



Fireside chat: How a New York nursing executive embraced flexibility during Covid-19

And how nursing leaders can do the same in a post-pandemic world



Fireside chat: How a New York nursing executive embraced flexibility during Covid-19

And how nursing leaders can do the same in a post-pandemic world

Your facilitators



Maureen White, RN

Executive Vice President and Chief Nurse
Executive, Northwell Health



Lauren Rewers

Research consultant,
Advisory Board
rewersl@advisory.com

Today's agenda

1:00-1:25

DISCUSS

Reflect on nursing staffing innovation during Covid-19

1:25-1:50

LEARN

Understand the imperative for building a flexible workforce and strategies to execute

1:50-2:00

QUESTION

Submit questions to presenters for further clarification

01

Discuss

02

Learn

Entering a new age of nurse staffing



PRE-COVID STAFFING

Reliance on **benchmarks and ratios** to determine unit-level staffing

- 12-hour shifts
- Primary nursing models
- RN specialization



COVID STAFFING

Staffing **experimentation and agility** to meet demand

- Short-shift options for select RNs
- Team-based staffing for crisis
- Cross-training RNs

Three trends prevent return to pre-Covid staffing



Predicted RN shortage



Widening experience-complexity gap



Changing workforce needs

Accelerated by Covid-19

Predicted shortage of RNs

National RN supply trends

Pre-Covid



National RN supply meeting demand

- Regional shortages particularly in rural areas
- Subset of hard-to-fill roles
- Healthy nursing school pipeline
- Increased number of early-career RNs pursuing advanced degrees



Impact of Covid-19



Shrinking RN supply not meeting demand

- Increase in early retirements due to stress, health risk
- More mid-career staff working reduced hours, leaving profession due to work-life challenges
- Applications up for nursing schools; challenges with capacity due to instructor shortages

1. N=32,174



“Those of us who don’t die are going to quit”

Frontline RN in South Dakota

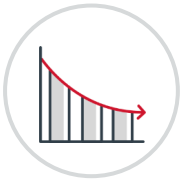
87%

Percentage of nurses afraid to go to work¹

Source: “Those of us who don’t die are going to quit: a crush of patients, dwindling supplies, and the nurse who lost hope,” ProPublica, <https://www.propublica.org/article/those-of-us-who-dont-die-are-going-to-quit-a-crush-of-patients-dwindling-supplies-and-the-nurse-who-lost-hope>; “What 32,000 nurses want you to know about Covid-19,” American Nurses Association, https://www.nursingworld.org/~4987e5/globalassets/covid19/ana_covid19infographic_dataset1_20200424-final.pdf

The experience-complexity gap is widening

Pre-Covid



Experience-complexity gap widening

- Steady rate of baby boomer retirements
- Overall growth of the RN workforce primarily fueled by new graduates RNs
- Increase in early career RNs seeking advanced degrees, including NP



