

Responding to Susan Dyson's question of how the association disseminates information, D'Aurizio said that is one reason they sit in on the Center for Nursing. The association shares through linkages with other organizations. This is why the association would like to and could contribute to the Council, she said.

James Sadler asked about the association's campus visits and the feedback its members receive. D'Aurizio said they receive a lot of feedback. For example, she said, the association knows that many two-year schools are facing problems with finding clinical faculty. This year members are seeing the graduates from the increase in program enrollments. But, "Some of our concern is the quality of the graduates of those programs," she said, adding that there is doubt about whether some people have entered the program with a motive of stability and economic concern rather than concern for patients.

Frances Apple asked about the association not maintaining data. D'Aurizio explained that the association has no paid staff. But, she said, if there were a survey from another group, such as the Council, the association could disseminate it to the membership and return it.

Additional information about the North Carolina Association of Health Care Recruiters may be found at [HYPERLINK "http://www.ncahcr.com"](http://www.ncahcr.com) <http://www.ncahcr.org/>

Presentation on Western North Carolina Health Network

Bacon introduced Gary Bowers, executive director of the Western North Carolina Health Network (WNCHN), by explaining that in order to effectively address health care needs in North Carolina there also is a need for statewide and regional initiatives. While some things can be done at the state level others, such as how to match the needs of the workforce with the educational capacity of the educational systems, require regional solutions. For such efforts, the WNCHN is particularly effective, he said.

Bowers began his review of the initiatives underway to address workforce shortages in western North Carolina by explaining that the WNCHN was not attempting to duplicate state efforts, but rather to use what is being done statewide and "drill it down" for the region. He said the WNCHN is a collaborative network of 16 independent non-profit hospitals in western North Carolina. He reviewed the reasons for concern about health care worker shortages in that part of the state as well as the five-part action plan developed by the WNCHN.

Bower's full PowerPoint presentation is available on the Council's website at [HYPERLINK "http://www.alliedhealthcouncilnc.org/"](http://www.alliedhealthcouncilnc.org/) <http://www.alliedhealthcouncilnc.org/>

Data is being collected on current unfilled FTEs, FTE vacancies caused by attrition, and changing demographics, Bowers said. Regarding the decline in the vacancy rate for nurses, he noted that because of the slow economy a number of nurses have re-entered the

workforce or returned to full-time work due to the unemployment of a spouse. Others have delayed retirement plans. Additionally, patients have delayed elective surgery, reducing the need for staff. He said there is concern that improvement in the economy may cause a huge demand surge as nurses again leave the workforce.

Bowers said 81 percent of the state's student registered nurses plan to work in western North Carolina after graduation. The numbers are similar for allied health, he said. But, he added, many plan to spend two years working in hospitals before moving to areas such as home health or hospice care. David Yoder noted that surveys of graduates indicate that within two years only 50 percent would continue to work in hospitals. He added that the findings were related to the work environment.

Wayne Foster referred to "frictional unemployment," the "expected amount due to people moving in and out of jobs," and asked whether a threshold had been determined. Bowers said that for the hospitals represented in his group, 2 to 3 percent would be an acceptable and normal turnover rate.

Responding to a question from Frances Apple regarding how "travelers" in radiologic technology are counted, Bowers said hospitals are asked to report those slots as vacant positions.

Judith Mann noted that historically in a good economy, when hospitals are doing well financially, nurses don't have as many tasks to do because hospitals employ personnel for labs and other areas. However, when hospitals must "tighten the purse strings," nurses often are the first to go, making the vacancy number appear lower. The economy has a role, but not always one that is positive, she said.

Apple agreed, adding that often positions are frozen and that personnel from in another position must assume the additional tasks. But, those frozen positions may not be counted as vacancies. Foster added that if personnel numbers are not tied to the patient-caregiver ratio, the numbers could be skewed.

Bacon said the real issue is how many graduates are forthcoming, whether that number will continue to grow, and whether interest in health care as a profession will continue as the economy changes. He noted that there has been discussion at the Institute of Medicine about differential funding, with the focus on nursing. He suggested that the Council may want to utilize the attention the issue and report on the matter will bring. Mann noted that the timing is good since it is an election year.

Mann said nursing programs at community colleges are costly and tend to generate little revenue other than that of the "pipeline of people waiting to get in" to programs. Also, she said, there may be a ripple effect of other high-price, high-cost programs.

Fowler agreed that the Institute of Medicine report does focus on nursing and that the Council should “dovetail” on it because many allied health programs are as expensive as, or more expensive than, nursing. Mann added that they also are just as much needed as nursing.

