

Industry Partnership Grant

Partnering Healthcare Initiative for Tomorrow

I. Partnership Abstract

The BGWIB has determined the healthcare sector to be one of the top priority sectors in the Bluegrass Region. It is one of the most critical drivers of the economy. Healthcare leads the region as an employment base, a source of hiring, a driver of research and innovation, and projected job growth. In addition, this sector supports the overall health and well being of our residents. Several major national and state policy changes will drive the continued need to expand and prepare the healthcare workforce including national and state health reform and the aging of the workforce population. Additionally, the implementation of electronic medical records systems across all healthcare providers will dramatically impact hiring demands, skill/competency requirements, and unmet healthcare needs across the state in ways not previously experienced.

As a region, the major healthcare stakeholders – government, industry, healthcare workers, and non-profits – will work together in planning to build a unified, regional workforce plan for the healthcare sector. Without this type of planning and coordination, the region will fail to attract and grow quality healthcare professionals at a pace consistent with the demand of the industry. Without a well-educated and robust healthcare workforce, we risk more serious impacts on the health conditions of our most vulnerable populations.

The Bluegrass Healthcare Consortium (BHC) was formed in November 2010 by dedicated HR professionals from Bluegrass area healthcare facilities and is supported by the Bluegrass Workforce Investment Board (BGWIB). The development of the employer led consortium was a result of decreasing resources common to all regional healthcare entities, a desire for the provision of a united front to facilitate grant applications, a think tank for pending legislation, and an attempt to minimize duplication of efforts and to ensure future workforce needs are anticipated.

In order for the BHC to have an impact on the Bluegrass Region, we must first identify available resources. Through community resource mapping, the BHC will be able to develop a strategy for promoting interagency collaboration thus aligning workforce development programs and services related to healthcare. The major goal will be to ensure that all members of the BHC have access to a broad, comprehensive, and integrated system of services essential in achieving desired outcomes. The community resource map will be used to improve education, workforce development, and economic development in the Bluegrass Region by aligning available services and resources, streamlining those services and resources, and identifying areas of need. This will build on the community's strengths by increasing the frequency, duration, intensity, and quality of services and support in the community. It will serve as a way to organize information and give direction to meet the BHC goals. As a result of resource mapping, we anticipate having more flexibility and choice in navigating the healthcare system and related careers.

We, as a consortium, acknowledge that individuals, organizations, and local institutions all have the capacity to create real change in their communities but that no agency can do it alone. With increased accountability, constrained budgets, resource shortages, and fragmented services, it is a prudent decision to encourage cross-agency and cross-systems coordination. Insight into the Bluegrass Region's existing partnerships and programs will contribute to the overall effectiveness. It will also support the implementation of the BGWIB's strategic plan to align the agencies to better meet the needs of the regional workforce community and to align the Bluegrass regional workforce solutions with top priority sectors.

It is anticipated that community resource mapping will assist the BHC in identifying new resources, ensuring that all BHC members have access to the resources they need, avoiding duplication of services and resources, cultivating new partnerships and relationships, providing information across agencies related to healthcare, and encouraging collaboration.

BHC will utilize four steps in the community resource mapping process: 1) pre-mapping; 2) mapping; 3) taking action; and 4) maintaining, sustaining, and evaluating mapping efforts. The *pre-mapping* step will involve laying the foundation for productive collaboration and establishing a clear vision and goals for building a system. The second step, *mapping*, will determine which resources to map and how to best map them. The collection and analysis of data will help to identify strengths and challenges. The next step, *taking action*, will determine the most useful plan of action for effectively addressing the data findings and established goals. Communicating and disseminating information will be key throughout the implementation step. The final step involves *maintaining, sustaining, and evaluating the efforts* outlined in the map by continuously evaluating progress, making necessary changes to the plan, and learning from experiences.

II. Partnership Data-Analysis

The healthcare workforce is a critical component of the Bluegrass Region. Shifts and changes within the healthcare industry due to national and state healthcare reform will have a major impact on demand for healthcare professionals. The size of the sector and the regular vacancies that exist within the sector today demonstrate a need to increase the "supply" pipelines for critical shortage occupations.

The information in this section documents both (1) the significance of the healthcare sector in terms of size, occupations, and hiring demand and (2) the characteristics of unmet need and health disparities.

