



American Hospital  
Association™

---

*Advancing Health in America*

# ***Workforce – Back to the Future***

*New Hampshire Hospital Association Annual Meeting*

October 17, 2022

# ***Agenda***

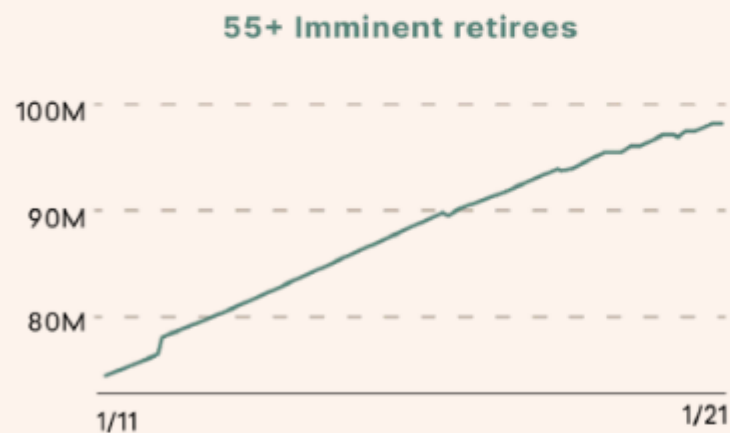
- Workforce Trends - Today and Future
- AHA Framework
- Field Approaches and Resources

# ***Top ten patient safety concerns: 2022***

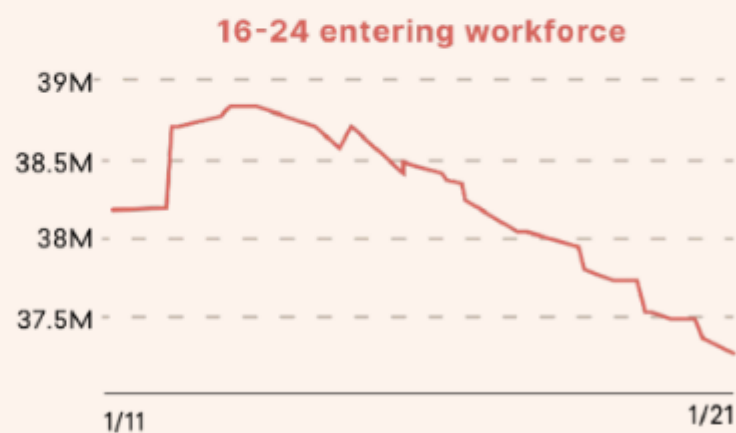
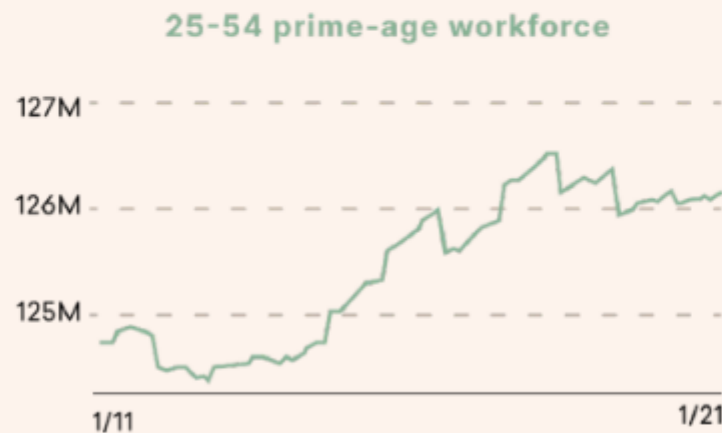
- 1. Staffing shortages**
- 2. COVID-19 effects on health care workers' mental health**
3. Bias & racism in addressing patient safety
4. Vaccine coverage gaps and errors
5. Cognitive biases and diagnostic error
6. Non-ventilator health care-associated pneumonia
7. Human factors in operationalizing telehealth
8. International supply chain disruptions
9. Products subject to emergency use authorization
10. Telemetry monitoring

# Younger working populations are drying up.

Many sub-\$20/hr jobs are filled by people in their early 20s, but their numbers are shrinking rapidly.



Civilian noninstitutional population



Source: Bureau of Labor Statistics

# The 55+ cohort left the labor force at a much higher rate than the others, and millions may stay out

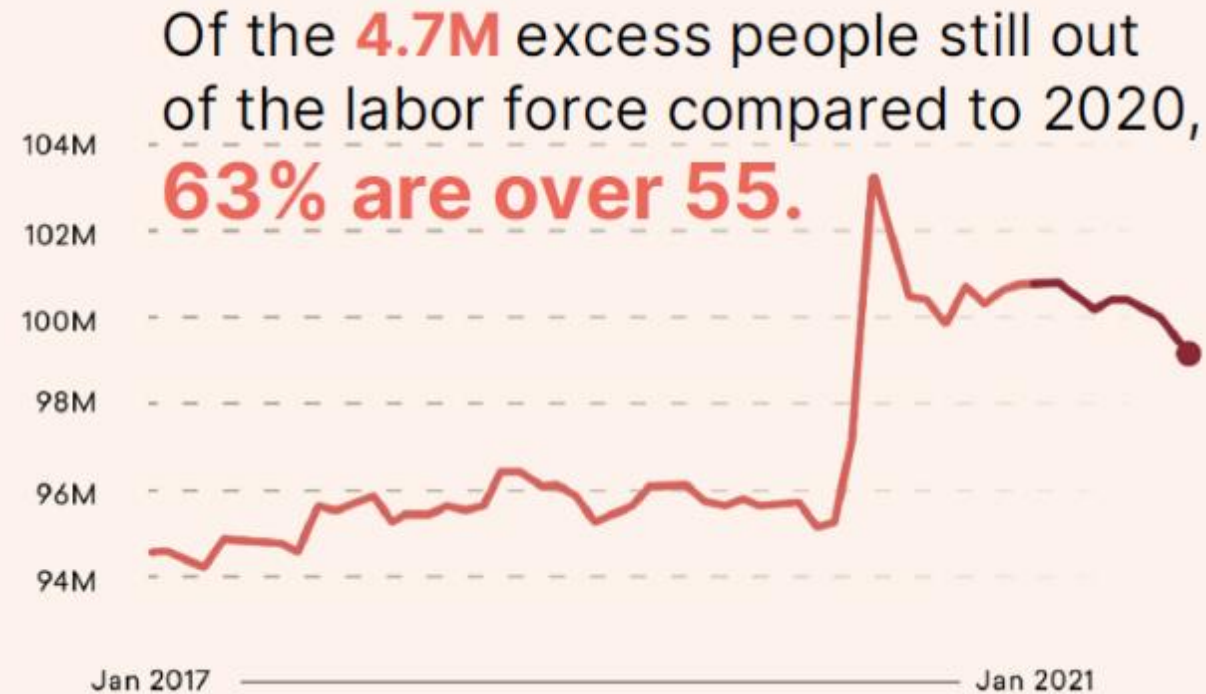
**3M workforce dropouts** say they don't plan to return to pre-Covid activities —[wfhresearch.com](https://www.wfhresearch.com), WSJ, Apr 16, 2022

Compared to Feb 2020

Age	Excess Unemployed	Excess Not in the Labor Force
16-24	-26	808
25-54	29	958
55+	-97	2,951
Total	-94	4,717

All data in k's

Source: Emsi Burning Glass analysis of US Census Current Population Survey and Bureau of Labor Statistics data



Association  
Advancing Health in America

# Emerging: Women in the workplace

## Considering alternatives



**14%** of women compared with **6%** of men report considering reducing their work hours, moving from a full-time role, or switching to a less demanding job ...



... while **9%** of women compared with **3%** of men report considering moving from a full-time role to a part-time role ...



... and **18%** of women compared with **12%** of men report considering switching to a less demanding role or job within the past year

