Workforce Planning from a Health System Perspective

Rhonda Anderson, RN, DNSC(h), FAAN, FACHE
December 6, 2017
AHA Board identified **workforce** as topic for 2016 *Committee on Performance Improvement* (CPI)

**Central theme:** Hospitals and systems must begin to integrate workforce planning and development with their strategy and operations.
2016 CPI

Kimberly McNally, MN, RN, BCC (Chair)
Seattle, WA

Rhonda Anderson, RN, DNSc (h), FAAN, FACHE
Phoenix, AZ

Bruce Bailey
Georgetown, SC

Herbert Buchanan
Indianapolis, IN

Carolyn Caldwell
Palm Springs, CA

Patrick Charmel, FACHE
Derby, CT

Vickie Diamond, RN, MS
Casper, WY

Erin Fraher, PhD, MPP
Chapel Hill, NC

Deise Granado-Villator, MD
Miami, FL

A.J. Harper
Warrendale, PA

Constance Howes
Providence, RI

Kenneth James
Tullahoma, TN

Linda J. Knodel, MHA, MSN, NE-BC, CPHQ, FACHE
Springfield, MO

Bren Lowe
Livingston, MT

Cathy Martin
Sacramento, CA

Jarret Patton, MD
Allentown, PA

Richard J. Pollack  Ex-Officio
Washington, DC

Julie L. Quirin, FACHE
Kansas City, MO

Steven Rose, RN, MN
Seaford, DE

Molly Seals
Youngstown, OH
Questions

- What is your role in workforce planning?
- What do you know about your own state’s health care workforce data?
- How are you assessing your current practices, collecting data and modeling future workforce needs and gaps?
  - How confident are you that you will meet your workforce needs in the coming year? In the next 3-5 years?
Current Workforce Environment

- Regional workforce shortages
- Increasing diversity and inter-generational differences
- Rapid technological advances
- Regulatory constraints
National Snapshot: Shortage and Surplus of Nurses in 2025

Top 5 States with predicted surplus:
Ohio  +75,400
Pennsylvania  +25,800
New York  +23,400
Iowa  +21,300
New Jersey  +20,900

Top 5 States with predicted shortage:
Arizona  -28,100
N. Carolina  -12,900
Colorado  -12,900
Maryland  -12,100
Nevada  -7,800
Growing Diversity of U.S. Population

• By 2042, Whites will be a minority in the U.S. (47% of the population);
• The Black population will grow by 56%; and
• The Latino population will triple to 29% of the U.S. population.
Current Workforce Environment

- Current workforce is inadequately prepared to work in transformed care environment
- New workforce roles are emerging
- Consumer/patient demand is changing and growing
- Changing health care landscape requires new approach to workforce planning.
Top 10 Strategies

1. Know your hospital/system transformation strategy.
2. Know your system model of care (and/or help create it).
3. Develop workforce plan based on continuum model of care.
4. Know timeline for implementing/transitioning various components of system strategy.
5. Develop education plan for the different/new roles and functions for workforce.
6. Create overall transition plan for all areas of continuum to include timeline.
7. Budget for education.
8. Budget for transitions to and from areas along continuum.
9. Educate all leaders on timeline, their roles and their talent mapping process, development plans for associates and effective transition plans.
10. Create talent map process that includes skills and expertise, not just a standard/typical path.
www.aha.org/workforce

Underscores critical need to integrate workforce discussions with strategic planning.

- Demonstrates urgent need to do this work now due to dramatic changes in care delivery system.
- Includes assessment questions and tool, case examples, and links to additional resources.
Committee engaged hospital leaders and experts to identify and examine key workforce challenges:

- Behavioral health
- Rural communities
- Leadership & Succession Planning
- Diversity
- Work Environment
- Education pipelines
- Technology
- Community partnerships
- Regulatory and policy constraints
- Role of Human Resources
Discussion Questions

How are you educating and training your current workforce to expand their capabilities to work outside of acute care across the health care continuum?

How have you assessed your current practices, collected data and modeled future workforce needs and gaps?

What do you know about your own state’s health care workforce data?

What is your role in workforce planning?

How is workforce planning and development woven into your overall strategic planning process?
Workforce Planning: A Health System Perspective

Carol Cheney, MS
Vice President, Staffing and Workforce Planning
December 6, 2017
Impact of Banner Health Workforce

- *47,000+ Employees at Banner*
- *1732 Average number of job openings*
- *6 Number of states we are located in*
- *25 Acute Care Hospitals*
- *1 Largest non-profit employer in AZ*
- *10,977 Bedside RNs at Banner*
- Right sizing: Core vs. Supplemental
- Benchmarking
- Predictive Modeling
- Pipeline planning (students, new graduates)
- Fellows
- Interns

- Stay interviews/indexing
- Employee satisfaction surveys
- Exit Surveys
- Hiring evaluations
- Compensation alignment

- Supplemental staff centralization
- Pathways
- Simulation
- Min quals standardization

