



HealthWorks September 4, 2008

- [Toolkit Helps Us Get “Back” to Basics with Safe Lifting](#)
 - [2nd Annual Healthcare Workforce Summit Addressing Arizona’s Healthcare Workforce Shortage: Some Assembly Required](#)
 - [Older Workers Want to Stay on the Job](#)
 - [Re-Thinking Mentor Opportunities](#)
 - [Mentor Program: The Research of "Transfer of Training"](#)
 - [Conference about IOM Report Geared to Teach the Teachers](#)
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[Toolkit Helps Us Get “Back” to Basics with Safe Lifting](#)



What is the cost of back injuries in healthcare? Nearly \$3 million every hour, according to information in a toolkit that is all about back injury prevention. In healthcare, many occupations involve lifting, transferring, and repositioning patients. From the rad tech that is performing moving a patient for a CT scan, to the nurse aide that is helping a patient to the bathroom, to the beside nurse that is repositioning a patient to prevent skin breakdown, all of these scenarios are common and occur everyday, numerous times. Also, all of these scenarios can be that moment that contributes to a back injury if done incorrectly. Consider these stats:

- More than one third of caregiver injuries resulting in lost work are due to lifting or repositioning patients
- Direct and Indirect costs associated with caregiver back injuries are as high as \$25 billion annually (that’s \$68 million a day!!)
- Over three quarters of a million working days are lost annually as a result of back injuries in nursing

- Musculoskeletal injuries account for more than 50% of lost time injuries in the healthcare sector
- Among indirect expenses are: hiring and retraining costs, use of replacement workers, overtime, medical management, incident reporting and paperwork, increased workers' compensation insurance costs, decreased employee morale, increased employee healthcare costs
- Six of the top ten professions with greatest risk of back injuries are: Nurse's Aides, LPN's, RN's, Health Aides, Radiology Techs, PT's
- After suffering a back injury, many healthcare individuals lose the ability to work directly in patient care.

In light of a nursing shortage, none of us can afford lost time with staff due to avoidable back injuries. That means having active tactics that assist us in this endeavor. To assist with that, a new "Toolkit" is being launched by Liko North America to assist hospitals and nursing homes with the start-up, development, and on-going support of their safe lifting initiatives. The Liko-sponsored Safe Lifting Portal is a pro bono injury prevention site designed to help nurses avoid musculoskeletal injuries caused by lifting and repositioning patients. The Toolkit is full of helpful information, stats, EBP info, and more. To access the Toolkit go to: <http://www.safeliftingportal.com/toolkit/>

[Back to Top](#)

2nd Annual Healthcare Workforce Summit Addressing Arizona's Healthcare Workforce Shortage: Some Assembly Required



Join us for AzHHA's second annual Healthcare Workforce Summit, designed to help your organization evaluate and assemble all of the components needed to build and maintain a strong healthcare workforce. All signs continue to point to this healthcare workforce shortage as being more severe and persistent than any past shortage. This summit will review the national and statewide healthcare trends fueling the shortage and will focus on the necessary components for proactively and strategically preparing for the workforce challenges facing us today and in the future. Session topics will outline the essential components of strategic workforce planning, share proven strategies for developing and implementing a successful on-boarding program for new hires, discuss the state of affairs with hiring foreign nationals and help you better understand our nation's immigration system, and identify and describe proven strategies for retaining high performing employees, including but not limited to, succession readiness, compensation and incentives, and staffing practices.

Objectives:

- Understand the seven irrefutable healthcare trends that are creating and fueling the changing workforce dilemma

- Understand the need to proactively and strategically prepare for the most imminent workforce challenges
- Describe the essential components of strategic workforce planning
- Identify the five platform areas that directly influence an organization's ability to retain high performing employees and describe the specific 'best practices' within each of the five platform areas
- Identify and understand succession readiness strategies that are being implemented at the "front line" in healthcare organizations
- Understand all of the elements necessary to create a successful new hire orientation program

This education session will be held on Thursday, September 11, 2008, 8:30 a.m. – 4:00 p.m. at the Desert Willow Conference Center in Phoenix, AZ. This workshop is geared towards Chief Nurse Executives, Chief Operating Officers, vice presidents of Human Resources, nurse recruiters, healthcare managers, and other personnel involved in the recruitment and retention of healthcare employees. To register visit <https://www.signup4.net/public/ap.aspx?EID=THEN108E&OID=100>

**Early Registration Deadline: Thursday, September 4, 2008, 2008. Registrations made after this date will incur a \$25.00 late fee. Questions? Please call 602-445-4356 with questions or email edservices@azhha.org.

