



Podcast



HEALTHCARE INDUSTRY GROUP

HUMAN CAPITAL & WORKFORCE MANAGEMENT

The Impact of the Current Nursing Shortage on U.S. Healthcare Organizations – Part 2

Transcript

[00:00:22] Angelleen Peters-Lewis: The pandemic as helping us re-examine our lives has placed a higher emphasis on mission and values. I hear that from our teams a lot. In addition to what you say total rewards, I think nurses are more thinking globally about total rewards than they did before. Not just compensation, but the value that your organization is bringing to their package, whether that's switching reimbursement, loan repayment, and all those sorts of things. Nurses want to see that congruence between mission, vision, and values. Are we who we say we are and are we doing what we said that we're going to do? This whole concept of belonging, appreciation, and caring is something different than I've seen before.

[00:01:03] Bianca Briola: Hello, and welcome back. This is Bianca Briola from Alvarez & Marsal. I'm joined again by three wonderful guests, Vicky Orto, Angelleen Peters-Lewis, and Nicole Kerkenbush, we have three nursing executives here sharing their insights on the nursing shortage that we're experiencing nationwide. If you haven't had an opportunity to listen to the first session, please, take a moment and listen to all of their fantastic insights specific to their regional challenges and their specific organizations. Now, join us in our second conversation.

[00:01:39] Angelleen: Through the challenge of the shortage and the crisis and the emotional peace to the staff and the caregivers, is your organization's leveraging technology in any different way during the time that you've been forced to pivot?

[00:01:52] Nicole Kerkenbush: There certainly are nurses out there that, I think, want to stay in this profession but can't stay at the bedside. How do we provide them opportunities? I think virtual nursing is a great one. I would say too that, we are actually really, I think we are very blessed to have an amazing CIO and CMO who's a physician. She and I are incredible partners, which is amazing for us. We are going down the path of really exploring automation of various processes.

I think that the reality is if we're going to have temporary staff in our spaces in the volume that we have them, the way then that we mitigate quality and safety concerns is by standardizing, by having protocols, order sets, the same care happening the same way no matter who the physician is, no matter what shift it is, no matter what floor you're on, we've got to build that in. I think automation can really help that.

We are partnering with two companies right now to really look at how to bring in Ambient monitoring both audio and visual. We will actually be putting in cameras and microphones almost in every nook and cranny of our spaces so that we can monitor patient's ideas



around how to prevent falls, how to prevent pressure ulcers, how to ensure that we're not sending caregivers to the wrong location, wasting their time so that we will have tracking available for patients and products so that when somebody arrives in the OR, the team is notified and they go then instead of waiting in the OR for 20 minutes, lots of different ideas around that.

Again, lots of different opinions on that. I firmly believe and coming from a very strong IT background, I think that we really have to look at automation. It's not going to be enough anymore just to think about maybe the technology we've had, we've got to get really creative. One of the other companies that we're working with, I said two, the other one does Ambient vital sign monitoring, so really trying to take away the need for our nurses to be doing vital signs at all.

There is technology out there, ours will be a proof of concept. It's not quite primetime ready yet, but a proof of concept to see if we can ambiently collect vital signs and automatically put those in the chart. Just really trying to figure out what are those things that we can free our folks up from and allow them to do other tasks? Those were a couple of things for us that we're doing in the technology realm.

[00:04:30] Angelleen: Thank you, Nicole. Angelleen, how's Barnes Jewish adapting and utilizing technology during this time of COVID?

[00:04:37] Angelleen: In many of the same ways that Nicole outlined, the only thing I would add is decision support. In this time of increased patient demand, it's also the acuity and complexity of patient care. There's no way our caregivers can remember all the things that they need to remember to care for patients. The decision support and embedding that quickly in our systems has been really important as well as automating our order sets as another way for them to accelerate care. Then as Nicole also said, replacing human beings and non-value-added work with technology wherever possible.

[00:05:14] Angelleen: Thank you. Vicky, how is that working in your areas or is there a similar strategy?

[00:05:19] Vicky Orto: It's very similar to what we just heard. The one thing I would add is today, in our clinics, we have some manual charging going on. We worked on some areas automating it, some areas had not automated it. Now, of course, we need everybody, all hands on deck to be taking care of patients, nobody needs to be doing charges if it can be automated. We got agreement from everyone that we're going to turn the switch and automate the charging system in some of our outpatient clinics. This has taken quite a little while because really, we were pretty married to some of this manual work that was going on, especially when it has to do with money. It's not just the nursing aspect of it, we need to look at all people that support our teams and automate their work too.

