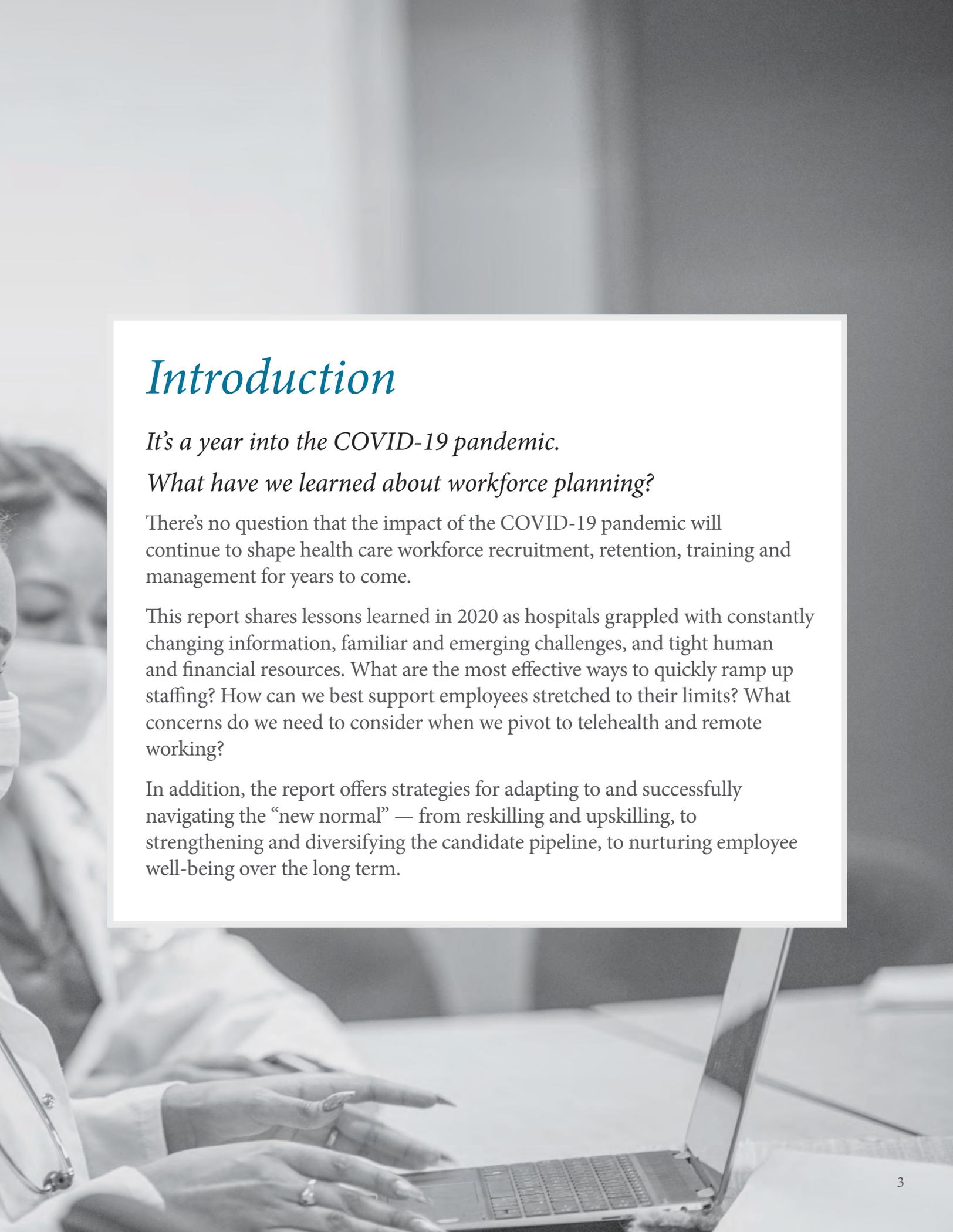


THE IMPACT OF COVID-19: 5 WAYS WORKFORCE PLANNING WILL NEVER BE THE SAME

2021 COVID-19 WORKFORCE REPORT





Introduction

It's a year into the COVID-19 pandemic.

What have we learned about workforce planning?

There's no question that the impact of the COVID-19 pandemic will continue to shape health care workforce recruitment, retention, training and management for years to come.

This report shares lessons learned in 2020 as hospitals grappled with constantly changing information, familiar and emerging challenges, and tight human and financial resources. What are the most effective ways to quickly ramp up staffing? How can we best support employees stretched to their limits? What concerns do we need to consider when we pivot to telehealth and remote working?

In addition, the report offers strategies for adapting to and successfully navigating the “new normal” — from reskilling and upskilling, to strengthening and diversifying the candidate pipeline, to nurturing employee well-being over the long term.



Keeping the Big Picture in Focus

The development and emergency approval of multiple COVID-19 vaccines in record time provides welcome light at the end of the long pandemic tunnel. When the acute coronavirus-fueled workforce pressures eventually abate, hospitals will need to act with agility, plan strategically to thrive in the post-pandemic environment and ensure they're better prepared for future crises.

Achieving this goal demands integrating a clear-eyed view of the macro factors affecting health care with an understanding of the specific challenges individual hospitals face.

Workforce shortages will persist^{1,2,3,4,5,6}

Health care workforce shortages were prevalent pre-COVID-19, with nationwide shortages of 510,000 registered nurses projected by 2030 and of 122,000 physicians by 2032. These shortages will not magically disappear once COVID-19 is under control. More likely, they will be exacerbated.

The [Missouri Workforce 2020 Employer Survey Report](#) identified patient care and skilled trades as the largest statewide shortages with nearly half of health care employers indicating a skilled applicant shortage.

