



Vaya Workforce Think Tank Report

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EXECUTIVE SUMMARY

The healthcare industry continues to face growing workforce challenges and a shortage of bedside nurses, so last November, Vaya Workforce brought together health systems leaders from across the country for its inaugural Think Tank. Utilizing the findings of the multi-organization collaborative [Nurse Staffing Task Force](#) as a foundation, we had industry experts drive discussions on creating a healthy work environment, employment flexibility and innovative care delivery models, which we believe can generate the greatest positive impact. Leading transformational change at health systems can be particularly slow moving but is necessary if we hope to retain a healthy, engaged workforce to provide quality patient care.

SUGGESTED SOLUTIONS



Healthy Work Environment

A healthy work environment is one that is “safe, healing, humane and respectful of the rights, responsibilities, needs and contributions of all people including patients, their families, nurses and other health care professionals.” This can be difficult to achieve as hospitals require staff to be physically present 24/7/365 in an unpredictable environment, which can inherently increase burnout and decrease work-life balance. Recommendations center around increasing staffing levels and interest in healthcare professions, behavioral health access, improving physical safety measures and leadership training. All of which need to be tied to increasing revenue and/or decreasing costs to achieve buy-in from your organization to implement.



Employment Flexibility

[2.5% of the nursing workforce left the profession in 2021.](#) We have to find ways to not only improve retention of existing clinicians, but also to recruit more into the pipeline long term. This can be achieved through building a flexible workforce with flexible scheduling, shifts and roles to give nurses more options that align with their work-life preferences. Recommendations include modified self-scheduling, school hours/term employment options, flexible retirement, job sharing and regional, centralized staffing office and float pools.



Innovative Care Delivery Models

We cannot overcome the nursing shortage that we will be facing – nursing schools cannot generate the volume of RNs needed to close the gap in the time frame we have. We must, therefore, evaluate how we can reasonably and safely maximize the resources we have further. Leveraging virtual models for education, admission and discharge screening can be beneficial. Recommendations include skill inventory and cross training to aid in flexing of staff during disasters, preventative virtual care for high admission risk chronic diseases, tech techs and virtual nursing.



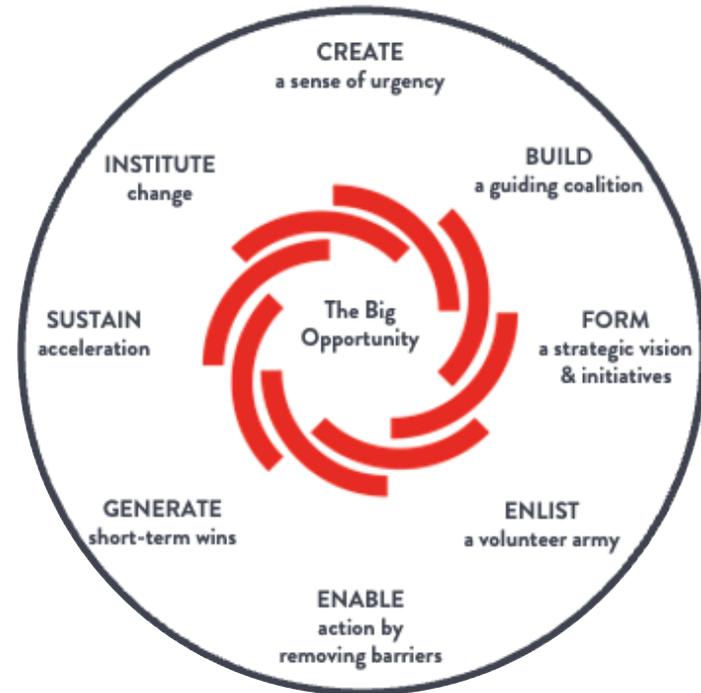
OVERVIEW

In November 2022, Vaya Workforce brought together a group of leaders from health systems across the country to talk about the workforce challenges facing healthcare today. We layered in industry experts that focus on nursing, finance, strategy, innovation, and, of course, workforce. Utilizing the findings of the multi-organization collaborative Nurse Staffing Task Force that was launched earlier this year as our foundation, we drove discussion around healthy work environment, employment flexibility and innovative care delivery models. Although there is some overlap in these topics, we found this structure to be helpful in guiding the conversation. This article will recount our discussions, solutions and commitment to drive change within the industry.