[00:06:18] Angelleen: Thank you all. As we transition, I'd like to talk a little bit and focus on the pipeline of nursing. Diane, as we're out and about all over the country, I'd love to hear from your perspective on the retention strategies, and what we're hearing from the nursing staff about why they're leaving, and what will it take for them to stay, and how much of that voice of the nurse are we really capturing to help strategize the retention component? Diane, do you want to speak to what you're seeing across the country, and then perhaps, Angelleen, you can follow after that?

[00:06:49] Diane Rafferty: I think the retention component has dramatically changed. We used to do these career ladders, and we used to do all these different things. You can become a preceptor, we're going to give you 50 cents an hour and make you feel good.

What I'm seeing is that we get a lot of new grads in our system, and then if we don't offer them what they want, they leave.

If we don't look at especially nurses that want to go into nurse management, and how do we mentor them with that skill set, it's really, really hard when you have a huge workforce. That's why we have to train our mid-managers and our nurse execs to have that kind of plan for each one. What I'm starting to see on nursing evaluations is that career map. We know sometimes we can't always match what they want and what we need, but a lot of times we can. Many nurses now, they come into nursing, and they want to do something bigger and better. If they don't feel part of that in your organization, they will start to seek other work.

I just wondered if you ladies maybe starting with Angelleen, because I've worked with her, who's one of the most professional executives of nursing that made nurses feel like they could do anything. I just was wondering what you guys are working on regarding your retention strategies and how have those changed since we have COVID in such a limited workforce. Angelleen, I'd love to hear what you have to say.

[00:08:10] Angelleen: You're right, nurses can change the world, right? We cannot Lose that. I think everything you said, Diane, I think and would love to know what my colleagues think, the pandemic is helping us re-examine our lives, has placed a higher emphasis on mission and values. I hear that from our teams a lot. In addition to what you say total rewards, I think nurses are more thinking globally about total rewards than they did before. Not just compensation, but the value that your organization is bringing to their package, whether that's switching reimbursement, loan repayment, and all those sorts of things.

I think understanding how the organization if there is a conflict between the organization's values, and what we say, I think that that's another reason. Nurses want to see that congruence between mission, vision, and values. Are we who we say we are and are we doing what we said that we're going to do? The other piece is, like you said, growth and development opportunities, and then knowing that the organization cares about them. This whole concept of belonging, appreciation, and caring is something different than I've seen before.

Then the new generation, we've had this new generation entering our workforce, and they want to know that we're contemporary and that we're evolving with the times in terms of technologies, and all the things that we need to support them in their practice. Lots of good change. The pandemic has brought a lot of challenges for us, but lots of opportunities for innovation and making it better for our teams as well.

[00:09:39] Angelleen: Nicole, would you like to add from your perspective on your pipeline of nurses, what your nurses, what you're hearing from them, and how maybe you're-

[00:09:48] Nicole: Yes, I would echo everything that you both have said. I would add maybe that I think that the idea on how to grow them into whatever vision they have for their future is really important. It also costs money. One of the challenges I'm worried about, we're right now in our budgeting process for next fiscal year, we run a July to June. I'm going to be fighting our finance folks because they're going to say, your labor costs are too high, you have to cut. The only thing to cut becomes dollars that I have budgeted for recognition and for continuing education.

I've already started to talk with our CFO and depending on when he hears this podcast, he might be like, "Oh, really?" I've already this morning talked to him and said, "Those are things we've got to keep, we've got to protect because if we don't have that available, I am hearing it from our nurses." I haven't been doing a continuing education conference in four or five years. Prior to my being in this role, there was no money in our nursing budgets for

continuing education. I've really fought to get it there. I see when we send somebody to a conference and they come back and they're energized because that's what keeps people in your organization is when they feel ownership. You can't do that when you don't support their dreams, their vision. I absolutely agree on that point.

Our nurses coming out of school today actually probably need a year-long orientation instead of a six-month orientation. They're not getting the hands-on experience because of COVID that they would've gotten three years ago. I think Angelleen, you mentioned the acuity is higher. Our case mix index is highest. Every month, we hit a new record. We haven't come back down at all on our case mix index and in our clinics, the patients are sicker as well. Nurses are having to deal with more complexity, more rules, all the COVID rules added on which change every three minutes. I really think they're also asking us to support them in their transition to practice. They want time with preceptors, they want time to get comfortable, time to figure out how to do time management and they're not getting as much of that in school as I think I did.

There aren't those simple patients anymore. There are no simple patients to say, "Hey, you're the new grad. I'm going to give you this light patient to oversee her today." No, it's the complex patients that we're expecting them to take care of immediately. We're looking at things-- we have a very robust and successful nurse extern program. During the summer, we're looking at expanding that so that people who start with us as an extern in the summer then can continue with us as an extern throughout the rest of their six months or 12 months of school. That will help to extend that orientation period. We're re-looking our orientations and rebuilding them.