- **A need for nurses.** Year-end 2020 job postings for RNs in Missouri reached 35,690, up nearly 1,000 over 2019 and almost double the number in 2015. Postings for licensed practical and vocational nurses were up 19%. However, only 3.5% of RNs and 2.1% of APRNs reported they were unemployed and seeking work as a nurse, underscoring the limited pool available in-state. The relatively high rate of nurses nearing retirement age also will contribute to the ongoing shortage. This especially is consequential in Dekalb, Reynolds and Worth counties where more than half of the nurse workforce is over age 54.
- **Wanted: More nursing faculty.** Missouri's 23 American Association of Colleges of Nursing-member schools graduated 2,474 individuals who earned a Bachelor of Science in Nursing in 2019, only a fraction of the number hospitals need. Yet some nursing programs still turn away a significant number of qualified applicants due to a faculty shortage created by budget constraints, aging faculty and job competition from clinical sites. In 2019, Missouri schools of nursing had at least 50 open full-time faculty and 17 part-time/adjunct positions. An additional 118 full-time faculty would have been necessary to accept all qualified nursing school applicants.
- **Fierce competition.** The COVID-19 pandemic has driven competition for nurses into the stratosphere, creating a national bidding war with many nurses leaving hospital positions to work for travel nurse agencies offering sky-high wages. Hospitals also are competing for clinicians with nontraditional employers, such as telehealth companies, digital health innovators, and payers and disruptors, that provide health care to consumers or employees.

The supply of nurses is critically important for providers, educators and policymakers to understand.

Growing Demand Outpaces Expanding Nurse Workforce

LICENSED NURSES IN MISSOURI			
	2010	2015	2020
RNs	88,704	97,840	114,435
LPNs	24,436	24,134	22,043

MISSOURI JOB POSTINGS			
	2010	2015	2020
RNs	9,931	17,893	35,690
LPNs	2,028	3,295	5,941

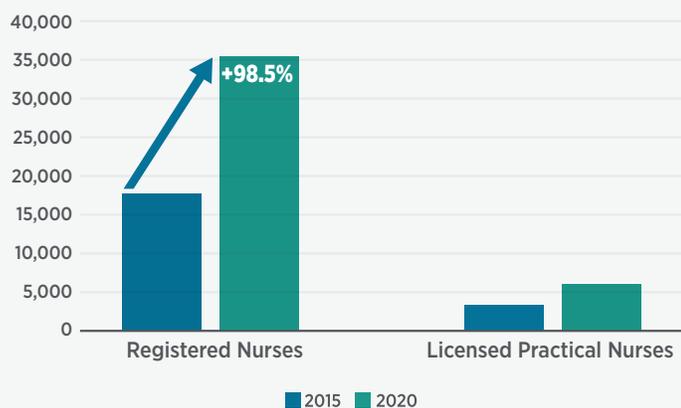
ADMISSIONS TO PRELICENSURE NURSING PROGRAMS			
	2010	2015	2020
BSN	1,589	2,816	3,165
ASN/Diploma	1,588	2,048	1,922
PN	1,347	1,550	1,395

Demand is outpacing supply. Demand is measured by job postings and vacancies, while supply is measured by new graduates and license holders. Demand for RNs increased 98.5% during the last five years, but licensed RNs only increased 17% and new BSNs only increased 1.7%.

There are programs that address the supply issues, but more need to be developed to deal with the growing shortages Missouri faces.

- The Missouri Hospital Association's Clinical Faculty Academy has provided a communitywide training program for RNs serving as adjunct clinical faculty at nursing schools in Missouri for nearly 20 years. The mission of the academy is to develop qualified staff nurses for the role of clinical nurse educators to increase the faculty workforce, and expand and sustain enrollments in schools of nursing.

Missouri Job Postings for Nurses: 2015 vs. 2020



The Missouri Department of Higher Education and Workforce Development's MOExcels Workforce Initiative also has been a huge success, helping fund critical projects like the nursing program expansions at Missouri Western State University and St. Louis Community College.

A difficult financial situation gets even harder

Between the pandemic-caused cancellation of elective surgeries and procedures, and the high costs of preparing for and treating recurring waves of COVID-19 patients, financial pressures have multiplied for hospitals. Nationally, hospitals lost an estimated \$200 billion between March and June of 2020. In Missouri, hospitals have lost approximately \$1.3 billion in operating revenue compared to 2019. With workforce expenses typically about half of the total operational cost, this revenue plunge often forced furloughs, layoffs, hiring freezes, and salary and benefit reductions. It also underscored the value of cross-training and retraining staff to help optimize workforce flexibility and productivity, as well as ensure clinicians, such as APRNs and PAs, are working at the top of their license and scope of practice. Even with these actions, expenses incurred for treating patients increased an estimated \$550 million compared to 2019. Hospitals had to build personal protective equipment inventory, incur higher wage-related expenses, increase supplies and invest in capital expenditures to treat patients for, and prevent the spread of, COVID-19. The net effect of the reduction in revenues and increases in expenses reduced hospital operating margins by \$1.8 billion compared to 2019.

Congress realized the toll that the COVID-19 pandemic was having on all health care providers and passed a series of legislative packages to help relieve some of the fiscal pressure. Hospitals in Missouri received an estimated \$78 million in Paycheck Protection Program support and \$1.2 billion in Provider Relief Payment support. Although these funds have been beneficial and provided much-needed financial support to providers, the relief funds did not make hospitals whole. It also is unlikely that hospitals will be able to retain all of the relief funds received. Throughout the next few years, hospitals will be required to justify how the funds were used, and audits will be conducted. The U.S. Department of Health and Human Services issued guidance and FAQs on how hospitals should justify the use of the relief payments. Hospitals that do not incur enough revenue reductions or cost increases, as prescribed within the FAQs, will be required to return a portion of the relief payments.