We started the event with an expert panel discussion that included Dr. Katie Boston-Leary, American Nurses Association, Jennifer O'Connor, Sg2, and Brian Sims, Maryland Hospital Association and Healthcare Financial Management Association. Boston-Leary and Sims provided an overview of the drive behind and recommendations from the Nurse Staffing Think Tank, grounding us for our discussions the next day. Jennifer gave us examples and perspectives from her experience working on strategy with organizations across the country. We also discussed the necessary partnership between operational teams, including nursing, human resources and finance to assess financial impact and justification for workforce initiatives.

8 Steps for Leading Change

Dr. John Kotter, Harvard Business School professor and renowned change expert, created the 8-steps methodology for producing meaningful change



KOTTER'S CHANGE MANAGEMENT MODEL

One of the biggest challenges in healthcare is effectively managing and leading change. Most of us are aware of the evidence to practice gap in clinical practice continuing to take 10-20 years. Operational and care delivery change is similarly slow. Without strategic focus, change will not occur and operational processes will backslide to the way they have always been done. To create a common language and methodology when discussing change, April Hansen, Aya's Group President for our Workforce Division, reviewed [Kotter's 8 Steps](#) for Leading Change. This simple and relatable methodology calls out milestones for producing meaningful change.



HEALTHY WORK ENVIRONMENT

Creating a safe and healthy work environment in healthcare is a surprisingly challenging ideal. Hospitals require staff to be physically present to care for patients 24/7/365, which can inherently increase burnout and decrease work-life balance. In addition, patients in an altered mental state due to illness, age or behavioral health can be verbally and physically abusive to their caregivers. Hospitals have amazingly joyous and terribly devastating events occurring every day, occasionally resulting in extreme emotions and actions. All of this combines into a workplace that is not safe, emotionally or physically. Layer on top of that the reality that we are in what almost 90% of our attendees agreed is not a nursing shortage, but a nursing crisis, and we have an environment ripe for turnover.

Nurse Mental Health and Wellness



[American Nurses Foundation COVID-19 Survey Series](#)

Nursing Shortage



[2022 NSI National Health Care Retention & RN Staffing Report](#)

In 2021, we saw 2.5% of Registered Nurses (RNs) exit the workforce. It is easy to dismiss that as early retirements, except that 4% of RNs under 35 left the profession. In her conversations with nurses and healthcare organizations, Dr. Bonnie Clipper, who joined us to facilitate with Jennifer O'Connor, indicated that the top reason that nurses leave their positions is because of staffing and workload, while the second is because of pay. The Nurse Staffing Think Tank defined a healthy work environment as "safe, healing, humane and respectful of the rights, responsibilities, needs and contributions of all people including patients, their families, nurses and other health care professionals. In these environments, nurses and other team members can provide their optimal contribution and derive fulfillment from their work and patients can achieve the best possible outcomes."

The nursing workforce is shrinking



>100,000 RNs left the profession in 2021

- 1% over 55
- 4% under 35



10-20% shortage by 2025

- Equates to 200,000-450,000 nurses
- Would require doubling new graduates entering AND staying in the workforce
- Also seeing drop in LVN/LPN, CNAs, and APPs



30%/57% of new graduates leave their jobs in the first/second year of employment

[Assessing the lingering impact of COVID-19 on the nursing workforce 2022: This is the state of nursing](#)
[A Worrysome Drop In The Number Of Young Nurses](#)

What are the driving forces?



Staffing Ratios



Pay to Experience Equity



Inability to take breaks, sick days

Certainly, no healthcare organization sets out to create an unhealthy work environment, but all of the factors mentioned previously and more, require investing time, talent and resources to intentionally achieve the broad goal. The subjective nature and impact of these efforts is often difficult to justify for financial leaders. In our discussion, the participants stressed the importance of understanding the financial impacts of action and inaction. Margin is improved in one of two ways – increasing revenue and/or decreasing costs. Tying investments in a healthy work environment to at least one of those concepts is essential in making the business case and obtaining buy-in from your organization.

