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Built to Adapt: Rethinking the Hospital Workforce for a New Era of Care

Reshaping health care workforce strategies

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Introduction

Built to Adapt: Rethinking the Hospital Workforce for a New Era of Care

Reshaping health care workforce strategies

The health care workforce is under pressure and poised for transformation. Burnout, rising patient demand, shifting generational expectations and a shrinking Gen X labor pool are rendering traditional staffing models unsustainable. Strategic workforce planning is now essential, not just for efficiency, but to ensure high-quality care. To thrive, health systems must move beyond reactive staffing and reimagine how they attract, deploy and retain talent. From flexible workforce pools to artificial intelligence-driven scheduling and nurse preceptor pipelines, today's innovations will shape tomorrow's success. This Knowledge Exchange e-book showcases strategies leading hospitals and health systems are using to advance talent management, enable flexible staffing and harness technology for workforce transformation.

Strategic Practices

8 key practices health leaders are embracing

to drive workforce transformation and build a pipeline of skilled professionals

1 | Cultivate future talent through apprenticeships, education partnerships and internal career pathways. Invest in a robust workforce pipeline by expanding apprenticeships and earn-while-you-learn programs that provide paid clinical experience and career mobility across key roles like registered nurse, certified nursing assistant, surgical technologist and sterile processing technician. Develop strategic partnerships with high schools, colleges and select institutions to create direct entry points and streamline training through master service agreements.

2 | Advance academic excellence to strengthen clinical capability. Expand residency programs in high-demand specialties like anesthesia and pharmacy. Set up strategic university partnerships and public-private collaborations to drive innovation in medical education. Develop simulation labs for hands-on, interdisciplinary training to prepare clinicians for the evolving demands of patient care.

3 | Foster a culture of safety, inclusion and empowerment. Create a workplace where every voice counts and safety is shared. Coordinate staff-led committees and campus police collaboration to address concerns and implement preventive measures. Structure feedback to drive visible change. Recognize front-line leadership and promote organizational excellence through Magnet and Pathway credentialing.

7 | Transform staffing models with real-time data. Leverage analytics to optimize staffing and resource allocation. Forecast workforce needs up to 90 days in advance using predictive tools that analyze census and paid-time-off trends. Support strategic planning through workforce stack analysis that models demand across seasonal and procedural shifts. Employ Net Promoter Score (NPS)-style feedback by department and role for view of employee experience.

4 | Harness smart technology to transform care delivery. Deploy innovative tools to reduce workload, improve efficiency and support clinical teams like virtual support, AI-driven workflows, flexible staffing models and ambient listening tools. Standardize technology across sites, from electronic health records to scheduling systems, to create a more efficient, connected care ecosystem. Consider gig-style platforms to offer flexible, credentialed talent with trial-based hiring options.

5 | Customize workforce strategies for generational needs and flexibility. Adapt to shifting workforce expectations while preserving operational stability. Expand part-time and per diem roles, build internal float pools to ease burnout and implement engagement strategies tailored to each generation — Gen Z, millennials, Gen X, baby boomers — to foster connection, retention and long-term success.

8 | Amplify brand to attract top talent. Enhance regional visibility with a campaign that highlights the culture of innovation and care. Earn Employer of Choice certification to reinforce reputation and build pride within the organization. Signal commitment to employee well-being and workplace excellence with transparent pay practices, clear career paths and Day 1 benefits.

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MODERATOR SUZANNA HOPPSZALLERN *(American Hospital Association):* **What strategic initiatives is your organization pursuing as part of its workforce strategy?**

MELEAH MARIANI *(Corewell Health Ludington Hospital):* We're investing in apprenticeships as a key workforce strategy. Apprenticeships are new to health care, but we've launched the first pre-licensure registered nurse (RN) program in Michigan and the country. It's a promising model, especially for rural facilities facing staffing shortages. At Corewell Health, we're expanding apprenticeships beyond RNs to include medical assistants, licensed practical nurses and other roles. It's a strategic initiative worth pursuing.

CHRISTOPHER NEWMAN *(Mary Washington Healthcare):* We're shifting from a community health system to an academic one — a major strategic move. We've launched residency programs across multiple specialties, including a new anesthesia residency, one of only three in Virginia. Additionally, we are exploring the feasibility of starting a medical school.

Population growth in our region is matching our recruitment pace, which means we continue to face staffing shortages. We've built a strong partnership with our local community college and are exploring a public-private medical school collaboration with the University of Mary Washington. It's a critical component of our long-term strategic plan.