While the relief payments provided much-needed financial support to providers, hospitals will continue to operate under significant financial pressure.

The future is going to look different than the past^{8,9}

The COVID-19 pandemic has fueled some seismic shifts in the way health care is delivered and managed, including a dramatic rise in telehealth and remote work. All indications are that virtual care will continue to be a preferred and popular option for many patients and providers in both urban and rural areas. This especially will be likely if and when the Centers for Medicare & Medicaid Services makes permanent its temporary waivers expanding reimbursement.

The Missouri Telehealth Network, through its Show-Me ECHO program, along with MHA and state and local partners, has been committed to helping providers expand access to patient care during the pandemic. This includes offering complimentary encrypted Zoom licenses to local public health agencies, rural health clinics, Federally Qualified Health Centers and critical access hospitals. The Missouri Rural Health Association also partnered with Avera eCARE[®] to help rural hospitals implement tele-emergency and tele-hospitalist services.

Many hospitals sent administrative staff to work from home during the pandemic. The results were win-win-win: improved safety, better productivity and higher employee satisfaction. Given this success, a hybrid virtual model may become the new norm for many — in health care and beyond. A survey by Gartner indicated that 82% of business executives intend to allow employees to continue to work remotely at least part of the time.

Looking Forward: 5 Ways Workforce Planning Needs to Change

#1: It's Impossible to be too Prepared^{10, 11}

The COVID-19 pandemic underscored the critical importance of comprehensive emergency planning, especially in terms of staffing. Early in the pandemic, 42% of Missouri hospitals cited workforce supply as one of the biggest barriers to providing care for COVID-19 patients.

High patient volume, clinician exhaustion from extra shifts and constant stress, and staff infection/exposure can quickly accelerate staffing shortages to crisis levels. Three strategies have proven essential to avoid compromising surge capacity and patient care during new COVID-19 spikes and future virus outbreaks.

- Employ “out-of-the-box” recruitment tactics to fill short-term, temporary needs.
- Create succession planning strategies for staff in key roles.
- Develop an efficient-to-implement plan for filling temporary or full-time needs with current cross-department staff, or those laid off or furloughed.

Flexibility and planning go hand in hand to promote greater staffing resilience. Hospitals need to be ready with a full toolkit of strategies, ranging from deploying advanced practice providers in nontraditional roles; reinstating retired staff or providers; and hiring nursing school faculty, school nurses, and prelicensure nursing or medical students.

The ability to onboard new employees, volunteers and redeployed staff quickly and efficiently also is vital to scaling up rapidly in an emergency. MU Health Care's Center for Education and Development created multiple rapid acute care orientation options targeted to licensed clinical, nonlicensed clinical and nonlicensed nonclinical staff reassigned to inpatient units and noninpatient areas, such as dining services, environmental services, patient transport and security. The process included identifying valid competencies, determining fit for areas of need, and identifying needs for refresher training or education.

COVID-19 Lessons Learned:

Workforce management is key. Rapidly changing staffing needs during the early days of the pandemic and subsequent spikes required multifaceted interventions to ensure hospitals had an adequate workforce to accommodate their needs.

Saint Luke's Health System in Kansas City implemented several innovative approaches. Nurse graduates who were delayed in taking their licensure exam were hired as interns to support existing staff, a virtual RN program was implemented to support bedside nurses, and specialty physician consultation was provided to CAHs to minimize the need to transfer patients.

Hannibal Regional Healthcare System increased staffing ratios by providing incentive pay for COVID-19 unit work and extra shifts, and implemented rapid testing to enable clinical team members to return to work more quickly after quarantine.

Act proactively, not reactively. Hospitals that did not or could not act swiftly were forced to pay higher-than-average agency rates or transfer patients to other facilities due to limitations in capacity and resources. BJC HealthCare collaborated with two other major St. Louis-area hospitals to address staffing needs and make sure talent was distributed where it was most needed. In addition, BJC created a central staffing office and patient transfer center utilizing a dashboard to guide redeployment and balance out areas that had a surplus of talent with those desperately in need of help. The system also implemented daily staffing huddles and ongoing training on redeployment tools and processes.

Never stop communicating. With the COVID-19 pandemic in constant flux, leadership teams needed to communicate with each other multiple times a day and with all employees — active and furloughed — as frequently as possible. This goal was accomplished through town halls, email, and other digital and traditional channels.

Action Steps:

- Review, reevaluate and reinforce hospital emergency incident command systems. A strategically aligned approach to staffing built on this foundation is critical.
- Explore new staffing models that enable greater use of available staff. These include team nursing or tiered staffing models, such as the [crisis staffing model](#) from the Society of Critical Care Medicine.
- Develop or strengthen fast-track hiring and onboarding options to optimize speed and efficiency.
- Create plans to cross-train existing staff to handle new responsibilities and ensure they have the appropriate skills.
- Create training opportunities to upskill or reskill previously furloughed staff.

#2: Compassionate Employee Care is Critical to Quality Patient Care^{12,13}

Delivering quality patient care requires physically and emotionally healthy employees. Pre-pandemic, stress and burnout were endemic to health care. As many as 54% of clinicians reported at least one symptom of burnout — more than double that found in other fields — and two-thirds of nurses worried that their job affected their health.

Battling COVID-19 dramatically heightened the burnout risk and put emotionally and physically exhausted front-line clinicians at risk for PTSD. Because providers may be reluctant to seek help, hospitals must identify those affected and provide access to mental health support.