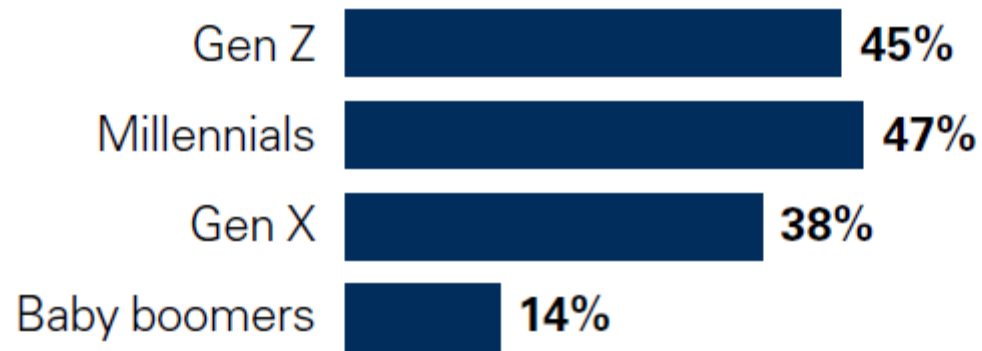


# Remote is here to stay

## Remote work

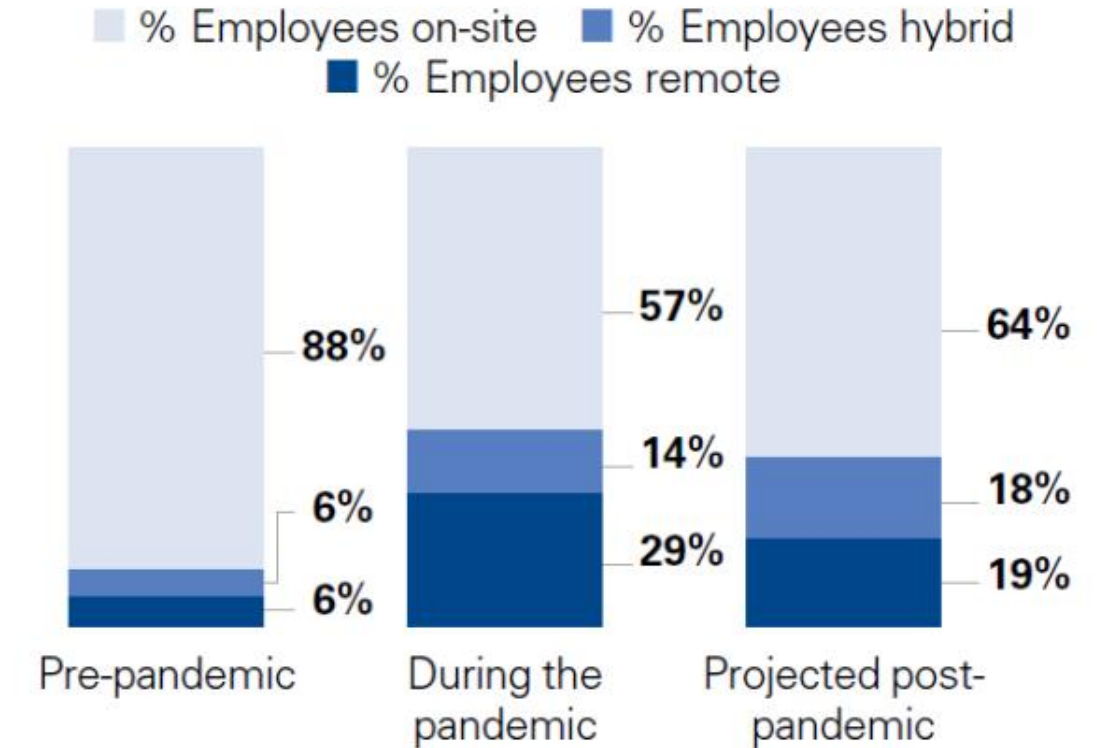
### GENERATIONAL DIFFERENCES

Respondents were asked if they would sacrifice future earnings to work remotely.



"What's next for America's workforce post-COVID-19?" PwC's Workforce Pulse Survey findings, March 24, 2021.

### REMOTE WORK: HEALTH CARE PROVIDERS



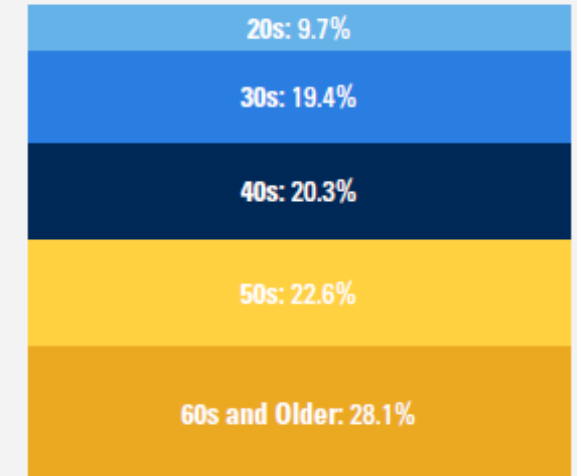
**50%** of health care organizations report changing hiring policies to source talent and let talent stay outside of their typical geographic footprint.

"Get Ready for the Post-Pandemic Healthcare Talent Revolution," Oliver Wyman, May 24, 2021.

# A Long-Building Challenge in Health Care

- Before the pandemic, hospitals were experiencing shortages of nurses, physicians and other health care professionals
  - Nurse hiring covering only 25% of projected need by 2026
  - Shortages of up to 124,000 physicians by 2033
  - CNA turnover rate of 27.7% in 2017
  - Over 13% of lab tech positions unfilled in 2019
- Numerous, complex underlying causes, some of which are driven by public policy
  - Demographic changes in health care workforce
  - Inadequate funding / pay for nursing faculty, and limited training sites
  - Caps on Medicare-funded physician residency slots
  - Burnout / fatigue

Figure 9: Percent Distribution of RN Workforce by Age Group, 2017



Source: National Council of State Boards of Nursing. National Nursing Workforce Study 2017



# April 2022

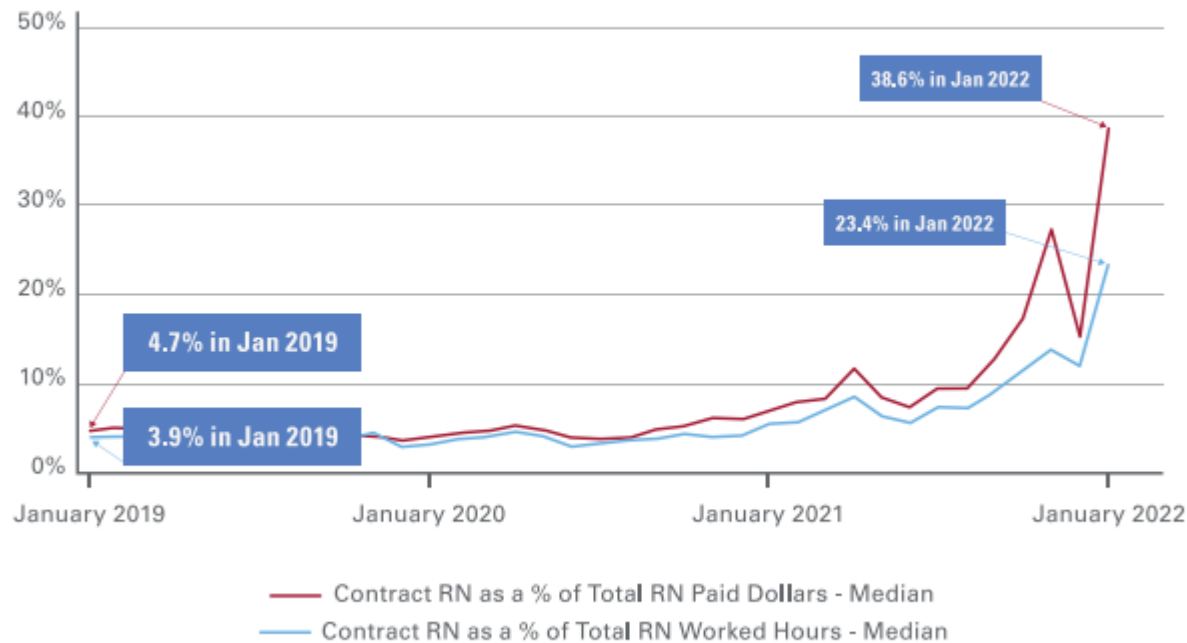
## AHA Data Brief



### Massive Growth in Expenses and Rising Inflation Fuel Continued Financial Challenges for America's Hospitals and Health Systems

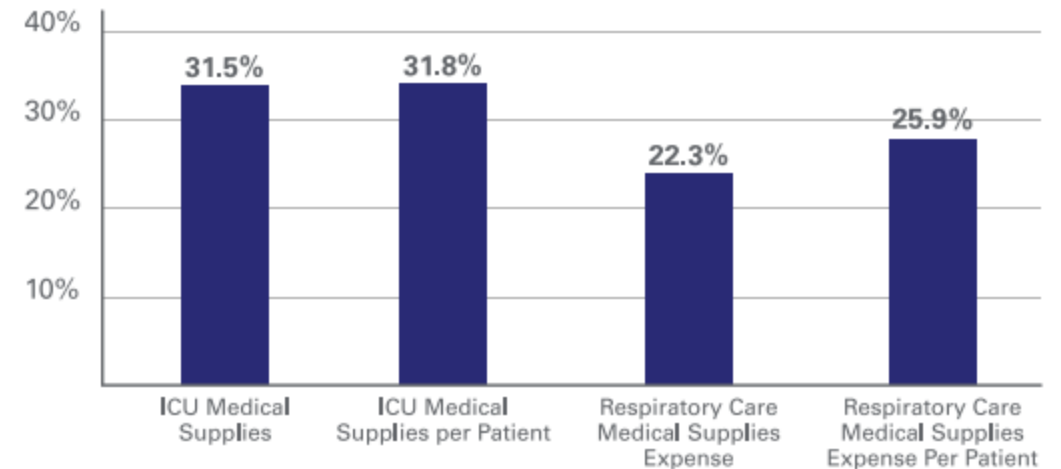
*Hospitals are experiencing significant increases in expenses for workforce, drugs and medical supplies*

