



BALDRIGE | PERFORMANCE EXCELLENCE | QUALITY | LEADERSHIP

# The Baldridge Foundation Institute for Performance Excellence

*Presents:*

*Burnout: Clarifying the cultural impact of staffing mistrust, low tolerances for stress and change, the high contract labor percentage, and the reality of PTSD*

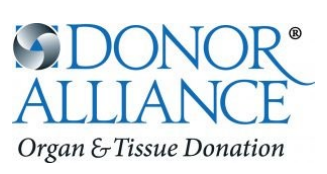
**December 14, 2021**



### Mac Baldrige Society Institute Trustees



## A Special Thanks to Our Donors & Sponsors!



# Opening Remarks/Agenda

<b>Introduction</b>	<b>Al Faber, President &amp; CEO, Baldrige Foundation</b>
<b>Guest Presenters</b>	<b>Roger Spoelman, DBA, MBA</b> <b>Senior Advisor, Strategy, Leadership, and Innovation</b> <b>Co-Host, Baldrige Foundation Leader Dialogue Program</b>  <b>Charles “Chuck” Peck, MD, FACS</b> <b>Co-Host, Baldrige Foundation Leader Dialogue Program</b>
<b>Questions</b>	<b>Moderator - Ben Sawyer, MBA, PT, OCS, LBB</b> <b>Industry Expert, ABOUT</b>
<b>Closing Remarks</b>	<b>Al Faber</b>

# Headwinds & Challenges

- Health systems are struggling with significant disruption to the transitions of care due to the pandemic, including the associated economic impact.
- Nowhere have the disruptions been more acute than in **workforce**
- Approximately one in five healthcare workers have left their job since the pandemic started.
- **Why?**

# Workforce Disruptions

- ❑ **Nurse staffing crisis:** 22% of nurses may leave their position this year. Top reasons: 60% due to insufficient staffing, workload, and emotional toll.
- ❑ **Staffed bed dilemma:** Coincides with nurse staffing crisis. Contributing factors:
  - ✓ **Uptick in COVID:** Rise in variant admissions
  - ✓ **Delayed care:** Patients avoiding admissions during early days of pandemic now seeking access
  - ✓ **Worsening chronic conditions:** Patients are sicker and require longer recovery periods
  - ✓ **Strains to all points of the patient care continuum:** Access, throughput, & PAC placements impede flow
- ❑ **Retirement Impact:** Many experienced nurses opted for retirement packages during the first round of COVID. Result is a net reduction in nursing experience.
- ❑ **Changing Loyalties:** Contract nurses are not committed to health system culture, so reciprocal investment is compromised. Disrupts the traditional nursing model. Symptoms:
  - **Staffing mix and comp changes:** Nearly 50% of nursing staff are contractors. Hourly rates surging. \$225+/hour contract rate
  - **Loyalty crisis:** Inequities and stress drive mistrust and cultural divides

