



Workforce Planning from a Health System Perspective

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December 6, 2017

2016 CPI

- 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

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2016 CPI



2016 CPI



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



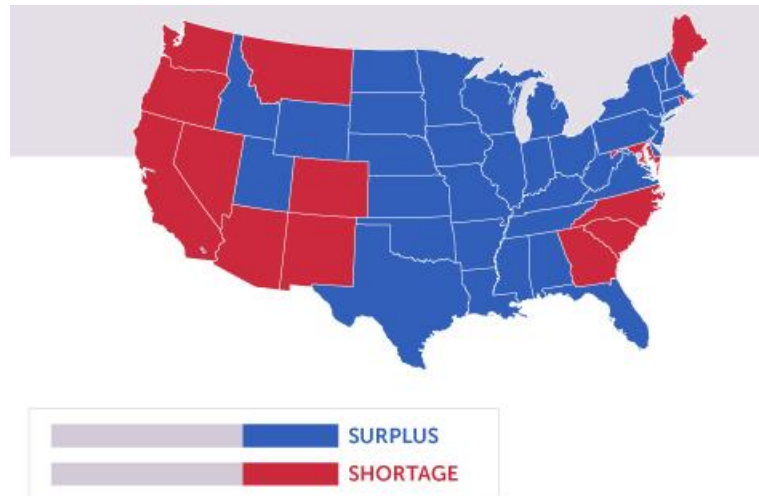
National Snapshot: Shortage and Surplus of Nurses in 2025

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.



American Hospital
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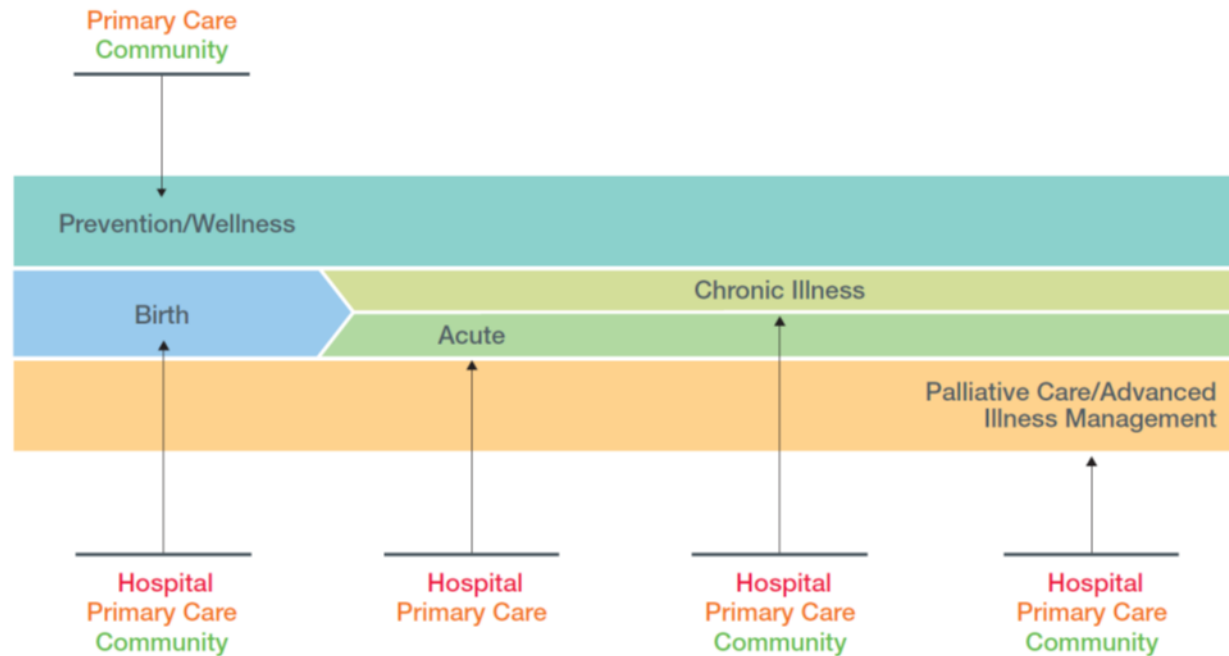
Current Workforce Environment

- 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.**



Population Health

Continuum of Care



Technology



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.**



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Top 10 Strategies (continued)

- 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.**



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Top 10 Strategies (continued)

- 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.**



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2016 CPI Report

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.



