2022 STATE OF MARYLAND'S HEALTH CARE WORKFORCE REPORT

Action Items for Policymakers

August 2022

Maryland
Hospital Association

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On behalf of Maryland's 60 member hospitals and health systems, we are proud to share the 2022 State of Maryland's Health Care Workforce Report produced by the MHA Task Force on Maryland's Future Health Workforce.

In response to unprecedented workforce stresses prompted by the COVID-19 pandemic, MHA's governing body launched the Task Force in Fall 2021. Hospital leaders, human resources experts, and clinicians from across Maryland 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 health care workforce
    2) Enable hospitals to hire, retain and grow
    3) Ensure families in Maryland have the medical care needed to thrive

MHA commissioned the research firm Global Data to forecast supply and demand in the nursing workforce. The report projects a shortfall of 13,800 registered nurses (RNs) and 9,200 licensed practical nurses (LPNs) by 2035. Without intervention, the supply of RNs and LPNs can only meet 80% of the state's demand.

The Task Force recommendations focus on four areas:

    1) Expand Maryland's workforce pipeline   3) Retain the health care workforce
    2) Remove barriers to health care education   4) Leverage talent with new care models

The recommendations include detailed actions that both policymakers and hospitals themselves can take. Given the breadth of the health care 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 Maryland's vital health care workforce.

Best,

Bob Atlas
President & Chief Executive Officer
Maryland Hospital Association

Edward Lovern
President & Chief Executive Officer
Ascension Saint Agnes
Chair, Task Force on Maryland's Future
Health Workforce

WORKFORCE CRISIS

Maryland hospitals face the most critical staffing shortage in recent history. MHA's Executive Committee launched the Task Force on Maryland's Future Health Workforce in Fall 2021 to propose a strategy to build a sustainable health care workforce. **The Task Force agreed to focus initial recommendations on nurses and nurse extenders.** However, members recognized growing the pipeline of allied health professionals and other health care workers must be addressed in the near term.

Maryland Health Care Workforce Crisis By the Numbers

86,555 active licensed registered nurses in MD[1]

1 in every 4 hospital nursing positions is vacant[2]

Growing Shortfall of Nurses:[1]
- 13,800 additional RNs needed by 2035
- 9,200 additional LPNs needed by 2035

62% of surveyed Maryland Board of Nursing licensees and certificate holders thought about leaving nursing recently[3]
- Feeling overworked, burned out, unappreciated was #1 reason for nearly **40%** of respondents

RECOMMENDATIONS FOR **POLICYMAKERS**

Expand Maryland's Workforce Pipeline

1. Designate state entity responsible for multi-agency coordination of data driven policy change and programs to ensure Maryland has the health workforce necessary for the future

2. Create programs that provide stipends or financial incentives to pursue careers in high demand health care fields

3. Remove barriers to internationally-trained providers joining the workforce by aligning Maryland's English language competency requirements with established standards

4. Leverage proximity to military bases and launch "Green to Blue" campaign to enable timely transition of discharged/retired military personnel with caregiver experience to care settings

Remove Barriers to Health Care Education

1. Pass legislation to lower costs for students pursuing in-demand health care professions at community colleges through tuition assistance, stipends and loan repayment

2. Offer additional funding and incentives to get more instructors in schools of nursing and well-prepared preceptors in acute care settings

3. Expand funding for nurse clinical education, including Nurse Support Programs (NSP) I & II

Retain the Health Care Workforce

1. Address social and economic drivers that cause health care workers to leave the profession, including the cost and availability of child and elder care

2. Establish a statewide workplace violence prevention consortium to provide training and support and recommend policy changes

Leverage Talent with New Care Models

1. Review scope of practice and training curriculum for nursing support staff to enable new acute care models

2. Remove arbitrary barriers to licensure across state borders to facilitate access to telehealth

#1: Expand Maryland's Nursing Pipeline

Challenge #1
High Staff Turnover

Challenge #2
Shifting Care Delivery Models

Challenge #3
Insufficient Nursing Pipeline

Policymakers

Action Items

- Designate state entity responsible for multi-agency coordination of data driven policy change and programs to ensure Maryland has the health workforce necessary for the future
- Create programs that provide stipends or financial incentives to pursue careers in high demand health care fields
- Remove barriers to internationally-trained providers joining the workforce by aligning Maryland's English language competency requirements with established standards
- Leverage proximity to military bases and launch "Green to Blue" campaign to enable timely transition of discharged/retired military personnel with caregiver experience to care settings

▼ Rationale

Nursing workforce should respond to changing demographics
- By 2034, **older adults will outnumber children** for the first time in US history[4]

