ASHHRA
**American Society for Health Care
Human Resources Administration**

WHERE ARE WE NOW?
CONTINUING THE
CONVERSATION
A HEALTH CARE HUMAN RESOURCES
THOUGHT LEADER FORUM
SEPTEMBER 2018

In the 2018 Thought Leader Forum, a select group of health care executives joined field experts in technological advancement, workforce demographics and workforce shortages to reassess predictions from the 2013 Thought Leader Forum and examine the current workforce landscape. This Thought Leader Forum executive summary is a strategic overview of the dialogue, discussion and recommendations for successfully addressing some of today's most challenging health care workforce issues.

2018 Thought Leader Forum sponsored by:

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EXECUTIVE SUMMARY

The American Society for Health Care Human Resources Administration (ASHHRA), a professional membership group of the American Hospital Association (AHA), held its 12th Thought Leader Forum on Monday, Sept. 17, 2018, in Pittsburgh.

The Forum was sponsored by Purdue University Global, an adult-serving public university, operated as part of the Purdue University system focusing on career-oriented fields of study and lead to educational certificates and degrees. Dominick Squicciarini, executive director of health care partnerships for Purdue University Global, welcomed thought leader participants to the Forum, which was moderated by Jamie Parsons, CHHR, SPHR, FACHE, SHRM-SCP, senior vice president of human resources at St. Elizabeth Healthcare in Edgewood, Kentucky.

Titled "Where Are We Now? Continuing the Conversation," the Forum followed up on the 2013 session, "Envisioning Tomorrow's Health Care Workforce," in which participants forecasted potential workforce changes over the next five years resulting from increased focus on performance, technology advances, shifting demographics, projected shortages, delayed or premature retirements, and mergers and acquisitions.

In the 2018 Forum, a select group of health care executives – including three participants from the 2013 session – joined field experts in technological advancement, workforce demographics and workforce shortages to reassess the earlier predictions and examine the current workforce landscape. They discussed whether or not the changes projected rang true, the factors impacting future workforce needs, and the training and tools human resources executives should be prepared to offer to ensure workforce success in new and evolving roles.

This Thought Leader Forum executive summary is a strategic overview of the dialogue, discussion and recommendations for successfully addressing some of today's most challenging health care workforce issues.

At the 2013 Thought Leader Forum, panelists explored several key issues:

- What will the health care workforce of the future look like?
- How will factors such as increased focus on performance improvement, shifting workforce demographics, projected labor shortages, delayed or premature retirements, technology, and hospital and health care consolidation change the workplace?
- How can human resources leaders prepare for these developments?

In 2018, the panel revisited these topics, explored the state of the health care workplace five years later and discussed the challenges that lie ahead, focusing particularly on workforce development and emerging technology trends.

What's Changed – and What Hasn't

Five years ago, health care was in the throes of transforming from a volume-based model to a value-based one. While the change process is far from over, it has become clear that the new normal – as expected – demands hospitals and health care systems consistently meet high performance standards and deliver quality outcomes to earn the reimbursements they need to thrive.

Even though the reimbursement model has changed, many of the same challenges remain. One of the most critical is recruiting enough employees to meet growing workforce demand. Another is minimizing turnover in a high-pressure environment and highly competitive marketplace.

> We've gone from volume to value. We knew financially it would be hard for us and that has come to fruition.

Workforce Development

In 2013, thought leaders expressed concern about ongoing recruiting challenges and predicted future shortages of nurses, pharmacists, primary care physicians and allied health professionals. The labor shortage has only intensified now that for the first time in history, health care has become the largest source of jobs in the United States, surpassing both manufacturing and retail.[1] Fueled primarily by the demands of an aging population and rising health care spending, the U.S. Department of Labor's Bureau of Labor Statistics projects 2.4 million new health care

No question, the business of health care has moved front and center. Excellent, efficient employee performance and a healthy workplace have become critical components of competitive advantage. Addressing physician and nurse burnout, employee retention, productivity and other human capital challenges are compelling business interests on par with building market share and achieving the quadruple aim.

The thought leaders observed that health care's ability to innovate – essential to every industry undergoing major transformation – has been hampered by a reluctance to systemically reassess and possibly revamp workforce requirements related to credentialing, regulations and compliance.