JANELLE REILLY *(CHI Memorial Health System):* We're leveraging technology to support and extend our workforce. For example, we're implementing virtual nursing to assist bedside nurses and enhance patient care. In imaging, we're using artificial intelligence (AI) to supplement physician interpretations. For discharge planning, we're exploring AI solutions to assist case management. Technology is becoming an essential tool to support, assist and sustain our teams.

LAURA GRIFFIN *(ECU Health):* Over the past several years, we've focused heavily on nursing, particularly RNs, but our engagement surveys made it clear that the broader support system is just as critical. In response, we've developed our own Nursing Assistant Academy for certified nursing assistants (CNAs).

We began by surveying our own team members to identify internal candidates interested in the program, and the response was overwhelmingly positive. Our first cohorts will be made up of team members from departments like dietary and environmental services and others who are looking to advance their careers. We're proud to have this initiative off the ground and support our internal talent.

KATIE GORNDT *(Cottage Health):* Living in Santa Barbara County is expensive, and one of our biggest challenges has been retaining staff and physicians in the area. To help address this, Cottage Health implemented a shared appreciation loan program to support employees in purchasing homes locally. For many roles, like medical assistants and radiology techs, homeownership here is virtually impossible. This program offers loans, making it more feasible for our staff to live in the community they serve.

DONNA LYNNE *(Denver Health):* Building effective apprenticeships requires two things: first, clearly communicating our workforce needs to agencies and nonprofits. For instance, we don't hire many LPNs, yet people were being directed toward LPN apprenticeships with us. We had to correct that. Second, we needed a financially viable model, since mentoring apprentices, especially recent high school graduates, takes current staff off-line and adds cost. We've part-

> **DONNA LYNNE** | DENVER HEALTH
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nered with organizations like CareerWise and state workforce agencies to secure funding.

As our workforce skews younger, we've started asking what they value beyond salary. One person put it well: "It's not work-life balance anymore — it's life-work balance. Retention, especially among CNAs, remains a challenge. We lose about 40% of new hires, often for reasons beyond pay.

JEAN HOOD *(AdventHealth):* Our organization is focused on three key strategies across all markets. First, we aim to be the employer of choice, and we're proud to be certified as a "Great Place to Work."

Second, we support the whole person — physically, mentally and spiritually. As a faith-based organization, we offer family benefits from Day 1, transparent pay and clear career paths, including nursing and apprenticeship-style transitions.

Third, we're growing leaders from within and investing in nursing initiatives. Our guiding principle is "Use less, lose less, hire more." Use less by encouraging face-to-face care and reducing time in Epic, lose less by keeping our staff engaged and hire more by partnering with colleges to strengthen our workforce and relieve staffing pressures.

REYNE GALLUP *(Vitruvian Health):* This year, we instituted a six-week CHEST certification program for environmental services staff to build expertise in room and bedside cleaning. Participation is selective, and 30 team members have completed it so far, gaining skills and mentoring opportunities.

We've also built apartment housing and renovated a nearby street to support staff and graduate medical education (GME) residents in internal and family medicine. Additionally, our Nursing Assistant Academy helps train and retain talent across both our hospital and nursing homes.

MICHAEL MAYO *(Baptist Health):* We're a six-hospital system in northeast Florida with about 15,000 team members, and I want to highlight two ends of the spectrum. On the high end, we developed a Physician Leadership Development Academy, an unpaid, highly selective program with 12 spots per cohort. We had 35 applicants for those 12 spots. Courses are taught by our own executives, and it's been a powerful way to embed leadership and strengthen physician engagement. To build on that, I partnered with the University of North Florida, where I teach, to align the academy with their School of Business. Participants now earn credit hours toward an MBA, creating a clear path to advanced degrees like an MBA or master's in health administration.

On the other end of the spectrum, we're investing in future talent through a partnership with a high school health academy. By the time students complete their junior and senior years, they're certified as CNAs or trained in environmental services. This creates a direct entry point into health care roles, especially critical given the high turnover in those areas. We're targeting schools in underserved communities, focusing on students who might not see college in their future. This program gives them a real pathway to employment and a meaningful career start.

LYNNE: We also have a Physician Leadership Academy designed for physician leaders. In academic medical centers, chairs often rise through research success, like National Institutes of Health grants but may lack formal leadership training. We partner with

MICHAEL MAYO | BAPTIST HEALTH

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DANIEL HUDSON | JEFFERSON HEALTH

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MEDI Leadership, an external health care executive coaching firm, and supplement with internal leaders including nonphysicians, who teach business, human relations and leadership fundamentals. It's a model I value because it helps physicians become true partners in managing the business side of health care.