2016 CPI Report

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

How is workforce planning and development woven into your overall strategic planning process?



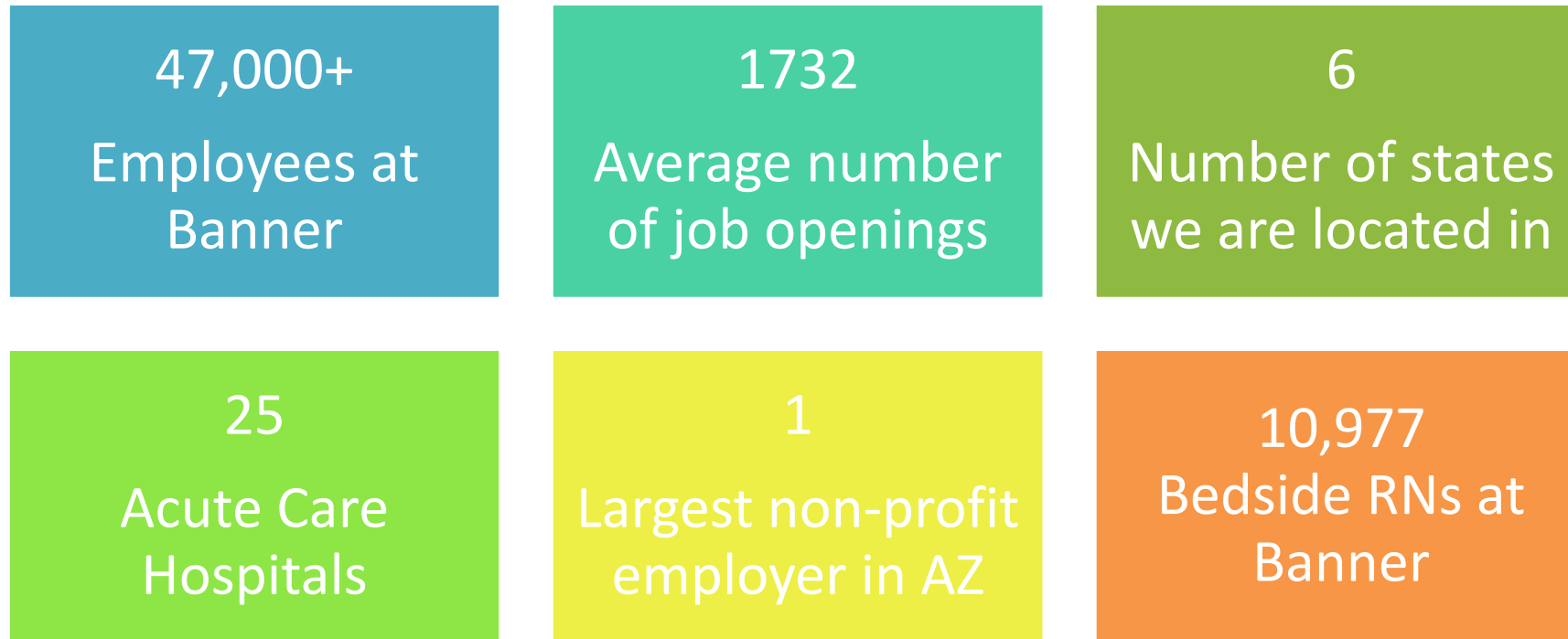