Last but far from least, no one is surprised that the impact of technology continues to reverberate throughout the health care landscape, affecting how workers do their jobs, how health care organizations communicate with employees, how patients are cared for and how business and workforce decisions are made.

jobs will be added by 2026, more than any other occupational group.[2]

Finding enough workers to fill these positions presents a daunting challenge for the health care sector, where job openings already typically outnumber hires. In one month alone, there were 88,000 more nursing vacancies across the country than nurses available to fill them. Although health care organizations have struggled with labor shortages for years, the massive numbers of retiring baby boomers and lack of a robust pipeline exacerbate the situation.

Baby Boomers are saying good-bye

More than one-third of today's active physicians turn 65 in the next 10 years, according to the American Association of Medical Colleges (AAMC), which could create a shortage of 100,000 physicians through 2030.[3] At the same time, the wave of retirements among baby boomer RNs has been underway for the past few years, with tens of thousands retiring annually. By 2020, they are expected to number only 630,000, which is half their 2008 peak.[4]

In 2013, many baby boomers postponed retirement because of the uncertain economy and worries that they couldn't afford to retire. In today's healthier economy, they're now feeling confident enough to retire, contributing not only to the growing labor shortage but to the loss of the experience, and institutional and professional knowledge so critical to providing quality patient care. And, of course, fewer nurses means bigger patient loads which can contribute to nursing burnout, increase costly turnover and adversely affect patient outcomes.

> We need to get out of our own way. We lose touch with some people who want to be in the profession when we tell them they have to have a bachelor's, master's or doctorate. Some people want to go out and do the work but can't get there from here.

Pipeline needs pumping up

The anemic pipeline for nursing in particular and the allied health professions in general continues to keep thought leaders up at night, "...probably with nightmares." The extremely low unemployment rates increase competition for employees within health care and also with other fields. This challenges organizations to create welcoming, supportive workplace cultures, along with offering competitive compensation and benefits, in order to attract and retain employees.

Driven by mission and values, health care organization

leaders naturally and traditionally have focused on delivering high quality, cost-effective patient care. Taking care of employees is also important, however, making a business case to the C-suite that employees are investment centers, not cost centers, can be challenging.

Michael Parkinson pointed out that a study of the C. Everett Koop National Health Award winners, organizations recognized for implementing workplace wellness programs that improve workers' health, reduce spending and achieve positive business outcomes, provides impressive evidence that investing in employees delivers results. Compared to similar companies, the award winners had 13 times higher earnings over a 13-year period.

Thinking out of the box

The thought leaders emphasized the need to think out of the box in order to plan strategically for the new reality. They explored several strategies health care organizations can implement to bolster workforce development, shore up the candidate pipeline, and strengthen the retention and engagement of current employees.

Better aligned workforce and education paradigms

In 2013, thought leaders agreed that many educational institutions lacked the agility, faculty, funding and relevant curricula to adequately prepare students to succeed in health care careers. They also recognized the difficulty health care organizations were having in meeting the Institute of Medicine (IOM) recommendation for 80% of nursing staff to hold a Bachelor of Science in Nursing (BSN) degree by 2020.

In 2018, thought leaders saw only minimal progress. The percentage of the nursing workforce with a BSN had climbed from 35 - 54%, but clearly the 80% target remains aspirational. While supportive of educational standards, thought leaders expressed concern that systemic inflexibility surrounding them had the potential to perpetuate job vacancies.

The thought leaders noted that many BSN programs strongly encourage graduates to pursue a master's degree and become a nurse practitioner. Yet, the net effect can be to discourage nursing students from becoming bedside nurses rather than advanced

practice/specialist nurses, or prevent those who cannot afford the time or money for additional schooling from pursuing a career they would love and thrive in.

In the previous Forum, thought leaders suggested increased use and reliance on mid-level providers or advanced-practice clinicians was likely to increase. In 2018, thought leaders believed the ongoing shortage underscored the need to be even more flexible and innovative about building patient care teams. This could include reassessing care team job descriptions and developing new models of care that incorporate physician assistants, nurse practitioners and others.

Some positions, such as surgical technicians, have no specific regulation-imposed certification requirements. Health care organizations may find it helpful to look at these and similar jobs, and modify the job descriptions so they can hire people who have the right experience but perhaps lack traditional educational degree or credentials.

