



Although the downturn in the economy lessened the immediate impact, demographic trends continue to point to a health care industry that will experience a shortage of qualified personnel. This shortage is due to a number of factors including an aging work force, a decreasing supply of younger workers choosing to work in health care and an increase in demand for medical services. Hospitals must attract and retain replacements for retiring workers and expand their work force to care for an aging population. However, the supply of graduating caregivers will not expand rapidly enough to meet the needs of hospitals over the next decade.

Hospitals are undertaking steps to tackle the work force shortage. However, this complex problem cannot be solved by hospitals alone. The federal government will continue to play a critical role in the support of an adequate health care work force.

Physician shortages

The American Association of Medical Colleges estimates that there will be a shortfall of 125,000 physicians by 2025, at a time when the growth and aging of the

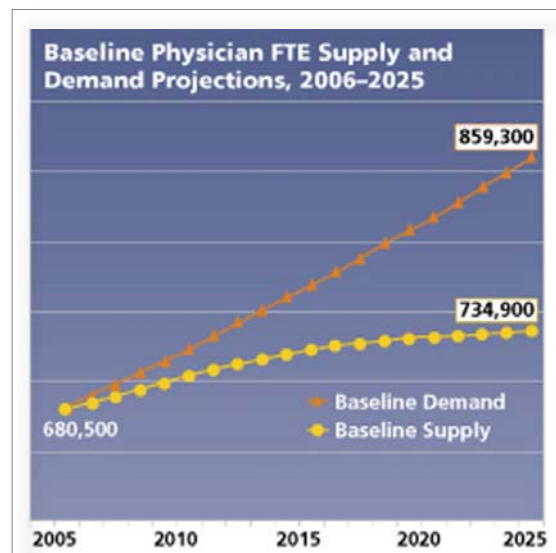
population will increase the demand for medical services.

Fewer new physicians are going into primary care and existing primary care physicians are looking for an exit strategy due to stress in the workplace, declining incomes and an increasingly regulatory and demanding environment.

The shortage of primary care physicians is especially acute in rural areas and urban inner cities.

FEDERAL ACTION REQUESTED:

- Support H.R. 2251/S. 973, the Resident Physician Shortage Reduction Act of 2009, which would add 15,000 new Medicare-supported physician training positions.
 - Support H.R. 1460, the Nurses Higher Education and Loan Repayment Act.
 - Oppose H.R. 1409/S. 560, the Employee Free Choice Act.
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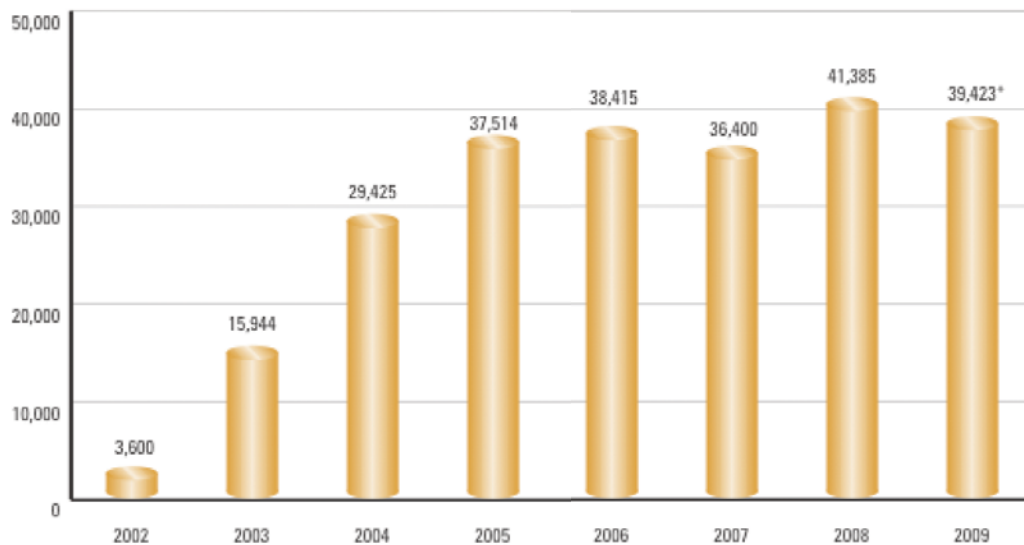
Source: Association of American Medical Colleges 2010
(www.aamc.org/workforce)

Nursing shortages

Nurses comprise the largest percentage of hospital employees, and nurse shortages are predicted to last into the foreseeable future. The American Organization of Nurse Executives reported that nursing schools turned away more than 80,000 qualified applicants over the last two years due to a shortage of faculty, insufficient clinical sites, limited classroom space, insufficient preceptors and budget cuts. Ensuring a sufficient pipeline of qualified nurses is essential to providing ongoing quality patient care.

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Qualified Applications Turned Away from Entry-Level Baccalaureate Nursing Programs, 2002-2009



Source: American Association of Colleges of Nursing, Research and Data Center, 2002-2009. AACN is not responsible for reporting errors by respondent institutions.

*Based on preliminary data December 2009

Transforming Care at the Bedside (TCAB)

In 2010, the Minnesota Hospital Association was awarded the first TCAB grant to work with 30 hospitals to improve patient care and the work environment for nurses (see MHA Patient Safety and Quality fact sheet). Minnesota hospitals are excited to work on this collaboration.

Card check

Congress is considering legislation that would jeopardize hospital employees' rights to vote confidentially in union-organizing elections. The Employee Free Choice Act seeks to overturn the longstanding National Labor Relations Act policy that ensures employees are then able to make their decision in private, free from management or union

pressure, about whether or not they want to be represented by a union. The secret ballot election is the foundation of American democracy.

Nurse staffing ratios

In 2004, California became the first state to establish requirements for nurse staffing ratios in acute care hospitals. However, a February 2009 report by the California Health Care Foundation demonstrated that staffing ratios have not improved clinical outcomes for patients. The study also illustrated that in some cases hospital budgets and services had to be reduced due to the higher costs of staffing changes. In addition, the study showed that mandatory ratios increased emergency room wait times and led to some patients having to be diverted to another facility when the appropriate number of staff was not in place.

Minnesota Hospital Association
2550 University Ave. W., Suite 350-S
Saint Paul, MN 55114-1900
Phone: (651) 641-1121
Toll free: (800) 462-5393
Fax: (651) 659-1477
www.mnhospitals.org