**Figure #3: Contract RN as a % of Total RN Worked Hours and Paid Dollars**



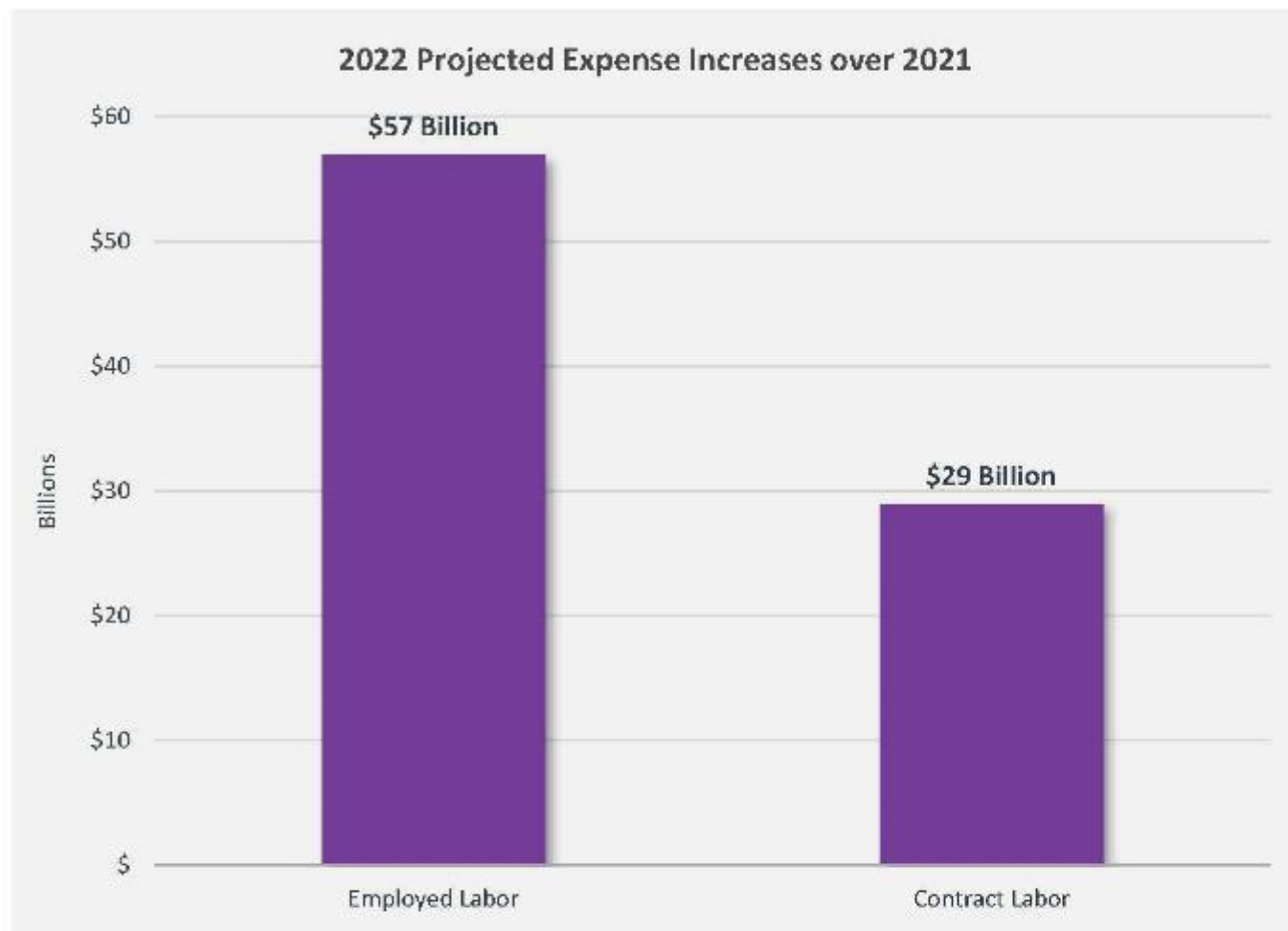
Analysis conducted by Syntellis Performance Solutions

**Figure #6: Increase in Medical Supply Expenses in 2021 Compared to 2019 Baseline**



Source: Syntellis Performance Solutions

# Labor Expense Increases in 2022 Are Driven Primarily by Employed Staff, but Contract Labor Will Continue to Pressure Hospitals



## KEY TAKEAWAYS

- Employed labor expenses are projected to exceed 2021 levels by \$57 billion in 2022, with labor costs generally accounting for approximately half of a hospital's total expenses.
- Contract labor expenses—or expenses for temporary, non-staff workers—will continue to pressure hospitals, although the growth rate over 2021 levels is expected to slow through the remainder of 2022.
- Contract labor expenses remain nearly 500% higher than pre-pandemic levels.

# Nursing and gig work

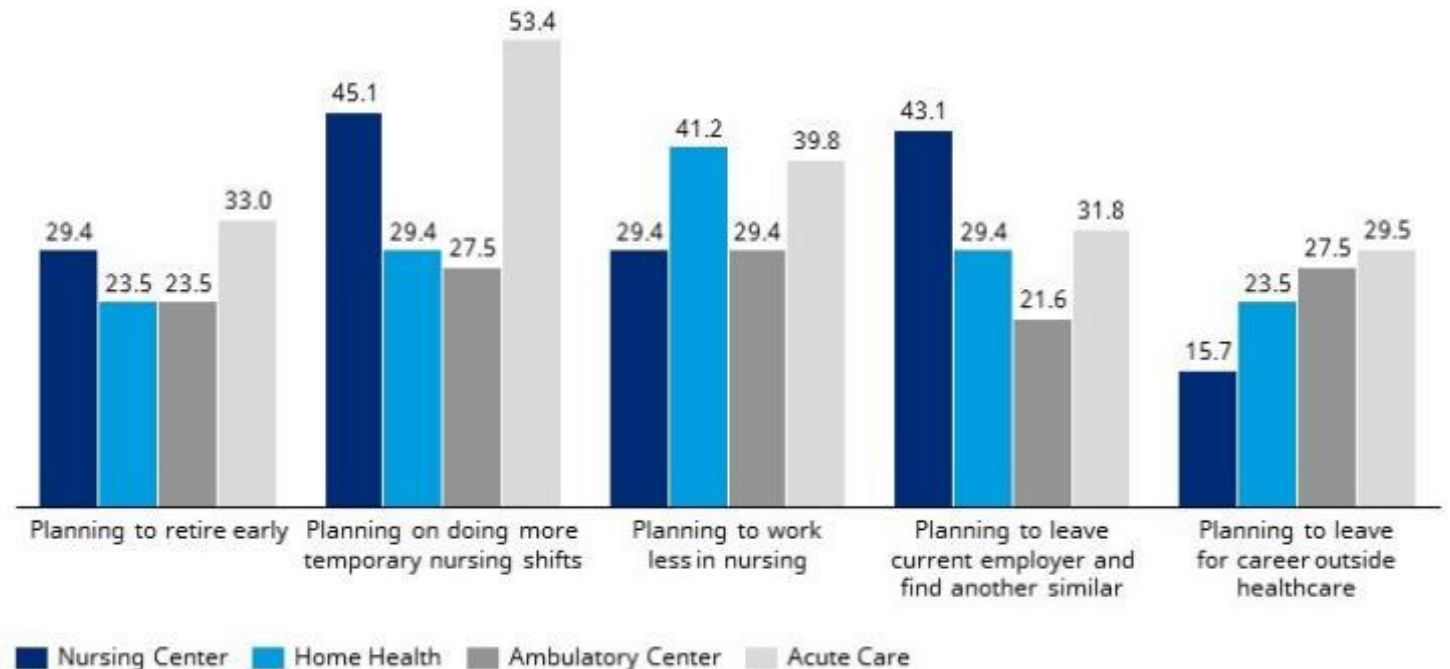
- **1400% growth:** Nurses moving to gig models — traveler, day-agency and other types of per diem — since the start of the pandemic.
- **Shift to gig work provides flexibility:** Nurses can control their work-life balance and prioritize the volume, duration, location and timing of shifts they take.



## CHANGING ATTITUDES OF THE NURSING WORKFORCE

A significant portion of nurses are currently looking outside of the profession for a career change

How strongly do you agree with the following statements as it pertains to your career plans in nursing?

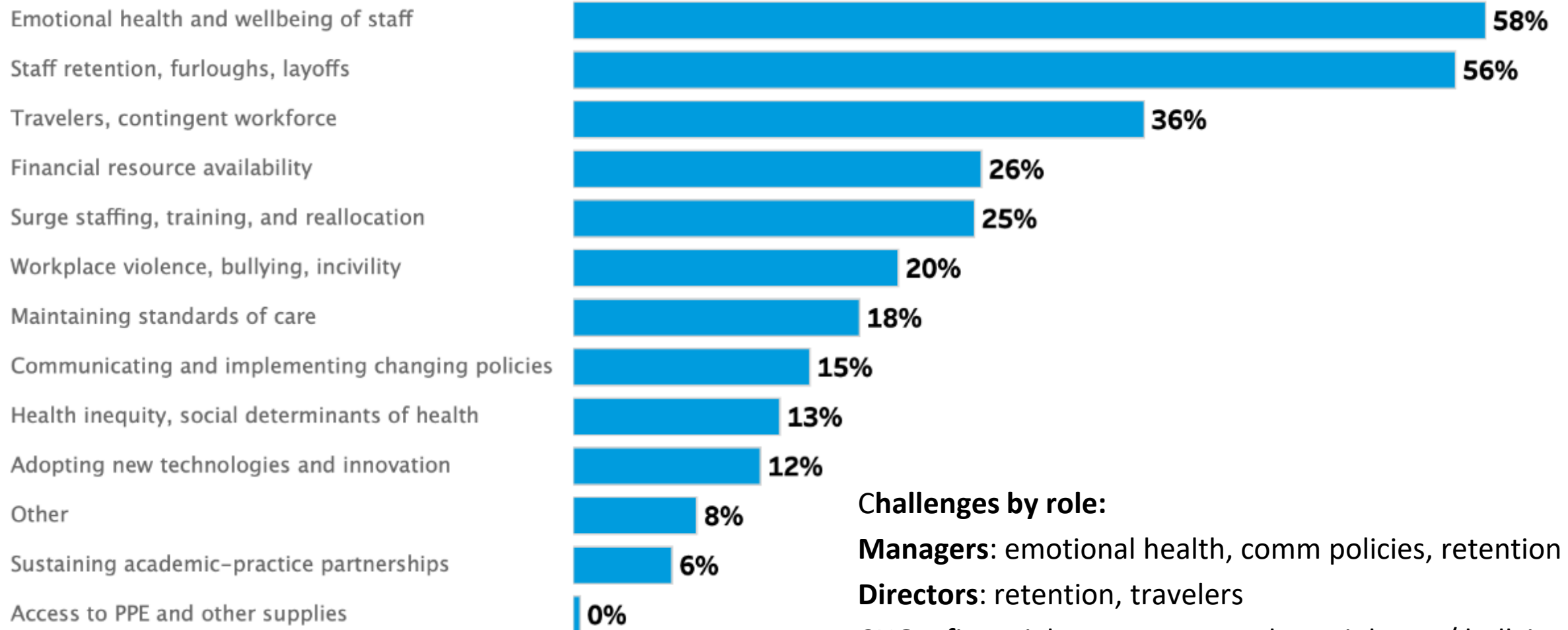


# AONL Longitudinal Study – Challenges & Retention by Role

	Primary Challenge	Leadership Retention
CNO	Staff retention	<b>Exhaustion</b> ; need for life/career balance; stepping down
DIRECTOR	Personal physical health	<b>Early retirement</b> ; moving to academic position
NURSE MANAGER	Impact on their children	<b>Health care has shifted</b> : opportunity to work from home in different position