The American Hospital Association identified five areas where health care professionals expected support during the pandemic.

1. **Hear me** – Listen to and act on my concerns.
2. **Protect me** – Reduce my risk of acquiring and transmitting COVID-19.
3. **Prepare me** – Provide necessary training and support.
4. **Support me** – Acknowledge and support my human limitations.
5. **Care for me** – Provide holistic support for my family and me.

The social unrest following the deaths of African Americans by police officers also affected health care employee well-being, reinforcing the need for sensitivity to the impact of stressors beyond the immediate health care environment.

The combination of these factors makes it more critical than ever for hospitals to incorporate thriving into their culture. Helping team members recharge, combat burnout and enhance resiliency is essential for their well-being and for their ability to consistently provide the highest quality patient care.

COVID-19 Lessons Learned:

Emergency issues require emergency aid. Pandemic-driven job losses, school closures and illnesses meant many employees needed extra help with expenses, including for child care, food and rent. Some hospitals offered bonus COVID-19 pay to help with routine and unanticipated expenses. CoxHealth launched a Heroes Fund to help cover these needs, and Liberty Hospital increased the number of funds available through its foundation to provide assistance.

Rewards and recognition matter. Top priorities for the workforce included acknowledging the intensity of working conditions, celebrating commitment and supporting employee well-being throughout the pandemic.

Truman Medical Centers supplemented its ongoing rewards and recognition programs, such as TruSuccess bonuses and employee of the quarter, in several new ways. TMC supplied 100 fresh produce baskets for 12 weeks, funded full scholarships for more than 20 employees' children for the Y Learning Academy, offered individual exercise sessions through its PT/Rehab Department and provided low-cost dinner-to-go meals every weekday.

Liberty Hospital expanded its reward and recognition efforts to include sending treat-filled carts to units to help them de-stress, bringing food trucks on-site, creating a "Welcome Parade" with thank you signs for staff, increasing referral bonuses, and loosening its dress code to include jeans days and Chiefs gear on "Red Fridays" before football games.

Action Steps:

- Supplement existing resources for well-being and engagement with new initiatives focused on mental and emotional help. Consider these strategies implemented in Missouri hospitals.
 - » The Uplift initiative provides trained peer support for North Kansas City Hospital and Meritas Health employees experiencing trauma or distress at work or outside of work. This initiative educates staff to identify and respond to peers who need encouragement and support, as well as supplements an employee assistance program and other resources.
 - » Capital Region Medical Center in Jefferson City offers a range of physical and mental wellness-focused resources and initiatives guided by its Center for Mental Wellness. The highly successful PAUSE team, an inpatient peer-to-peer support program, has expanded to clinics and ancillary areas. Other offerings include Physician Healthcare Coaching; individual and group counseling for nurses and staff working with COVID-19 patients; financial wellness and education; and a physical wellness program focused on nutrition, movement and stress reduction.
- Explore the wide range of resources already available from local, state and national sources, including the government, health care associations and private organizations. These resources may provide cost savings, efficiency and operational success without the need to recreate initiatives in-house.

#3: New Skills Will Be Required for a New Normal

The COVID-19 pandemic has permanently changed health care by accelerating the shift toward a more team-oriented and technology-dependent environment, which will require health care staff to develop and enhance new skill sets.

Transitioning to a team approach.¹⁴

Team-based operating models are gaining momentum, especially in primary care where teams typically include physicians, RNs and advanced practice providers. Working on a team requires excellent collaboration and communication skills along with the requisite clinical knowledge. Different types of training and cross-training will need to be developed and implemented for all team members to optimize resources and patient outcomes.

As in many high-stress settings, a wide range of COVID-19 stressors — including overwork and fatigue, unfamiliarity with new team members, heightened consequences of mistakes for patients and team members, and scarce resources, to name just a few — had the potential to affect team performance. Knowledgeably anticipating and actively addressing risk points can help teams coordinate more effectively, boost resilience, strengthen team members' ability to honestly discuss concerns and support quality patient care.

Embracing telehealth.^{15,16}

Telehealth has become far more popular and commonplace during the COVID-19 pandemic, and its future looks even brighter. It offers a valuable way to increase access to specialists and a wider network of care in rural areas, as well as provides a satisfying, convenient choice for patients in urban areas.

To meet the growing demand for virtual care, physicians will need training on integrating new digital tools into their practice, as well as strategies for minimizing digital fatigue. Interacting virtually requires clinicians to exercise different patient communication skills that will require training and upskilling. Determining the right criteria to use when recruiting for these skills will be important as well.

In addition, telehealth solutions provide an opportunity for hospitals to extend in-person staff. A single nurse with telemetry skills can remotely monitor dozens of patients at a time and immediately summon help if a patient appears at risk. Telehealth solutions that provide on-demand access to hospitalists or specialists also can supplement limited or over-stretched clinicians, particularly in smaller facilities or CAHs.

Telehealth pioneers like Mercy Virtual — which opened the world's first and only virtual care center in Chesterfield in 2015 — will continue to forge a new path to enhance patient-centered care; advance technological innovations; and identify opportunities to make care more accessible, affordable and comprehensive. Mercy also partners with other health care leaders and organizations to create a national virtual care consortium to share clinical resources for optimal care and outcomes through telehealth.

Accelerating artificial intelligence adoption.

Artificial intelligence, especially when used with robotic automation to automate routine administrative tasks, has the power to transform how care is delivered. It can help minimize risk to employee health and safety, stretch limited budgets, and boost productivity and satisfaction by allowing staff to devote more time to patient care, collaboration and innovation.