DANIEL HUDSON *(Jefferson Health):* At a high level, I think about our nursing strategy simplified into three buckets: building diverse talent pathways, optimizing and safely utilizing existing resources, and investing in and engaging our people.

We've streamlined our academic partnerships across the system, consolidating legacy relationships into a more strategic approach. We're developing master service agreements with select schools to support apprenticeships, training programs and didactic learning. One exciting initiative involves working with the Philadelphia school district to create a pipeline from high school to nursing. Through state grant funding, students shadow in our facilities, become patient care techs (PCTs) and receive full tuition support for community college nursing programs.

Our "Care Forward" initiative reimagines front-line roles, especially PCTs. Instead of relying on external services like phlebotomy or electrocardiogram techs, we've invested in training our own staff to perform these tasks. It's about empowering our teams and reducing dependency on wraparound services.

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MODERATOR: What role do workforce analytics play in optimizing hospital operations?

HOLLY DAVIS *(Bingham Healthcare):* One of our strategic goals is to improve joy at work by reducing unnecessary burdens. Each department sets its own goal aligned with this goal and shares updates during our quarterly coffee meetings. It's inspiring to see the innovative approaches teams are taking to lighten workloads. We're deeply committed to building a sustainable workforce that doesn't sacrifice well-being through emotional strain, physical exhaustion or trauma.

Every new initiative is carefully assessed not just for its potential impact, but for whether it adds or alleviates burden. If it doesn't contribute to long-term sustainability, it's not the right move. This mindset shapes decisions across the organization from optimizing electronic health record (EHR) workflows to minimizing nurse and physician clicks. We continually seek tools that support and sustain our teams, including nurses and ancillary staff.

To measure progress, we send monthly text surveys to a random sample of 20 employees from our 1,300-person workforce, using the results to calculate an NPS-style score. It's a simple but effective way to stay attuned to how our efforts are being received.

MARIANI: As chief nursing officer (CNO), staffing keeps me up at night. We've been working to shift from reactive to proactive scheduling using predictive ana-

lytics. We now forecast staffing needs 30, 60 and even 90 days out, factoring in patterns like seasonal turnover and planned leaves. One key initiative is our voluntary commitment program, developed with direct input from nurses. Instead of requiring eight-week commitments, staff can opt into a four-week window with incentivized critical shifts and a recognition bonus. This flexibility empowers nurses to contribute when they can, while helping managers anticipate and fill gaps more effectively. It's been a successful step toward smarter, more responsive staffing, given that last-minute sick calls always will be part of the reality.

MODERATOR: What's one outdated workforce policy or mindset your organization had to let go of in the past two years?

CHAD TUTTLE *(Corewell Health):* When it comes to workforce strategy, we approach it in two distinct ways. For clinical staff, our goal is to remove nonclinical tasks and administrative burdens by streamlining workflows, shifting responsibilities where appropriate and introducing technology to make their work more efficient. For nonclinical roles, we're focused on disruption, not to displace people, but because we simply can't find enough staff to fill these positions. That's where automation and AI come in.

Take floor scrubbers, for example, a role with extremely high turnover. We identified a skilled employee and equipped him to oversee a fleet of robotic scrubbers. Now, he manages eight machines on the third shift, cleaning the entire hospital. We're able to pay him more, and we've eliminated the need to hire seven additional staff for a role that's historically hard to fill.

This mindset extends to areas like call centers and scheduling. We're leveraging AI and automation to reimagine these functions. Within five years, we expect call centers to be staffed quite differently. Patients want seamless interactions. Our goal is to eliminate the friction in health care and deliver smarter, more convenient solutions

GORNDT: We're seeing a generational shift in the nursing workforce. It's younger, with different expectations around work-life balance. When I was a young nurse, I worked nonstop overtime; that was just the norm. It's a different mindset with today's nurses who value flexibility and life outside of work. So, we're focusing on meeting staff where they are by creating more part-time and per diem options and building flexible solutions that support their lives outside of work.

MODERATOR: Any other insights into meeting the needs of the new workforce?

ELISA ARESPACOCHAGA *(American Hospital Association):* According to Press Ganey's data, Generation Z has a 38% annual turnover rate. So, yes, they really are job-hopping, but it turns out that's common for workers younger than 30.

HUDSON: We need to strike a careful balance between meeting the expectations of the new generation and maintaining operational stability. For a large health system like ours, which already has close to 1,800 per diem staff, the administrative burden becomes substantial. The ripple effect on our leaders is real; tracking down staff for education, credentialing and certifications is a constant challenge.