# AONL Longitudinal Study

## Top Three Challenges for Nursing Leaders

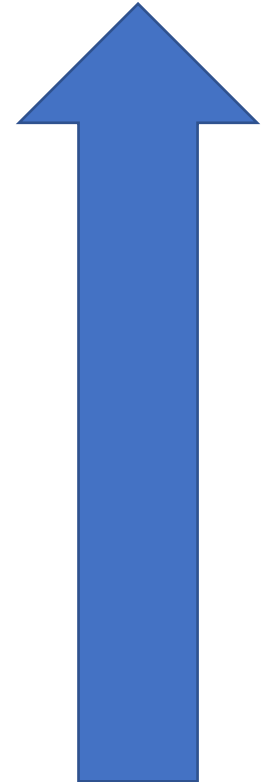


# ***Looking Ahead***



# 2032 Landscape

Service Site	Expected Growth through 2032
Hospital inpatient volume	2%
Inpatient days	8%
Outpatient volumes	16%
ASC volume	25%
Physician office volume	18%
HOPD	18%
Home care E&M	19%
Home hospice	13%
Home PT &OT	10%



# Data Spotlight: Regional Analysis of Qualified Application Denied Admission

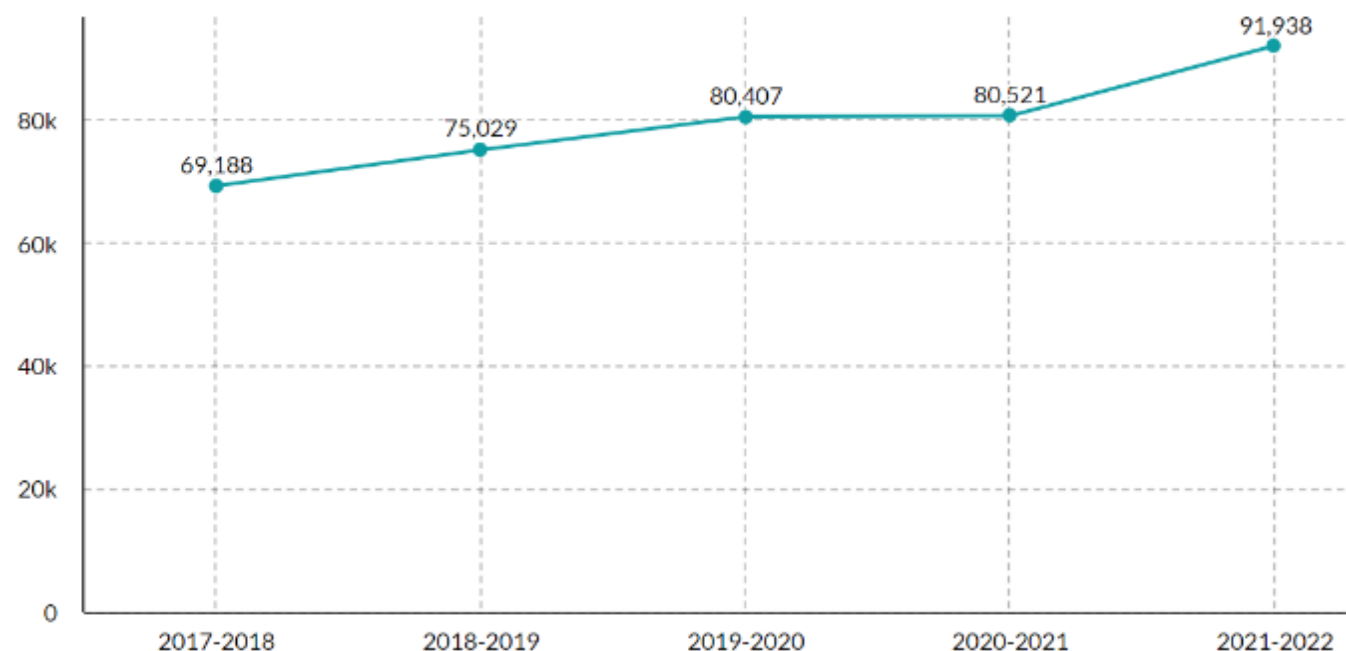


American Association  
of Colleges of Nursing

Published April 26, 2022

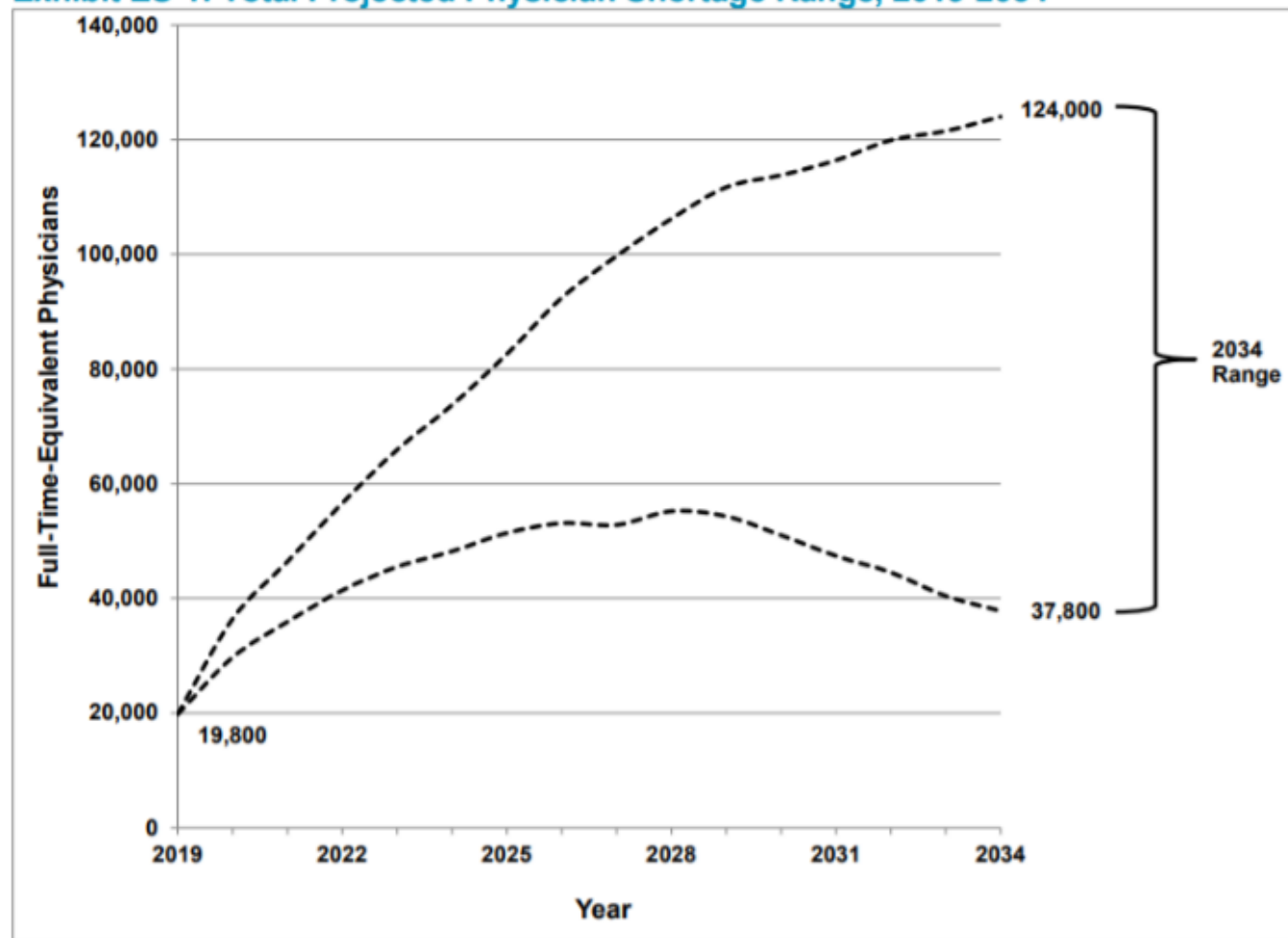
For over a decade AACN has collected data on the number of qualified applications being denied admission to baccalaureate and higher degree nursing programs. The top reasons for these denials are insufficient clinical sites, faculty, classroom space, clinical preceptors, budget/overall budget cuts, and enrollment capacity. Over the past 5 years, there has been a steady increase in the number of denied applications (Figure 1). The greatest increase is seen from the academic year 2020-2021 to 2021-2022.

## National Totals of Qualified Applications Denied



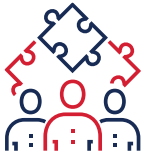
# Future Physician Workforce

Exhibit ES-1: Total Projected Physician Shortage Range, 2019-2034



Note: Because complex systems have internal checks and balances to avoid extremes, the upper and lower bounds of the shortage projections reflect the range of most likely outcomes. The divergence over time represents increasing uncertainty.