As with telehealth, AI adoption will require reskilling, upskilling and redefining roles. By educating and demystifying AI's potential for changing the way people work, hospitals will help health care workers cultivate an openness to a digital mindset that embraces AI.

COVID-19 Lessons Learned:

Thumbs up for telehealth. By heightening the risks related to providing and receiving in-person care, the pandemic shed light on the many advantages of telehealth for both patients and clinicians. To help stretch limited staff and support safe practices, Saint Luke's Health System increased the use of virtual visits in its ambulatory care clinics; implemented a virtual RN program to support bedside nurses caring for COVID-19 patients, thus avoiding the need for a second nurse to enter the room; and began a virtual RN preceptor program to provide increased access to experienced nurses for new graduate RNs.

Mix and match staffing models. Hospitals have found that deploying a variety of staffing models provides valuable flexibility when infection or exposure affects clinician availability. Before implementation, each model should be evaluated based on staff experience and availability, as well as the complexity of patient care. Options include the following.

- » Team-based staffing: Assign one RN to a team of LPNs, aides and technicians to increase the staff-to-patient ratio without compromising care.
- » Tiered staffing: For hospitals opening new or alternate site ICUs, a [tiered staffing model](#) was recommended by the Society of Critical Care Medicine as an effective strategy to augment experienced ICU staff by incorporating non-ICU-trained staff of all disciplines.
- » Primary nursing care: Use a one-to-one, patient-centered model throughout a patient's stay that pairs a nurse with ancillary staff to assist with care.
- » Functional care delivery: The nurse manager handles coordination of care by delegating tasks through a hierarchical structure.

Action Steps:

- Identify additional technology and communication skills necessary for staff involved in telehealth, and develop appropriate training/professional development.
- Engage practitioners in virtual care program development to improve buy-in. A growing body of literature demonstrates that providers' satisfaction improves when they are involved in program design and implementation.
- Develop a toolkit of team-based and tiered staffing models to deploy as needed to optimize utilization of available staff, and ensure quality and safety.



#4: An Unpredictable Future Demands Leadership Agility¹⁷

Rapidly changing circumstances throughout the COVID-19 pandemic highlighted the need for nimble, flexible, decisive health care leadership. Given the continued unpredictability, leaders must hone their ability to act quickly and innovatively, while staying focused on key priorities.

Rev up for remote workforce management.

The workplace also is in transition, compounding the leadership challenges. Given the demonstrated safety and productivity benefits, a substantial number of health care organizations likely will continue to offer work-from-home options for employees post-pandemic. However, it is important to recognize that managing and engaging this remote workforce will require new and different leadership skills.

Leaders play a vital role in ensuring remote workforce success. Based on extensive employee engagement research, Gallagher recommends these key steps.

- » Ensure managers have the training, resources and support to manage from a distance.
- » Create a check-in routine for remote staff, both one-on-one and in team settings. Be sure to cover social topics as well as work responsibilities.
- » Establish clear performance expectations for employees and managers, including work schedule and availability.
- » Use multiple communication options — including digital, print and social media — to keep employees up to date on organizational changes and events.
- » Intentionally foster and extend company culture using creativity and communication to keep engagement levels high.

Creatively capitalize on communication.

Excellent communication always has been a cornerstone of effective leadership. During times of rapid or intense change, communicating frequently, transparently and efficiently keeps furloughed and active employees informed, engaged and mission focused. Leaders also need to communicate consistently with one another to ensure they speak to teams and employees knowledgeably and with a unified voice.



COVID-19 Lessons Learned:

Rapid change drives innovation and transformation. The only constant throughout the pandemic has been change at an unprecedented pace, even for health care professionals accustomed to a frequently evolving environment. Fluctuating circumstances and confusing regulatory guidance accelerate the need to anticipate creatively and respond quickly.

Addressing pressing safety, staffing or patient care concerns sometimes requires bypassing or quickly revising established policies, or creating new protocols simultaneously. This underscores the fact that a crisis actually can be an excellent time to make desired transformational changes for the benefit of patients, staff and the organization.

Stepping up may mean stepping out. Throughout the past year, leaders and employees often found themselves tasked with responsibilities well beyond the usual, from launching a patient and employee COVID-19 screening program to setting up listening sessions for employees in need of support after the recent deaths of African Americans by police officers. In a crisis or emergency, job descriptions may serve more as guidelines as staff members redeploy where they are needed most.

Action Steps:

- Review your organization's processes and policies to enhance agility, whether it's strengthening leadership's ability to deploy staff to different areas, or ensuring you have the financial and human resources to provide extra support to staff facing extenuating or challenging circumstances.
- Develop clear policies that identify who is eligible for remote work, define expectations and create a workable structure.
- Explore new communication platforms that streamline and enhance efforts to inform, engage and support team members at all levels of your organization.

#5: *Recruiting and Retention: The More Resourceful, the Better*

As workforce shortages continue, ensuring hospitals have sufficient staff — whether for a surge or for the long term — requires creative strategizing, resourceful recruiting and ongoing commitment to retention.

New challenges, new opportunities.