It's important to think critically about how far we lean into per diem and part-time models. From a purely

CHAD TUTTLE | COREWELL HEALTH

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AMY BEARD | SIMPLIFI

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mathematical standpoint, the more we rely on these flexible arrangements, the more individual workers we need to fill the same coverage. This is also where technology becomes essential. If you operate across multiple hospitals, your systems must be standardized. Standardized technology allows you to leverage your data and optimize resource allocation across the system.

AMY BEARD *(SimpliFi):* Many of our care and scheduling models are outdated; they no longer reflect the realities of today's health care environment. That's why I'm excited about the role of analytics and the potential of the gig workforce model, which I believe will eventually replace some of the traditional traveler contracts. It offers the flexibility that newer generations expect.

From my experience as a CNO at a large 654-bed, for-profit hospital, I've seen firsthand that every division and unit has unique staffing needs. What I value about our current approach is the shift toward understanding each department's workforce stack — what they need based on census trends, seasonal shifts and volumes. The gig model not only reduces administrative burden but also offers cost efficiency.

PATRICK HALINSKI *(SimpliFi):* The gig workforce model, often described as "Uber for nursing," is a flexible, cost-effective staffing solution that allows hospitals to access a pool of local, credentialed clinicians who prefer not to be full-time employees. Stogo, now part of Simplify, developed a platform that connects hospitals with nearby nurses who are seeking flexible work while also managing credentials and readiness. This system allows hospitals to dynamically scale their staffing based on real-time needs without the burden of long-term contracts or managing credentials. This model enables dynamic staffing adjustments and is more affordable than relying on travel nurses. Because these clinicians come from the surrounding community, they align with the hospital's culture and patient population, reducing onboarding friction. The "try-before-you-hire" option allows hospitals to evaluate gig nurses before offering permanent roles leading to stronger retention and better mutual fit. Overall, the gig model streamlines operations, lowers costs and supports a more satisfied and adaptable workforce.

MODERATOR: What workforce policies or practices have been most effective in driving employee recruitment, engagement and retention?

DAVIS: As CNO, I focus heavily on recruitment and bringing nurses and health care workers back into the field. Many left to raise families or because of burnout, and it's not always about pay. We need to make it easier for them to return, whether that's helping with childcare logistics or flexible scheduling. Idaho's nursing workforce study shows how many nurses are out of the field, and we're working to change that. We offer education, simulation labs and support for the state's nurse refresher course. If someone's been unlicensed for three years, we'll pay and support them through the process to help them reenter the workforce successfully.

TUTTLE: We have an internal campaign called Speak Up to encourage team members to share ideas and concerns, especially around safety and efficiency. It's led to some great time-saving suggestions. When you ask people what tasks aren't adding value, they'll tell you. Acting on those ideas, giving credit and making real changes has had a big impact. One example: Our clinical team questioned the effectiveness of nurses performing manual independent double-checks during medication administration. After completing a comprehensive human factors analysis, we reviewed the data and found that these checks didn't improve

safety but added workload. We reviewed this with our nursing team and ultimately removed that step.

GORNDT: We're implementing a similar approach through shared governance, giving staff the opportunity to submit voice forms with ideas and solutions to the challenges they encounter daily on the floor. At Cottage Health, we've also begun integrating virtual nursing. In certain areas, staff now can rely on virtual nurses for second checks and other support tasks. It's already proving to be a valuable resource.

HOOD: From a risk management perspective, fostering transparency and a culture of safety are essential. When staff feel heard and see their ideas leading to meaningful change, it reinforces trust and engagement. The frustration caused by excessive steps and administrative burden can erode focus and morale. Demonstrating that staff voices matter empowers them to speak up, improving their experience and strengthening patient safety.

GRIFFIN: One of our key strategies was introducing commitment bonuses for nursing staff, auto-enrolling them in three- and five-year plans. Many team members are deeply rooted in their communities, and while they're unlikely to leave, we wanted to recognize their dedication to the organization. The consistent challenge to compete with traveling nursing programs also led us to explore other options. To address this, we reinforced flexible scheduling and launched an enterprise float pool, allowing nurses to work across hospitals while staying part of the core team with added pay.

We built our strategic plan by listening in closed-door focus groups. Concerns around safety and workplace violence surfaced repeatedly, so we launched dedicated committees and partnered with campus police to take meaningful action. It's been a multiyear effort, with incremental changes prioritized based on staff feedback and financial feasibility.

Our medical center is a Magnet facility, and our regional hospitals are on the Pathway to Excellence. Our goal is full-system credentialing over the next several years. But for us, it's more than a credential; it's a culture. When staff see their feedback driving real change, it builds trust and boosts retention.