The Bluegrass Region is dependent upon the healthcare sector as an employment base and growth sector. In June 2011, the BGWIB and teams of local colleagues from the workforce investment system, economic development, private business, and educational communities attended the Sector Strategies Institute titled: "Sector Strategies – A Path to a Better Future". The Institute provided the BGWIB with diverse viewpoints of historical and projected industry performance that project partner, Economics Modeling Specialists, Inc (EMSI), had gathered or developed, describing various industry characteristics. EMSI reported healthcare as the largest employment sector in the Bluegrass Region with almost 27,000 jobs in 2010. The data also revealed a historical growth of 2,668 jobs from 2002 to 2010, a future growth projection of 3,740 through 2018, an industry concentration (location quotient) of 0.91, an industry competitive effects (shifts share analysis) of -2742, an export orientation of 24,728, a job multiplier

effects of 1.82, an earning multiplier effects of 1.48, an industry average wage of \$25.51, and a workforce compatibility of 25.1%.

Within the healthcare sector, certain occupations employ the greatest number of individuals and exhibit the highest number of vacancies (see chart below). The expansion of education and training pathways and licensing and certification in these occupations are critical needs for the region as we think about the growth of healthcare services. According to The American Hospital Association, healthcare will face the twin challenges of attracting and retaining replacements for retiring workers while expanding its workforce to care for an aging population. The US Bureau of Labor Statistics projects major growth in healthcare occupations. Nursing schools have qualified applicants that they cannot accept because of limitations in faculty, laboratory space, and clinical training sites.

The Kentucky Hospital Association develops an annual statewide Workforce Shortage Survey. The 2010 survey was completed by 112 hospitals throughout Kentucky. Key observations indicate that the overall RN vacancy rate for Kentucky increased from four percent in 2009 to five percent in 2010 as the overall RNs currently employed rate increased from 19,833 in 2009 to 21,471 in 2010. The RNs projected staff increase for future needs remained at two percent. The highest vacancy rates for nursing and allied health professionals were ED and Psych RNs (at least six percent) and Monitor Techs (at least 10 percent). Vacant FTEs for allied health professionals are consistently higher in urban areas than in rural areas.

This tool will play a key role in planning grant activities to further document hiring and expansion needs in the healthcare workforce. The table below shows the vacancy counts and vacancy rates for healthcare occupations recorded in the 2010 survey. In general, a significant number of healthcare positions have continued to post vacancies throughout the recessionary time frame, and more importantly, have shown persistent job vacancies pre and post recession. Healthcare is a significant component of the national economy. It will continue to be a major employment sector in both good and challenging economic times.

2010 Registered Nurse, LPNs, and Allied Health Vacancy Rates

RNs	325	6.0%
LPNs	19	0.9%
ED/Emergency Techs	3	0.4%
Nursing Assist/Nursing Techs	145	3.2%
Surgical Techs	25	2.1%
Registered Pharmacists	7	1.0%
Pharmacy Techs	2	0.3%
Respiratory Therapists	12	0.8%
Mammography Techs	2	0.8%

Imaging Techs	8	0.9%
MRI Techs	1	0.4%
Ultrasound Techs	4	1.2%
CV Techs (ECG, Echo)	1	0.4%
BEG Techs	2	1.9%
Physical Therapists	19	3.1%
PT Assistants	4	1.1%
Occupational Therapists	7	2.3%
Speech/Language pathologists	7	3.6%
MLTs	5	0.6%
Med Techs	9	0.8%
Coders	3	0.6%
Unit Secretaries/Ward Clerks	23	1.3%
Phlebotomists	8	0.9%

The 2012 projected staff increase for RNs, LPNs, and Allied Health is two percent; however 18 percent of Kentucky’s healthcare workforce is age 55 or older. As mentioned in the previous section, a key goal for the planning grant is to assist the BHC in expanding data collection on the existing workforce, including age demographics, in order to predict retirement patterns. The two quotes below offer insight into potential shortages:

“Nursing is dominated by aging baby boomers that are going to retire, resulting in massive shortages.” (Buerhaus, 2010)

“If the shortage is not addressed, the lack of trained caregivers threatens to flat-line healthcare reform...starting in 2014. The number of nurses in the country is projected to begin decreasing after this year.” (Dallas Morning News, July 14, 2010)

III. Integration and Alignment to Workforce Investment Initiatives

The vision of the KWIB is “Kentucky will transform the workforce development system through innovative practices which enhance sustainable economic and job growth.” In order to effectively transform the system using innovative practices, we have to know and understand the healthcare sector as a whole.