# AHA Board of Trustees Task Force on Workforce



## Objectives

**Assure the stability of our health care workforce to continue to provide high quality care to our patients and communities.** The AHA Board will appoint a task force, similar to the COVID-19 task force, focusing on supporting today's needs and preparing for care delivery of tomorrow through:

- Resources to rescue and support the current workforce, include efforts to improve the work environment and remove/mitigate regulatory/accreditation barriers
- Development of data collection and analytic capacity
- Identifying examples, resources and payment system reforms for care model redesign
- Resources to best retain and reskill current workforce, front line through leadership
- Leveraging technologies and analytics to enhance care delivery
- Lend definition to advocacy efforts in support of clinical education

# Framework for Action

Impact Horizon	Now	Near	Far
	<p><b>Culture of healing</b></p> <ul style="list-style-type: none"><li>• Well-being</li><li>• Safety/violence prevention</li><li>• Retention and sustainability</li><li>• Recruitment</li></ul> <p><b>Creative staffing</b></p> <p><b>Technology solutions</b></p> <p><b>Data needs</b></p> <ul style="list-style-type: none"><li>• Current staffing needs</li><li>• Voice of the workforce</li></ul>	<p><b>Care model design updates</b></p> <ul style="list-style-type: none"><li>• Micro (i.e. inpatient staffing complements)</li><li>• Macro (i.e. integration of physical and behavioral health)</li></ul> <p><b>Technology integration</b></p> <p><b>Leadership training/development</b></p>	<p><b>Educational pathway structure</b></p> <p><b>Health care career interest</b></p> <p><b>Educational models/curriculum</b></p> <p><b>Workforce analytics</b></p> <p><b>Workforce strategic planning</b></p>
		<b>Levers for action</b>	<ul style="list-style-type: none"><li>✓ Legislative and regulatory reforms/proposals</li><li>✓ Delivery system changes</li><li>✓ Member resources</li><li>✓ Messaging and communications</li></ul>



# Sharing the Message

PAID FOR BY THE AMERICAN HOSPITAL ASSOCIATION

## Hospital Workforce Shortage Crisis Demands Immediate Action

For two long years, the dedicated women and men of America's hospitals and health systems have experienced firsthand the overwhelming impact of COVID-19.

The pandemic has been frustrating, exhausting, and heartbreaking, and few have felt these emotions stronger and longer than those on the front lines of delivering care.

While there is always room to build on our efforts, the hospital field has worked hard to prioritize the safety, protection and well-being of our caregivers and other essential workers.

The health care field entered the COVID-19 pandemic with long-term challenges related to the workforce.

- In 2017, more than half of nurses were age 50 and older, and almost 30% were age 60 and older.
- Federal data shows that we are expecting to lose 500,000 nurses by the end of this year, many through retirement, bringing the overall shortage of nurses to 1.1 million.

However, due to significant shortages of faculty, classroom space and clinical training sites, nursing schools actually had to turn away more than 80,000 qualified applicants in 2019. Hospital employment overall is down 95,600 from pre pandemic levels, according to the consulting firm Altarum.

**Because our workforce is our most precious resource, hospitals and health systems are committed to supporting them today, preparing them for tomorrow and building a pipeline for the future.**

That's why our field has created programs and developed resources to promote caregiver well-being and resiliency. Examples include helping to pay back student loans, providing childcare and transportation, offering tuition reimbursement and training benefits, providing referral and retention bonuses, and supporting programs that address mental and physical health.

Hospitals are also developing new team-based care models that allow health care workers from various disciplines and specialties to provide customized, patient-centered care. This allows them to manage medical and social needs across all settings to improve care and enhance professional satisfaction.

At the same time, many hospitals are facing serious financial pressures, including rapidly increasing costs for hiring and retaining staff. Through November 2021, labor expenses



**Rick Pollack**  
President and CEO  
American Hospital  
Association

increased 12% compared to pre-pandemic levels, according to the consulting firm Kaufman Hall. And, when looked at through the lens of expenses per adjusted discharges, meaning labor costs per patient, the increase was a staggering 19.5%.

Persistent staff shortages caused by the pandemic have forced hospitals to increase their use of contract workers to fill nursing, technician and other essential positions. Unfortunately, some staffing agencies are exploiting the severe workforce shortages by charging uniformly high rates and retaining up to 40% or more of those amounts for themselves.

The conduct of some of these staffing agencies could suggest widespread coordination and other abuses, which is why the AHA and congressional lawmakers have asked federal agencies to investigate possible collusion and price gouging.

Meanwhile, while some suggest there should be rigid nurse-to-patient ratios, we strongly believe that nurses need to be empowered with flexibility to determine appropriate staffing for the needs of their patients. A one-size approach does not fit all when it comes to safe staffing, and strict, inflexible approaches will exacerbate the workforce shortage crisis.

**Our workforce challenges are a national emergency that demand immediate attention from all levels of government and workable solutions.**

These include:

- Lifting the cap on Medicare-funded physician residencies;
- Boosting support for nursing schools and faculty;
- Providing scholarships and loan forgiveness;
- And, expediting visas for all highly trained foreign health care workers.

In addition, we must support state efforts to expand scope of practice laws to allow health care professionals to practice at the top of their license. We also need to stop health insurers' burdensome bureaucratic practices that take caregivers away from the bedside.

The people who work in hospitals and health systems are truly the heart of health care. We must support them and stay focused on keeping our patients and communities safe and healthy.



## Perspective: Strengthening Our Health Care Workforce Must Be Top of Mind for Everyone

America simply cannot be strong without its hospitals being strong. In turn, hospitals and health systems meet their mission and serve patients best when they are equipped with a strong, healthy and resilient workforce. The AHA is committed to helping hospitals and health systems support their people today, prepare them for tomorrow and build a pathway for the future.



**“Our workforce challenges are a national emergency that demand immediate attention from all levels of government and workable solutions.”**



Advancing Health in America



# AONL Priority Topics



Talent Acquisition & Attraction	Processes for identifying and acquiring skilled nursing leadership talent to meet organizational needs.
Longevity	Strategies to improve the rate at which nurse leaders remain in their practice
Leadership	Nurse leader support for professional growth and development
Compensation	Addressing nurse leader compensation structures, general compensation, and total rewards to demonstrate value of nursing practice
Academic-Clinical Practice Partnerships	A symbiotic relationship that advances nursing practice through mutual goals, respect and shared knowledge
Positive Practice Environment	Creating a workplace where healthy actions and behaviors keep nurse leaders safe and well
Culture of Inquiry	Creating an organizational culture and environment for nurse leaders where there is an eagerness for questioning/learning; a quest to understand and constantly improve the status quo

# Workforce Strategy Guide

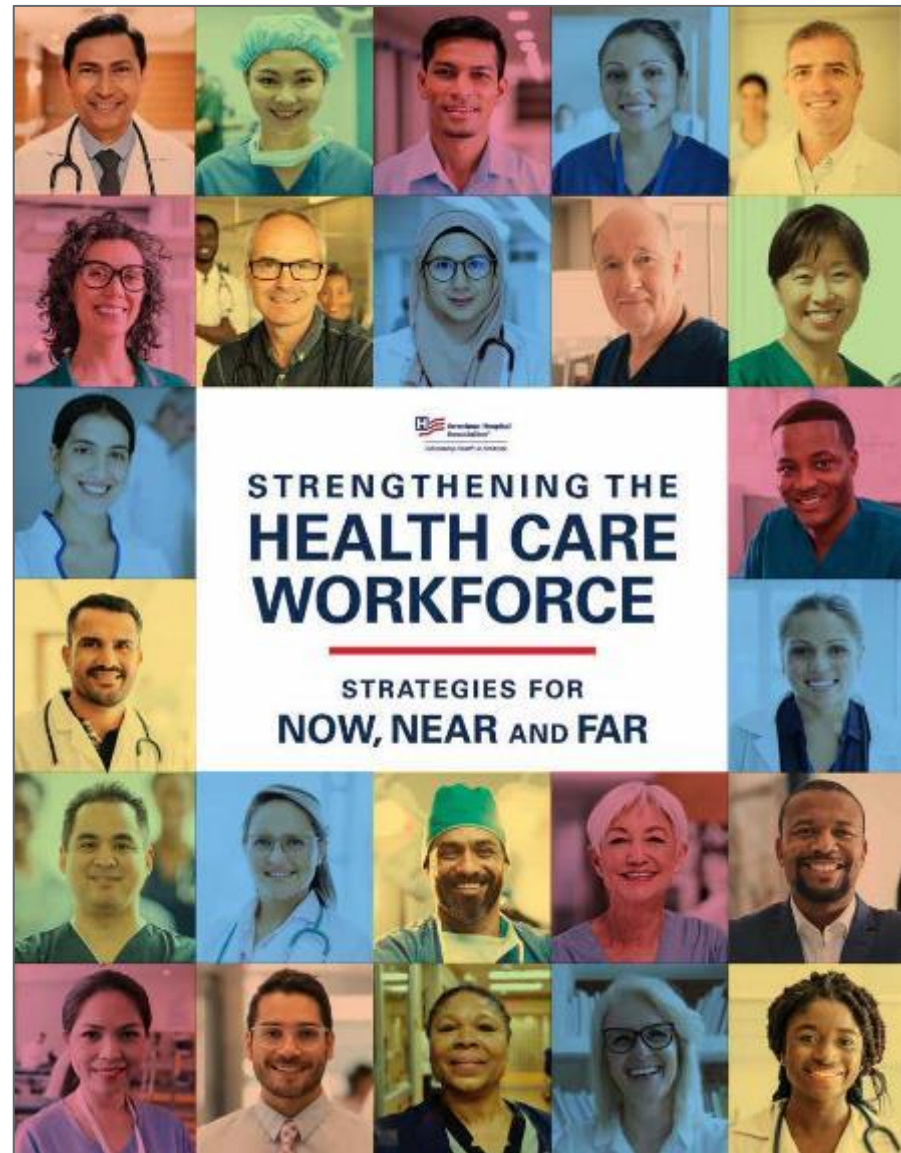


Table of Contents	
Introduction .....	3
Task Force on Workforce Roster .....	4
Task Force Charge and Framework .....	5
Advocacy and Public Policy Overview .....	6
<b>SECTION 1: Supporting the Team</b>	
Chapter 1: Addressing Well-Being .....	8
Chapter 2: Supporting Behavioral Health .....	13
Chapter 3: Workplace Violence Prevention .....	19
<b>SECTION 2: Data and Technology to Support the Workforce</b>	
Chapter 4: Data and Analytics .....	24
Chapter 5: Technological Supports .....	29
<b>SECTION 3: Building the Team</b>	
Chapter 6: Recruitment & Retention Strategies .....	34
Chapter 7: Diversity, Equity and Inclusion .....	39
Chapter 8: Creative Staffing Models .....	43

- Key considerations and questions to drive action
- Recommendations for team members to involve in the discussion
- Top takeaways for leaders
- Resources, strategies and case studies to assist hospital leaders and teams
- Will evolve over time and new resources will be added
- [www.aha.org/workforce](http://www.aha.org/workforce)

# Strategy Guide Sections



## Top Takeaways for CEOs

- 1 Identify an accountable leader** within the executive team to lead and measure well-being efforts.
- 2 Set aside resources**, including executive time and energy, to address well-being among your employees and staff.
- 3 Walk the walk.** As the top leader, model actions your team is implementing and talk about the challenges and importance of well-being.