HOOD: Our hospitals on the Pathway to Excellence and Magnet journeys have staff-led, unit-based councils with strong front-line leadership. These sites consistently show higher safety scores, improved HCAHPS results and stronger retention across teams.

LYNNE: One segment of the workforce that is often overlooked is our advanced practice providers (APPs). In fact, we have more APPs than physicians, a reflection of evolving care models, even though licensure varies by state. APPs can maintain patient panels and many of ours deliver babies. We integrated APPs into our medical staff committee and granted them academic privileges at the university. The impact has been clear: retention among APPs has improved significantly.

MODERATOR: In what ways are you leveraging technology to enhance workforce efficiency and patient care, while also strengthening long-term staff retention?

TUTTLE: We've seen real success in reducing nonclinical burdens, which are often the biggest drivers of dissatisfaction. For our physician workforce, ambient listening technology has had a powerful impact — not just on

JEAN HOOD | ADVENTHEALTH

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efficiency, but on retention. We've had physicians tell us it extended their careers by three to five years.

We're piloting a similar initiative for nurses, called HELEN. The program uses technology that allows nurses to delegate tasks directly to nonclinical team members. Feedback has been overwhelmingly positive, with nurses saying, 'You've given me back my joy in nursing,' and reporting perceived time savings of one to two hours per shift. That perception alone has driven retention and significantly reduced turnover in participating units.

MODERATOR: What's one bold workforce decision you've taken — or are considering over the next year despite the risks?

HUDSON: We're developing an apprenticeship program focused on surgical processing, a critical area that continues to pose significant challenges. Interestingly, we've seen a natural progression from sterile processing roles into surgical tech positions, and many of those individuals are now entering our surgical tech apprenticeship program. This role is essential and directly tied to keeping operating rooms running. That's why we're investing in it.

DAVIS: We take a proactive staffing approach by modestly increasing our CNA and new grad hires to support orientation and ensure coverage during staff absences. Rather than relying on costly external float pools, we've built a lean internal buffer that allows us to flex coverage without disrupting care. As a smaller facility managing roughly 150 clinical staff, maintaining a consistent pipeline is key. This approach helps distribute workload more evenly, reduces burnout and supports retention, saving costs tied to turnover and agency reliance.

GORNDT: One area we've historically struggled with is our ambulatory platform. So, this coming year, we're making a strong push to expand primary care, cardiology, women's services and pediatrics — key areas that have been underserved across our communities.

HUDSON: Our new strategic focus is expanding oversight of ambulatory nursing. One of our key initiatives is to significantly increase the size of our virtual annual nurse wellness visit program. It's already showing meaningful impact. First, it allows us to engage nurses who are returning to the workforce in a flexible, virtual capacity. Second, it frees up high-demand slots in ambulatory care that we've struggled to staff effectively. It's a significant investment, but one we believe will pay off in both access and workforce sustainability.

NEWMAN: We're really leaning into the earn-while-you-learn model, because so many community college students simply can't afford both tuition and living expenses. Depending on their degree program, we pay them for their time in the hospital and integrate that time into meaningful clinical experience. It's been extremely successful.

Another initiative we're launching that's a bit outside the box is brand elevation. We've engaged a marketing communications firm to help us roll out a major campaign, almost a rebranding effort, to showcase what we're doing as well as attract talent from across the nation, not just locally.

ARESPACOCHAGA: It's a great program. We had the opportunity to write a case study highlighting the work you've done with Earn While You Learn. It's featured on the AHA website, if anyone's interested in learning more.

GALLUP: Launching the GME program in Northwest Georgia was a bold and strategic move, especially in filling critical gaps in internal medicine and family medicine. We're now focused on expanding that foundation by developing our simulation lab, enhancing the training within it, and encouraging residents to rotate through areas they typically wouldn't, like physical therapy, occupational therapy and speech. It's all about broadening their exposure and deepening their skill sets.

Sponsor

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SimpliFi serves as the single point of contact between health systems and all of their nonemployee, contract labor. We provide client-specific service teams and technology to manage everything related to sourcing, vetting, placing and reporting on contractors in roles including RNs, techs, therapists, physicians and all nonclinical positions. Our services also include Payroll and Rapid/Strike services.

SimpliFi has been a disruptor in the health care MSP space by bringing new and innovative workforce strategies to health systems that help them manage and reduce their labor costs while maintaining the staff necessary to realize patient volume and revenue. We have a national client footprint and pride ourselves on service excellence and demonstrated results as evidenced by our 100% customer retention over the past seven years.

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