

1. How strong is the occupational demand for the program? As you analyze demand over the past 5 years and projected demand for next 5 years, address state and local needs for the program.

A Review of California's Health Care Workforce Shortages
and Strategies to Address These Shortages
Prepared by the Senate Office of Research and the Senate Health Committee
Updated March 2012

Executive Summary

Statewide shortages of health care providers currently exist in several major health professions. Additionally, health care workforce needs are projected to increase dramatically due to population aging, growth, and diversity. This existing shortage will only intensify as about 4.7 million more Californians will be eligible for health insurance, starting in 2014, as a result of federal health care reform legislation.¹ Inability to meet health care workforce needs will have serious adverse consequences on health access, quality, and cost....

Allied health professionals comprised 605,000 workers in 2010 and are projected to increase to 988,000 in 2030. This represents a faster growth rate (63 percent) than other workers in the health sector (60 percent).¹⁹ Researchers, however, project that the state's universities and community colleges will only be able to meet between 63 and 79 percent of future demand.²⁰

A January 2009 study commissioned by The California Wellness Foundation found that 76 percent of clinics report a staffing shortage of allied health workers.²¹ Similarly, a December 2007 survey conducted by the California Hospital Association found that vacancies in selected allied health occupations (clinical laboratory and medical imaging professionals) have a significant impact on hospital efficiencies and access to care.

A review of Rebecca Hargreaves et al, "Closing the Health Workforce Gap in California: The Education Imperative," for The Campaign for College Opportunity, September 2007. Timothy Bates and Susan Chapman, "Tracking the Supply of Health Professions Education Programs in California," University of California, San Francisco, The Center for the Health Professions, April 2007. As well as Data from the Employment Development Department's Labor Market Information Division indicates that at least the following allied health professionals face current shortages and have high growth rates including Respiratory Therapists

Results from a more recent California Hospital Association survey, conducted from January through May of 2010, came to similar conclusions. According to that study, allied health vacancies in the following occupations had negative impacts on hospital efficiency and access to care Respiratory Therapists.

2. How does the program address needs that are not met by similar programs in the region?

According to research conducted by the Public Health Institute and the School of Public Health at the University of California, Berkeley, California's emerging populations are underrepresented in all health professions and in the health professions pipeline. In general, as the level of education increases and as admission spots become more competitive, racial and ethnic diversity decreases.

Lack of diversity impacts access to health care. A report by the Institute of Medicine links poor health outcomes for minorities to the shortage of minority health care providers. One reason for this is that persons of color are less likely than whites to receive needed services, including clinically necessary procedures, due to cultural or linguistic barriers between the health care provider and the patient. Additionally, evidence suggests that a workforce able to serve culturally and linguistically diverse individuals increases the number of initial visits, results in higher utilization of care, enhances high-quality encounters, lowers medical errors, and reduces emergency room admissions.⁽¹⁾

Furthermore, the Sullivan Commission finds that the lack of a diverse workforce results in a “loss of productivity, higher absenteeism, and greater employee health care costs . . . resulting in millions of dollars lost to companies as the result of chronic conditions left untreated.”

El Camino College demographics show that El Camino College is approximately 84 % minorities. The Respiratory Care Program has an enrollment that reflects that same percentage. Therefore, the program is vital to help dealing with the lack of diversity statewide as well as district wide in healthcare workers.

(1)Joint Center for Political and Economic Studies, Health Policy Institute, The Sullivan Alliance to Transform America’s Health Professions, “Increasing and Diversifying America’s Health Professions: An Opportunity to Remedy a Health System in Crisis,” November 2008.

3. What are the completion, success, and employment rates for the students? Discuss any factors that may impact completion, success, and employment rates. If applicable, what is the program doing to improve these rates?

Employment

As employment in California has increased employment for the class of 2014 and 2015 has improved. Also, prior to graduation the class of 2014 and 2015 attended workshops on resume building and job interviewing. Also, early in 2015 an action plan was submitted to CoARC to help increase placement. The combination of increased employment opportunities and following the action plan has boosted placement.

The NBRC report shows that the class of 2014 had 16 graduates were eligible for employment with 10 employed and one returning to grad school. The class of 2015 had 18 graduates with 15 employed.

It should be noted that one student technically completed her A.S. in Respiratory Care in December of 2013, allowing her early eligibility to sit for the CRT exam here in California and according to the NBRC report of 6/23/14, this student has passed the CRT exam in April 2014. She is also employed

Attrition/Retention

The class admitted in 2013 had nineteen students and were admitted under the new merit based admission policy. There was one student who dropped for personal reasons. Considering this is the first class admitted under the new merit based admission, there is not enough data to make a conclusive correlation between the new admission policy and the attrition rate.

The class admitted in 2014 had eight students who could not academically progress and another who dropped out due to personal reasons. The new admission policy was reviewed and determined that one more year of data was needed to accurately determine possible changes needed in the policy.

The class admitted in 2015 has had an attrition rate of two students from seventeen admitted. The two students who dropped were both for personal reasons.