- Leader rounding
- Staff Scheduling/options
- Employee engagement actions

---

**Banner Health**
• Place students strategically and convert them into New Grad RNs
• Evaluate the amount of supplemental/premium use vs. core openings
• Hiring Evaluations
<table>
<thead>
<tr>
<th>DRIVES &amp; VALUES</th>
<th>WORK STYLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captures a person's motivation to develop their potential and to set high expectations for themselves. This group also reflects the personal principles by which they live and work.</td>
<td>Addresses how a person carries out their job responsibilities. Factors include their energy level, ability to set priorities and capacity to plan what needs to be achieved in order to meet expectations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VALUES</th>
<th>WORK INTENSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Represents the degree of dependability and responsibility an individual brings to the job. This theme also indicates an individual's commitment to consistently doing the right things right.</td>
<td>Identifies an individual's need to be productive and own their work.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACHIEVER</th>
<th>EXACTNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicates a person's drive to accomplish something every day, their need to continuously improve their work and receive recognition when earned.</td>
<td>Verifies a person's desire to be organized, neat and detail-oriented in order to maximize their productivity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PEOPLE ACUMEN</th>
<th>POSITIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explains how a person builds relationships with others and how others feel about their relationships with that person.</td>
<td>Represents an individual's ongoing focus on the positive aspects of situations and people.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>PATIENT CENTRICITY (not on non-clinical assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reveals a person's ability to develop relationships in order to work effectively with others as part of a team.</td>
<td>Perfection the belief that the patient is the only reason for the existence of healthcare providers. This causes an individual to respond to a patient's personal preferences, earning their trust and helping them to remain actively involved in their own care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INFLUENCE</th>
<th>COMMAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines the manner in which a person gets others to do something by focusing on a common goal.</td>
<td>Identifies an individual's ability to take charge of situations and initiate action.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mission</th>
<th>THOUGHT PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translates to a motivation to serve health care patients and an alignment with the organization's values and core beliefs.</td>
<td>Describes the individual's responsiveness to change and the ability to continuously improve outcomes by generating good solutions to issues and stress.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESILIENCE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allows a person to meet issues head on and bounce back to overcome obstacles in stressful and unique situations.</td>
<td></td>
</tr>
</tbody>
</table>

Banner Health
How are we hiring?

<table>
<thead>
<tr>
<th></th>
<th>Clinical</th>
<th>Non-clinical</th>
<th>Front-Line Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hires (Aug ’16 – April ’17)</td>
<td>62</td>
<td>71</td>
<td>76</td>
</tr>
<tr>
<td>Top Performers</td>
<td>51</td>
<td>62</td>
<td>74</td>
</tr>
<tr>
<td>Contrast Performers</td>
<td>44</td>
<td>55</td>
<td>69</td>
</tr>
</tbody>
</table>

Average Assessment Score

![Graph showing clinical assessment scores for different categories and time periods.](image-url)
If you’ve got them, move them

- PRN, Per Diem, pool etc. bring under one team
  - Internal to your system
- Utilize simulation to maximize training time
The Banner Journey

Critical Care
NGRN On-Boarding Pathway

Critical Care Academy
(WEEK 1-8)
100 hours

New Graduate Nurse Residency
Starts at month 3 after hire
6-8 (3.5 hour sessions)
Completed within 12 months
21 hours

ECG Class
13 hours

ACLS
16 hours

Unit Preceptorship

27 shifts = 324 hours
(12 - 14 weeks)

Service Line Specific Continuing Education

Ongoing continuing education, CE direct, BLC, Learning and Development, etc...

Banner Health
Work Life Balancing

• Seasonal scheduling
  – “teachers schedule”
• Full time, part time, non-traditional shift times
• Skip level rounding-
  – “If you were me what one thing would you change”
Turnover reduction

• Lots of data on internal external and individual drivers of retention
• Need to focus on culture, workload and relationships

Retention

- Stay interviews/indexing
- Employee satisfaction surveys
- Exit Surveys
- Hiring evaluations
- Compensation alignment
Thank you...Any questions?
Workforce Planning: Financial Perspective

Chuck Alsdurf, MAcc, CPA
Director, Healthcare Finance Policy
Healthcare Financial Management Association (HFMA)
Workforce Planning – Financial perspective

• The Cost of Change
  • Turnover
  • Technology
  • Move to Value

• Investing in the Future
TURNOVER

• Cost of turnover significant in nursing and other positions both clinical and non-clinical

• On a base of 1,000 employees, a 1% reduction in turnover can equate to $360-$570k¹

• It’s not fully quantifiable.
  • Turnover impacts patient care, staff morale, organization wide initiatives, etc.

TECHNOLOGY

- Significant change in technology in various forms has impacted the workflow, skill needs and care models within healthcare

- Outside of patient care, areas such as IT, Finance, HR, Marketing have also been impacted

- Rapid pace of this transformation will continue to challenge those less technically inclined
MOVE TO VALUE

• The movement to value-based healthcare, especially in the payment realm, is creating a new way of doing business

• The risk and cost implications of these payment models will lead to changes in care delivery and staffing

• Keeping this in mind when hiring, training and developing teams is critical to future success
INVESTING IN THE FUTURE

• With the continued financial pressures, technological advancement and move to value,

• Hospitals and health systems should think about investing in training, development and creating a talent pipeline

• Potential investment strategies
  • Partnering with nursing schools
  • Financial training for managers
  • Internship and fellowship programs
Contact Info:

Chuck Alsdurf, MAcc, CPA
Director, Healthcare Finance Policy - HFMA
1090 Vermont Ave NW, Suite 500
Washington, DC 20006

calsdorf@hfma.org
202.296.2920 x341