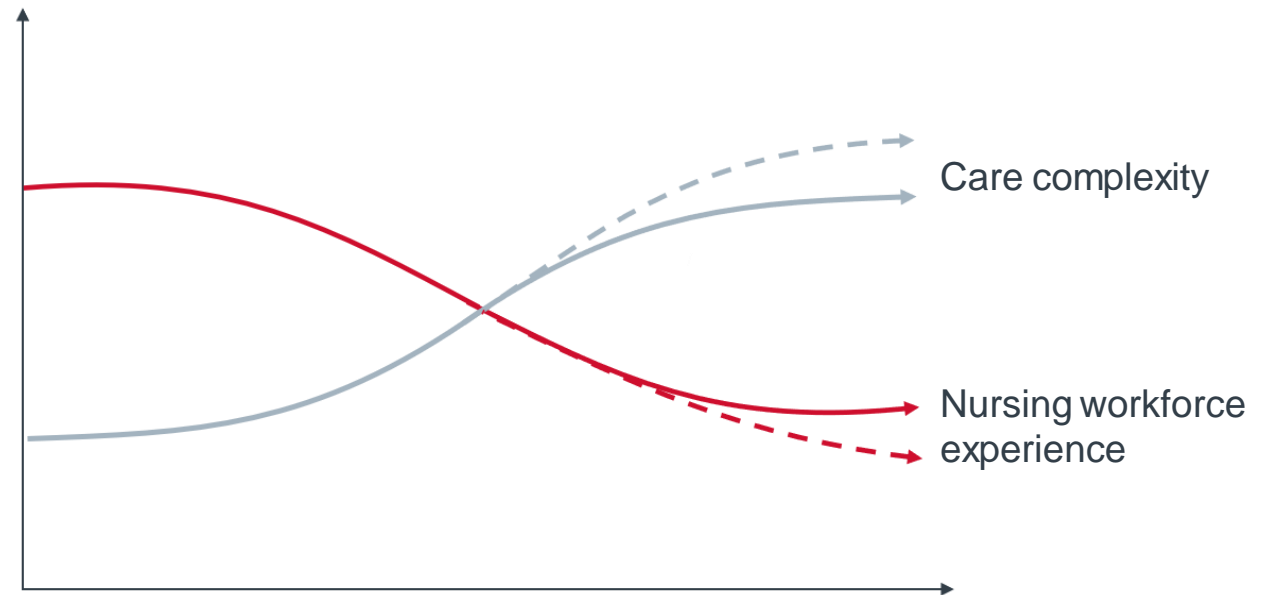
Impact of Covid-19



Exacerbated experience-complexity gap

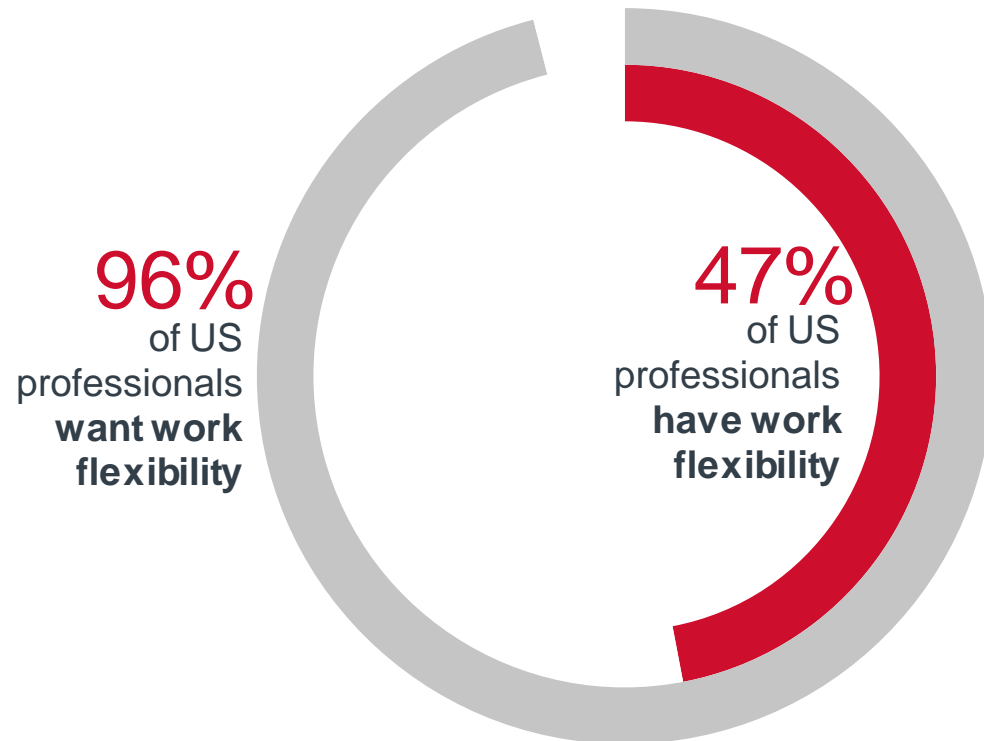
- Accelerated loss of experience as tenured clinicians are replaced by new graduates
- A more complex environment, patient due to Covid, delayed care
- Continued growth in advanced degrees
- Compromised clinical rotations

The experience-complexity gap



The U.S. workforce is seeking more flexibility

U.S. professionals want more flexibility at work



50%

of employees **would leave their company** if offered a more flexible alternative

Employees without access to flexibility are...