The ongoing tension between diploma and BSNs continues to be problematic in many communities. For example, hospitals in California resisted a bill that would have required them to hire a certain percentage of ADNs to support community employment. Introducing more flexibility in credentialing that enables organizations to hire individuals who are compassionate and committed to caring for patients and trained to the right level of competency could prove vital to supporting hospital missions and building a more robust pipeline.

Thought leaders noted that hospitals need to more proactively wield the power that comes with being the largest employer in many communities. *"We need to go directly to the community and say we need new degrees of freedom to think about how we do business."*

Present a realistic picture of job responsibilities

The fact that nearly one in five newly graduated nurses leave their first job after a year[7] is both perplexing and alarming. Health care organizations should take a closer, more honest look at how realistically they portray health care careers and job responsibilities. Extensive outreach through the media and to schools about choosing health care careers because of the excellent job prospects can be positive, but it is also important to talk about the right qualifications and fit for these positions. Providing more realistic job previews minimizes the risk of a disconnect between employee expectations and actual day-to-day responsibilities.

In addition to making sure they recruit the right people, health care organizations need to ensure they empower them to thrive professionally. An important part of meeting that goal is identifying and promoting supervisors with the right skills and dedication, then providing the necessary career development training and support so that they can be not only technically competent but also inspirational servant leaders.

The appeal of the profession

Traditionally, most people in health care choose it for the "noble reason" and feel a special connection to the organization's mission and values. To attract millennials, and the generations who follow, organizations must focus on "capturing them by their heart." Thought leaders noted millennials want purpose, passion and meaningfulness – "they're looking for a reason to get that heart going."

Storytelling offers a highly effective way to deliver that message to millennials – and candidates of every age. Health care is uniquely positioned to share powerful, beautiful stories about making a difference in people's lives that can be energizing and appealing to people who want to care deeply about the work they do.

Expand the applicant pool

Building a more robust pipeline for health care candidates, especially in an economy with close to full employment, requires targeting non-traditional prospects such as veterans and individuals in communities who are chronically unemployed or underemployed, living with a disability or formerly incarcerated.

Thousands of veterans in communities struggle to find steady employment, while health care jobs go begging. Forward-thinking health care organizations recognize that military service typically prepares individuals to succeed in health care by developing valuable skills such as loyalty, respect, level-headedness in the face of crisis, leadership ability and a commitment to teamwork. In 2016, the Virginia General Assembly launched a pilot program – which proved successful enough to be made permanent – to provide recently discharged Army Medics, Navy and Coast Guard Corpsmen, and Air Force Medical Technicians an opportunity to work in ERs based on their experience versus credentialing.

Hiring non-traditional candidates may require more support and more intensive vetting, but it also yields successful employees. Jamie Parsons observed that individuals hired through a supportive Project Employment Hope employee assistance program at his health care organization worked harder than most hired through regular channels. "They're so thankful to have a second chance."

Reaching out to the local community, and local schools, also can widen the applicant pool. And the sooner – and younger – organizations reach out, the better. For example, Johns Hopkins has a program that brings local high school sophomores and juniors into the hospital over the summer to expose them to clinical and research experiences. "We're trying to get ahead of the curve because we all fell behind five years ago."

> If you're not talking to your educational partners, you're missing an opportunity to educate them. This is another area of advocacy everyone can do.

Broaden and strengthen advocacy efforts

Legislative advocacy at the local, state and federal level to promote public policy change and support bills that increase scholarships and educational grants is vital. But the definition of advocacy should also be expanded to encompass building bridges and strengthening relationships with local educational institutions as well as professional associations of nurses and other health care professionals.

It is vital for health care organizations to engage with community colleges, universities and other schools with the capability to educate future health care workers. Schools want reassurance from potential employers that graduates of their programs have excellent hiring prospects along with the skills necessary to succeed in the health care field. Although change may take time, schools tend to be responsive to employer needs.

Advocacy can also remove hurdles to completing training. For example, it's important to work with community colleges and BSN programs to ensure ADNs pursuing their bachelor's degree don't have to repeat coursework. Transferring credits can also be an issue. Five years ago, nursing students in California couldn't begin a program in one city and transfer their credits if they moved to a different one. Working with the chancellors at each of the different schools succeeded in eliminating this obstacle.