The BGWIB embarked upon developing a strategic planning process to review current operations and to better align itself with the emerging need of the Bluegrass Region. As part of the system transformation and outreach initiatives of the KWIB, the BGWIB identified targeted sectors for our region. An identified goal was to align the Bluegrass regional workforce solutions with the top priority sectors. The BGWIB developed a healthcare consortium as an effort to coordinate information and resources to develop and implement effective, coordinated responses to workforce challenges. The consortium consists of subject matter experts from numerous agencies and will help increase communication and collaboration between the local workforce board and economic development agencies. This will allow us to leverage resources from multiple avenues in order to plan the future direction of healthcare in our region.

The BGWIB has appointed staff to serve as a liaison to the BHC to assist in carrying out the vision, mission, and goals identified. Developing the BHC was a beginning step in the right direction. Completing a community resource map will give us an understanding of what resources are available, opportunity to analyze those resources, and the ability to determine changes needed in the healthcare industry. Through the community resource mapping we will be engaging economic development experts in workforce issues and aligning education, economic, and workforce development planning. Through this grant, the BGWIB will serve as the fiscal agent and will hire a project manager approved by the consortium to aid in the community resource mapping effort and further assist the BHC attain their goals. The use of administrative funds will allow the Bluegrass Workforce Investment Board to monitor and evaluate the progress of this grant as outlined in the project design/goals section.

The BHC will have a task force comprised of relevant stakeholders including existing regional economic development and other fund providers such as, but not limited to: Kentucky Career Centers, Economic Development agencies, Kentucky Adult Education, and KCTCS. Local foundations will be established to start the pre-mapping process. This task force will provide expertise for the BHC to draw from and will include individuals who work across numerous systems such as education, workforce development, and economic development. These stakeholders will be critical to achieving our goals.

This core group will create links between the parts of the system and will bring new ideas, skills, and resources that can provide new approaches to old problems. The task force will be engaged with each step of the community resource mapping process, and their participation will be both valuable and valued. Task force meetings will rotate so that different members can host meetings at their locations, and members will be asked to facilitate or co-facilitate each meeting.

This task force will contain the leadership of the required partners plus additional leaders from key healthcare industry groups organizing efforts or collaborations in the region.

The task force will complete the following tasks:

- 1) Analyze baseline and benchmark data on the primary care workforce obtained through community resource mapping. Information on the existing healthcare workforce and projected hiring demand is currently available from multiple, disparate sources. The task force will review available data and build a statewide healthcare “dashboard” to reach agreement on priority shortages and workforce solutions to identify in the implementation plan. We will target available data in the following areas:

- Existing Workforce: The task force will work to gather existing data sets on licensed professions and the current survey tools used to profile licensed healthcare professions. We will look at professions where we cannot currently profile the existing workforce and develop implementation steps to address these gaps.
- Hiring Demand: The task force will review any existing vacancy surveys to identify ways to improve and the ability to use existing data on detailed occupations and employers reporting from the survey to better understand statewide and regional hiring demand.
- Supply: Working with higher education partners, the task force will develop a method to review existing data on graduates from public and private higher education institutions for high priority or shortage occupations.

2) Prioritize and agree on shortages in the primary care workforce by occupation.

3) Review analyses from existing healthcare efforts and key recommendations on solving workforce shortages.

4) Draft a statewide implementation plan that identifies solutions to major primary care workforce shortages prioritized by the BHC. The task force will focus on the following strategic framework to develop solutions to workforce shortages. This framework will be modified based upon the discovery and discussion process through the BHC.

- Increase the pipeline of youth interested in healthcare careers: Articulate the higher education academic and healthcare industry skill standards for high school graduation, entry into postsecondary education, and various credentials and licensure.
- Assist dislocated workers to “remap” towards the healthcare sector: Recommend higher education curriculum that allows individuals with education and training in other sectors or fields to “remap” to healthcare shortage areas (Example: Information Technology to Health Information Technology). The task force will look at existing Department of Labor tools, such as the competency models (<http://www.careeronestop.org/CompetencyModel/learnCM.aspx>) and occupational “cross walk” tools through ONET to identify occupations that can map to healthcare occupations.