[Back to Top](#)

Older Workers Want to Stay on the Job



According to the Arizona Healthcare Workforce Data Center, over one third of Arizona's nurses are age 55 or older¹. And just because your colleagues are getting older doesn't mean they're cutting back on work hours. The Bureau of Labor Statistics shares that among Americans age 65 or older who work, 56 percent held full-time jobs last year. That's a 10 percentage point rise from 1999. And the number of full-time "mature" workers nearly doubled from 1995 to 2007. In fact, the number of all older workers, full time and part time, rose dramatically in the decade -- far faster than younger workers. And the gains can't be blamed on baby boomers postponing retirement because even the oldest boomers aren't 65 yet. It's those ahead of them who are deciding to stay in jobs or are coming back after retiring. What do they attribute this to? In an article from The Washington Post², most of the growth in 65 and up workers was fueled by more women working -- either after their partner died or for another reason. At the same time, another study earlier this year by the Employee Benefit Research Institute³ indicates

employers have a narrow window of up to two years in which they may be able to change retiring workers' decisions by offering them incentives to remain with the company. The survey tested 19 possible incentives that might encourage retiring workers to postpone retirement and found that incentives such as flexible work arrangements, a bump in pay or even more meaningful work could convince workers to delay retirement. But what was most telling in this survey was the number one reason cited that was most likely to be especially persuasive: Feeling truly needed: Half of retirees (48 percent) indicate that feeling truly needed for an assignment would have been extremely or very effective in encouraging them to delay their retirement. Moreover, of those ranking this as one of the top two most effective incentives, 72 percent say it might have prompted them to stay at least two more years with the company. Interestingly enough, a majority of retirees (61 percent) in the EBRI study said they would have been open to delaying retirement, but only 26 percent said they were approached by their employers to do so. So maybe we need to approach them with an idea. When we consider the urgent need for mentoring new graduate nurses, pharmacists, rad techs, and other healthcare professionals, and the desire for the seasoned healthcare worker to delay retirement for meaningful work, we have a great opportunity to marry these two needs into a win-win solution.

Information for this article extracted from the following resources:

1 <http://www.azhha.org/workforce/documents/ArizonaRNShortage2007Results.pdf>

2 <http://www.washingtonpost.com/wp-dyn/content/article/2008/07/28/AR2008072802547.html?nav=hcmodule>

3 http://www.ebri.org/pdf/PR_807_10July08.pdf

[Back to Top](#)

Re-Thinking Mentor Opportunities



Not all companies take advantage of mentoring opportunities or their benefits. Mentoring sets the stage for experienced workers to train novice employees. No workshop, textbook, or orientation, no matter how comprehensive, can ever relay the knowledge that employees have accumulated over the years about their company's history and culture, in-house procedures and processes, evolving industry practices, or even client idiosyncrasies that can help close a deal. As millions of boomers begin departing the workforce over the next decade, mentoring will no longer be a luxury but a critical retention and professional development tool that prudent employers use to drive profits.

Mentoring relationships are very tricky. A mis-match in personalities can be damaging. A case in point is Elizabeth Woodruff, 24 years old, and a claims representative for the Social Security Administration (SSA) in Winston-Salem, N.C. Although she was assigned a mentor who was close to her own age, their personalities were mismatched. As the days and weeks wore on, she found herself repeatedly soliciting information and advice from Bob, a claims processor in his mid-50s who sat across from her desk. "Bob was physically accessible to me," she says. "He showed me the ropes in a very unofficial, kind, and friendly way that nobody else was willing to do. I don't necessarily know I would have stayed if somebody had not done for me what he did for me." Many companies establish formal mentoring programs where mentors are assigned to specific employees. But why not let your workers choose? Some suggest that instead of pairing mentors with employees, employers should invite all mentors and employees to a reception where they can get to know each other and pair off on their own. "Picking a mentor for someone in a long-range situation is a personal thing," says Woodruff. "People can do it better themselves."

According to according to Joyce Cohen, senior consultant at Career Systems International, mentoring can take on many shapes and forms too. Here are a few ideas:

Brown Bag Mentoring: One experienced employee at a telecommunications company conducts a weekly session on Friday afternoons for any employee who wishes to attend. Participants bring up problems they encountered during the week while the mentor presents the best practices to solve them. The following week, employees return with success stories that others can learn from, or the workers bring more challenges. These sessions have grown so popular that they now last for several hours. Gen-Xers, employees mainly in their 30s, attend and bring their own snacks and beverages.

Extended Lunch: Likewise, one manager at an aerospace company hosts an extended lunch every week in the cafeteria. Anybody can attend. Participants only have one minute to discuss their issue or challenge, then the manager guides the group to brainstorm creative solutions. Both of these managers came up with the mentoring idea because they were bombarded with how-to questions from staff and other coworkers. They approached their boss with a mentoring plan and received approval to conduct the brainstorming programs.

Legacy Mentoring: One manager at a company that manufactures health care products was approaching retirement. Throughout his career, he kept a little black book of his own product ideas that had never made it to market. Before he retired, he began sharing them with his direct reports, offering information about the status of each product and suggesting ideas about what needed to happen next. He challenged the workers to bring these products to market. After he retired, he formed a consulting firm and used the experience to help market his newfound skills. Managers nearing retirement can follow his lead by keeping track of creative projects they didn't have time or sufficient resources to tackle, then asking their direct reports or successors to take a second look. If the endeavor still fits within the company's goals, then managers can guide their staff on how to convert their ideas into real products or services.