In addition, health care organizations need to share their needs and concerns about workforce development and labor shortage challenges with state hospital associations and national associations such as the American Organization of Nursing Leadership (AONL) so that they can partner on spearheading solutions as well as multiply the strength of their advocacy efforts. "As a trade association we can be a leader, but we can't move the ball forward unless we have our hospitals very engaged in that process."

Technology

In 2013, the thought leaders observed that health care generally lagged behind other fields in adopting, adapting to and leveraging technology. The pace of digital transformation has accelerated in the intervening years, fueled by new laws, incentives and market pressures to improve efficiency, integration and outcomes.

Experience has shown that technology can be empowering and game-changing, yet also intimidating and baffling. It breeds frustration when it struggles

to live up to its promised potential, as the rocky adoption of EMRs and the ongoing interoperability challenges between systems demonstrate. However, a host of advanced technologies – including predictive analytics, AI, robotics and telemedicine – are providing new opportunities for health care leaders to improve both the patient and provider experience.

As with any change, these technologies can be disruptive and disorienting as well as beneficial. The thought leaders grappled with how to best take advantage of technology to meet the challenges they face today and those they anticipate tomorrow, while also encouraging employees to embrace its potential.

The power of predictive analytics

Leveraging predictive analytics to support an integrated health, safety and performance strategy that reduces employee turnover and increases business competitiveness makes an excellent starting point.

Predictive analytics, which integrates and analyzes current and historical data to predict future events and behavior, enables employers to identify at-risk staff members in new and different ways. Many industries have been using it effectively to drive better informed decision-making about recruiting, retaining and engaging employees, reducing excessive employee medical costs and optimizing productivity. However, most health care organizations have lagged in implementing predictive analytics capabilities.

Putting Big Data to work

One notable exception is UPMC. By consolidating multiple sources of previously siloed data, UPMC was able to gain intelligent insights that allowed it to intervene proactively to reduce absenteeism, better manage short-term disability and minimize turnover among its 80,000 employees.

Using integrated data, UPMC was able to predict with 90% accuracy (versus 10% accuracy using individual databases) which employees would submit a new mental health claim. For half of the employees, UPMC determined that the roots of the mental health

claims went back as far as two years earlier, when the individuals requested FMLA leave. Other early indicators included visits to onsite clinics, complaints to payroll departments or other touchpoints that don't typically involve human resources.

With the drastically improved ability to identify at-risk employees, UPMC now is able to make them aware of EAP resources such as home health care or family or senior care services. This has led to a 400% uptake in these services, reducing absenteeism by an average of three days and $1,600 in productivity costs. Results like these have a dramatic impact, supporting a business case for technology that speaks directly to CFO objectives.

Predictive analytics can also help reduce absenteeism and disability claims related to musculoskeletal injuries and illness, so common among nurses and support care personnel. At UPMC, reviewing the data on short-, medium- and long-term disability claims enabled the organization to back-engineer how employees were trained on avoiding injury, and to help those who did get injured return to work more quickly.

Finally, UPMC has been able to use integrated data to predict six- to12-month employee turnover risk with 99% accuracy, down to the business unit level. With this information in hand, supervisors can intervene earlier to address potential issues and boost retention.

Managing leave cost-effectively

California and Maryland are among the states that have legislatively mandated leave for employees, which introduces new challenges for managing staffing. These include how to accommodate leave for part-time as well as full-time employees, reining in the business cost of absences and planning backfill appropriately – all while maintaining necessary staffing ratios to ensure proper levels of care.

To help with these and other human resources management issues, health care organizations are increasingly building, buying or updating HRIS platforms.

Investing in the right platform

By making data easily accessible, digital platforms can play key role in smarter decision-making. Before investing in a platform, health care leaders need to carefully vet vendors to determine how their solution can save time and money.

Questions to ask include:

- What evidence can you provide that your system correlates to ROI?
- What sample did you use to test your software/algorithms/predictive analytics/AI?
- What, who and how many people were measured?
- Did you check for adverse impact or bias against certain populations?
- Are you measuring self-reporting, which can be subject to faking and other issues?
- Is there technical documentation you can read?