Sadler asked Bowers about the availability of baccalaureate and master’s degree programs in western North Carolina. Bowers said the main focus has been on nursing with the hopes of seeing instructors generated from the programs. He said a nursing master’s program had been started, but response has been low because, “They don’t see the money out there.”

D’Aurizio said a comment from a magnet surveyor mentioned the lack of programs in North Carolina that prepare nurses at a baccalaureate level. The majority of the nurses are prepared at a community college level, she said.

Tom Connelly, Dean for Academic and Student Services at Cabarrus College of Health Sciences, noted that in North Carolina there are 18 BSN completion programs. Noting that at his school, 72 percent of the enrolled students are age 26 or older, he said the attrition rate is high. Difficulties arise when students are managing families, working, and attending school at the same time. And, he said, employers do little to relieve their workloads. If institutions want people to obtain additional education, employers will have to “think outside the box” about ways to encourage them, he said. Bacon added that those students who have been through programs that provide a lot of social support are more successful. Mann agreed that industry needs to think outside the box, but so does education by removing unnecessary barriers.

Announcements

Bacon said he has invited Bill Roper, Dean of the School of Medicine, to speak on the issue of bioterrorism at the Presidents’ Meeting in May. He has not received an answer regarding whether Roper will be able to do so. Bacon reminded the Council that the Presidents’ Meeting will be at Friday Center and that lunch will be served.

Articulation Task Force

Sadler reported on the Council’s Task Force on Articulation. A recent conference call included task force members Sadler, Elizabeth Isler, Sylvia Flack, Ned Fowler, Judith Mann, Stephen Thomas, and David Yoder. The group discussed articulation in general and some problems encountered by the nursing task force on which Mann and Sadler served. Sadler reported that Mann mentioned the industry problem, with a lack of time off from jobs. Other problems mentioned include loss of credits, the failure of all courses to transfer, and different expectations among universities. Sadler said the group also discussed the Transfer Advisory Committee. And, he said, Fowler noted findings from the report on radiologic science and the need for additional faculty members as well as the

concern about how to address the needs and the disincentives for personnel to become faculty. Fowler suggested that the task force might initially look at only one professional area. It was suggested that the group take a look at radiologic science, Sadler said. Thomas noted that in terms of helping prepare faculty, Eastern Carolina University would be interested in working on the issue.

Following the conference call, Sadler said, he met with Alan Mabe, UNC Vice President for Academic Planning, and Robert (Bobby) Kanoy, Associate Vice President for Access & Outreach for an update on initiatives occurring between the Community College and UNC systems. He said an earlier report on which they had worked suggested that some applied associate degrees be examined, giving some precedent. Kanoy had noted that in January the Transfer Advisory Committee reviewed and updated some associate science degree requirements. This gives some encouragement for the possibility of making progress on applied associate degree programs as well, Sadler said. He said a Board of Governors Task Force on Articulation between the two systems has been formed. Sadler said the college task force has met once and that the issue of articulation was raised and may be raised again. Following the meeting of that task force, Sadler said he met with Gretchen M. Bataille, Senior Vice President for Academic Affairs. During that meeting, he mentioned the Council task force and ways in which it might relate to the work of the board's task force. Bataille suggested that any recommendations and information from the Council's task force be forwarded to the board's task force for attention and possible action. Sadler said he has solicited further comments and issues from the Council's task force. Faculty issues are a primary concern, he said. Also, he said, the suggestion was made that the people who helped put together the radiologic science report should be involved in some of the task force's discussions.

An issue that has arisen in examining radiologic science articulation issues is that there is only one baccalaureate degree program in the system and that it is on the UNC-CH campus, Sadler said. He added that while he maintains an interest in the overall issue of articulation of applied programs, the preference is to first address radiologic science and then the overall matter of articulation.

Sadler said a videoconference is scheduled for March 24 to discuss the need for additional radiologic science faculty in North Carolina and what can be done to expand the UNC-CH program at the baccalaureate or master's level to prepare more individuals to teach in community colleges. The videoconference is a result of an earlier meeting Sadler had with Joy Renner, Director of the UNC-CH Division of Radiologic Sciences; Lee McLean, Chair of the UNC-CH Department of Allied Health Sciences; and Yoder. During that meeting, discussion included appropriate responses to meet the need for more individuals who could teach at community college programs. Renner discussed ways of sharing with students enrolled at other campuses, such as a sharing of faculty and courses from UNC-CH. Sadler said he raised some issues that would need to be addressed such as whether a radiologic science program might be established at other UNC institutions and, if so, what

sort of policies would be needed to ensure a viable policy at that institution.