Through the guidance and partnership of the BHC, the BGWIB will work closely with the BHC to assess the healthcare workforce and provide a proactive solution to best meet the needs identified by the BHC.

IV. Description of Partnership

The BHC formed in November 2010 with the assistance of the BGWIB, and facilitation services were provided by the Facilitation Center at ECU to assist the consortium in identifying their vision, mission, values, and goals. The members crafted the mission ‘Partnering to provide and sustain a sufficient and competent healthcare workforce’. Their vision is ‘Driving change in the healthcare workforce’. The BHC also identified values of respect, integrity, innovation, excellence, commitment, and collaboration (equity and integration).

The goals of the BHC are to establish the consortium as a legal entity through a 501c3, develop a process in which participating organizations could share employment references, increase collaboration with education system to promote healthcare careers, degree programs, etc., and identify further workforce shortage statistics.

Partners currently participating in the BHC include Central Baptist Hospital, Saint Joseph Hospital, University of Kentucky Health System, Cardinal Hill Rehabilitation Hospital of Fayette County; Clark Regional Hospital of Clark County, Patti A Clay Hospital of Madison County; Harrison Memorial Hospital of Harrison County; Frankfort Regional Medical Center of Franklin County, Marcum Wallace Hospital of Estill County, and Ephraim McDowell Hospital of Boyle County. All hospitals in the Bluegrass Region are asked to attend the BHC meeting but those listed above are the core team that has consistently been involved with the BHC. Through this planning grant we hope to broaden our members to other healthcare providers in the region. Through the community resource mapping it is anticipated that various new partnerships will be formed through the taskforce and the data collection process. These activities will allow partners/stakeholders to share ownership in both the process and its results. By considering each partner's/stakeholder's interest and potential benefit from the community resource mapping, we will gain an engaged stakeholder. It is anticipated that this planning will not only aid and assist the BHC but all the partners/stakeholders involved now or in the future.

The consortium's key structural components include a steering team with agreed upon expectations/membership rules and an agreement to work toward bylaws and establish legal status for protection in the future. Committed members are subject matter experts (SME), stakeholders' representatives, and other invited guests as needed. The leadership of the consortium rotates to promote buy-in by all parties. The executive group consists of a Chair (who will have a seat on the local workforce investment board), Secretary, Treasurer, and at large members/committee to outreach/liaison with groups. The BHC meets quarterly or as needed to discuss the implementation of their goals.

To date, the BHC has begun addressing the first two goals which are centered around the success of the Louisville Healthcare Consortium and their ability to share employee reference information among member institutions with the legal protection afforded by establishing a 501c3. The BHC believes reference sharing such as this will decrease costs associated with bad hires which could have been prevented with more complete reference information. Thus the Bluegrass Healthcare Consortium has been pursuing avenues to establishing a legal entity to allow them to share employment references.

As the BHC has moved toward their third goal of increasing collaboration with the education system to promote healthcare careers and degree programs, it has sparked the interest of many consortium members to partner with local colleges to offer healthcare camps that would give middle school students hands on experience in related healthcare careers and career pathways. The proposed healthcare camps were modeled from camps offered in Virginia. However, after much planning, time, and commitments were invested, it was discovered that local area health education centers were already offering healthcare camps in various counties in the Bluegrass Region. The lack of awareness of these services/resources by BHC members confirmed a need for a community resource mapping before proceeding to accomplish their other goals.

A Project Manager is needed to coordinate the Bluegrass Healthcare Consortium (BHC) projects, ensuring the high quality of all planning, implementation, monitoring and evaluation activities; to ensure

effective documentation of project impact, as well as dissemination of learning from implementation, monitoring and evaluation and any operational research; and to ensure ongoing consultation and feedback with BHC, partners and stakeholders as relevant to the project scope. The BGWIB through the guidance of the BHC will recruit and hire the Project Manager. The BHC will select members to be part of the interview panel and will be involved in any evaluations performed on the Project Manager. See the job description for the position in the appendix.

This planning grant will serve to broaden BHC membership to include more regional healthcare providers. The community resource mapping will create new partnerships, and partners and stakeholders alike will be able to share the process and its results. Engaged stakeholders and partners will emerge as the community resource mapping creates interest and demonstrates potential benefits. The community resource mapping supports the BHC and all associated current and future partners and stakeholders as training needs are determined and planning to meet those needs is realized.

