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Background

Throughout the course of the COVID-19 pandemic, our organization has faced many staffing challenges. This project aimed to address workforce shortages by mobilizing employees from various parts of the Highmark Health organization in order to meet the staffing needs created by high vacancy rates and increased patient volumes experienced during the winter COVID-19 surge.

Data—Evidence of the problem:

1 Unfilled Shifts; Total Needs (one week at a glance — at peak)

- RNs: 1,314 (Days: 428, Evenings: 449, Nights: 446).
- Nursing Assistants: 608.
- Unit Secretaries: 174.

2 Agency Usage (at peak)

- 101 Active (filled) Agency Roles @ Crisis Rate.
- 161 Open (unfilled) Agency Roles @ Crisis Rate.

Approach

We created a supplemental staffing pool of employees to deploy into the organization's inpatient facilities, Ambulatory Surgery Centers, & COVID testing sites. This pool consisted of employees from the parent company (insurance company) and was enhanced with support from our contracted staffing agency.

- Organization's ambulatory clinic employees.
- Insurance provider employees (nurses, physician assistants, etc.).
- Agency staff.
- Retired nurses.

In addition, we created an incentive program to encourage current

employees of the organization to work additional shifts, assisting the organization in further reducing the number of open shifts needed to staff the facilities.

Outcomes

1. Created a process to enable redeployment of Highmark Health employees to the Allegheny Health Network.

- Designed the "support role" — asking many of these employees to come into inpatient facilities; however, they were not asked to take a patient assignment but rather to be a helping hand on the units (nurse

aides, secretaries, screeners, communication liaisons).

- Publicized opportunities, including through internal webinars, FAQs.
- Surveyed interested employees to understand their qualifications and areas in which they were interested in offering assistance.

2. Educated and redeployed clinicians from non-bedside positions back into clinical roles to support the Allegheny Health Network facilities during the staffing shortage.

- Performed screening calls with all employees who completed the survey.
- Pre-assigned employees in the

area of interest that met their qualifications for support roles.

- “Urgent Access” requests needed for each employee — badges, EPIC.
- Communicated the list of supplemental staff assigned with float pool managers and leaders at all locations (inpatient and outpatient).
- Delivered each employee 4-hour “refresher” trainings (paid).
- Offered opportunity to do a 4-hour shadow prior to first shift.

3. Reduced vacant bedside positions through the use of temporary agency contracts at all Allegheny Health Network facilities while simultaneously recruiting permanent full-time and part-time clinicians.

- Partnered with Allegis (staffing agency) to fill 150-plus vacant nurse, nursing assistant and respiratory therapist roles throughout the network — offering 13-week contracts at crisis rates.
 - 12/30/21: 101 contracts filled with 150 open requisitions for additional needed agency staff.
- Increased pipeline for permanent Allegheny Health Network positions through the early recruitment of nursing students and graduate nurses.



4. Increased the number of additional shifts current Allegheny Health Network employees picked up through the use of a Supplemental Staffing Incentive Program (SSIP).

- The program provided monetary incentives for both clinical and nonclinical roles to pick up additional shifts in 4-hour blocks above their current full-time employee status.
- This was paid out on top of the hourly rate plus any over time incurred. Examples:
 - **SSIP for Nurses:** 4 hrs = \$100, 8 hrs = \$200, 12 hrs = \$300.
 - **SSIP for Respiratory Therapists:** 4 hrs = \$100, 8 hrs = \$200, 12 hrs = \$300.
 - **SSIP for Nursing Assistants:** 4 hrs = \$40, 8 hrs = \$80, 12 hrs = \$120.

Lessons Learned

We had hundreds of employees reach out from the insurance provider looking to support; however, the number that we were actually able to deploy was significantly less. Most weren't able to commit the amount of time needed, didn't feel comfortable going into the facilities in the support role, or were looking for more telephonic work. We were able to come up with roles within the call center and other non-inpatient areas that needed support to deploy some of these employees.

As fast as we were getting staff in the door, we had staff leaving to take agency contracts in more impacted areas of the country for significant financial benefit. This led to the creation of the SSIP program

to add a financial benefit to entice employees to stay and pick up shifts internally rather than deploy to other parts of the country.

Once the COVID volume decreased, we needed to turn our efforts to planning for vaccination efforts. The organization wanted to be a leader in vaccinating the public and therefore we had to mobilize staff to prepare for those efforts.

All of this forced us to be more proactive in our recruitment processes — partnering with local schools of nursing to bring on graduate nurses or student nurses to assist in both the facilities and vaccination clinics. At a time when many nurses were leaving to do travel nursing and those who weren't most likely weren't going to switch from their current organizations, we had to look at recruitment from a wider lens.

Next Steps

The organization then utilized this same structure and format to transition staff to support mass vaccination efforts. Mass vaccination clinics were held multiple days per week March-June. The organization was able to provide clinics all over the city, including partnering with a major league baseball team to utilize their facility as a primary location. In addition, the organization is looking to build a stronger centralized staffing registry to support all inpatient facilities. This will allow for better and more cost-effective staffing solutions when facilities experience routine or long-term staffing challenges.