Diversity among health care providers **improves access for underserved groups, improves health outcomes and reduces disparities**
- **19.4%** of Marylanders speak a language other than English[5]

Higher demand on health care services will require nurse and nurse extender availability across the care continuum. **Between 2021 and 2035, demand for RNs is expected to grow:**[1]
- 57% in residential care
- 50% in nursing homes
- 38% in home health
- 12% in emergency departments

#2: Remove Barriers to Health Care Education

Challenge #1
High Staff Turnover

Challenge #2
Shifting Care Delivery Models

Challenge #3
Insufficient Nursing Pipeline

Action Items

Policymakers

- Pass legislation to lower costs for students pursuing in-demand health care professions at community colleges through tuition assistance, stipends, and loan repayment
- Offer additional funding and incentives to get more instructors in schools of nursing and well-prepared preceptors in acute care settings
- Expand funding for nurse clinical education, including Nurse Support Programs (NSP) I & II

▼ Rationale

Providing access to wraparound services (e.g., childcare, tutoring, transportation assistance) can help **ensure students who are non-traditional or from underserved populations** can access education and complete programs

- On average, **20% of nursing students will drop out**, with the highest rates observed after the first semester[6]

Adding access to clinical sites and expanding nursing faculty and hospital-based preceptors can ensure institutions are equipped to accept more prospective students and contribute to nursing workforce pipelines

- In **2020, 80,521 qualified nursing applicants were not accepted** at schools of nursing due primarily to the shortage of clinical sites, faculty, and resource constraints[7]

#3: Retain the Health Care Workforce

Action Items

Policymakers

- Address social and economic drivers that cause health care workers to leave the profession, including the cost and availability of child and elder care
- Establish a statewide workplace violence prevention consortium to provide training and support and recommend policy changes

▼ Rationale

- RN supply was adequate to meet about 91% of demand in 2021, but is projected to **meet only 80% of expected demand by 2035**[1]
  - A model where nurses retire up to 2 years earlier than pre-COVID patterns, the RN and LPN workforce will only be able to meet **78% and 42% of demand** by 2035, respectively[1*]
- **Nearly 25%** of Maryland nurses said having caregiver support for children and the elderly would keep them from leaving in the next few years[8]
- Incidences of workplace violence impact job satisfaction and are cited as rationale for leaving the bedside
- In 2020, nursing and personal care facility workers were injured from assaults and violent acts at a rate of 21.8 per 10,000 full time workers.[9] Health care and social service workers are **five times as likely** to be injured on the job than workers overall.[10]

*This scenario reflects the reported increase in burnout leading to higher-than-usual retirements during COVID, but regarding which reliable data is not yet available.

#4: Leverage Talent with New Care Models

Action Items

Policymakers

- Review scope of practice and training curriculum for nursing support staff to enable new acute care models
- Remove arbitrary barriers to licensure across state borders to facilitate access to telehealth

▼ Rationale

Methods to maximize existing health care staff include implementing new care delivery models and removing licensing barriers to enable nurses and nurse extenders to practice at the top of their scope

- An estimated **36,000 of RNs** and **3,800 of LPNs** will be needed across emergency and inpatient settings by 2035[1]

Care delivery models can incentivize hospitals to identify appropriate staffing benchmarks and ensure that patients are matched with the appropriate staff skills to **address their needs and care preferences**

- 8 in 10 telehealth patients support the option to receive telehealth services across state lines[11]

APPENDICES

MHA COMMITMENT TO SUPPORT THE HEALTH CARE WORKFORCE

#1: Expand Maryland's Workforce Pipeline	#2: Remove Barriers to Health Care Education	#3: Retain the Health Care Workforce	#4: Leverage Talent with New Care Models

#1: Expand Maryland's Workforce Pipeline

- Partner to launch a marketing campaign in Maryland (1) highlighting viable careers in hospitals and (2) attracting underrepresented populations into nursing
- Routinely publish data snapshots of hospital workforce to inform policy and collaboration
- Remove barriers to licensure and engage occupational boards in workforce planning and data collection

#2: Remove Barriers to Health Care Education

- Develop a communications and dissemination strategy to promote emerging bedside-to-clinical instructor models
- Partner with local colleges and universities to grow and diversify entrants into health care professions and enhance access to incentives and wraparound supports to expand student pipeline
- Collaborate with academia to evolve curriculum to strengthen nurse graduate readiness

#3: Retain the Health Care Workforce

- Convene forums to share promising member policies and practices to operationalize equity and inclusion
- Partner with Maryland Healthcare Education Institute, Maryland Patient Safety Center, and their organizations to facilitate training and education addressing burnout and moral distress and support workplace violence prevention and tracking