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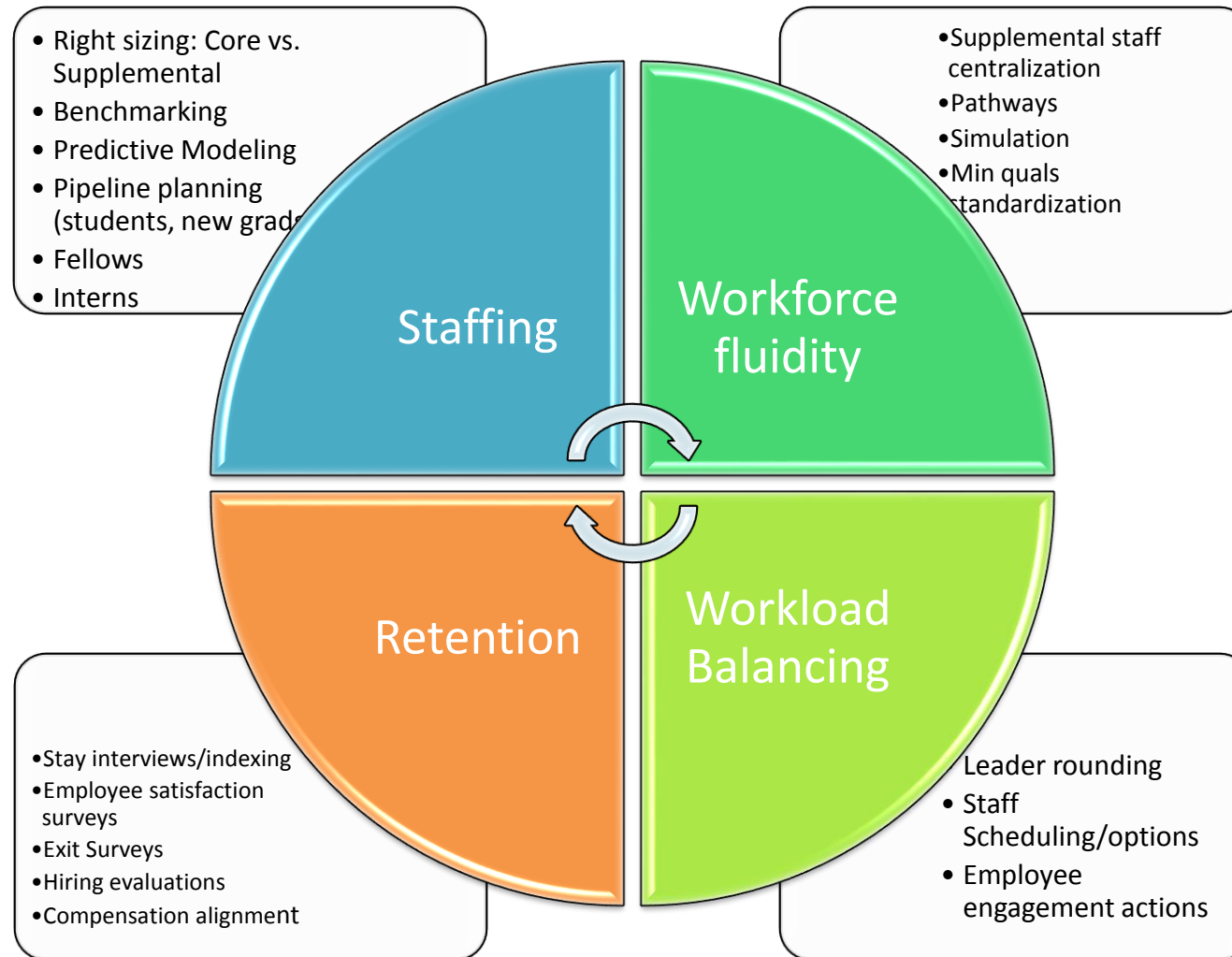
Workforce Planning: A Health System Perspective

Carol Cheney, MS
Vice President, Staffing and Workforce Planning
December 6, 2017