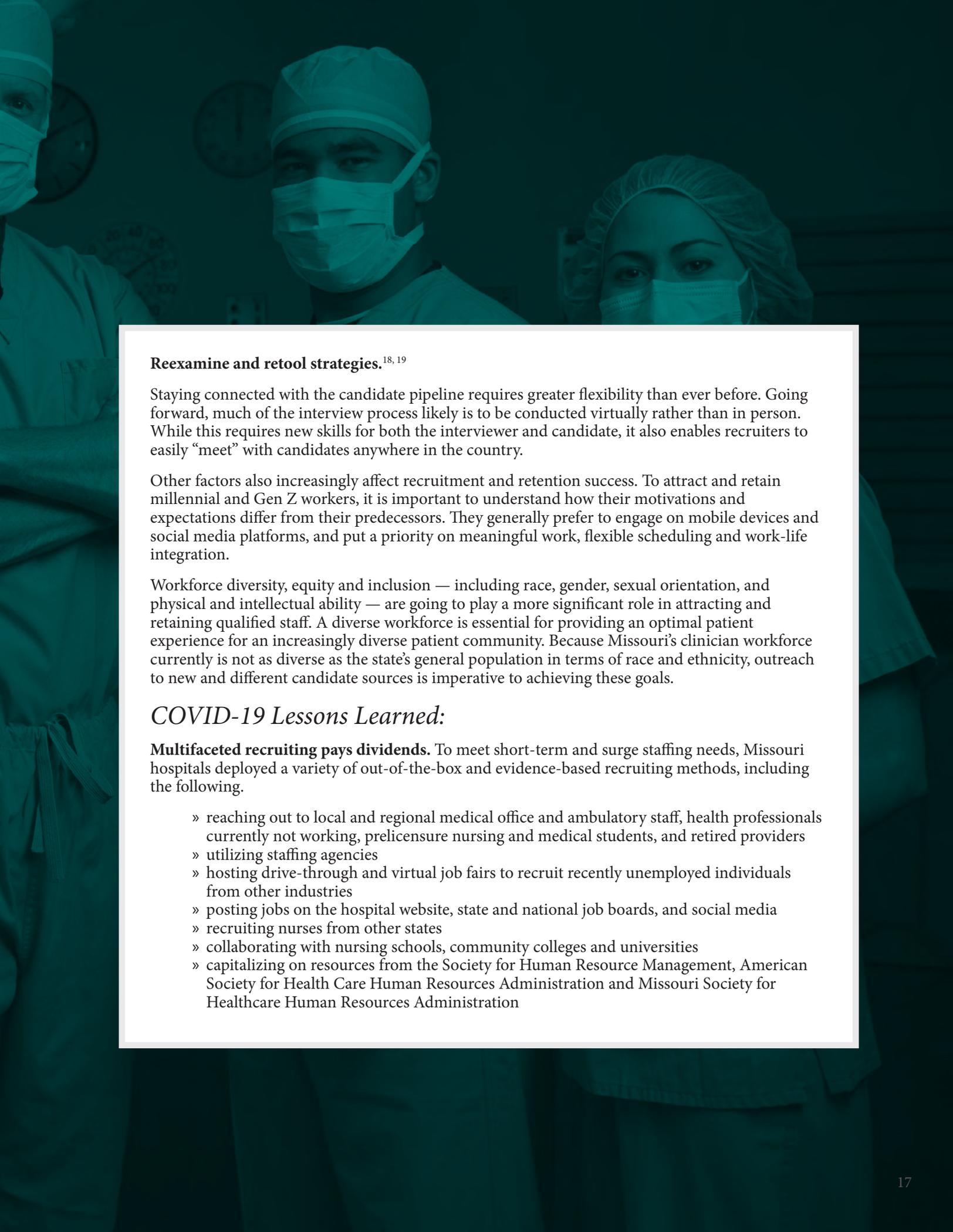
The COVID-19 pandemic created new challenges and new opportunities for recruiting. On one hand, many residency and educational programs were disrupted or halted, constricting the pipeline. On the other hand, many federal and state regulations added flexibility, at least temporarily, to licensing requirements, allowing clinicians to practice across state lines and retired practitioners and new graduates to join the workforce.

Building a robust pipeline yields the biggest dividends long term. Forward-thinking organizations need to take full advantage of existing educational programs, develop new ones, and partner with workforce stakeholders such as Missouri job centers, community colleges, high schools and middle schools to generate interest in health care and train students for high-demand careers.

Innovative approaches also can pay dividends. These could include programs that enable high school students to take nursing school prerequisites so they can begin working in a hospital right after graduating. Or, it could be becoming an approved certified nurse assistant training agency or investing in the development of nonlicensed staff to open the door to enhanced career path opportunities.

Missouri currently offers a broad spectrum of options designed to bolster the health care workforce.

- » The [MU Area Health Education Centers Rural Track Pipeline Program](#) encourages students from rural backgrounds to become rural community health care providers.
- » The MU Health Care Career Institute pays for employees' schooling and salaries while they train for one of five different health care professions.
- » The [Cape Girardeau Career Technology Center](#) offers students the opportunity to begin LPN training their senior year of high school.
- » The BJC School Outreach and Youth Development [program](#) provides numerous opportunities for middle school and high school students to learn firsthand about health care careers.
- » The CoxHealth Medical Assistant Apprenticeship [program](#) covers salary and community college tuition for participants while they attend class and work at various CoxHealth facilities.
- » [Health Care Career Exploring](#) gives high school students the chance to learn about health-related careers on-site in hospitals and clinics.
- » The [Earn While You Learn to be an RN](#) program enables fourth-semester nursing students to get hands-on clinical learning through a paid apprenticeship.



Reexamine and retool strategies.^{18, 19}

Staying connected with the candidate pipeline requires greater flexibility than ever before. Going forward, much of the interview process likely is to be conducted virtually rather than in person. While this requires new skills for both the interviewer and candidate, it also enables recruiters to easily “meet” with candidates anywhere in the country.