Below is a table outlining actions and ideas that surfaced in our discussion around a healthy work environment. We realize that healthcare organizations are at different places in this journey, so we separated these into three levels of innovation. **Playing the game** is for organizations that are not ready for broad sweeping change and investment. **Leading the game** is for those that are ready to put more aggressive approaches in place. **Changing the game** are new ideas that carry more cost and risk, but also the potential for more reward. We will repeat this categorization for our other two areas of focus as well.

Playing the Game

- Market appropriate compensation
- Consistent and safe staffing levels
- Process to track workplace violence incidents
- Behavioral health benefits
- Posted policies on weapons and verbal abuse of staff
- De-escalation training
- No tolerance of interprofessional bullying
- Employee feedback mechanism for ideas/needs to support healthy work environment
- Leader rounding (yes, apparently this still needs to be said)
- Transition to practice program for new graduates (i.e., Vizient Nurse Residency and Advanced Practice Provider programs)
- Leadership training program

Leading the Game

- Life balance programs
 - » Prepared meals
 - » Pet care
 - » Child/Adult care
 - » Home services (laundry, cleaning, repairs)
- Safety equipment
 - » Duress alert system
 - » Bite sleeves
- Decompression spaces
- Zero tolerance for staff abuse
- Unobtrusive metal detectors
- Exit interview by executive on every resignation
- Patient/family advisory committee made up of current/former patients and families and led by nursing
- Plain clothes guards in Emergency Department
- Advocate for state and federal legislation aimed at protecting healthcare workers
- Support for managers to reduce burden of administrative tasks

Changing the Game

- Behavioral health techs a standard part of staffing matrix
- Assess employee social risks (i.e. [Vizient's Vulnerability Index](#)) and implement programs to impact
- Career ambassador program to provide professional guidance
- Executive leadership succession planning/ apprenticeship
- Nurse (and other healthcare professionals) spokespersons trained and used for social media to support positive image of healthcare professions
- Program with local school systems, colleges and technical schools to increase pursuit of healthcare careers



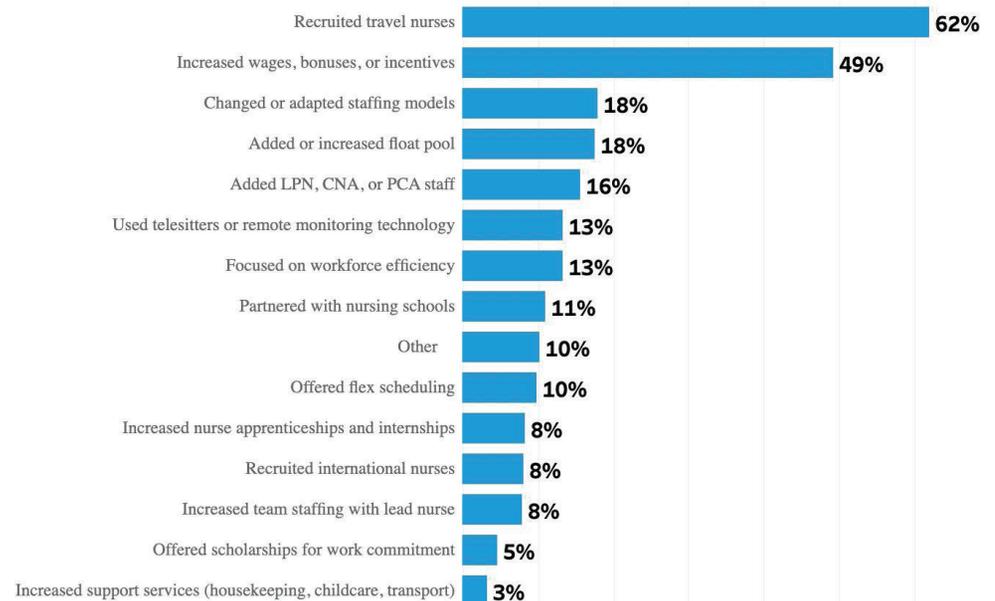
EMPLOYMENT FLEXIBILITY

American Nurses Foundation surveyed 12,694 nurses in January 2022. The outcome of that survey shows us that very few organizations have taken steps outside of bringing in travel nurses and increasing wages to address staffing shortages. As mentioned previously, we had 2.5% of the nursing workforce leave the profession in 2021. We have to find ways to not only improve retention of existing clinicians, but also to recruit more into the pipeline long term. To do that successfully, we have to cast a wider net by creating more opportunities for individuals in different stages of their life to continue to participate in the workforce.