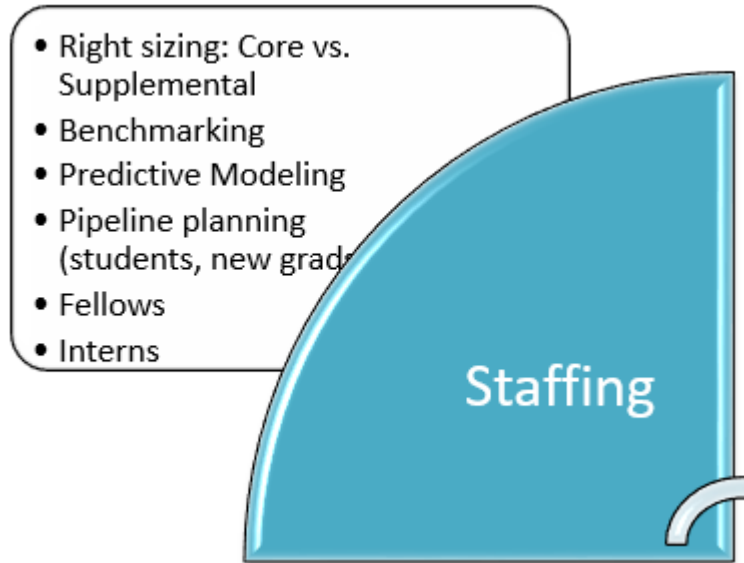
Impact of Banner Health Workforce



Workforce Planning Flow



Right People, Right Place, Right Time

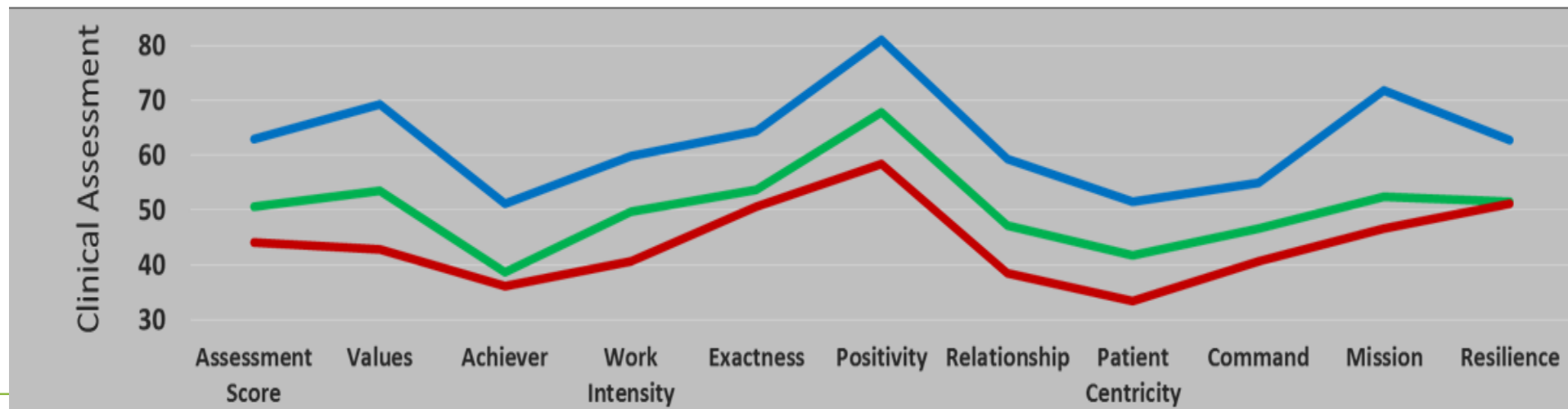


- Place students strategically and convert them into New Grad RNs
- Evaluate the amount of supplemental/premium use vs. core openings
- Hiring Evaluations