Full-Circle Mentoring: A quality assurance manager at a manufacturing company spent 24 years at the same facility. Six engineers reported to him. Although he planned on retiring in nine years, he grew tired of his job's demands, which included travel. He

wanted to return to his original job of working on the plant floor. So he negotiated a deal with management; the company froze his salary for three years while he worked alongside the engineers who once reported to him. He would mentor them in quality assurance. After three years, his salary would drop to the level of his new coworkers. "He's as happy as a clam," says Cohen.

Manager-Broker Mentoring: An employee was unhappy in her logistics job at a manufacturing company. She told her manager that she wanted to work in human resources. The manager explained the situation to her peer, the HR manager. When an opening came up, the woman transferred into HR and ended up with a full-time job. "The manager introduced the young woman to the HR manager and brokered a deal on her behalf," explains Cohen.

Down-the-Line Mentoring: One experienced employee at a manufacturing firm attends high-level idea forums where he and other senior executives address the company's future activities. This employee gathered a small group of workers in their 20s and 30s who have shown great promise in their careers. He talked with them, sharing snippets of the high-level management discussions and challenging them to find ways to implement the ideas today, instead of three or five years from now.

Mentoring can be innovative, creative, economically sound and very satisfying. For more information, go to the original AARP article that this was developed from at:

http://www.aarp.org/money/careers/employerresourcecenter/recruitment/creative_mentoring_opportunities_in_the_workplace.html

[Back to Top](#)

[Mentor Program: The Research of "Transfer of Training"](#)

Where do we start when we need to create a new mentoring program or refine an existing one? One place is a website I recently found called The International Mentoring Association (<http://mentoring-association.org>). This website has resources available for non-members at no charge, and many, many more if you become a member (\$65 / year). This website has tools and tips on how to set up a mentor program, how to select mentors, online library filled with mentoring articles, best and promising Mentor Programs, theory, research and application of mentoring, and more. The following information is an excerpt from their free-resources about the benefits of a Mentor Program.

In 1987, Bruce Joyce and Beverly Showers released the findings of their groundbreaking research into the extent of implementation resulting for various modes of training and follow up support. This information has become the prime mover behind the increase in what is known as "coaching". The summary of their findings are provided below, and they are very dramatic!

The research on the need for “ in-situation” coaching:

- Learners that will *transfer a new skill into their practice* as a result of learning a **theory = 5%**
- Learners that will transfer a new skill into their practice as a result of learning a theory & seeing a **demonstration = 10%**
- Learners that will transfer a new skill into their practice as a result of theory, demonstration & **practice during the training = 20%**
- Learners that will transfer a new skill into their practice as a result of theory, demonstration, practice & **corrective feed back during the training = 25%**
- Learners that will transfer a new skill into their practice as a result of theory, demonstration, practice, feed back during training & **in-situation coaching = 90%**

However, I caution the reader to place this work on "coaching" within the context of the mentoring relationship, for just providing technical support (coaching) is not enough to make sure that employees actually implement in practice what they have learned in trainings. Joyce & Showers acknowledge that no one will take the risks of growing in front of another person, or their advice and "coaching" unless they first have a relationship of mutual trust with that person. Mentoring provides that relationship within which effective coaching can lead to risk-taking and growth.

For more information on mentor programs go to: <http://mentoring-association.org>

[Back to Top](#)

Conference about IOM Report Geared to Teach the Teachers



Beginning with the publication of *To Err is Human* in 1999, the series of reports on quality and health care from the Institute of Medicine (IOM) has significantly influenced the industry at all levels. But how does that translate into nursing education? Find out how on October 17, 2008 when the Arizona Nurses Association, Nurse Educator Chapter(6) bring Anita Finkelman, MSN, RN & Carole Kenner, DNS, RNC, FAAN, authors of the ANA book, *Teaching IOM to Phoenix* to present a one day conference on the Implications of the IOM reports for Nursing Education both in academia and in health care institutions. Aimed at clinical educators, this book synthesizes 12 IOM reports considered by the authors to be most relevant to the nursing profession. Finkelman and Kenner also present strategies and tools for integrating information from the IOM reports into nursing education. Their book won the 2007 Society for Technical Communications Award of Excellence and both presenters are currently actively teaching nursing. Each registrant will receive a personal copy of *Teaching IOM*. The book focuses on:

1. Nursing education strategies,
2. Core competencies derived from these reports and
3. Documentation and how to use the reports in educating nurses

The companion CD-ROM provides additional material for incorporating the IOM reports into teaching-learning experiences, a sample exam of the critical elements of this content, and an extensive reference and reading list to complement the one in the book. This will give those attending, the experience of hearing the presenters and being able to take away tangible tools for use in their work setting. A copy of the *Teaching IOM* Conference brochure/registration form can be downloaded from the following site:

http://www.aznurse.org/files/75/documents/IOM%20Brochure_2.pdf

[Back to Top](#)



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