Automation, AI and robotics

According to a research by McKinsey & Company, 45% of the activities individuals are paid to perform can be automated.[5] Their research also found that 60% of all occupations could see 30% or more of their constituent activities automated with technologies available today.[6]

Although automation has been one of the most destabilizing forces for labor in the last generation, health care has been substantially resistant. Automation has made inroads, however. Some hospitals have begun using robots to deliver food trays, robotic surgical systems are beginning to find their place in operating rooms, and robots in pharmacies can pick medications and prepare them for patient delivery.

But rather than replace employee positions wholesale, thought leaders saw automation as a valuable opportunity to take high-volume, repetitive tasks out of the hands of employees so they could be completed more quickly and cost-efficiently. Automation also gives health care organizations the potential to eliminate certain aspects of jobs that employees don't like, freeing them to spend more time on the responsibilities they do

enjoy, which can positively impact employee satisfaction – and, ultimately, retention.

Discussion of bots and technology often raises "antibodies and fear" among health care employees. To avoid stress and creating additional angst for employees, it is essential to be transparent and communicate well so that employees understand why technology is being introduced and how they can benefit. Often, that requires rounding – including on evening and overnight shifts – to communicate firsthand leaders' willingness to better understand current workflow and how selectively introduced technologies can make life better for employees.

Digital transformation close to home

At the same time, in the next three to five years digital transformation will also fundamentally change way HR services are delivered to employees. Electronic signatures on forms are becoming commonplace, but will signatures be required at all in the future? And in a world where consumers already are becoming accustomed to opening their garage door, turning on their lights or calling friends and family by talking to smart speakers or virtual assistants, or checking their 401k balance on their Apple watch or Xbox, employees are going to want the same easy access to their benefits information.

HR professionals accustomed to employees reaching out to them in their office or onsite need to shift their mindset to meet employee expectations for information access 24/7 through a variety of digital devices. Technology offers a cost-effective, simple way to get – and deliver – information on-demand, on topics ranging from open enrollment to flu vaccination to employee engagement surveys.

And that's just the beginning. Sooner than later, it's likely that integrating artificial intelligence and machine learning with HRIS systems will enable health care organizations to automate an increasing number of HR responsibilities, such as screening applicants based on pre-determined qualifications.

THOUGHT LEADERS' RECOMMENDED ACTIONS
PREPARING FOR THE HEALTH CARE WORKPLACE OF THE FUTURE

Use data to drive smart decision-making

Health care organizations face more pressure than ever to deliver higher quality patient care, more efficiently, in a constantly evolving environment. In the era of Big Data, hospitals can integrate data from multiple sources, extract intelligent insights and act on the data to intervene earlier, differently and more effectively to optimize workforce and business performance.

Show your employees the value in technology

There's no question that technology and change go hand-in-hand. But fostering the ability to embrace technology rather than fear it can yield impressive dividends. Transparency, communication, engagement and training in every stage of technology introduction are key to earning employee buy-in and achieving desired results from improved performance to reduced turnover to higher satisfaction levels.

Capitalize on technology support resources

Larger urban hospitals and academic medical centers may have greater access to technology expertise in-house, but critical care hospitals and smaller organizations can also tap into plenty of private and public resources. Explore what your community, region and state have to offer.

Redefine and re-energize your advocacy efforts

Advocacy needs expand beyond the legislative to the educational realm. There's no substitute for grassroots advocacy on workforce issues that matter to your organization. Get out in the community and build bridges with high schools, community colleges and universities. Partner with them to introduce new training programs, innovative internships and more. Work with ASHHRA, the AHA, your state hospital association and your state legislature to make change happen.

Think differently

To ensure a vibrant health care workforce for the future, health care organizations need to change their thinking and the way they do things. It's time to raise your voice and talk about new, more flexible care team models, to focus less on credentialing and more on experience and skills, and to encourage collaboration among health care workers at all levels and in all fields to work toward common goals.

Connect with your community

Hospitals are frequently the largest employer in the community. Leverage that influence to reframe challenges, engage and hire the people you serve, and introduce health initiatives that improve people's lives.

Be a catalyst

Many of the issues discussed in 2018 were similar to the ones on the table in 2013. To avoid repeating the conversation in 2023, it's time for HR professionals to take the lead in driving change that ensures workforce success today and tomorrow.

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