DRIVES & VALUES 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.	VALUES 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. ACHIEVER Indicates a person's drive to accomplish something every day, their need to continuously improve their work and receive recognition when earned.
WORK STYLE 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.	WORK INTENSITY Identifies an individual's need to be productive and own their work. EXACTNESS Measures a person's drive to be organized, neat and detail-oriented in order to maximize their productivity. LEARNER (not on clinical assessment) Translates to an ability and desire to make adaptations to what one already knows, improving the process.
PEOPLE ACUMEN Explains how a person builds relationships with others and how others feel about their relationships with that person.	POSITIVITY Represents an individual's ongoing focus on the positive aspects of situations and people. RELATIONSHIP Reveals a person's ability to develop relationships in order to work effectively with others as part of a team. PATIENT CENTRICITY (not on non-clinical assessment) Reflects the belief that the patient is the only reason for the existence of health care 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.
INFLUENCE Defines the manner in which a person gets others to do something, buy something or work toward a common goal.	COMMAND Identifies an individual's ability to take charge of situations and initiate action. MISSION Translates to a motivation to serve health care patients and an alignment with the organization's values and core beliefs.
THOUGHT PROCESS Describes the individual's responsiveness to change and the ability to continuously improve outcomes by generating good solutions to issues and stress.	RESILIENCE Allows a person to meet issues head on and bounce back to overcome obstacles in stressful and unique situations.

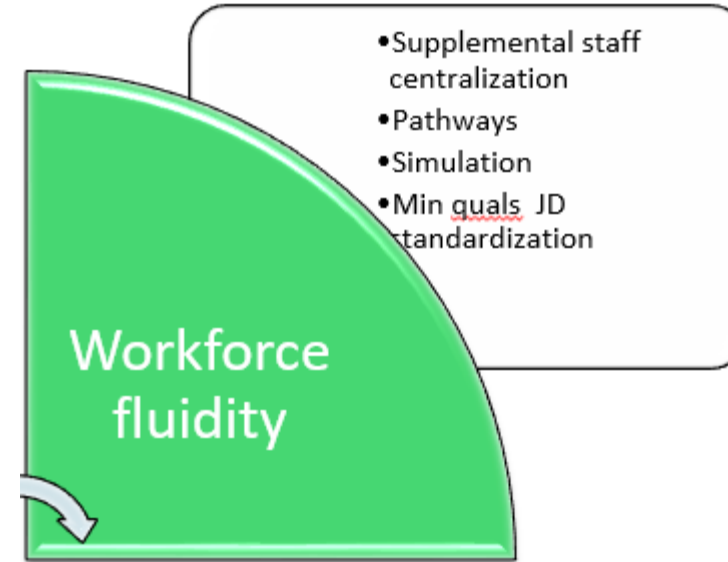
How are we hiring?

	Average Assessment Score		
	Clinical	Non-clinical	Front-Line Leader
	3,360 Hires 204 Top 78 Contrast	1,682 Hires 72 Top 61 Contrast	113 Hires 33 Top 32 Contrast
Hires (Aug '16–April '17)	62	71	76
Top Performers	51	62	74
Contrast Performers	44	55	69