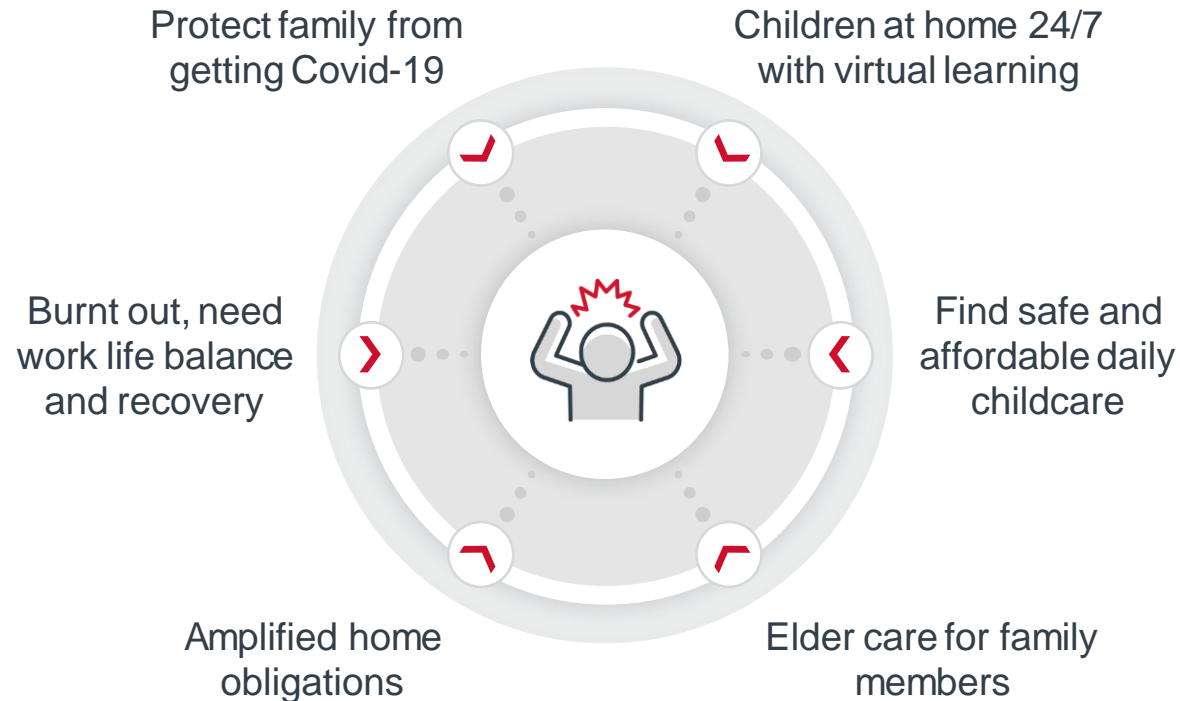
2X

as likely to report being **dissatisfied at work** as compared to those who do have flexibility

Source: "96% of US Professionals say they need flexibility but only 47% have it", *Harvard Business Review*, <https://hbr.org/2018/06/96-of-u-s-professionals-say-they-need-flexibility-but-only-47-have-it>

Nursing not exempt from this trend

Covid-19 exposed and amplified competing priorities for frontline staff



TELL US

What does *your* workforce need?

On top of this, hospitals face financial challenges

▼ **\$22.3 billion**

REDUCTION

Revenue hospitals lost by delaying elective surgeries during Covid-19

▼ **55%**

REDUCTION

Average reduction in median operating margins at U.S. hospitals.

\$8,000+

COST

Cost of a travel nurse for a week during a Covid-19 surge.

Source: "US hospitals lost \$22.3B delaying elective surgeries, study estimates," Beckers Hospital Review, <https://www.beckershospitalreview.com/finance/us-hospitals-lost-22-3b-delaying-elective-surgeries-study-estimates.html>; "Tumultuous year for hospitals results in 55% drop in median operating margin, Kaufman hall finds," <https://www.beckershospitalreview.com/finance/tumultuous-year-for-hospitals-results-in-55-drop-in-median-operating-margin-kaufman-hall-finds.html>; "Need a Covid-19 nurse? That'll be \$8,000 a week," KHN, <https://khn.org/news/highly-paid-traveling-nurses-fill-staffing-shortages-during-covid-pandemic/>

Many solutions to these challenges



Predicted RN shortage

- Double-down on retention, engagement
- Build an academic pipeline
- Deploy agency labor
- Cross-deploy nurses to areas of shortage
- Redesign care team
- Overtime



Widening experience-complexity gap

- Double-down on retention, engagement
- Revamp first-year education
- Redesign care team
- Provide flexible options to retain mid- and late-career RNs
- Increase preceptor support



Changing workforce needs

- Double down on engagement
- Financial incentives
- Other incentives
- Create non-traditional roles
- Offer shorter shifts

Many solutions, but flexibility is consistent theme



Predicted RN shortage

- Double-down on retention, engagement
- Build an academic pipeline
- Deploy agency labor
- **Cross-deploy nurses to areas of shortage**
- **Redesign care team**
- Overtime



Widening experience-complexity gap

- Double-down on retention, engagement
- Revamp first-year education
- **Redesign care team**
- **Provide flexible options to retain mid- and late-career RNs**
- Increase preceptor support



Changing workforce needs

- Double down on engagement
- Financial incentives
- Other incentives
- **Create non-traditional roles**
- **Offer shorter shifts**

A 2021 flexible nursing workforce moves beyond a best in class float pool to include different roles, locations, responsibilities, time commitments. The imperative for CNOs is to move beyond flexibility as a tactic, to flexibility as a *strategy and mindset*.