V. Project Design/Goals

Through community resource mapping the BHC will assess the needs of employers and employees thus supporting a talent pipeline by identifying and evaluating the application and utility of current and potential resources. The mapping process will begin by determining the usefulness of resources through evaluating the extent to which they assist in meeting the BHC's goals. This will involve identifying and collecting data on resources and analyzing the data on resources collected in a manner that is comprehensive, responsive, and meaningful to stakeholders.

Standardized instruments will be used for data collection and will be selected or developed to report findings with clarity, reliability, timeliness, and impact.

No single collection method can provide all the necessary information to support good decisions therefore methods utilized will include a combination of questionnaires, surveys, interviews (both telephone and personal interviews), focus groups, and roundtable discussions.

A significant first step in the data collection process will be to review the Bluegrass Region for existing and potential resources. An environmental assessment will determine what the Region has to offer that will assist in meeting the BHC goals. The review will not be all-inclusive, but will focus on emerging issues and trends and, in turn, stimulate discussion about future strategic directions and planning concerning resource provision, use, alignment, and maintenance.

The information collected through the Region scanning will encourage the development of new partnerships within the Region in an effort to reduce duplication of services and resource use, minimize gaps in services and resources, and expand a community's services/resources to meet the needs of more of its members. We anticipate the findings from the Regional assessments will help to determine the next steps in the data gathering process as well as focus the analysis of the collected information.

As part of the information collection process task force members will be engaged both as sources of information and researchers in the resource identification task.

There are a number of considerations when selecting information to collect and study. The BHC will utilize the following criteria for selecting the most appropriate data:

- Credibility—information that is accurate and relevant to key audiences;
- Practicality—information collected without too much disruption;
- Timeliness—information produced in time to meet stakeholder needs;
- Accuracy—information that is relevant and trustworthy;
- Ease—information that is easily analyzed;
- Objectivity—information collected by objective personnel;
- Clarity—information that is clear and understandable to numerous audiences;
- Scope—information that provides answers without unnecessary detail;
- Availability—information that is easily accessible (i.e., existing data);
- Usefulness—information that addresses current stakeholder concerns;
- Balance—information that represents a multitude of perspectives and values; and
- Cost effectiveness—information worth the expense to collect.

Once the collection process is completed, information will be analyzed, synthesized, and interpreted for stakeholders. The analysis will occur in stages. First, information will be organized based on the BHC goals. Then the search for meaning begins. A four-step process in examining the information will be used: 1) review the original purposes for information collection; 2) describe the information in a narrative or using tables; 3) examine information for trends or patterns (e.g., gaps and overlaps in resources) that may point to untapped resources or new ways to align current resources for improved outcomes; and 4) assess the comprehensiveness of the information in relation to BHC goals.

Stakeholders will be engaged in analyzing the results of the mapping. The information gained from the mapping process will be used to help stakeholders make decisions on whether to improve, develop, and/or continue new and existing practices or programs. It may also be used to increase awareness, conduct public relations, and motivate individuals and organizations to improve their performance.

Detailed reports for partners and stakeholders, as well as summary sheets that highlight key findings will be prepared. In addition, the task force will develop simple, user-friendly reports that briefly review and highlight the major aspects of the study, its conclusions, and its significance to the audience.

The greatest challenge will be the development of a plan of action for implementing the map. This will allow the community to take action in planning and building its system. A written plan detailing the action the BHC will take is critical for this process. Action planning will determine how BHC will strategically act on the information revealed.

In addition, for each major action identified, the BHC will try to anticipate any potential challenges in proceeding with the plan and will document methods for overcoming these challenges.

There are three critical roles that the task force members will play in facilitating the implementation of the action plan:

- Leadership - bringing on new partners by communicating the goal and implement change in policies or practices as needed.
- Planning - managing the day-to-day implementation of the action plan, advocating for change and securing additional resources to make change happen.
- Implementation - focusing on designing and implementing strategies to help carry out the action plan.

The content of the action plan will be communicated and shared with the community in a comprehensible and meaningful way. A wide variety of pathways, from traditional to innovative and from print to electronic media will be utilized.