# Workforce Disruptions: Contributing Factors?



Source: McKinsey Future of Work in Nursing Survey 2021

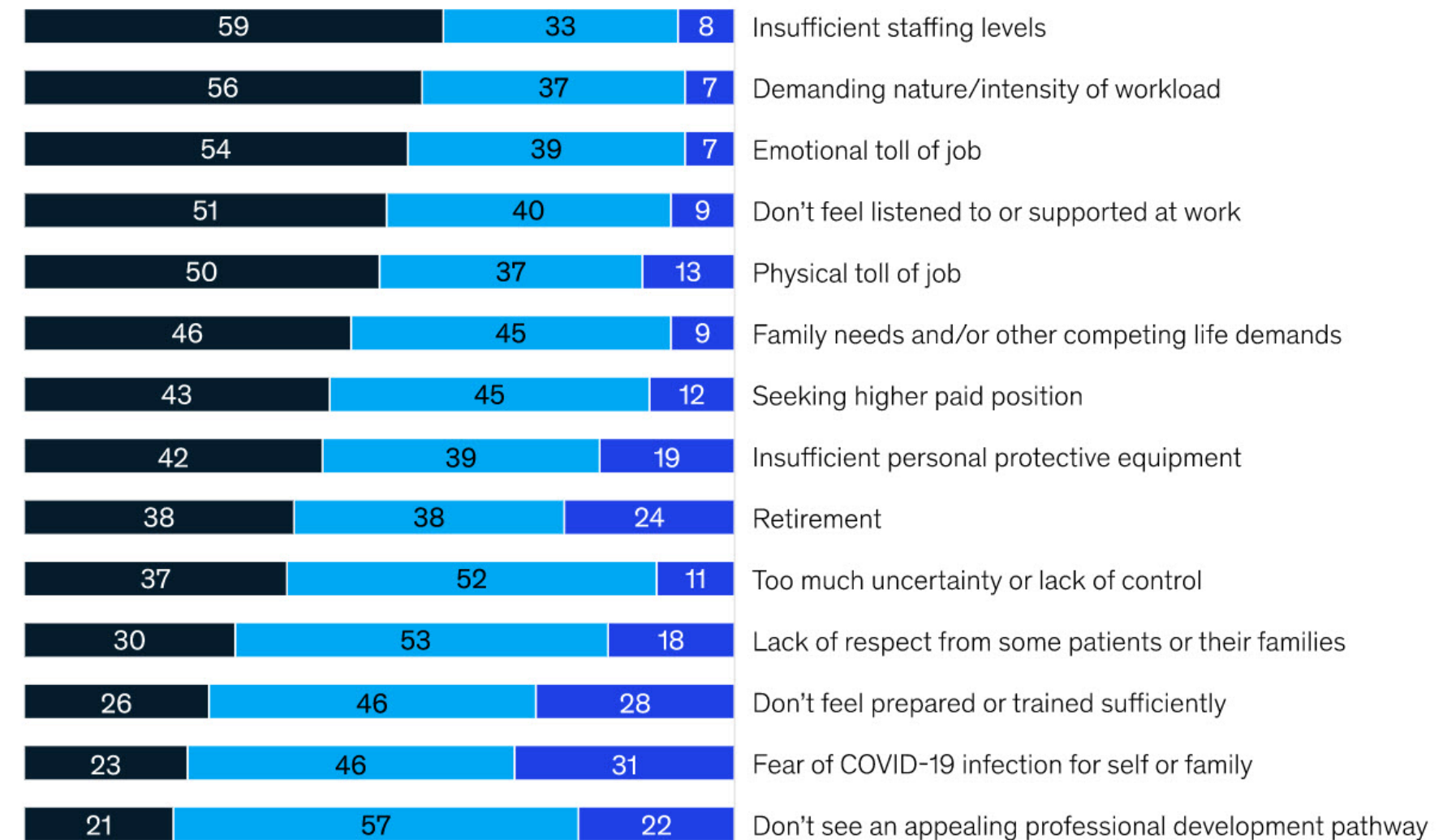
Staffing, workload, and the emotional toll of the job are the most important factors in nurse respondents' decision to leave.

Over half of nurses reported insufficient staffing levels, intensity of the workload, and emotional toll of job as important factors in the decision to leave current position.

### Factors influencing decision to leave current position<sup>1,2,3</sup>

% of respondents, n = 314

■ Important ■ Neutral ■ Not important



<sup>1</sup>TFACTORSLEAVE: Rate the following factors for how important they would be in a decision to leave your current role providing direct patient care, if you were to decide to leave.

<sup>2</sup>Excludes respondents who indicated "other" (n = 29). This group most frequently noted "management support," and similar variations, which were consistent with "don't feel listened to or supported at work." Figures may not sum to 100%, because of rounding.

<sup>3</sup>Responses were categorized as follows: Not important (1-3), In between (4-7), Important (8-10).