Flexibility as our new normal, no longer a crisis tactic



PRE-COVID STAFFING

Reliance on **benchmarks and ratios** to determine unit-level staffing

- 12-hour shifts
- Primary nursing models
- RN specialization



COVID STAFFING

Staffing **experimentation and agility** to meet demand

- Short-shift options for select RNs
- Team-based staffing for crisis
- RNs cross-trained to Covid units



THE FUTURE OF STAFFING

Staff are system citizens and **flexibility is the norm**

- Alternative roles and shift lengths
- Team-based staffing commonplace
- RNs practice across settings frequently

Flexibility requires...



Mindset shift from ingrained assumptions



Balance specialization with flexible options



Commitment over time, iterating on your work

Organization, engagement-driven staffing misaligned



Organization-driven staffing

Primarily meets organization needs such fluctuations in supply and demand, financial constraints

EXAMPLES

- Forced floating
- Mandatory overtime
- Staffing without workforce input
- HPPD driven staffing



Engagement-driven staffing

Focused on providing staff the work and compensation they want.

EXAMPLES

- No mandatory weekends or holidays
- Sign-on bonuses
- Compensation differentials
- No forced floating

Four strategies to meet the dual mandate



1: Provide nontraditional work options

Definition

Design nontraditional roles and shorter shifts that align with staffs evolving needs to keep them at the organization.



SAMPLE TACTICS

- Short-shift float pool
- Include short shifts in centralized scheduling
- E-ICU RN
- Care team led by virtual expert RN
- Offer designated short shifts on certain units

Benefits

This strategy will help you retain staff who struggle to perform traditional shifts and roles by meeting *their* needs.



Organization benefits

- Retain staff
- Reduce agency labor
- Meet fluctuating patient demand

Staff benefits

- Balance work and competing priorities
- Increase engagement and commitment to organization

Who should implement

All organizations should implement this strategy in the near term as an option or experienced RNs at a minimum.



5-10%

of your solution for building a flexible workforce

~20%

of RNs should have this option, at a minimum

2: Cross-specialize nurses with similar technical skills

Definition

Cross-specialize RNs with similar technical skills so they can be redeployed to other units and care sites when needed.



SAMPLE TACTICS

- Cross-unit blended roles
- Cross-setting blended roles

Benefits

This strategy will help you internally staff hard-to-fill specialty shortages without relying on overtime and agency labor.



Organization benefits

- Reduce agency labor
- Staff units experiencing a shortage with internal labor

Staff benefits

- Career and skill development
- Increase engagement
- Gain cross-continuum perspective

Who should implement

Organizations who struggle with specialty vacancies or expect to in coming years.



20-30%

of your solution for building a flexible workforce

~10%

of RNs should have this option, at a minimum

3: Scale experience with expert-led staffing models

Definition

Designate an expert nurse as the head of the care team to elevate their experience.



SAMPLE TACTICS

- Expert-led care team
- Virtual expert-led care team
- Deploy LPNs or CNAs on care team

Benefits

This strategy equips you to staff to meet demand and experience shortages.



Organization benefits

- Reduce agency labor
- Safe care delivery with a novice workforce
- Meet changes in demand

Staff benefits

- Engagement for expert nurse
- Skill repetition and development
- Mentorship for novice RNs

Who should implement

This is a good option for organizations concerned about RN shortages, especially in inpatient specialty areas.



20-30%

of your solution for building a flexible workforce

~30%

of RNs should have this option, at a minimum

4: Enable RNs to practice across settings

Definition

Non-float RNs can safely cross-practice to meet organization and staff needs.



SAMPLE TACTICS

- Centralized self-scheduling platform
- Create non-float roles that regularly flex
- System-wide travel agency
- Use non-specialist RNs to perform core nursing task

Benefits

This strategy is building the longer-term ambitions of flexibility; a workforce comprised of system citizens.



Organization benefits

- Reduce agency labor
- Built-in contingency plan for unanticipated staffing or demand changes
- Staff have system citizen perspective

Staff benefits

- Engagement
- System citizen perspective
- Flexible options to meet personal needs

Who should implement

At a minimum, all organizations should begin laying the foundation for this strategy.



40-45%

of your solution for building a flexible workforce

50%+

of RNs should have this option

Our future ambition: system citizens


The nursing enterprise must move from flexibility for some, to **flexibility for all**. This shift reinforces nurses' identities as **system citizens first**.

More resources on building a flexible nursing workforce

All resources are available on [advisory.com](https://www.advisory.com)

 OUR TAKE
Building a flexible nursing workforce

 OUR TAKE
Reinventing the inpatient float pool

 OUR TAKE
How Covid-19 will impact the nursing workforce

03

Question

Webinar Survey



Please take a minute to provide your thoughts on today's presentation.

Thank You!

Please note that the survey does not apply to webconferences viewed on demand.