- ✓ Considerations for Hospitals and Health Systems Leaders
- ✓ Assessment
- ✓ Initiation and Growth
- ✓ Leadership
- ✓ Sustainability
- ✓ Partnerships

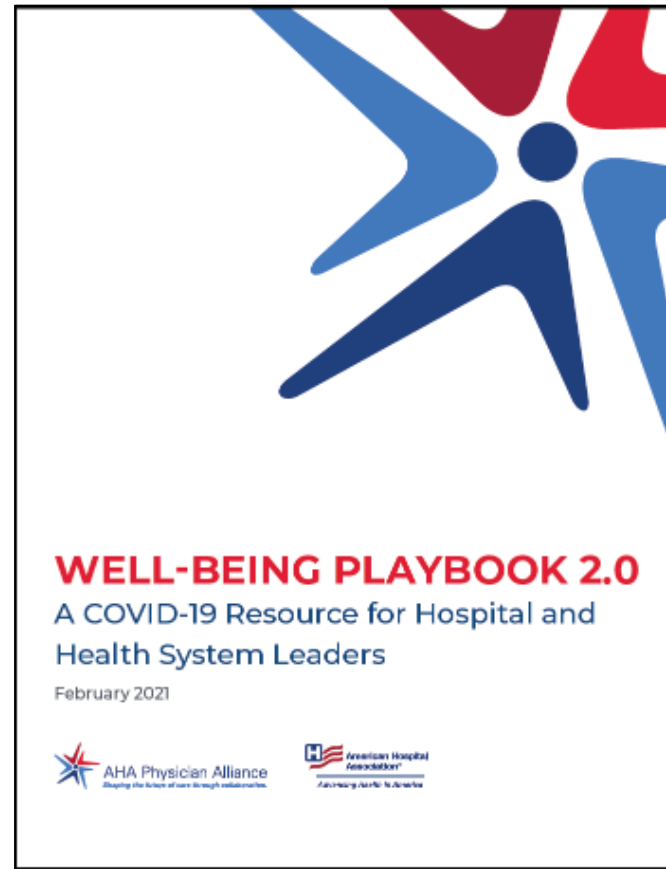
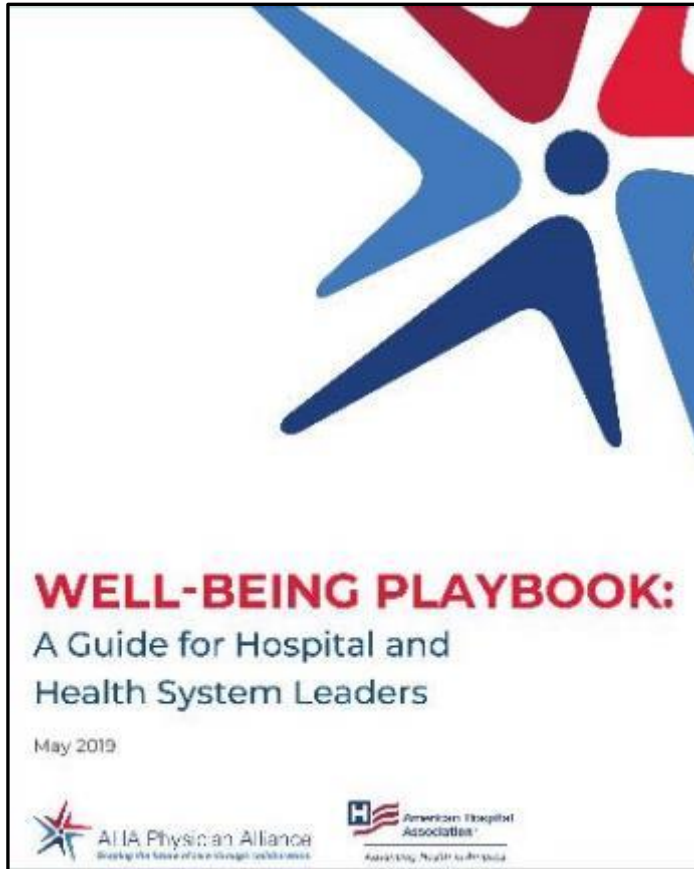
**Resources, case studies, toolkits and key partner resources linked throughout**

# ***Supporting the Current Workforce***

Resources and Examples



# Addressing Well-being



**GARDEN OF THE GODS**  
RESORT & CLUB

## AHA LEADERSHIP EXPERIENCE

**GARDEN OF THE GODS RESORT AND CLUB | COLORADO SPRINGS, CO**  
**OCTOBER 5-7, 2022**  
**2-HOUR VIRTUAL CAPSTONE**  
**NOVEMBER 7, 2022**

The AHA Leadership Experience helps participants create a new professional strategy to offset the demands of the fast-paced healthcare environment, regaining control of what truly matters most in life and work.

**The Leadership Experience provides:**

- Guided examination of current experience (life and work) revealing barriers, patterns and blind spots embedded in demands of work.
- Personal and professional insights informed by executive coaching team that inform authentic ways to influence an individual's future career and personal path.
- Tools to create a new foundation that facilitates greater satisfaction and life/work fulfillment.

**SIGN UP TODAY!**  
**Early Bird Registration \$3,500 by Sept. 1<sup>st</sup>**  
Registration \$5,000 for AHA members  
Visit [aha.org/leadership-experiences](https://aha.org/leadership-experiences) to reserve your spot.

### COURSE ROAD MAP

**STEP 1: READINESS**  
Preparation exercises, pre-course coaching session and virtual readiness conversation to prepare participants and maximize the experience.

**STEP 2: 3-DAY IMMERSION**  
Intensive and engaging group learning experience that guides participants through the creation of a new way to lead in their field and careers.

**STEP 3: PRACTICAL APPLICATION**  
Real-world practice, tools and connection with fellow participants for support, encouragement and accountability.

**STEP 4: CAPSTONE SESSION**  
Two-hour virtual session reflecting on lessons learned along with coaching support to expand the experience into a life-long practice.

**Logos:** OneTeam LEADERSHIP, NOVANT HEALTH, AHA Physician Alliance

[www.aha.org/physicians/well-playbook](https://www.aha.org/physicians/well-playbook)  
[www.aha.org/leadership-experiences](https://www.aha.org/leadership-experiences)

# Supporting Behavioral Health



## Top Takeaways for CEOs

- 1 Identify and promote** ways your team can access the full continuum of behavioral health services.
- 2 Remove stigma** about behavioral health treatment.
- 3 Build and sustain a culture of psychological safety.** Consider providing training in mental health awareness or first aid.

## Considerations for hospital and health system leaders

It is important to understand the difference between burnout and behavioral health disorders. Burnout is a long-term stress reaction defined by having at least one of the following symptoms: 1) emotional exhaustion; 2) depersonalization, including cynicism and a lack of empathy; and 3) a low sense of personal accomplishment. Burnout can be a contributing factor or trigger for mental illness, but individuals can be burned out without having a psychiatric or substance use disorder.

Stress responses land on a spectrum based on preparedness and individual resilience. For more resources related to addressing health care worker burnout, see Chapter 1.