Source: 2021 Future of Work in Nursing Survey

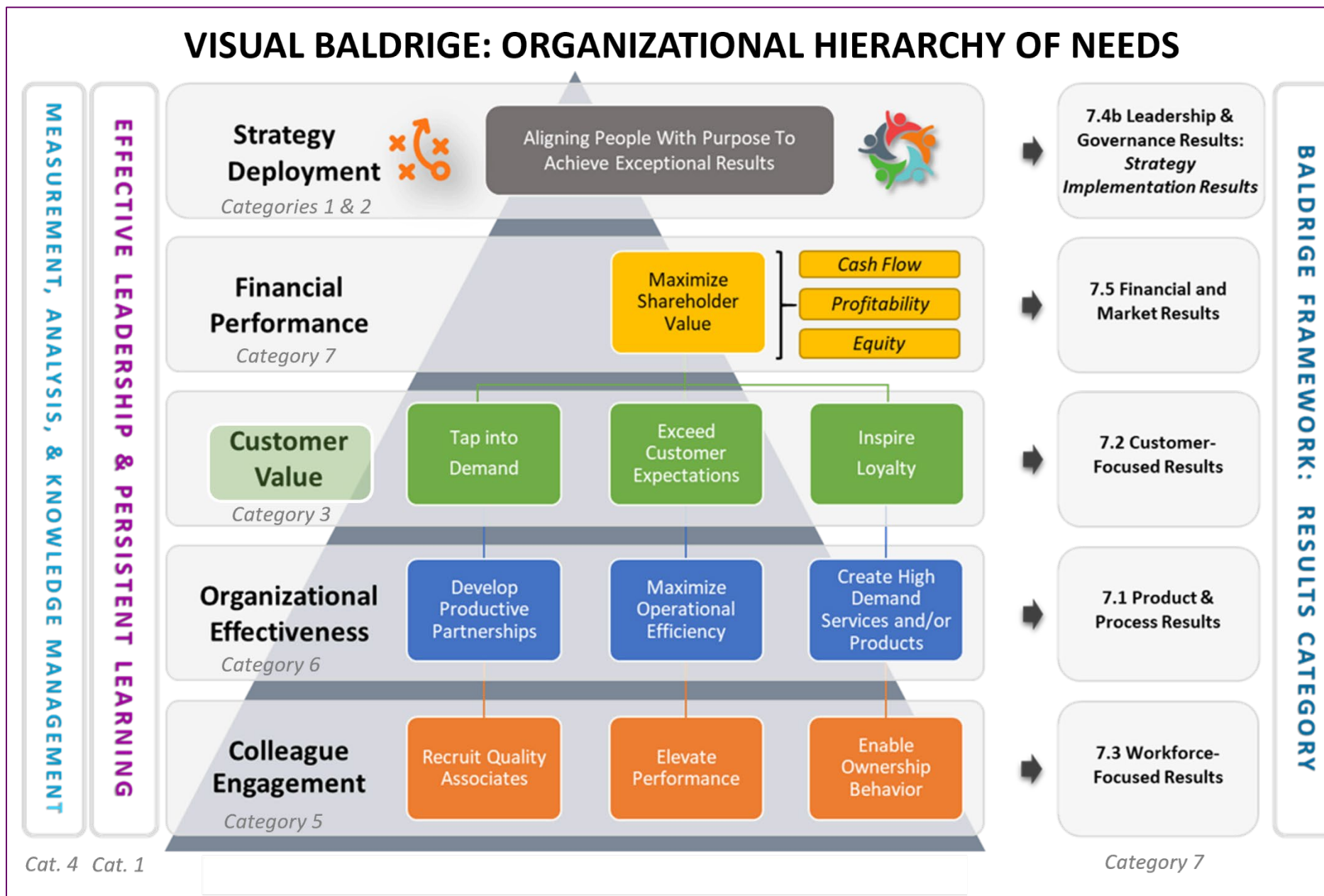
# Workforce Disruptions: Contributing Factors?

- ❑ **Organizational Resilience Depletion** The winnowing of staffing resources in the early phases of COVID, combined with severe staffing shortages in subsequent waves have depleted organizational resilience
- ❑ **Leadership Miscues:** Inadvertent and/or legacy practice gaps:
  - ✓ Underestimating the speed at which change is occurring, and that even change has changed
  - ✓ Not understanding why people are leaving, are so demoralized, and not having their backs
  - ✓ Thinking that savings outweighs investments in people
  - ✓ Bias towards directive communication vs collaborative
  - ✓ Continuing to attempt to solve problems with full-time on-site FTE's
- ❑ **Cultural Realignment Impediments**
  - ✓ Valuing people as the top priority
  - ✓ Trust
  - ✓ Empathy
  - ✓ Shared vision
  - ✓ Leveraging technology to support and enhance human processes