The question arises, he said, whether importing courses would mean the institution's ability to establish that program. Several options might be considered, he said. As an example, if there is interest from the western and the eastern parts of the state in establishing a radiologic science baccalaureate program, sharing UNC courses might be a possible approach. If progress were made in that area, Sadler said, he would do all he could to see that if additional programs are established, articulation issues are worked out in advance, that there would be a good understanding of what the transfer articulation arrangement is, and that it is satisfactory to community college programs.

Sadler said another approach is to gather information on the current situation. After the Council task force's conference call, Sadler talked with Fowler and Mann regarding matters they see as issues. Fowler said that when he attends meetings, he hears allied health faculty say they have had students who wanted to enroll in university programs, but the universities would not accept some courses. Sadler said he perceives, from a UNC perspective, a lack of information on the number and type of bilateral agreements with community colleges. He proposed a survey of UNC allied health programs and community college allied health programs, asking what bilateral articulation agreements they have had. They would be agreements not covered under comprehensive articulation agreements, he added. "I feel a need to do that with all of our community college systems, but allied health is a good place to start," Saddler said. And, he added, it would be important to ask about problems encountered with allied health students moving into a baccalaureate program. Also, Sadler said he would want to solicit specific examples and issues. Third, he said, would be a survey of allied health on faculty need. If UNC programs try to respond to needs in coming years, it is important to know where those needs might be, he explained.

Regarding the videoconference, Sadler said Radiologic Science is to invite people to attend, but that it is not limited to UNC participation. Regarding the survey, Sadler said he will discuss the matter further with the task force. Assuming he receives their input and approval, work on the survey will proceed and could be done this spring.

Fowler said that when Dr. Dennis King, Vice President of Student Services at Asheville-Buncombe Technical Community College, considered the matter, he indicated he would be willing, if appropriate, to become involved in some articulation discussion about the applied science degrees. Fowler added that in an ideal world, articulation should be a 2-plus-2 to get a bachelor's degree rather than a 2-plus-more, adding that he would like to focus on moving toward 2-plus-2 articulation.

Sadler said his suggestion is for the Council to provide information and recommendations that would be sent to the board-level task force. That task force can then ask the Transfer Advisory Committee to address the issue. Procedurally, he said, the senior vice presidents would need to do that.

Mann noted that getting articulation accepted for the nursing programs was difficult because of the number of programs in North Carolina. That problem does not exist with radiologic science since there is only one baccalaureate program, so the responsibility would be on the community colleges. Focusing on radiologic science could lead to a success story on which future efforts could be expanded, she said.

Subsequent discussion included requirements for radiologic science faculty and efforts being made by for-profit colleges to meet personnel demands. Thomas voiced a concern about how cost effective training additional faculty, and the associated costs of equipment and space, might be.

Professional Membership Task Force

Yoder gave an update on the Professional Membership Task force since Karen Luken was unable to attend the Council meeting. Yoder said he, Luken, and Alan Brown held a conference call to discuss issuing invitations to associations of allied health professionals in North Carolina not currently represented on the Council. Yoder said information gathered about those associations' memberships, goals, etc., will be provided to the full task force for review. Task force members are Marge Ottofy, Bill Croft, David Wysocki, Carolyn Cusic, Brown, and Yoder. Luken is serving as chair. The group will have a conference call to discuss procedures and will bring recommendations to the Council for input and endorsement.

In a related matter, Yoder said work is continuing on preparing information about the 25 professional associations now affiliated with the Council. He provided drafts for review by anyone interested. Yoder said the information should be useful to legislators who may want to know more about the Council and its associations. The finalized version of the information will be on the Council's website and ready for distribution by May, he said.

Data Committee Report

Susan Dyson reviewed the fact sheet she had provided with information about the workforce studies for clinical laboratory sciences and respiratory care. Since respiratory therapists are licensed in North Carolina, data has been requested from the NC Respiratory Care Board. Because laboratory science personnel are not required to have licensure, data has been requested from multiple associations (American Society of Clinical Pathology, National Credentialing Association and American Medical Technologists). Also, job vacancy ads are being collected from 9 newspapers in NC (1 per AHEC region) to obtain information on number, type, location, setting of vacancies and other information such as employer incentives. Dyson added that a fourth study will provide information on the workforce operating PET scanners and is still in the preliminary stages.

NC Legislative Activity Report

In her legislative activity report, Patricia Porter said the areas of focus nationally and statewide are on elections and, in North Carolina, on redistricting. Another important topic is the state of the budget and what the legislature will face upon its return to session in May, she said. Porter said numerous legislative committees and commissions are meeting and that probably a third are on topics related in some way to health care. She provided a list of legislative commissions and committees and encouraged Council members to log onto the state's General Assembly website at HYPERLINK "http://www.ncga.state.nc.us" www.ncga.state.nc.us for information.