### Stress Continuum Model

READY	REACTING	INJURED	ILL
<b>DEFINITION</b> <ul style="list-style-type: none"><li>• Adaptive coping</li><li>• Effective functioning</li><li>• Well-being</li></ul> <b>FEATURES</b> <ul style="list-style-type: none"><li>• In control</li><li>• Calm and steady</li><li>• Getting the job done</li><li>• Playing</li><li>• Sense of humor</li><li>• Sleeping enough</li><li>• Ethical and moral behavior</li></ul>	<b>DEFINITION</b> <ul style="list-style-type: none"><li>• Mild and transient distress or loss of function</li></ul> <b>FEATURES</b> <ul style="list-style-type: none"><li>• Anxious</li><li>• Irritable, angry</li><li>• Worrying</li><li>• Cutting corners</li><li>• Poor sleep</li><li>• Poor mental focus</li><li>• Social isolation</li><li>• Too loud and hyperactive</li></ul>	<b>DEFINITION</b> <ul style="list-style-type: none"><li>• More severe and persistent distress or loss of function</li></ul> <b>TYPES</b> <ul style="list-style-type: none"><li>• Trauma</li><li>• Fatigue</li><li>• Grief</li><li>• Moral injury</li></ul> <b>FEATURES</b> <ul style="list-style-type: none"><li>• Loss of control</li><li>• Can't sleep</li><li>• Panic or rage</li><li>• Apathy</li><li>• Shame or guilt</li></ul>	<b>DEFINITION</b> <ul style="list-style-type: none"><li>• Clinical mental disorders</li><li>• Unhealed stress injuries</li></ul> <b>TYPES</b> <ul style="list-style-type: none"><li>• PTSD</li><li>• Depression</li><li>• Anxiety</li><li>• Substance abuse</li></ul> <b>FEATURES</b> <ul style="list-style-type: none"><li>• Symptoms persist &gt; 60 days after return from deployment</li></ul>

Source: <https://www.quantico.usmc-mccs.org/marine-family/behavioral-health-program/community-counseling-program-ccp/the-stress-continuum>



# Addressing workplace violence

- Data show rising violence/incivility towards health care workers
- AHA Hospitals Against Violence initiative providing tools, resources, knowledge sharing
- Partnership with DOJ and MUSC to provide support through a national program to assist communities that have experienced events of mass violence
- Supporting SAVE Act legislation to establish federal protections against violence/intimidation for health care workers

[www.aha.org/violence](http://www.aha.org/violence)



# ***Understanding the Data***

Resources and Examples

# Workforce data

- Provides the health care field with important workforce trends and insights.
- The data used to generate this report is a subset of the national job posting data that is continually aggregated on a daily basis.
- 100% of the data was sourced directly from the career sites of health care employers.

## Examples of insights:

- Job postings across Region 1 have risen 1.8%. There has been an increase in postings for all roles, especially in nursing.
- The time to fill for RN positions has declined by 6.8% to 54 days from the previous quarter.
- The use of hiring bonuses remains prevalent and have increased in value 2.6% last quarter.



2022 Q2

## Health Care Jobs Report

### Region 1

Connecticut  
Maine  
Massachusetts  
New Hampshire  
Rhode Island  
Vermont



Report Generated by ProLuent Health

# Hospital Vitals – Health Care Labor Costs

## Hospital Vitals: Financial and Operational Trends Q2 2022

Presented by Syntellis and the  
American Hospital Association

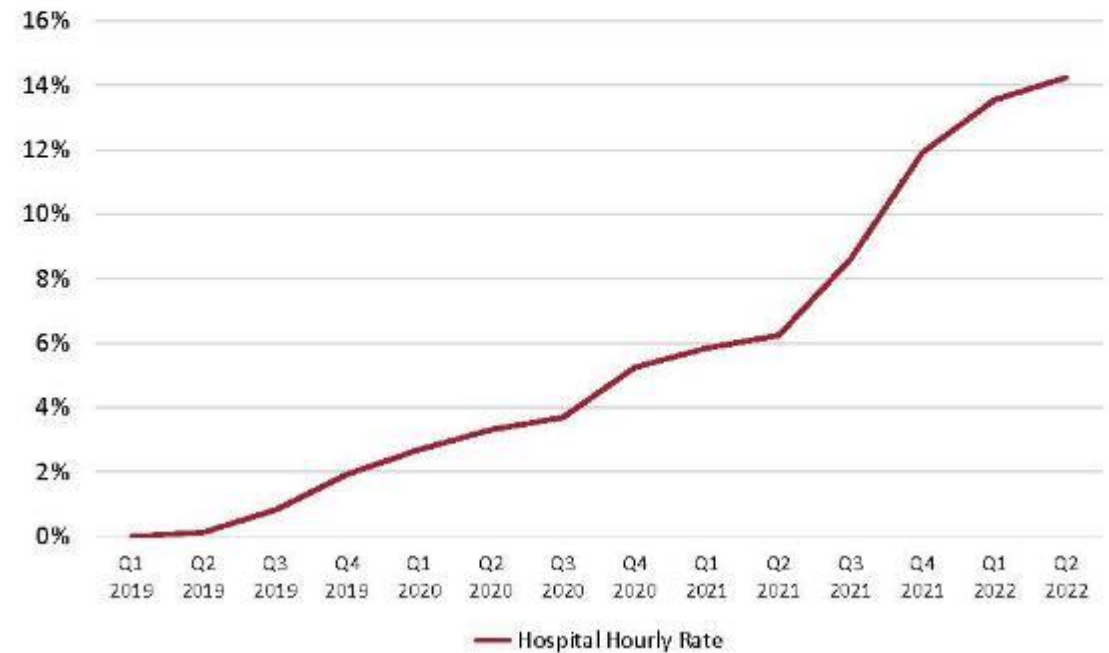


 SYNTELLIS

 American Hospital  
Association  
*Advancing Health Care America*

## Workforce Pressures Push Up Hospital Pay Rates

Hourly Rates for Hospital Workers Continue to Rise  
Compared to Q1 2019



Source: Syntellis Performance Solutions, Q2 2022.

# ***Voice of the Workforce Survey***

- Gain insights into the preferences and requirements of today's health care workforce
- Contribute to recruitment and retention strategies
- Administered by the AHA and deployed by member hospitals
- Allows for benchmarking
- Includes topics such as financial and other incentives, plans to pursue a new job or retire and level of burnout



# ***Technology that Supports the Workforce***

Resources and Examples





## CHAPTER 5

# Technological Supports

1. **Support individuals and teams** through wellness solutions, leadership training and guidance for managers
2. **Alleviate burden** by using tools that can help with administration, revenue cycle or other routine tasks
3. **Enhance flexibility** with agile scheduling solutions, predicting demand, or creating enterprising staffing solutions or labor pools.
4. **Reduce friction** by digitizing human resources functions, streamlining routine interactions and smoothing processes like credentialing.
5. **Optimize care delivery** with AI, virtual, predictive analytics and others that allow for more flexibility.



## Top Takeaways for CEOs

- 1 **Embrace technology** as a way to support your health care workforce.
- 2 **Change-management strategies** will be critical to address the cultural shifts associated with this technology.
- 3 **Partnership** can help support your organization's ability to implement solutions in the most effective and efficient way.

# Artificial intelligence and the health care workforce

## Seven Ways AI Will Reshape the Health Care Workforce

- Improve productivity
- Improve efficiency
- Expand job responsibilities
- Practice at the top of license
- Improve performance
- Upskill staff
- Retrain staff

40% of the tasks performed by health care “support occupations” can be automated, as can 33% of the tasks performed by health care “practitioners and technical occupations.”

Source: Brookings Institute



[aha.org/center/emerging-issues/market-insights/ai](https://aha.org/center/emerging-issues/market-insights/ai)

# AHA & AVIA strategic partnership



- Working together to bring new solutions and tools to support AHA members on their digital journey
- AVIA Connect
  - A curated database of solution providers with which peers have chosen to work
  - Timely content via the AHA online community
  - Closed and open discussion groups with health care peers
- AVIA expertise
  - Providing speakers for AHA events, including the upcoming AHA Virtual Roundtable: Digital Solutions for Maternal Health (July 6, 2022)
    - Best practices for initiating and fostering relationships with digital solution providers
  - Presenting to the AHA Board Task Force on Workforce
    - Technology to support the workforce – guide forthcoming



# Members in Action

## Technology

### Virtual Labor Pool Command Center

- 24/7 online process to request and reassign staff.
- Allows for quick response to unexpected staffing shortages. Allows team members to volunteer for reassignment.
- Developed virtual surge orientation and education.



### TeleSitters

- Clinical monitoring technologies that track patient activity and notify staff of any concerns or emergency situations.
- Most TeleSitters are portable camera units mounted on rolling IV-like poles that provide live video and auditory feeds from the patients' rooms.
- A clinical technician monitors video feeds of 12-57 patients at a time.

### Robotic Hospital Helper - Moxi

- Can assist by making deliveries and performing other non-clinical tasks.
- The Moxi cobots will be integrated with the Cerner EHR platform and use artificial intelligence to proactively identify when nurses will need equipment, supplies, medications and lab tests.



# ***Recruitment and Care Model Design***

Resources and Examples



# ***Recruitment and retention strategies***

- Considerations for Health Care Leaders
  - ✓ Understanding current and future data trends
  - ✓ Learning from others
  - ✓ Changing recruitment strategies takes time
  - ✓ Multiple stakeholders and voices from across the organization needed
  - ✓ Role for trustees in retention
  - ✓ New leadership skills may be needed



## **Top Takeaways for CEOs**

- 1** The landscape has changed; we can't expect the same results with a one-size-fits-all approach to recruiting.
- 2** Health care workers are worn out — addressing well-being, as well as supporting flexibility and family life, are key to maintaining a strong team.
- 3** A well culture, where team members feel valued, is essential to retaining a committed workforce.

# Successful Practices

## WORKFORCE SOLUTIONS



### Recruitment and Retention Strategies in the Wake of the COVID-19 Pandemic

*COVID-19 has fundamentally changed the face of the health care workforce. The pandemic has strained hospitals, affecting caregivers' well-being and resulting in many leaving their hospital jobs. The AHA has been collecting resources to assist organizations in their efforts to plan for the future post-COVID-19 workforce.*

Hospitals and health systems have been developing creative ways to recruit and retain their workforce. The following initiatives are examples of how organizations can bring in new talent using scholarship funds and education, as well as support current employees by providing organization-owned housing or funds to assist employees in purchasing a home near their place of work.

#### RETENTION: EDUCATION

##### UCSF ADDRESSES GERIATRICIAN NURSING SHORTAGE

The UCSF School of Nursing seeks to boost the workforce of trained health care professionals by preparing advanced practice nurses to diagnose, treat and advocate for the complex health needs of older adults. Through its Master of Science program, the school provides specialized training in adult gerontology with a rigorous two-year curriculum that combines extensive didactic courses and clinical residencies. The Adult Gerontology Primary Care Nurse Practitioner specialty prepares nurse practitioners to deliver comprehensive care for diverse, high-risk populations in community- and hospital-based primary care clinics, skilled nursing facilities and patients' homes.