**THE BEST MINUTE YOU  
SPEND IS THE ONE YOU  
INVEST IN PEOPLE**

KEN BLANCHARD

# Addressing Disruptions: Baldrige Context



## Start from a Position of Balance and Alignment

- 1. Leadership:** Providing a compelling shared vision, and encouraging persistent learning;
- 2. Strategy:** Preparing for the future, including the goals, objectives, and key initiatives to align people with purpose to achieve exceptional results;
- 3. Customers:** Listening to, satisfying, and engaging patients and other consumers in accommodating changing demands;
- 4. Measurement, Analysis, and Knowledge Management (MAKM):** Determining how to secure and use reliable data and information to make effective organizational decisions;
- 5. Workforce:** Engaging all members of the workforce, to ensure roles and responsibilities are clear and that they are empowered and supported in the discharge of their duties to the benefit of the patient, consumer, and organization;
- 6. Operations:** Designing, managing, improving, and innovating healthcare services and work processes to improve operational effectiveness to deliver value to patients, other customers, and to achieve ongoing organizational success.



# Addressing Disruptions: Practical Considerations

## □ People Investments

- ✓ Create coaching and mentoring programs to develop leaders – yesterday's leadership skills may not work as well today
- ✓ Invest in robust training for early career staff
- ✓ Continue to provide myriad training options – facilitate additional training for specialized roles
- ✓ Enhance the onboarding experience
- ✓ Develop meaningful career planning services
- ✓ Focus on peer-to-peer support programs
- ✓ Look at meaningful benefit changes – ask and don't assume
- ✓ Double down on remote work options using bedside teleconference technology, digital monitoring, discharge planning

## □ Organizational Investments

- ✓ Open all potential lines of communication
- ✓ Focus on culture over-messaging – address bullying, workplace violence and incivility
- ✓ Rethink the nursing workforce – utilize newer workforce planning and staffing tools that give more shift flexibility
- ✓ Seek access to more diverse, non-traditional candidate pools
- ✓ Recruit international caregivers
- ✓ Implement system-wide float pools
- ✓ Use predictive staffing to more efficiently deploy staff
- ✓ Leverage technology such as RPA, AI, and ML for as many non-clinical tasks as possible
- ✓ Progress towards real-time health system capability



# Addressing Disruptions: Practical Considerations

Staffing is in flux. People are stressed by poor operational systems and processes, and need automation support

# How Might Investments in Process Automation Help?

## Confront the Disconnects

- 1 **Inefficient Transfers:** *Results in Patient Leakage*  
Manual processes and fragmented reporting
- 2 **Highly variable discharge planning:** *Adds Excess Days*  
Reliance on staff for EDD & patient disposition information perpetuates patient care progression delays
- 3 **Tedious to manage and resolve barriers:** *Stresses Workforce*  
Too many open orders to track, need to text/call to prioritize
- 4 **Post-acute (PAC) access and transport impediments**  
*Chaos at end of acute stay: Overloads care team & resources*

**Stresses Staff & Compromises Results**

## Provide Optimal Care Transition Support

**Invest in deploying a seamless access and orchestration hub**  
Integrated functions such as on-call provider coordination and CAD

**Initiate discharge planning upon admission**  
Use EDD & disposition intelligence to drive MDR planning and action

**Prioritize barriers and orchestrate effort w/ ancillaries to resolve**  
Explore ai and ml opportunities to identify rate-limiting steps, and prompt best next steps

**Ensure PAC provider options are clear and available to schedule early**  
Find effective tools to manage PAC reservations and transport

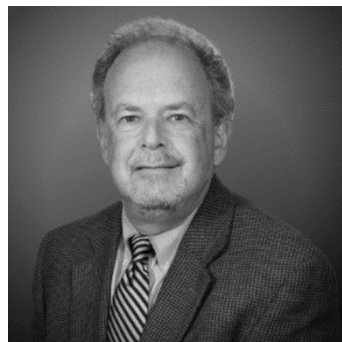
**Decompresses Staff & Drives Sustainable Results**

*The Real-Time Health System: Augments the electronic medical record (EMR) with composable solutions to effectively address performance gaps and maximize measureable results*

# Panelist Questions and Discussion



**Roger Spoelman, DBA, MBA**  
Co-Host, Baldrige Foundation  
Leader Dialogue Program



**Charles "Chuck" Peck, MD, FACS**  
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**Ben Sawyer, MBA, PT, OCS, LBB**  
Industry Expert, ABOUT



# Thank You!



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