Heilig discussed the Medicare regulation on which input was given on the state level. She said it addresses inpatient rehabilitation and will affect delivery. Information is available HYPERLINK "http://www.palmetogba.com" www.palmetogba.com by clicking on NC and looking at the medical policies subset. Suggestions may be mailed to the medical director, she said. She also mentioned a more flexible policy from Ameristar FI.

Executive Director Report

Yoder reported on progress of the compilation of association information. And, he reported that the Council's website continues to have an increased number of hits from people interested in educational requirements, health professions, licensure, and other related information.

In another matter, Yoder said he will attend the combined North Carolina – South Carolina meeting of clinical laboratory personnel in Wilmington and will have a booth to present information about the Council. The Blood Bankers' association has also invited him to attend its meeting. And, he said, he will attend the upcoming NCSHLA meeting. Yoder said he is pleased about receiving more invitations from organizations and associations and for the opportunity to provide information about the Council and what it does.

In a related matter, Bacon said he submitted the Council's report to The Duke Endowment for its completion of the second year of grant funding and that the Council is "on track" to receive the third year of funding this summer – providing monies until 2005. After that, it will be necessary to have other sources of funding in place, he said.

Yoder said he and Bacon will meet with Bill Pully and Peyton Maynard on March 26 for a discussion on a pre-advisory board meeting and for discussion about when the advisory board might be called together as well as what the agenda might be.

Bacon noted that Mary Piepenbring is now associate director at The Duke Endowment's Health Care Division and is the point of contact for Council funding.

In other discussion:

Connelly initiated discussion about the JCAHO regulations that identify students as part of

the requirements for various screenings within health care institutions. He said requirements include drug screening and criminal background screening. The matter leads to some serious issues, particularly if work is done in health care facilities that get students on a rotational basis from various institutions. Also, academic institutions will have to deal with the issues of whether they are allowed to provide such information about the students.

Bacon said that for training programs and institutions, the matter involves the issue of confidentiality. He added that such requirements would be a “huge burden to the system.” Mann noted that students could be burdened with providing information to each institution at which they do a clinical rotation.

Bacon said he will get additional information on the matter and provide it to the Council.

Heilig added that already hospitals are cutting back on high-school based programs such as shadowing because of HIPPA security regulations. But, she said, hospitals still value training programs and it is a value she does not think they will give up.

In other matters:

Hielig said her facility is moving toward more prescriptive drug testing programs for employees and that some hospitals are moving to random testing.

Bacon said AHEC’s new health career manual will be available in mid-summer and that the press run will be approximately 60,000 as compared with the previous run of 45,000.

Yoder reminded the group that the next meeting will be at the Friday Center and that presidents will make presentations on their programs and issues.

In Attendance

Members, Staff and Consultants:

Thomas Bacon, Chair; Director, NC Area Health Education

Allison Bordeaux, NC AHEC Allied Health Representative, Wake AHEC

Judi Ashbaugh, Dept. Health & Human Services, Office of Research, Demo, & Rural Health Dev.

Gwen Brown, Dept. Health & Human Services, State Lab. of Public Health

Carolyn Cusic, Association for Home & Hospice Care of North Carolina

Susan Dyson, Cecil G. Sheps Center for Health

Ned Fowler, Community College Allied Health Programs Rep., Asheville-Buncombe Technical

Community College

Diane Groff, Allied Health Prof. Rep., UNC-CH Dept. of Recreation and Leisure Studies

Kathy Heilig, Vice Chair NC Hospital Association

Rees Jenkins, Immediate Past Council Chair

Patrena B. Majette, (representing Carolyn Mayo) NC Health Careers Access Program

Judith Mann, NC Community College System

Van B. Murray, NC Department of Public Instruction

Patricia Porter, Government Liaison

James Sadler, UNC Systems Representative; UNC General Administration
Martha S. Taylor, Allied Health Prof. Rep, NC Dental Hygiene Association
David Yoder, Executive Director
Vickie G. Whitaker, Dept. of Health & Human Services, NC State Lab of Public Health

Professional Association Presidents:

Wayne Foster, NC Speech, Hearing and Language Association

Guests:

Frances Apple, NC Society of Radiologic Technologists
Patricia D'Aurizio, NCAHCR, Novant Health
Diena Burton, Wake Med
Natalie Edwards, Eastern AHEC
Chastity Glover, High Point Regional Health System
Linda Horton, NC Hospital Association
Page Michie, Carolinas Healthcare System
Stephen Thomas, Sch. of Allied Health Sci., East Carolina University
Robert Weaver, Mountain AHEC