##### BRYAN HEALTH WILL RECEIVE OVER \$1 MILLION FOR 125 PARTICIPANTS A YEAR TO RECEIVE CERTIFIED NURSING ASSISTANT OR PHLEBOTOMY TRAINING

Bryan Health College, in Lincoln, Neb., offers an 8-week phlebotomy course, and works closely with the Bryan Health hospitals to provide students real-life experience and on-the-job training. The college also offers a certified nursing assistant program. Using American Rescue Plan funding, Bryan Health College offers tuition assistance to individuals looking to begin a health care career.

##### ADVENTIST HEALTH-COPE HEALTH SCHOLARS MEDICAL ASSISTANT PROGRAM

The COPE Health Scholars Medical Assistant Program is an innovative joint effort of COPE Health Solutions and Adventist Health to provide an affordable and convenient way to enter the field. Over the course of seven months, program participants gain the skills and foundational knowledge needed to succeed as a medical assistant in a clinical environment through virtual self-study lectures as well as in-person training guided by experienced professionals in the field.

##### KUMC URBAN SCHOLARS PROGRAM

The Urban Scholars Program for Students Underrepresented in Medicine recruits students from underserved communities in Kansas (Kansas City, Topeka, Wichita and Lawrence) who are committed to improve health care in underserved communities. Applicants must attain a minimum of sophomore standing and have two years of remaining. The program provides Urban Scholars with assured admission to the University of Kansas upon successful completion of program requirements and graduation from their undergraduate institution.

##### KEARNEY HEALTH OPPORTUNITIES PROGRAM

A partnership between the University of Nebraska-Kearney and University of Nebraska Medical Center Health Opportunities Program serves as a pipeline to grow the state's health care workforce by students from rural Nebraska who are committed to practicing in these areas after professions awarded full-tuition scholarships to attend UNK and guaranteed admission to UNMC if all requirements are met.

They receive additional assistance, along with a \$2,000 room waiver, through the KICP Learning Community for freshmen, the one-year residential learning community gives students a chance to explore careers while receiving support and guidance as they transition to college.

##### OZARK SCHOOL DISTRICT PARTNERSHIP HELPS GROW THE FUTURE HEALTH CARE WORKFORCE

CoxHealth announced a new partnership with the Ozark School District on a health sciences academy at Ozark High School's new Ozark Innovation Center. CoxHealth is a premier sponsor of the academy, which provides high school students introductory training to health care careers. The academy offers a state-of-the-art environment, with clinical exam rooms, a surgical theater, pharmacy, medical laboratory, radiology and more. They also partnered with vendors to supply medical equipment and CoxHealth is funding education who will lead health care instruction at the academy.

#### RETENTION: HOUSING

##### ST. LUKE'S ENTERS INTO A PARTNERSHIP ON HOUSING DEVELOPMENT IN WOOD RIVER VALLEY, IDAHO

Access to affordable housing in tourist areas throughout the country has been an issue for many hospitals. The pandemic and the shift to remote work has exacerbated this, as people are choosing to relocate.

Carmen Jacobson, COO/CNO of St. Luke's Wood River, shared that, "The limited availability of housing to rent or own is a challenge felt by our entire community and significantly impacts the ability to recruit and retain employees at SLWR. It affects all job families and levels, clinical and non-clinical. St. Luke's Wood River currently has 60 vacant positions with a vacancy rate much higher than the three hospitals in our region. Nursing positions account for 28% of the vacancies. Despite offering significant financial incentives, the lack of available housing and the cost of living are frequently cited as the primary reason for decline of employment offers."

Together with St. Luke's Wood River Foundation and ARCH Community Housing Trust, a 12-unit single-family home housing development will be built in the county. The homes will be long-term rentals for SLWR employees who meet criteria as determined by the hospital and the leases will stipulate that continued employment is a condition of housing.



## SUCCESSION PLANNING

A GUIDE TO HELP HOSPITALS AND HEALTH SYSTEM LEADERS PLAN FOR THE FUTURE 2022



Advancing Health in America

# Members in Action: Restructuring staffing models to value the workforce

- Atrium Health and Yale New Haven Hospital redesigned staffing structures due to COVID-19.
- Positive impact on patient outcomes, experience and cost.



## WORKFORCE CASE STUDY

### RESPONDING TO STAFFING NEEDS DURING A CRISIS

Yale New Haven Hospital | New Haven, Conn.

Nurse leaders at Yale New Haven Hospital (YNHH), a 1,541-bed academic medical center in New Haven, Connecticut, used alternate staffing models to grow and retain their nursing workforce during the COVID-19 pandemic. By encouraging teamwork and prioritizing the voice of the bedside nurse, YNHH ushered in a culture shift that fundamentally improved trust and communication organization wide. As a result, YNHH nurse leaders continue to develop new staffing models in various iterations to address ever changing, post-surge patient care needs.

Before the pandemic, YNHH's intensive care unit (ICU) volume encompassed 193 beds across 11



View recording here: <https://www.aha.org/education-events/value-break-restructuring-staffing-models-value-workforce>

Case study: <https://www.aha.org/members-action-yale-new-haven-hospital>

# ***Future Workforce***

Resources and Examples



# Members in Action: Earn While You Learn

**Germanna Community College/Mary Washington Healthcare Partnership**

**Lessons Learned**

- ▶ RN/CNA acceptance/fostering
- ▶ Hire/onboard when school not in session vs. week's break
- ▶ Expand to other nursing programs
- ▶ MWHC to hire 2 Nursing Assistant cohorts/year (June & December)

**Next Steps**

- ▶ How can students earn academic credit for Nursing Assistant work?
- ▶ Change Clinical Rotation Model
  - Pilot September 2021
- ▶ Pilot Joint Appointment Faculty

- A framework designed to prepare practice-ready nurse graduates.
- The model, supported by Virginia leaders in academia, clinical practice, the State Board of Nursing, and employers, addresses the critical demand for more nurses and bridges the gap between education and practice.

Case study: <https://www.aha.org/case-studies/2022-01-18-earn-while-you-learn-innovation-during-pandemic>  
Video replay: [https://www.youtube.com/watch?v=QCVZD\\_HfaHU](https://www.youtube.com/watch?v=QCVZD_HfaHU)

## The Background

Mary Washington Healthcare in Fredericksburg, Va., has a long history of hiring nursing graduates from Germanna Community College, which in 2022 will celebrate its 50th year of training registered nurses. So, when the pandemic hit and Mary Washington saw the need for increased nursing staff, the two teams got together with the Virginia Board of Nursing to creatively solve problems.

In the fall of 2020, the hospital saw its largest surge to date and urgently needed more Certified Nursing Assistants (CNAs) and Registered Nurses (RNs). The twin impacts of the pandemic and the tight staffing strained morale and resilience of the nursing team.

At the same time, Germanna nursing students were also experiencing challenges. Many students lost their part-time retail and hospitality work, or were unable to sit for the certified nursing assistant exams, both of which were critical to pay for their education. In addition, due to COVID-19 restrictions, clinical rotations were curtailed. Eileen L. Dohmann, CNO for Mary Washington Healthcare, quickly needed more CNAs at the bedside to support existing nursing teams, and reached out to Patti Lisk, Dean of Nursing and Health Technologies at Germanna. Together they developed the Nursing Assistant pilot program.

## Earn While You Learn Model

Mary Washington Healthcare entered into an academic practice partnership with Germanna Community College to meet workforce and clinical needs for the future. The Earn While You Learn model accelerates practice readiness by bridging the gap between education and clinical practice while addressing the demand for more nurses.

Before getting started, Germanna and Mary Washington reached out to the Virginia Board of Nursing confirming the approach complied with all regulations. The Board of Nursing was very supportive of these cohorts and the collaborative approach between academic, clinical and regulatory practice.

Over the course of three weeks, staff at Germanna and Mary Washington developed a job description, marketed the option to students and conducted interviews and competency validation using simulation. Orientation for a large group was not



something they had experience with, nor did they have enough CNA preceptors to do all at once. The solution was to onboard the group of 30 within cohorts of 10, using nurse educators. The onboarding process was similar to a clinical rotation model, and the students stayed closely connected with both Germanna and their preceptors at Mary Washington, with the cohort groups meeting monthly to give feedback about their experience.

It only took three weeks from the initial plans to onboarding the first cohort of nursing students in December 2020. While in the program, students worked a minimum of 12 hours and a maximum of 20 to help ensure their academic success. When this cohort of students entered the third semester of the nursing program, the hospital and college offered them a different clinical opportunity. Their clinical experiences shifted, with 36 of the required 64 hours spent as three 12-hour shifts paired with an RN mentor; the remaining 28 hours were delivered using the traditional clinical model. These mentored 12-hour shifts allowed for connection with their nursing mentors and a more comprehensive learning experience where the students could focus on their learning objectives. Germanna faculty



# Workforce Board Partnerships



How hospitals and local workforce boards partnered to enhance their educational pathways, health care career programs and create deep community connections to support a diverse and robust health care workforce in their communities.

- Charlotte Works and Atrium Health
- Employ Milwaukee and Advocate Aurora Health

# #WeAreHealthcare



**#WeAreHealthCare: Nurses on the Front Lines**

# ***Key Takeaways***

- This shortage is different.
- We have to fundamentally rethink care delivery as it relates to the workforce.
- We must capitalize on our strengths.

# Thank you!



Elisa Arespachaga  
Vice President  
Clinical Affairs and Workforce  
[elisa@aha.org](mailto:elisa@aha.org)

[aha.org/workforce](http://aha.org/workforce)  
[aha.org/physicians](http://aha.org/physicians)  
[aonl.org](http://aonl.org)