#4: Leverage Talent with New Care Models

- Advocate for scope of practice and curriculum changes to enable new care models
- Advocate for legislative and regulatory updates to enhance access to health care providers in neighboring states

RECOMMENDATIONS FOR **HOSPITALS AND HEALTH SYSTEMS**

Expand Maryland's Workforce Pipeline	**Remove Barriers to Health Care Education**	**Retain the Health Care Workforce**	**Leverage Talent with New Care Models**

Expand Maryland's Workforce Pipeline

1. Partner with community-based agencies and educational institutions for local workforce development (include focus on veterans, individuals with disabilities, and other underrepresented populations)

2. Collaborate to ensure optimal implementation of acute care CNA pathway

Remove Barriers to Health Care Education

1. Commit to make additional clinical training sites available to nursing schools at no cost

2. Explore opportunities to increase qualified faculty and clinical instructors

3. Collaborate with universities and/or community colleges to create school-to-work and school-at-work programs

Retain the Health Care Workforce

1. Reimagine internal policies to keep health care workers in jobs by addressing social determinants of health and establishing flexible scheduling, shifts, and roles

2. Promote an organizational culture that prioritizes employee physical and psychological safety

3. Establish internal career lattice and training to enable staff advancement within, between, and beyond current occupations and professional scope

4. Ensure that inclusion and well-being are embedded in organizational values. Operationalize these values through policy and practice

Leverage Talent with New Care Models

1. Explore alternative and appropriate use of personnel to incorporate as members of the care delivery team

2. Consider a remote or virtual nursing care delivery model to augment in-person care delivery along with opportunities for surveillance from a home setting

3. Eliminate extraneous administrative steps and EHR documentation to reduce nurses' workload and enable extension of care team

- **Difficulty retaining staff due to:**
  - Stress of acute care
  - Aging workforce/early retirement
  - Competitive wages from other industries
  - Choice of roles outside acute care and additional remote work alternatives
- **COVID-19 accelerated existing issues**
  - Burnout and moral injury
  - Increased demand for contract labor to respond to geographic hotspots
- **Maryland's unique financing system**
  - Hospitals operate under capped budgets, hindering ability to compete nationally to retain talent
- **Violence against health care personnel**
 - Majority of workplace violence events impact nurses and nursing assistants

LPNs, RNs, Respiratory Therapists, and Nursing Assistants are among the top hospital occupations representing the highest vacancy rates.

Top 10 Hospital Occupations by Vacancy Rate[2] (as of 12/31/2021)	
Licensed Practical (Vocational) Nurses	**37.7%**
Registered Nurses	**25.4%**
Respiratory Therapists	**23.7%**
Nursing Assistive Personnel	**22.9%**
Overall Vacancy Rate	**21.2%**
Nurse Practitioners	21.0%
Surgical Technicians	20.5%
Pharmacy Technicians	19.0%
Sterile Processing Technicians	17.2%
Laboratory Technicians	17.1%
Radiology Technicians	16.9%

Registered Nurse Vacancy Rates by Region[2]

Western 15.6%
Central 27.7%
Eastern Shore 12.7%
Capital 26.5%
Southern 16.8%
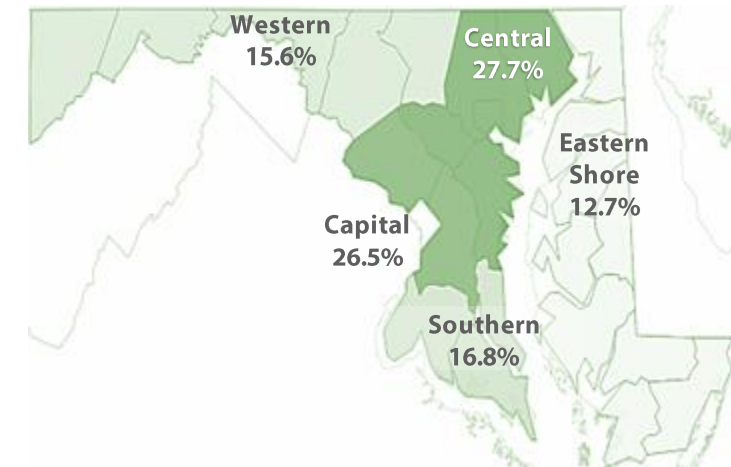
Note: Data represents submissions by 49 of 51 Maryland hospitals (Survey Response Rate = 96.1%). Data will be updated as new submissions are received.