We discussed with our attendees some of the strategies that other countries, like China and the United Kingdom are doing to create more flexible employment options for their nursing workforce. In China, they found that creating work arrangements that match individual needs improves well-being. The UK has flexible working options memorialized in Section 33 of their [Service Handbook](#), titled “Balancing work and personal life.” A few of the options included are fixed working patterns, job-share, average hours working patterns, school term working, school hours working and flexible retirement.

In our open discussion, we talked about organizations that are creating short shift (4-6 hours) opportunities for clinicians nearing or that have recently retired, as well as those with young children. This is a concept that can be put into effect immediately by department managers, but too often leaders are waiting for permission instead of acting. We also discussed creating more scheduling flexibility with a facility and/or regional float pool. One organization manages over 600 nurses in a regional float pool through a centralized Network Operations Center. This mega centralized staffing office is also responsible for determining the volume of travel nurses needed and managing when and where they are scheduled.

Response to date has been reactive vs proactive





In addition to scheduling flexibility, the importance of benefit flexibility should not be underestimated. Creating an opportunity for employees to pick how their total compensation package is delivered is another great way to meet different needs of employees. Having a benefits allowance that can be applied to healthcare insurance, short term disability, long term disability, long term care insurance, extra PTO, tuition support or even in the form of an additional cash subsidies goes a long way to allow employees to be compensated in a style most appropriate to their life stage and lifestyle.

Playing the Game

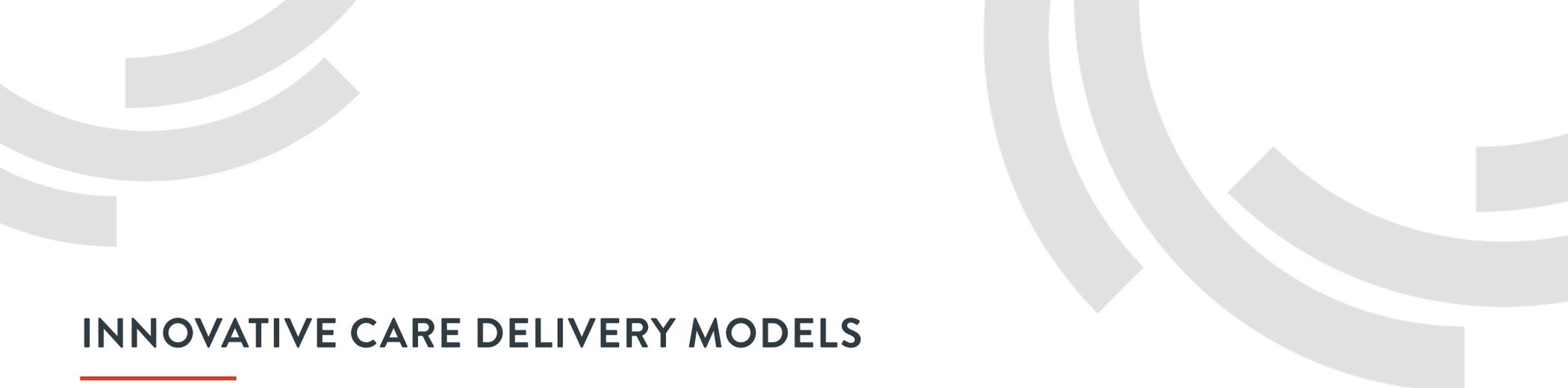
- Strategic MSP staffing partner (i.e., Vaya Workforce)
- Modified self-scheduling with standardized shift times
- Electronic scheduling system
- Consistently frequent onboarding opportunities

Leading the Game

- Regional, centralized staffing office and float pool
- School hours employment options
- Short shift availability
- Flexible retirement (6 weeks on, 4 weeks off)
- Retired clinicians in a mentorship role
- Virtualize majority of onboarding to speed hire to start