I would just add that I think they all want to feel supported. I hear often they'll say to me, "I want to know someone's got my back." If they haven't been able to integrate into a team that they feel and can grow that support with, I think that really causes them to maybe look elsewhere too. That's the reality. What do we do so we can operate in that reality and still make us, we call it a great place to work? We want to be the employer of choice here in the Black Hills, so how do we do that?

[00:13:28] Diane: Nicole, I totally agree with you. I think we need to look at each individual nurse and when they're ready to move on. We all grew up with, you had to be a new grad for a year before. Then I'm looking at a nurse that was a surge-tech for 14 years who went and got their RN and being told they have to wait a year to work in peri-op.

A lot of times we get nurses that have come from other fields that have really strong leadership and organizational dynamic skills and to say, "Well, you got to wait in the line for five years before you could--" What I hear nurses saying is, "Here's my experience. I want you to have my back absolutely and help me get to my route." It needs to be tailored to that nurse's competency instead of an artificial number.

I also agree with you that the new grads are just getting-- It's baptism by fire right now during COVID. If you're somewhat ambulatory, you're not in the inpatient setting. What I really meant to say is that if we work with our nursing staff on hearing them and providing that backup and leadership skills for their career goals and tailoring it to their competency and education and skillset, we'll have better luck.

[00:14:47] Nicole: Agree. Thank you, Diane.

[00:14:51] Angelleen: Vicky, let's hear from you and your nursing staff.

[00:14:53] Vicky: Actually, I heard today from some of my directors about what our nurses are asking for now. Because we always keep our pulse on what's going on with them, the

most important thing that we do all the time is listen to them. I do these things called chief nursing officer forums, a reporter where we tell them all about what's going on in their department and give an opportunity to say what's going well, what's not going well. I'm doing 19 of them this time, both in-person and Zoom. That is the most important thing I hear from them. Thank you for being here. Sometimes they just want somebody to witness what they're doing. We are all about that.

Today, backtracking a little bit, they talked about loan forgiveness for people that are already working, not just new people. We have a loan forgiveness program, but what about the people that went and got their master's degree that are working at the bedside? They make a really good point that we don't offer the same programs for the internal people as we do for the new people. I'm going to take that in. I'm trying to listen to all the things that they're telling us and see if we can meet them halfway because sometimes they have really good ideas.

Like I said, the most important thing we do is to spend time with them. I started to attend what we call bed flow, which is where all the units get together and they share nurses and look about, do we have float nurses? How many sitter cases do we have? I've started attending that. That's been very insightful for me to see what they're dealing with every day. That whole witnessing what they're doing. That's how I keep my pulse on it, but yes, we're always trying to keep one foot in front of the other and staying ahead of it. Some days it can be a losing battle.

[00:17:00] Bianca: Thank you so much for your candid responses. I feel like I have a million questions still for the four of you. I really appreciate all of the things that you and your staff are doing to support me, my family, my colleagues, my colleague's families, our country. I want to really extend great gratitude and thanks to you as nurses and to your staff for all that you've done over the past few years and all that you will be doing for us in the future. Nancy, anything else that you'd like to add?

[00:17:34] Angelleen: Nancy, before you go, I think one pivotal question I'd like to leave with our leaders and those who are listening is the pivotal question for us as leaders at this time is how will we maintain and continue to grow the profession of nursing at the same time we're managing through an unprecedented shortage because we don't want to step back in time. We want to keep moving forward but that will be a challenge.

[00:17:59] Nancy: Absolutely Angelleen. I think that's a really good pick-up point for the next discussion because that's really the body of work and thinking about how do we continue to progress without impeding the progress of nursing practice?

[00:18:11] Bianca: If you like this podcast and are interested in more insights, please feel free to visit alvarezandmarsal.com.

ABOUT ALVAREZ & MARSAL

Companies, investors and government entities around the world turn to Alvarez & Marsal (A&M) for leadership, action and results. Privately held since its founding in 1983, A&M is a leading global professional services firm that provides advisory, business performance improvement and turnaround management services. When conventional approaches are not enough to create transformation and drive change, clients seek our deep expertise and ability to deliver practical solutions to their unique problems.

With over 6,000 people across four continents, we deliver tangible results for corporates, boards, private equity firms, law firms and government agencies facing complex challenges. Our senior leaders, and their teams, leverage A&M's restructuring heritage to help companies act decisively, catapult growth and accelerate results. We are experienced operators, world-class consultants, former regulators and industry authorities with a shared commitment to telling clients what's really needed for turning change into a strategic business asset, managing risk and unlocking value at every stage of growth.

To learn more, visit: [AlvarezandMarsal.com](https://www.alvarezandmarsal.com). Follow A&M on [LinkedIn](#), [Twitter](#) and [Facebook](#).