Based on the above data, no changes are being made in the admission policy and the data will be continued to be monitored.

4. If there is a licensure exam for students to work in their field of study, please list the exam and the pass rate. If there are multiple licensure exams in the program, include them all. Discuss any factors that may impact licensure exam pass rates. If applicable, what is the program doing to improve these rates?

The NBRC report shows that the class of 2015 had 17 of the 18 graduates pass the CRT.

The NBRC report show that the class of 2014 has 15 of the 16 graduates passing the CRT. It should be noted that one student technically completed her A.S. in Respiratory Care in December of 2013, allowing her early eligibility to sit for the CRT exam here in California and according to the NBRC report of 6/23/14, this student has passed the CRT exam in April 2014. Combining the results for the class of 2013, 2014, 2015, the percentage is 94.3% (33/35)

EL CAMINO COMMUNITY COLLEGE – 200584*

Exam: CRT

Graduation Year	Graduates Tested	Total Passing %	Passing First Time %	Passing	Repeaters %
2013	1	100%	100%	0	0%
2014	14	100%	100%	0	0%

GRADUATION YEAR license

2015	17
2014	15
2013	1

*information gathered from **NBRC Annual School Summary**
Report as of 6/30/2016

5. Is the advisory committee satisfied with the level of preparation of program graduates? How has advisory committee input been used in the past two years to ensure employer needs are met by the program? Describe any advisory committee recommendations that the program is either unable to implement or is in the process of implementing.

Yes. Employer surveys of past graduates have shown 100% satisfaction with the preparation level for clinical work of the Program graduates.

The Advisory Committee has recommended that the graduates receive some advisement in job interviewing and resume preparation. The Program has brought in members of the Advisory Committee to advise students about the hiring process as well had faculty help prepare resumes for students before graduation. Also, students are continually advised about workshops offered here on campus to help them in this area.

California Education Code 78016 requires that the review process for CTE programs includes the review and comments of a program’s advisory committee. Provide the following information:

a. Advisory committee membership list and credentials

Dean of Health Sciences-Rory Natividad

Director of Pulmonary Services Torrance Memorial Medical Center-Pamela Michaels

Director of Pulmonary Services Harbor-UCLA Medical Center-Kathy Benson

Director of Pulmonary Services Children Hospital of Los Angeles-Ed Guerrero

Director of Pulmonary Services Memorial Hospital of Gardena-Denise Anderson

Director of Pulmonary Services Providence Health Care Little Company of Mary-Nachi Odenwenze

Community member-Julie Meredith

Faculty at-large- Program Director of Radiology Program Dawn Charman

b. Meeting minutes or other documentation to demonstrate that the CTE program review process has met the above Education Code requirement.

ECC RESPIRATORY CARE ADVISORY COMMITTEE MEETING		
Date: 3/21/16	Time: 1100am	Location: Nursing Conference Room
Facilitator-Prof Roy Mekaru....Program Director		
Note taker-Prof Victoria Robertson-Director of Clinical Education		
Attendees: Dean of Health Sciences-Rory Natividad		Present
Director of Pulmonary Services Torrance Memorial Medical Center-Pamela Michaels		Present
Director of Pulmonary Services Harbor-UCLA Medical Center-Kathy Benson		Present
Director of Pulmonary Services Children Hospital of Los Angeles-Ed Guerrero		*see below
Director of Pulmonary Services Memorial Hospital of Gardena-Denise Anderson		absent
Director of Pulmonary Services Providence Health Care LCOM-Nachi Odewenchi		Absent
Community member-Julie Meredith		Absent
Faculty at-large- Program Director of Radiology Program Dawn Charman		Absent
*Ed Guerrero was represented by Victoria Robertson		
Agenda Topic: State of the Program		
<p>1. Dean Natividad welcomed all attendees. He went on to reaffirm the support of the college of the program in all areas.</p> <p>2. Prof Roy Mekaru reported that CoARC inspection would probably be in 2017. Minor corrections that had been pointed out in last accreditation visit had been corrected such as changes in mission statement and reporting of data. The only area that still needed addressing was area of preceptor training, which the program will be addressing in early 2017.</p> <p>Discussion: Directors of Pulmonary Services, Pam Michael and Kathy Benson offered any assistance they could offer in the accreditation process. Prof Mekaru thanked them and commented he would be in touch when he knew more.</p>		
Agenda Topic: Graduate Employment		
<p>1. Prof Mekaru reported that employment of the class of 2014 and 2015 was under 50% and asked if there was anything the Program could do to strengthen our applicants. Both Director Michaels and Benson stated that employment opportunities were slow over the past two years and that there may be a slight upward trend as the year progressed. They also commented our graduates had only average interviewing skills and some improvement would be helpful to the students. Prof Mekaru stated the program would be working with students/graduates in this area by giving lectures as well as steering students/graduates to all campus wide workshops on interviewing and obtaining employment.</p>		
No further discussion and meeting closed at 1145am.		