Changing the Game

- Job sharing between individuals (think match.com style connections)
- Job sharing between departments/ specialties
- School term employment (summers/ holidays off)
- Self-selected total compensation plan
- Community Care Program (non-licensed staff that act as health advisors)



INNOVATIVE CARE DELIVERY MODELS

Our final category is the one that seems to carry the biggest challenges. As we mentioned at the beginning of this article, healthcare is very slow to change and incorporating new technologies and delivery models is a huge change process. We were fortunate enough to have two leading experts on innovation with us for the Think Tank in Dr. Bonnie Clipper and Jennifer O'Connor. We were able to not only talk about these concepts in theory, but also where we are seeing execution of these advances. One of Vaya's members in attendance was from Ochsner Health System out of Louisiana. Ochsner has not only been leading the charge to incorporate virtual nursing into acute care delivery, but they have been [sharing their model and experience with others](#).

Evaluating how we can leverage technology can be scary and off-putting given the negative changes that have been wrought on nursing workflows through the implementation of electronic health records (EHR), but we feel cautiously optimistic about the impact that virtual nursing could bring in the coming years. Healthcare requires hands on for a good portion of the work but finding ways to leverage virtual models for those tasks that do not, like education, admission and discharge screening and education can be beneficial. Having an option to provide care virtually creates a much more inclusive profession for individuals that may not be able to complete the physical aspects of bedside care. It also allows for more efficiency and scalability by having a pool of clinicians working through a queue of virtual visits. We know that we cannot overcome the nursing shortage that we will be facing – nursing schools cannot generate the volume of RNs needed to close the gap in the time frame we have. We must, therefore, evaluate how we can reasonably and safely, for patients and RNs, stretch the available resources we have further.



We also believe strongly that we are still on our journey when it comes to EHRs. We just cannot accept that we can easily dictate a long-winded text into our phones, but a bedside nurse has to spend 40%+ of their time typing on a computer instead of connecting and caring for their patients. Technology already exists to allow for automated nurse dictation into the medical record, it just hasn't been widely adopted within acute care. Imagine if we could return even half of the time RNs spend documenting to patient care activities!

Playing the Game

- Skill inventory and cross training to aid in flexing of staff during disasters
- Use of non-licensed staff for as many tasks as possible to allow RNs to operate at top of scope (acknowledging challenge of ratio mandated states)
- Ensure appropriate staff levels in supportive areas like Environmental Services (EVS), Dietary, Transport, etc.

Leading the Game

- Preventative virtual care for high admission risk chronic diseases (heart failure (CHF), diabetes, etc.)
- Experimenting with team delivery models
- Nursing automated dictation
- Virtual telemetry monitoring, case management, pharmacy, joint program (preop education)
- Tech techs – personnel that exclusively support technology related needs within the patient care setting (check batteries, change EKG leads, SpO2 sensors, troubleshoot (or just find!) IV pumps, etc.

Changing the Game

- Virtual nursing, just start somewhere!
 - » Admit/discharge
 - » Patient education
 - » Monitoring
- Care at home (this comes with its own workforce challenges)
- Automating low value, high frequency tasks through artificial intelligence, predictive analytics and robotics



We are facing a challenging couple of years when it comes to the healthcare workforce. We have a short window of time to define both short term and long-term strategies and start implementing them in parallel to truly impact our industry. Vaya Workforce is uniquely positioned to support our members with planning and executing on these strategies through services and technology available as a part of our Managed Service Provider (MSP) program. With access to the largest most trafficked healthcare job site in the nation, Vaya offers more than just an MSP. Our experts partner with our members to leverage data and insights to guide decision making for their total workforce, from contingent labor and permanent placement to locum tenens and interim leadership. Our mission is a collaborative and sustainable partnership with our members to find solutions to reduce costs and improve efficiencies. We are here to help your organization improve, pivot and innovate toward strategic workforce management.