If you've got them, move them

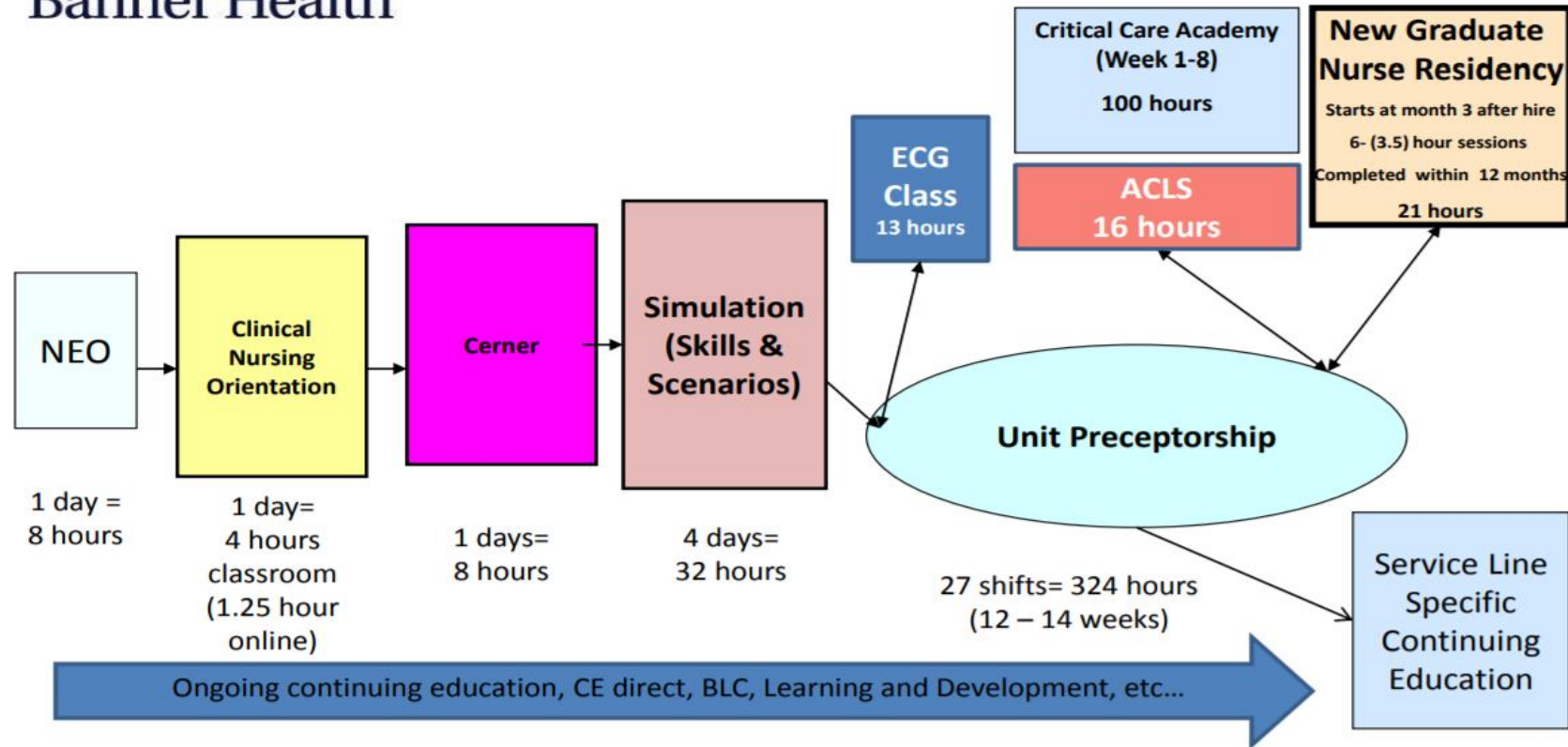
- PRN, Per Diem, pool etc. bring under one team
 - Internal to your system
- Utilize simulation to maximize training time