SHIFTING CARE DELIVERY MODELS

Key Issues

Lack of Resources to Support Innovation:

- Care model limitations
  - Shortage of LPNs, CNAs and nursing support in acute care
  - Need to upskill advanced practice providers, train nurses in delegation
  - Available technology capabilities
  - Implementation given current workforce shortage, survival mindset

Changing Patient Populations call for Additional Training and Resources:

- Increased utilization of aging patients (in particular, frail elders) and those with higher acuity and behavioral health needs
- Demographic shifts require additional training in cultural competency and institutional bias

Potential to Leverage New Technology and Care Delivery Modalities[12]

$3 Billion: Pre-pandemic annual revenues of U.S. telehealth leaders

$250 Billion: Current US health care spending which could potentially be virtualized
- 35% of home health visits
- 24% of office visits, outpatient
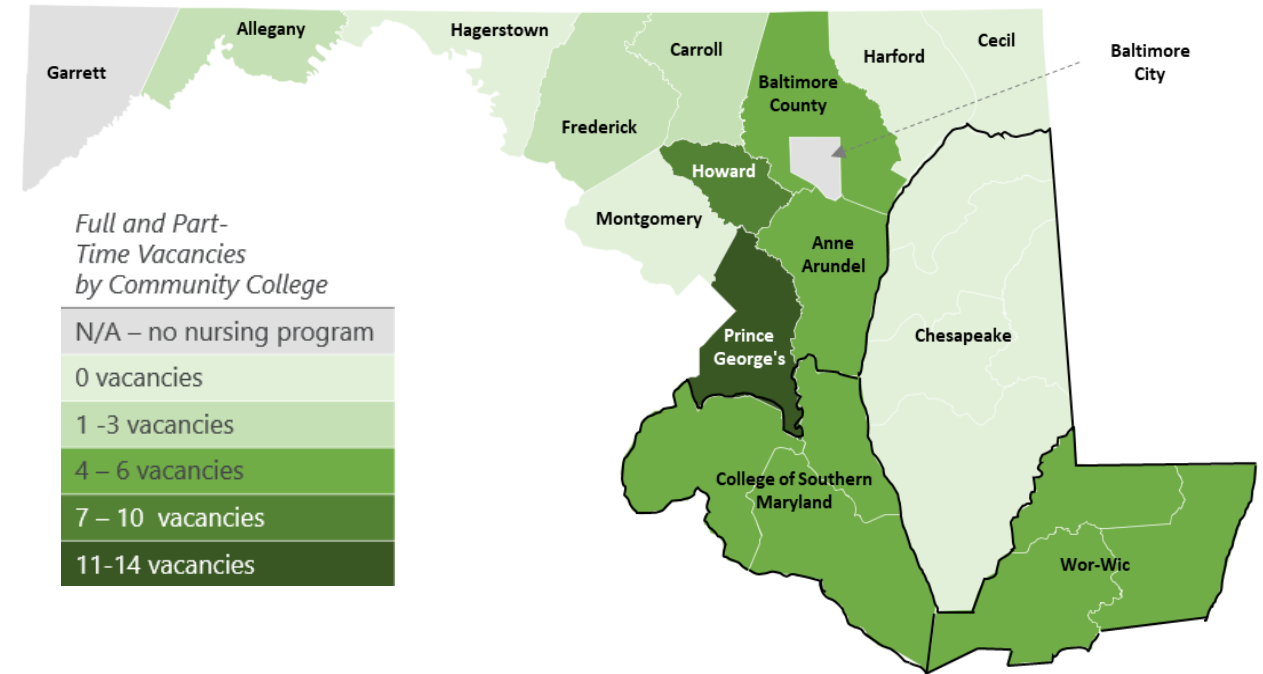- Hospital-at-home models also gaining traction

Key Issues

- **Resources to meet prospective student demand:**
  - Lack of clinical sites
  - Clinical faculty and preceptor shortages
  - Lack of clinical experience and training
  - High student drop-out rates
- **Barriers to nursing education**
  - Cost of tuition
  - Lack of support services (e.g., childcare, tuition assistance)
- **Diversity of workforce does not reflect patient population**
- **Limited programs targeting inclusion of underrepresented groups including individuals with a disability and veterans**
- **Barriers to recruiting and hiring international nurses**
  - Higher state English language requirements
  - Arduous federal and state processes

In 2021, **more than half** responding community colleges in Maryland reported at least one full-time vacancy (up to six).

Vacancies by Community College and Service Area[13]

Full and Part-Time Vacancies by Community College

N/A – no nursing program	
0 vacancies	
1 -3 vacancies	
4 – 6 vacancies	
7 – 10 vacancies	
11-14 vacancies	

*Note: BCCC not reporting

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