The final step in this community resource mapping process—maintaining, sustaining, and evaluating the mapping efforts— will allow the BHC to step back and take a critical look at the process, the progress toward goals, and the impact of the efforts to date.

By continually measuring the progress against the goals, the BHC can gauge whether the resource mapping effort is accomplishing what was intended.

VI. Projected Outcomes

Our key deliverables and performance indicators will include the following:

- Design and Adoption of a Healthcare “Dashboard” that includes key data elements on the existing workforce, hiring demand, and supply of new professionals. We intend to refine the prototype through the course of the planning activities.
- A Regional Implementation Plan to address critical healthcare shortages that outlines agreed upon shortage areas and includes detailed strategies to expand the pipelines.

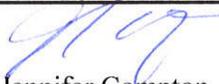
Our intention is to utilize the “dashboard” tool to evaluate and measure progress in addressing healthcare workforce over the long-term. This tool would track quantitative data to measure the supply and demand for healthcare professionals in shortage areas. Our goal is to incorporate the use of the tool within the standard operations of the members of the task force and existing healthcare workforce initiatives.

APPENDICES

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Appendix A – Application

Application for Kentucky Industry Partnership		
1. Type of Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation	2. Type of Application <input checked="" type="checkbox"/> Industry Partnership	3. Applicant Type: Workforce Investment Board
4. Date Received: (OET use only)	5. Local Workforce Investment Board: Bluegrass	
6. Grant Title: Partnering Healthcare Initiative for Tomorrow	7a. 7a. Targeted industry Sector: Healthcare 7b. 7b. Industry: Healthcare	
8. APPLICANT INFORMATION:		
a. Applicant Name: Bluegrass Workforce Investment Board		
b. Address:		
*Street 1: 699 Perimeter Drive	*Street 2:	
*City: Lexington	*State: KY	*Zip / Postal Code: 40517
c. List all LWIBs involved in this grant:		
<input type="checkbox"/> Letters of support from all participating LWIBs attached.		
9. Name and contact information of person to be contacted on matters involving this application:		
First Name: Jennifer	Last Name: Compton	
Title: Associate Director	Telephone Number: 859-269-8021	Email: jcompton@bgadd.org
10. Program manager: (if different from above)		
First Name:	Last Name:	
Title:	Telephone Number:	Email:
11. Counties served by this grant: Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford		
12. Legislative Districts partnership covers:		

a. Senate: 7, 12, 13, 14, 17, 21, 22, 28, 34		b. House of Representatives: 36, 39, 45, 54, 55, 56, 62, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 91	
13. Funding Proposal Request (\$): 65,000		14. Partnership Checklist <i>(check each box represented in partnership)</i>	
		(check each box represented in partnership)	
*a. Labor & Industry	<input checked="" type="checkbox"/> LWIB	<input checked="" type="checkbox"/> Minimum of 10 employers	
*b. In-Kind Match	<input type="checkbox"/> Labor/unions Services	<input checked="" type="checkbox"/> KY Career Center Business	
*c. Cash Match	<input type="checkbox"/> Foundations	<input type="checkbox"/> Regional Partnership	
*d. TOTAL \$65,000	<input type="checkbox"/> Other		
15. Authorized Representative:			
*Signature of Applicant: 		*Date Signed: October 7, 2011	
*Print Name: Jennifer Compton			

Appendix A – Evaluation and Reporting

The Bluegrass Workforce Investment Board, as the lead applicant, is willing to collect partner data. Participating companies are:

Central Baptist Hospital

Saint Joseph Hospital

University of Kentucky Health System)

Cardinal Hill Rehabilitation Hospital

Clark Regional Medical Center

Patti A Clay Hospital

Harrison Memorial Hospital

Frankfort Regional Medical Center

Marcum Wallace Hospital

Ephraim McDowell Hospital

The Bluegrass Workforce Investment Board, as the lead applicant, is willing to participate in a third-party evaluation by providing data and access for interviews and by participating in networking with other partnerships. FEIN's are available upon request.