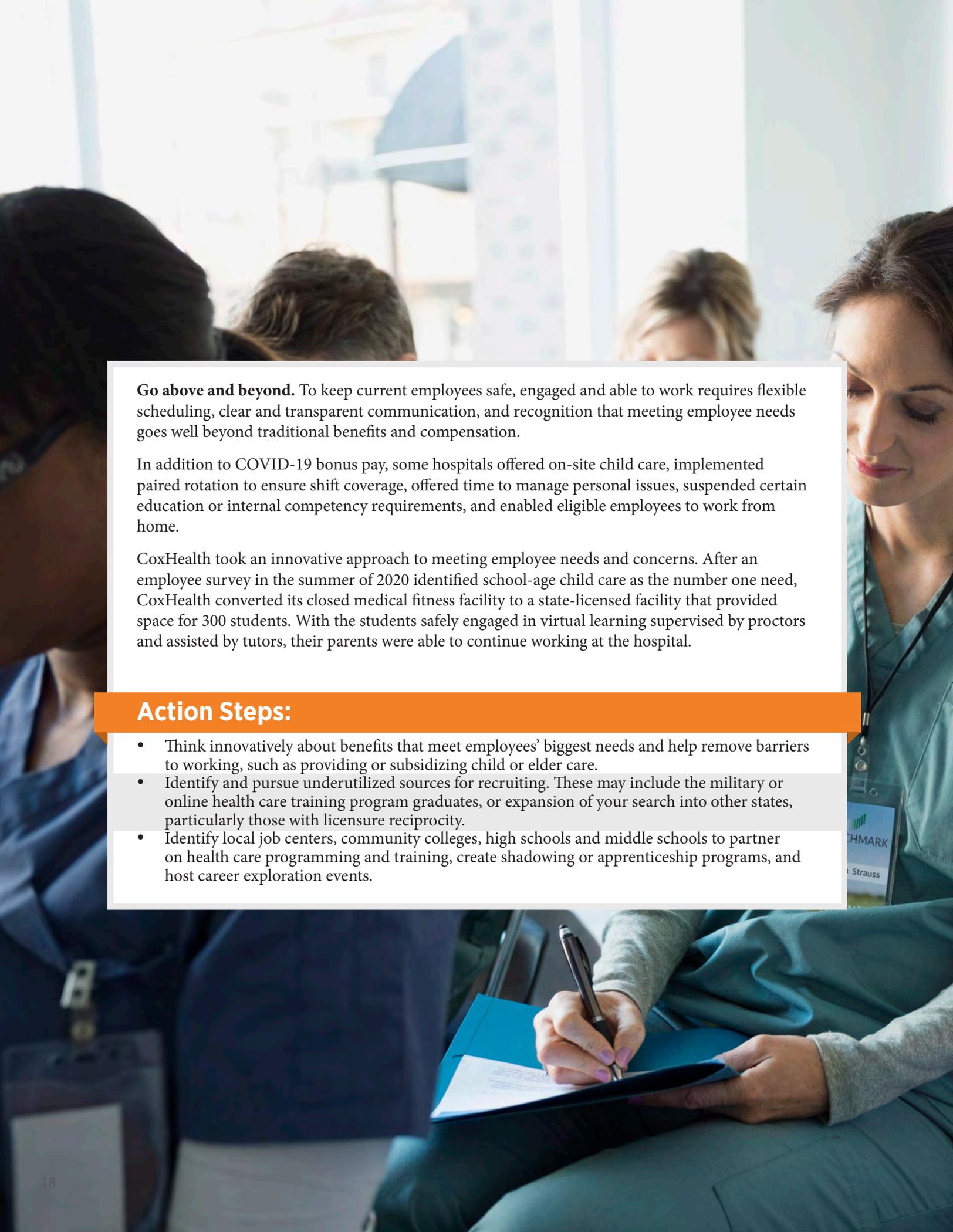
Other factors also increasingly affect recruitment and retention success. To attract and retain millennial and Gen Z workers, it is important to understand how their motivations and expectations differ from their predecessors. They generally prefer to engage on mobile devices and social media platforms, and put a priority on meaningful work, flexible scheduling and work-life integration.

Workforce diversity, equity and inclusion — including race, gender, sexual orientation, and physical and intellectual ability — are going to play a more significant role in attracting and retaining qualified staff. A diverse workforce is essential for providing an optimal patient experience for an increasingly diverse patient community. Because Missouri’s clinician workforce currently is not as diverse as the state’s general population in terms of race and ethnicity, outreach to new and different candidate sources is imperative to achieving these goals.

COVID-19 Lessons Learned:

Multifaceted recruiting pays dividends. To meet short-term and surge staffing needs, Missouri hospitals deployed a variety of out-of-the-box and evidence-based recruiting methods, including the following.

- » reaching out to local and regional medical office and ambulatory staff, health professionals currently not working, prelicensure nursing and medical students, and retired providers
- » utilizing staffing agencies
- » hosting drive-through and virtual job fairs to recruit recently unemployed individuals from other industries
- » posting jobs on the hospital website, state and national job boards, and social media
- » recruiting nurses from other states
- » collaborating with nursing schools, community colleges and universities
- » capitalizing on resources from the Society for Human Resource Management, American Society for Health Care Human Resources Administration and Missouri Society for Healthcare Human Resources Administration



Go above and beyond. To keep current employees safe, engaged and able to work requires flexible scheduling, clear and transparent communication, and recognition that meeting employee needs goes well beyond traditional benefits and compensation.

In addition to COVID-19 bonus pay, some hospitals offered on-site child care, implemented paired rotation to ensure shift coverage, offered time to manage personal issues, suspended certain education or internal competency requirements, and enabled eligible employees to work from home.

CoxHealth took an innovative approach to meeting employee needs and concerns. After an employee survey in the summer of 2020 identified school-age child care as the number one need, CoxHealth converted its closed medical fitness facility to a state-licensed facility that provided space for 300 students. With the students safely engaged in virtual learning supervised by proctors and assisted by tutors, their parents were able to continue working at the hospital.