The Banner Journey

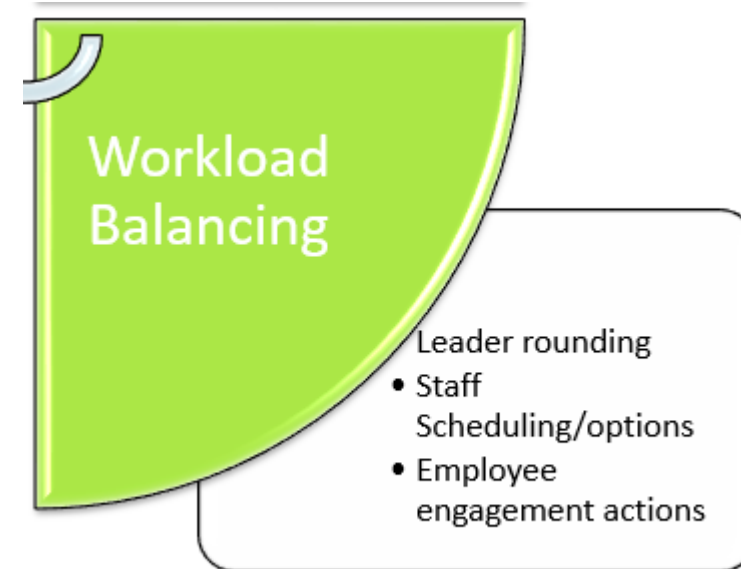


Critical Care NGRN On-Boarding Pathway

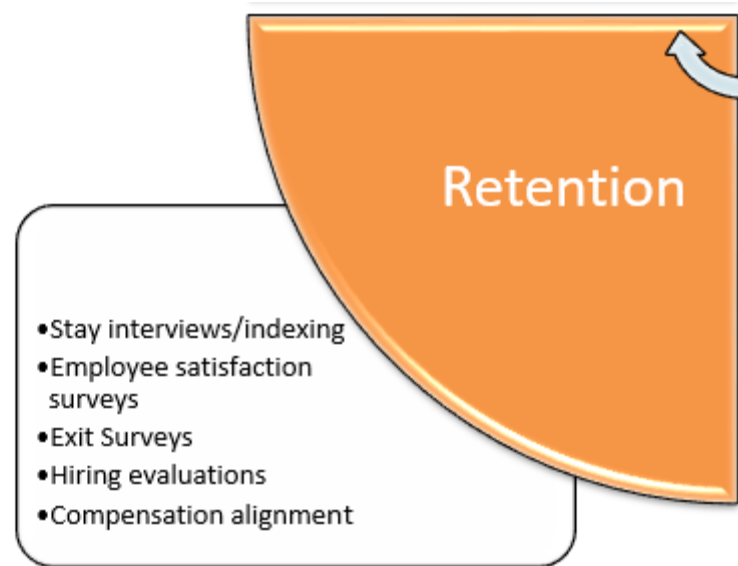


Work Life Balancing

- 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

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**

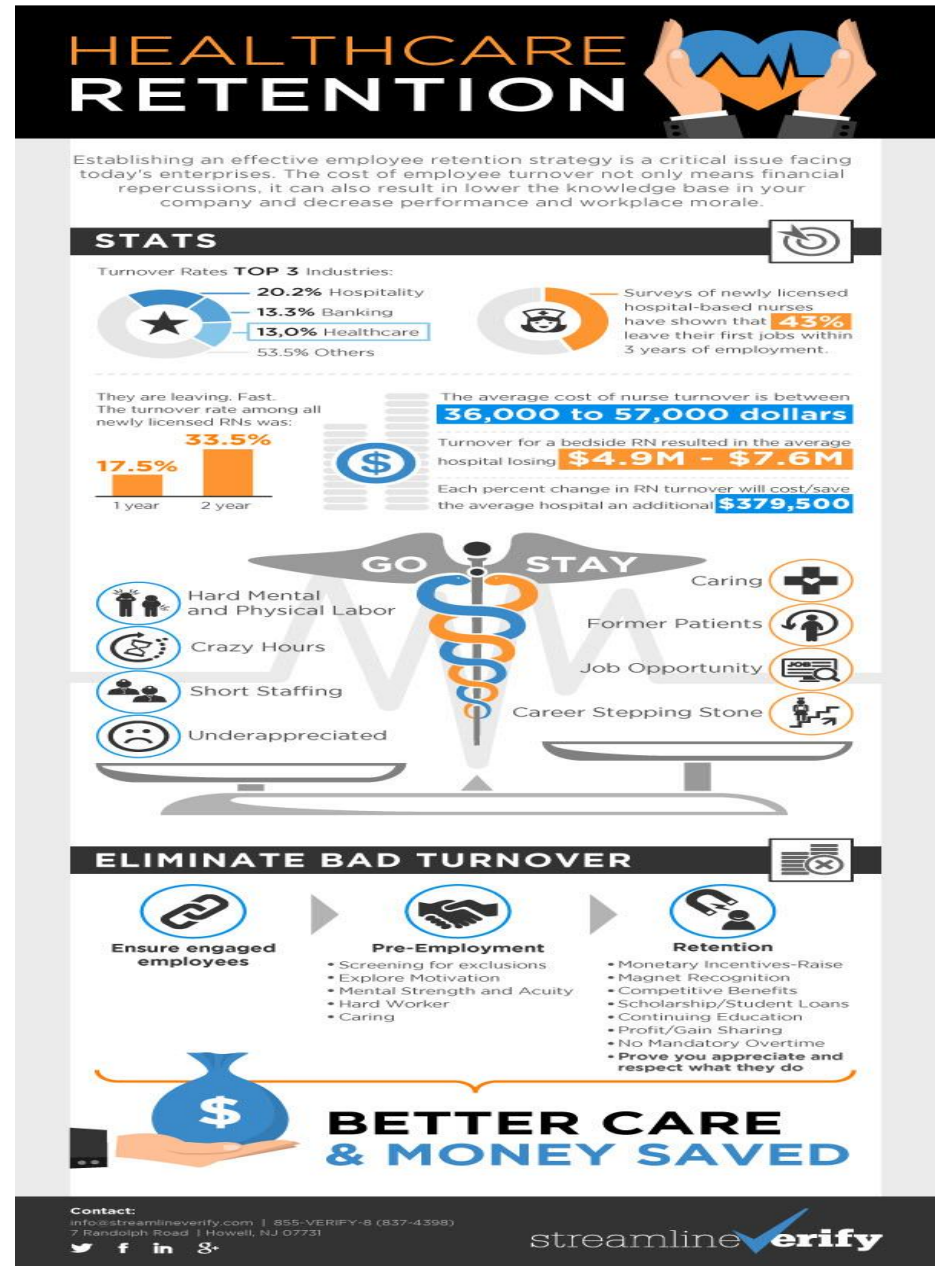
- Turnover
- Technology
- Move to Value

- **Investing in the Future**



TURNOVER

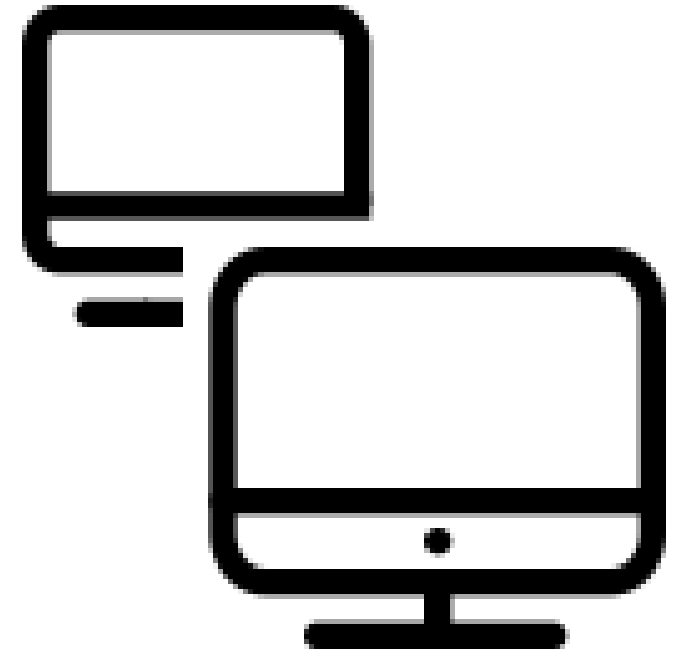
- Cost of turnover significant in nursing and other positions both clinical and non-clinical
- On a base of 1,000 employees, a 1% reduction in turnover can equate to \$360-\$570k¹
- It's not fully quantifiable.
 - Turnover impacts patient care, staff morale, organization wide initiatives, etc.



¹<https://www.beckershospitalreview.com/human-capital-and-risk/infographic-what-s-the-cost-of-nurse-turnover.html>

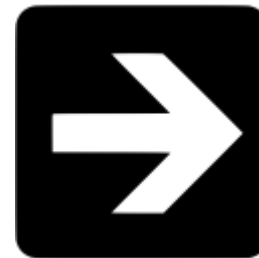
TECHNOLOGY

- 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



$$\frac{\text{QUALITY}}{\text{COST}}$$

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



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