APPENDIX B: Industry Partnership Time Line

	Outline of Process	Duration	Start Date	Finish Date
Creating a program foundation				
Identifying the partnership	All BHC members will receive notice of award and will be involved throughout the entire process.	2 weeks	December 2011	December 2011
Hiring project manager	Position for the project manager will be posted in EKOS and promoted throughout the Career Centers and through BHC members.	1 ½ months	December 2011	January 2012
Recruiting additional stakeholders	<p><i>Step 1:</i> Brainstorm potential partners to include in the mapping process as a taskforce member.</p> <p><i>Step 2:</i> Identify what each partner brings to the table; their self interest, what will keep them involved, and their role in the process.</p>	1 month	February 2012	March 2012
Program Design				
Pre-Mapping	<p><i>Step 1:</i> Identify key partners and what they bring to the community mapping process</p> <p><i>Step 2:</i> Create or reaffirm the task force's collective vision.</p> <p><i>Step 3:</i> Develop goals for the mapping process.</p>	1 month	March 2012	April 2012
Mapping	<p><i>Step 1:</i> Reach consensus on the parameters of the map—select a goal to map.</p> <p><i>Step 2:</i> Select the data to be collected based on these</p>	3 months	April 2012	July 2012

	<p>parameters—determine what types of resources to collect.</p> <p><i>Step 3:</i> Develop tools to collect the data.</p> <p><i>Step 4:</i> Collect data with help from stakeholders.</p> <p><i>Step 5:</i> Conduct a community (or environmental) scan.</p> <p><i>Step 6:</i> Synthesize, analyze, and interpret the data.</p> <p><i>Step 7:</i> Communicate the findings.</p> <p><i>Step 8:</i> Set priorities.</p> <p><i>Step 9:</i> Develop related products.</p>			
Taking Action	<p><i>Step 1:</i> Identify action that needs to take place to align resources and needs more effectively.</p> <p><i>Step 2:</i> For each action, identify the person(s) responsible for the action, target date for completion, steps to measure success, and potential challenges and solutions to each challenge.</p>	3 months	July 2012	October 2012
Maintaining, Sustaining, and Evaluating	<p><i>Step 1:</i> Take a critical look at the work</p> <p><i>Step 2:</i> Keep the evaluation ongoing</p> <p><i>Step 3:</i> Use the evaluation to build capacity to self-assess</p> <p><i>Step 4:</i> Share the results with</p>	6 months	April 2012	October 2012

	<p>stakeholders</p> <p><i>Step 5:</i> Use the vision and goals to define needed resources</p> <p><i>Step 6:</i> Examine the process, the products, and the impact of the work</p> <p><i>Step 7:</i> Use a variety of evaluation strategies</p> <p><i>Step 8:</i> Collect baseline data for comparative purposes</p> <p><i>Step 9:</i> Look at progress toward long-term goals and interim measures of success.</p>			
Draft Regional Plan	Utilize finding from community resource mapping to create action steps around the BHC goals.	3 months	Oct 2012	Dec 2012

Next steps to support partnership sustainability will include the creation of bylaws. The Consortium will also need to continue to grow, bringing in more partnering companies. More partnering companies can mean more resources. The resources could be used to eventually hire on a full time project manager or executive director. It would become the responsibility of the executive director to see that the partnership is sustained past the initial life of the grant. The Bluegrass Workforce Investment Board will continue to demonstrate support for the partnership and commit to helping to sustain the partnership.

APPENDIX C: Additional Supporting Documents

Job Description

Job Title: Project Manager

Reports to: Bluegrass Healthcare Consortium

Purpose:

The purpose of the Project Manager would be to coordinate the Bluegrass Healthcare Consortium (BHC) projects, ensuring the high quality of all planning, implementation, monitoring and evaluation activities; to ensure effective documentation of project impact, as well as dissemination of learning from implementation, monitoring and evaluation and any operational research; to ensure ongoing consultation and feedback with BHC, partners and stakeholders as relevant to the project scope.

Responsibilities:

- Direct and manage all activities under the Partnering Healthcare Initiative for Tomorrow grant
- Actively participate in the BHC and taskforce meetings
- Provide effective support to all project planning, delivery and review in order to define the project scope, goals and deliverables that support BHC goals
- Develop project plans and timelines with BHC members and other stakeholders
- Determine the frequency and content of status reports
- Develop work plans to complete a community resource map including: identifying, collecting, and analyzing data or resources
- Design and conduct surveys, interviews, questionnaires, focus groups for data collection
- Analyze data relating to both quantitative and qualitative methodologies, documentation and dissemination
- Develop and deliver summary sheets highlighting key findings
- Ensure effective quality implementation of the project's monitoring and evaluation system