Action Steps:

- Think innovatively about benefits that meet employees' biggest needs and help remove barriers to working, such as providing or subsidizing child or elder care.
- Identify and pursue underutilized sources for recruiting. These may include the military or online health care training program graduates, or expansion of your search into other states, particularly those with licensure reciprocity.
- Identify local job centers, community colleges, high schools and middle schools to partner on health care programming and training, create shadowing or apprenticeship programs, and host career exploration events.

Ask the Experts

What steps should hospitals take to identify and address burnout in team members?

There is no doubt that COVID-19 brought on a new set of challenges to health care workers, especially as it relates to burnout. Through regular communication with front-line leaders and feedback from those interacting with staff during rounding, we were able to continually assess the stress and burnout levels of our staff. While our organization offers an employee assistance program to team members, it was difficult for staff to break away to schedule and attend sessions with EAP counselors when needed. Our employees have had a variety of new day-to-day challenges to overcome — some work related, and others related to loss, financial burdens, and health of themselves or family members. We worked with our EAP partner to offer on-site mini EAP sessions so staff could break away more easily to seek support without travel or excess time away. The mini sessions were in a socially distanced setting and were 25 minutes long. Employees signed up via an electronic link and were able to provide a general overview of what they hoped to accomplish in the session. The EAP counselor was then able to prepare thoughts and resources beforehand and ensure maximum productivity in the 25 minutes together. The employees were able to talk through next steps for themselves with the counselor, and EAP provided the organization additional self-care resources to post online for staff. These sessions were received well, and we ended up scheduling additional days for EAP to come on-site. We found that the slots were filled very quickly, and overall attendance for the sessions was good. Burnout is very real, and we found doing whatever we could to bring the resources, support and assistance directly to the team members was well received and utilized.

Valerie Pounders, SHRM-SCP, SPHR

Vice President, Human Resources

Liberty Hospital

What do you think the pandemic's most significant impact will be on workforce planning?

The health care workforce, especially in a hospital setting, has always needed to be flexible due to the potential changes in census and volumes. The pandemic magnified the need for a flexible workforce and flexible staffing models with the ability to be nimble and quick in making changes. Health care HR will need to continue to hire for resiliency and flexibility, in addition to the clinical or tactical job skills needed. The ability for some roles to be performed remotely or for more services to be offered virtually may result in expanded options for off-site employees. The ability to plan for part of the workforce to work remotely has the potential to reduce some on-site overhead and increase the satisfaction and engagement of the workforce, if managed properly.

Susan R. Wathen, MHRM, SPHR, SHRM-SCP

Vice-President, Human Resources

Hannibal Regional Healthcare System

Has the COVID-19 crisis changed the way you communicate with employees? Why or why not?

The COVID-19 crisis has had a significant impact on the way we communicate with employees. Prior to the pandemic, most of our communication took place in face-to-face meetings, augmented by the typical employee newsletter and intranet information. Once the pandemic was in full swing, we needed to communicate timely information about COVID-19 to our employees and started a special newsletter devoted to items about our PPE policies, temporary telecommuting policy, temporary changes in benefits and other COVID-19-related news. We published a second newsletter later that focused on resources to help our employees cope with the personal challenges COVID-19 presented. Our new CEO was especially eager to communicate with the workforce and held heavily promoted town hall meetings on Zoom to announce important developments. While most other in-person meetings were converted to Zoom, WebEx or Teams calls, we upgraded the audiovisual system in our board room and continued to ask key speakers for significant meetings to attend in person and physically distance so everyone else on the call could see them leading these sessions. In addition, our temporary (now permanent) telecommuting policy included a section for leaders on staying engaged with remote workers through frequent check-ins. These are just some of the measures we have been taking to keep our employees engaged during the crisis. Our ability to quickly adapt to our changing work environment has been essential to an effective pandemic response.

Dawn Bryant

*Vice President, Human Resources
North Kansas City Hospital*

What strategies will be most critical to building a robust pipeline?

With an acute shortage of applicants for our available roles, we have decided to focus our attention on workforce development to fill our pipeline for future talent. We are training our own CNAs through an apprenticeship program, training our CNAs to be CMTs through our career ladder program, and offering tuition assistance to advance skills and certifications for our staff. In addition, we now offer a Presidential Scholarship for our LPNs who want to become RNs. This scholarship pays for all tuition, books and supplies, but goes even further by paying the recipients for full time, five shifts a week and full-time benefits, while only requiring them to work three shifts a week, allowing them more time for schoolwork. Our mission includes “providing fulfilling career opportunities,” and we believe that through workforce development, we can continue to advance the skillset of our team and develop people to fill our talent pipeline. We can no longer just hope to steal talent from our competitors, we need to create more health care workers.

Eileen Caffey

*Director of Recruitment and Employee Relations
Bethesda Health Group*

In what ways will the health care workforce look different five years from now?

First, virtual work in health care has accelerated exponentially during the pandemic. This change includes providers doing patient encounters via video, physician and nurses monitoring ICU patients remotely, and IT and HR colleagues working from home. Second, workers will need to be enticed to come into health care. Organizations will not be able to wait until care providers are trained. Developing a talent pipeline will require presenting career options to middle and high school students, paying wages and tuition for students to go to school, and having many robust training programs for health care-as-a-second career workers. Third, employees will demand more effective leadership, and they will leave when they don't have it. Health care organizations will identify, train and promote good leaders, and rehabilitate or exit poor leaders.

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For the latest updates, guidance and resources on COVID-19, visit <https://web.mhanet.com/disease-management/infectious-diseases/covid-19/>.

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