Imagining the Post-COVID Nursing Workforce

HEALTHLEADERS 2020 CNO EXCHANGE

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Take a generational pandemic out of the conversation and look at what nurse executives were facing as 2020 began: baby boomers retiring and others taking jobs outside the hospital; shifting care models and staffing for today's more complex and older patients; a vacuum of experienced nurses prompting the need to get novice staff to competent quickly. Then add the COVID-19 pandemic to those challenges, and multiply.

2020 may change the practice of nursing for years in the future. Innovative ways of recruiting, training, utilizing, and retaining a strong workforce were the focus of the CNOs' discussion during the November 2020 virtual HealthLeaders CNO Exchange. Among their strategies were:

1 RETHINK STAFFING.

Nurse executives had to be creative and flexible in staffing in 2020. What was born out of crisis may now be expected, as nurses going forward are likely to demand increased flexibility in their jobs. Leaders are allowing for varying hours and shifts, while others are filling gaps by reaching out to retired RNs to take part-time positions, as well as increasing the use of virtual sitters.

COVID has posed a particular problem for parents with young children by having to be on hand for their kids doing virtual school at home.

FAST TAKEAWAYS

- Rethink Staffing
- Redesign Care Models
- Provide a Career Path and Boost Morale

"We've started offering shifts of six, eight, and 10-hour days for essential workers, depending on their preference," says Meg Scheaffel, BSN, RN, MBA-MHA, vice president and CNO at Carilion Clinic in Roanoke, Virginia.

Baptist Health in Jacksonville, Florida, is modifying their 12-hour shifts by offering a variety of shift start times on med-surg units at one of their hospitals, based on flow, throughput, and the type of care offered, says Tammy Daniel, DNP, MA, BSN, RN, NEA-BC, senior vice president and CNO. "This move has been extremely popular and successful."

Seeing a need for more staff to support nurses, leaders are elevating and providing training for non-licensed roles to equip them for greater responsibilities.

"Since we only hire CNA2s for the acute care setting, we have a huge shortage of CNAs daily," says Jennifer Gentry, MS, RN, NEA-BC, CNO at Providence Portland Medical Center in Portland, Oregon. "We put CNA1s in our program and covered the cost to transition them to the CNA2

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level. It's a low-cost investment for us compared to the benefit."

Carilion is focused on stemming a 68% turnover rate among nurse aides by enhancing their role and generating opportunities.

"We're very rural and there's not a large number of schools to recruit from, so we need more essential staff for our expanding services and growth of the hospital," says Scheaffel. "We're renaming our NA position to 'patient care and safety technician' to better connect candidates to our mission, values, and more realistic workload.

"We're also looking at ways to grow and develop them, so they don't feel like this is a dead-end job. Similar to a nurse residency program, we're providing educational courses, such as customer service and quality, and giving them a chance to ask nurses questions about care. And we're letting them observe other areas, since they might want to be in another role, such as an ultrasound tech, one day in the future."

The exodus of seasoned nurses is also leaving an experience gap, so nurse leaders are finding ways to get newer nurses up to speed faster by designing in-house educational programs. Cross-training and reassigning nurses is another tactic CNOs are choosing to safeguard adequate staffing for critical areas.

As Penn Medicine Princeton Medical Center in Plainsboro, New Jersey, increased its ICU from 12 to 32 beds during COVID, the hospital utilized PACU nurses by converting the PACU into an ICU, providing refresher courses for the nurses.

"In preparation for the next round of COVID, we developed a critical care course for the telemetry nurses to allow them to absorb the ICU overflow," says Sheila Kempf, vice president of patient care services and CNO. "During the recent second surge, we did not want to stop surgery, so telemetry is ready for ICU overflow."

Realizing that ICU nurses had both bed and telemetry skills, Scheaffel created one blended unit to enable them to also move to PACU. "We had applicants for this, because nurses liked the idea of continuity of care, learning something new, and having a variety," she says.

In addition, hospitals are utilizing virtual sitters to extend and supplement in-person staff.

"We're using remote visual monitoring and have put in processes to monitor risks for suicidal patients. All the cameras are maxed out on a daily basis," says Gentry. "This has also helped reduce our reliance on so many CNAs."

Princeton Medical Center instituted a centralized monitoring system to help ICU staff. The E-alert system is monitored 24/7 by ICU nurses, and physicians at night, with set triggers in Epic.

"A nurse can monitor 60 patients at a time. If an EKG or vital signs become abnormal, they can make sure someone is on it," says Kempf. "Each room has a camera and voice capability so they can call a nurse or physician directly. The video enables the person who is monitoring to see if people are in the room, and if no one is there, to put things in motion. The nurse in the room can also get immediate virtual physician help if the on-site ICU MD is needed elsewhere."