VAYA THINK TANK EXPERT PANELISTS & FACILITATORS



Dr. Bonnie Clipper

Dr. Clipper is a top healthcare influencer, nurse futurist, global speaker and podcast host. She was a successful chief nurse executive for over 20 years and was the first Vice President of Innovation at the American Nurses Association. Bonnie is the founder and managing director of a healthcare innovation consulting company and supports Wambi, a health technology company, as the chief clinical officer. As an internationally recognized nurse futurist, she was a co-author on the seminal work, *The Innovation Roadmap: A Nurse Leader's Guide* and was the lead author of the international best-selling book, *The Nurse's Guide to Innovation*. She publishes and blogs regularly on the future of nursing practice. She is a Fellow in the American Academy of Nursing, a Robert Wood Johnson Foundation Executive Nurse Fellow alumna and ASU/AONL Executive Fellow in Health Innovation Leadership alumna. Dr. Clipper is the sole nurse member of the HIMSS Innovation Board of Advisors and is a start-up coach for MATTER, a global health technology accelerator.



Brian Sims

Brian Sims is the Director of Quality & Health Improvement, for the Maryland Hospital Association (MHA), whose mission is to provide hospitals and health systems leadership, advocacy, and education to help them better serve their communities. Brian has more than 15 years of experience working in Maryland's health care industry. At MHA he leads the Association's efforts to advance health equity throughout the field and leads the hospital quality policy advocacy efforts. Before joining MHA, Brian worked in strategic planning and decision support for large and medium-sized hospital systems, analyzing the financial impact of care delivery innovation and identifying opportunities to provide accessible and high-quality care to target populations. He is also the President-Elect of the Maryland Chapter of the Healthcare Financial Management Association (HFMA), where he has been a member for 13 years and served on the Board of Directors for 10 years.



Jennifer O'Connor

Jennifer O'Connor leads Sg2's Strategy and Planning practice, working with boards, chief strategy officers and executive teams from leading hospitals and health systems to understand the impact of industry trends in their local markets. She frequently presents and facilitates on strategic issues, such as workforce, innovation and disruption, the physician enterprise and revenue diversification. As one of the original faculty of Sg2's strategic planning workshop, she also works with strategy leaders and teams to understand the role of strategic planning in health care and how it is evolving. Prior to Sg2, Jennifer spent a decade consulting for and advising to medical groups on issues related to governance, compensation, business development, operational efficiency and reimbursement/compliance.



Dr. Katie Boston-Leary

Dr. Boston-Leary is the Director of Nursing Programs at ANA overseeing Nursing Practice and Work Environment and Healthy Nurse Healthy Nation. She has been a Registered Nurse for 27 years, who specialized and certified in Perioperative Nursing, Nursing Administration and Executive Leadership. She is a John Maxwell Trained Speaker and Coach and is also Adjunct Faculty at the University of Maryland School of Nursing and at the Frances Payne Bolton School of Nursing at Case Western Reserve University. She was recently the System Chief Nursing Officer at University of Maryland Capital Region Health (UMCRH) in Maryland and was elected and served as the President of the Maryland Organization of Nurse Leaders. Katie has also been invited to Capitol Hill with the American Organization of Nurse Leaders to discuss the havocs of regulatory burden on hospitals. In 2019, she was identified in Health Leaders Journal as "One of Five Chief Nursing Officers Changing Healthcare."



Melanie Bell

Melanie Bell is an experienced nursing administrator with a background in labor and process optimization in the acute care setting. Prior to her career as a registered nurse, she was a business and financial analyst, working as a liaison between finance and IT. Utilizing her unique experience in clinical and business settings, Bell has managed nursing operations through rapid expansion and new facility openings. She joined MedAssets, later acquired by Vizient, to do workforce optimization consulting and joined the Contract Labor Management Team in 2015. Vizient Contract Labor Management was acquired by Aya Healthcare in October 2021 and is now Vaya Workforce. Bell led the development of Contract Labor Optimizer, Vaya Workforce's proprietary Vendor Management System. In her current role, she leads fulfillment and strategy at Vaya Workforce, a wholly owned subsidiary of Aya Healthcare, which supports healthcare facilities in their contingent staffing needs through services, technology and analytics.



Vaya Workforce creates efficiencies and improves clinician quality for our members. Our specialized workforce solutions implement industry-leading practices to ensure continuity of high-quality care. If you are interested in learning more about the Think Tank or partnering with Vaya Workforce, please contact us at **info@vayaworkforce.com**.