Qualifications and Experience:

- Substantial experience in project management, including effective coordination and communication
- Experience in planning, implementing and analyzing data or resources
- Demonstrate ability to perform tasks necessary for project completion
- Demonstrate ability to work independently, as well as cooperatively with BHC members, or other volunteers

APPENDIX D: Sustainability Plan

The Bluegrass Healthcare Consortium (BHC) was formed in November 2010. This group of dedicated HR professionals established a partnership with the Bluegrass Workforce Investment Board (BGWIB) to attempt to address the issues faced in the healthcare industry. This consortium has been employer driven from the very beginning. The consortium members have spent numerous hours working with the Facilitation Center at Eastern Kentucky University to establish a mission, vision, values, and goals.

While working through their identified goals, it was discovered that other organizations and potential partnerships existed unknown to the consortium members. The consortium members spent a significant amount of time working to develop a healthcare camp and even agreed to begin the allocation of resources for the implementation of the camp. However, it was discovered that camps are currently available in the Bluegrass Region and 10 of the largest hospitals in the region were unaware of the camps. The consortium is committed to doing whatever is necessary to meet established goals. However, assistance is needed with identifying what resources are currently available and how the consortium can create partnerships that will allow for investment in the Bluegrass Region without service duplication.

The BHC has sustained a consortium for the last year and will continue to do so. With the assistance of the industry partnership grant, the BHC will be able to be more effective.

APPENDIX E: Budget Form

Budget Information for Industry Partnership				
BUDGET SUMMARY				
Grant Program Activity	FY 2012 Budget Request	Cash Matching Funds	Value of In-Kind Services	TOTALS
Industry Partnership	\$65,000			\$65,000
BUDGET SPECIFICS – BREAKDOWN OF GRANT FUNDING REQUEST <i>(Do not list in-kind or matching funds on this sheet)</i>				
Categories	Industry Partnerships			Totals
<i>Administration (not to exceed 5%)</i>	\$3,250			\$ 3,250
Program Manager				
<i>Salary</i>	\$41,580			\$ 41,580
<i>Benefits</i>				\$
<i>Travel</i>	\$6,500			\$ 6,500
<i>Subtotal</i>	\$48,080			\$ 48,080
<i>Other Costs</i>				
<i>Materials – Equipment not eligible</i>	\$5,000			\$ 5,000
<i>Outreach – Provide details</i>	\$6,000			\$ 6,000
<i>Contracted Services – List details separate</i>				\$
<i>Office supplies, Misc. & Other Costs – provide details</i>	\$2,670			\$ 2,670
SUBTOTAL	\$ 13,670			\$ 13,670
Provide sources and amounts of matching funds in budget narrative	Total Grant Request	\$ 65,000		

APPENDIX E: Budget Narrative

Administration - \$ 3,250.00

The Bluegrass Area Development District, as fiscal agent for this grant, will utilize the administration cost to cover administrative expenses associated with this grant.

Salary - \$ 41,580.00

A project manager will be hired to oversee the continuation and growth of the consortium which will include developing by-laws and facilitating regular meetings. The project manager will be directly involved with collaborating with the local WIB, growing membership, communicating and report successes and achievements, and addressing sustainability. To see that the consortium develops, grows, and sustains will require a committed and responsible leader, and that leader should be compensated.

Benefits - \$ 0

No benefits will be offered under this grant.

Travel - \$ 6,500

Travel associated with project personnel will be covered at 53 cents per mile according to the Bluegrass Area Development District travel policies. Face to face meetings will be an important part of developing sustainable partnership.

Materials - \$ 5,000

The cost associated with marketing and promotion material is being requested. The project manager will have the opportunity to create brochures and/or flyers to use as outreach to potential employer partners. The process of mapping the community resources may also require additional materials.

Outreach - \$ 6,000

Costs will be associated with hosting meetings to create outreach /networking opportunities, to develop partnerships, and to foster employer buy in to the process.

Contracted Services - \$ 0

No contracted services are anticipated.

Office Supplies, Misc. & Other Costs - \$ 2,670

Supplies include items required for the project manager to carry out his/her responsibilities under this grant. Portions of costs may be incurred for items such as postage, duplication of materials, paper, printing, computer supplies, etc.