2 REDESIGN CARE MODELS.

With a heavier patient load and fewer experienced RNs, many nurse executives say their primary working model is unsustainable, making a redesign imperative. Team nursing is making a marked resurgence, as CNOs approach the team model differently.

Cone Health in Greensboro, North Carolina, will be trialing an RN attending model in five progressive care units that includes one RN, one LPN, and two nurse techs for every 10 patients.

"Outcomes from a similar model already in place demonstrate significant increases in morale and quality," says Kenneth Rempher, PhD, RN, MBA, CENP, executive vice president, acute care services, and chief nurse executive.

Portland Medical Center also employs team nursing in case it needs to expand its ICU services, according to Gentry. "We have a model in place to partner perioperative nurses with a critical care nurse to take an assignment," she says. "A good number of nurses are completing this training to be able to take on a dual role."

Team nursing made a comeback at Carilion when one of its units encountered numerous open positions.

"We redesigned our workflow, using mostly RNs, medics, and LPN techs," says Scheaffel. "We found out that intermediate care technicians who are helping clinical administrators had been medics in active service duty, so they are great critical thinkers and a wonderful addition to our healthcare team."

UnityPoint Health enhanced its early-discharge-to-home model by allowing for more advanced monitoring of patients. UnityPoint@ Home provides daily contact with patients in their home via light-touch, text-based surveillance. More advanced remote clinical monitoring and telephone outreach is added if the patient's condition declines. The clinical team for in-home care is a heavy RN model with aides and physical therapy.

"Our goal is to identify worsening patients and facilitate connection to their PCP and enhanced home care," says Mary Ann Osborn, MA, RN, chief nurse executive.

3 PROVIDE A CAREER PATH AND BOOST MORALE.

While location often determines the ease of workforce recruiting, leaders say it's no guarantee in attracting employees. And even if nursing professionals are in plentiful supply, holding onto recent graduates is another consideration.

Having contracts with 78 public schools that are staffed with a nurse or NA, NCH Healthcare System in Naples, Florida, is finalizing development of an onboarding program for high school students to take prerequisites for nursing school so graduates can come to work right after high school, says Jonathan Kling, MBA, BSN, RN, system CNO. "We ask for a four-year commitment versus two, and will develop our own future nurses and clinical technicians."

Although Baptist Health has a waiting list of residents interested in the organization, the challenge is retaining its workforce. "There are too many outside opportunities, so newer nurses will often get a year of med-surg experience here and then jump ship," says Daniel. "Consequently, we've designed a career trajectory map to give them a career plan.

"We're making them aware of opportunities in our own system and demonstrating that someone cares about their career," she says. "New team members are invited to shadow a different unit as well as another nurse manager, and included in meetings to observe other departments."

Beyond recruiting ideas, leaders are laser-focused on keeping their staff. Pandemic fatigue, mental health issues, and moral distress resulting from overwhelming family responsibilities, demanding jobs, and the added pressure of furloughed spouses have accelerated nurse burnout and vacancies. Rewards, meeting-free Wednesdays, managers more visible on units, and more clerical support are among strategies for boosting morale.

"We moved nurses' week to September, and while we could not host an in-person awards ceremony, we surprised each nurse winner on their own unit with their award and a sash that said 'nursing excellence' to wear all day," says Kempf. "The staff actually commented that this was a better experience than a large awards ceremony because more of their peers could be present."

NCH recognizes and rewards nurses weekly for over-and-above compassionate acts.

"The nurse is recognized during a daily huddle, in which our CEO or the chair of the board is invited, and presented with flowers or a free lunch card, and mentioned on our Facebook page,"

says Kling. "If we lose the humanness of what we do, it will be tough to retain anybody."

Cone Health has created an "environment of retention" for assistant personnel, says Rempher. Now there are shared government structures for surg techs, ENTs, mental health techs, and nursing techs.

"They appoint their own leader and meet monthly to address issues pertaining to their role," he says. "We also host a Partners in Care conference to address issues relative to their practice, and we've seen people move on to nursing schools and other levels of the profession as a result."

While caring for COVID patients can increase the probability of caregiver burnout, Linda Hofler, PhD, RN, NEA-BC, FACHE, senior vice president-nurse executive at Vidant Health in Greenville, North Carolina, says staff on these units take pride in their work and are devoted to their role.

"We have an ICU that's a dedicated COVID unit, a medical intermediate step-down area, and pockets of cohorts in our specialty areas, and we've tried to rotate people out since we're worried about fatigue," she says. "But they told us, 'Hell no; we're not going. We're really good at this and we really like it.'

"They've had opportunities to talk about their work to our board of trustees. When you celebrate and elevate the people that are doing this work, it becomes an elite thing and people are drawn to it. People in other units have treated this group as special during this time. The specialty units are like rock stars, which has helped us from a retention point of view."

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