The Rural Workforce of the Future: Challenges and Opportunities

AHA Rural Health Care Leadership Conference
February 6, 2017
Disclaimer

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.
Livingston HealthCare

- Critical access hospital and multispecialty clinic in Livingston, Montana
- Opened new medical center in 2015
- Recognized as a Top 100 and Top 20 CAH the past two years
CPI Background

- Board identified workforce challenges as topic for the Committee on Performance Improvement (CPI)
- Oft-cited member concern
- Shortage of 46,000-90,000 physicians by 2025 (AAMC); demand for 952,000 more nurses by 2025 (BLS)
- Workforce is aging: In psychiatry, nearly 55% of providers are 55 years or older; approximately 700,000 RNs over age 50 will retire in the coming decade (ANA)
- Multiple generations in current workforce
- More diverse communities: By 2042, Whites will be a minority in the U.S. (47% of the population); Black population will grow by 56%; and Latino population will triple to 29% of the U.S. population (IFD)
Committee on Performance Improvement

Kimberly McNally, MN, RN, BCC (Chair)
Seattle, WA

Rhonda Anderson, RN, DNSc (h), FAAN, FACHE
Phoenix, AZ

Bruce Bailey
Georgetown, SC

Herbert Buchanan
Indianapolis, IN

Carolyn Caldwell
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Derby, CT

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Washington, DC

Julie L. Quirin, FACHE
Kansas City, MO

Steven Rose, RN, MN
Seaford, DE

Molly Seals
Youngstown, OH
Current Workforce Environment

- Regional workforce shortages
- Increasing diversity and inter-generational differences
- Rapid technological advances
- Regulatory constraints
Current Workforce Environment Cont.

- Current workforce is inadequately prepared to work in a transformed care environment
- New workforce roles are emerging
- Consumer/patient demand is changing and growing
- The changing health care landscape means that the approach to workforce planning also needs to change.
Key Workforce Challenges

- Rural and vulnerable communities
- Behavioral health
- Education
- Use of technology
- Community partnerships
- Regulatory and policy constraints
- Critical role of senior leadership
- Work environment
- Diversity
- Role of Human Resources
The report will:

- Underscore the Committee’s belief that there is a critical need to integrate workforce discussions with strategic planning.
- Demonstrate that there is an urgent need to do this work now due to the dramatic changes in the care delivery system.
- Provide case examples and an assessment tool to begin this process.
- Compile relevant resources.
Rural Workforce Planning and Development: Views from the Big Sky

AHA Rural Health Care Leadership Conference
February 6, 2017

Casey Blumenthal, DNP, MHSA, RN, CAE
Vice President
Montana Hospital Association
Nearly one in four Americans (70 million) lives in a rural area; rural population continues to decline

Fewer rural residents covered by Medicaid

Lower per capita income

Lower educational attainment

More likely to be uninsured

Suffer from higher rates of chronic health conditions

More likely to lack mental health services

- 147,555 square miles with 1 million people
- Average 6.8 persons per square mile (aka “frontier”)
  - 53% of the population lives in rural or frontier areas
- 56 counties—45 are classified as frontier
- Montana has 64 acute care facilities spread far and wide in rural areas
  - 48 are critical access hospitals (25 beds or fewer)
Just how big is Montana?

Population of 9 east coast states – 50 million,
Population of Montana – 1 million
Montana Health Professional Shortage Areas (primary care)

Health Resources & Services Administration, 2016:
*Montana HPSAs (mental health)*

Health Resources & Services Administration, 2016:
Montana-specific challenges

- Our most significant barrier - recruitment of all healthcare personnel to rural/frontier areas
  - “…married physicians with highly educated spouses were significantly less likely to work in a rural HPSA”*

- Ten Montana counties are without a single physician**

- Difficulties retaining skilled healthcare workers—e.g. rural DON turnover can be as high as 30%
  - This includes all allied health personnel, especially laboratory, x-ray, therapies

- Sites tend to be low resource environments with fewer professional development opportunities


Active Licensed Medical Doctors per Person by County

Number of Actively Licensed Registered Nurses by County

Data compiled on 03/11/16

- Less than or equal to 26
- More than 26 but less than or equal to 74
- More than 74 but less than or equal to 149
- Greater than or equal to 149

Watson, A. 2016. Memo to Dr. John Cech, Deputy Commissioner, Office of Commissioner of Higher Education, MT DLI.
**Montana Healthcare Workforce Development Efforts**

* Creation of the Montana Center to Advance Health through Nursing to implement the IOM’s Future of Nursing report recommendations
  * Academic Progression in Nursing (RWJF) and HealthCARE Montana grants (DOL) to streamline and improve access to nursing education
* MRPIP (MT Rural Physician Incentive Program) to help with educational debts for docs who practice in rural shortage areas
* WWAMI program (partnership with U of Washington and WA, WY, AK, MT, & ID to bring medical students to rural facilities); admits 30 MT residents/year
* MHA (and others’) advocacy efforts to improve workforce data collection
* Workforce Development Efforts, cont.*

- Montana medical residency programs:
  - Montana Family Medicine Residency Program, Billings = 8 slots/yr
  - Billings Clinic Internal Medicine Training Program = 6 slots/yr
  - Family Medicine Residency of Western Montana = 10 slots/yr
- Montana Healthcare Workforce Advisory Committee - state plan process
What Else Can/Should We Do?

- Leadership development for senior team to help you become an employer of choice
- Use the $$ you spend on travelers and reinvest in your own staff!
- Encourage continuing academic education for staff, and offer $$ or other support—”grow your own”
- Offer career lattices or ladders for those who do increase education to recognize their new skills
- Implement a Community Apgar Project to identify factors important for recruitment; use the data for strategic planning*

*This ppt has a thorough explanation of APGAR: https://nosorh.org/wp-content/uploads/2014/02/Community-APGAR-Project-Comparing-Results-from-the-National-Database-D.-Schmitz1.pdf
• Strategically plan the types of skills and knowledge needed in your staff; provide education for incumbent staff to tackle new roles based on new delivery models

• Affiliate or partner with a larger organization to access more resources

• Collaborate with community partners to enhance resources and ideas for recruitment; they have an interest in health care, too

• Provide professional support if you are an isolated facility: mentoring new nurses, nurse residencies

• Boost your mental health services so the primary care providers have someone to whom they can refer

• Put a nurse on your board!
Thank You!

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Workforce Council Assessment

• The supply of specialty nurses is vastly inadequate to meet demand.

• Despite the extensive efforts of hospitals to modify practices, procedures, training and physical workplace changes, workplace safety continues to be a concern. This is particularly true for staff working in the emergency department and is made more challenging by the shortage of behavioral health workers.

• Hospitals struggle to recruit and retain certain health care workers, particularly in rural settings. Out-of-state recruiting has long been an important tool for reducing shortages, but there are several opportunities to create efficiencies in these efforts.

• Colorado hospitals must cultivate a workforce that represents Colorado’s diverse population and recruit providers from a wide variety of backgrounds.
Workforce Council Recommendations

- **Shortage of Specialty Nurses** – evaluate and re-tool the current methodology for required and appropriate training.

- **Workplace Safety** – identify and provide workforce safety and education programs for hospital staff specific to the challenging behavioral health patient.

- **Attracting more health care workers** – identify and support members’ engagement in health care workforce pipeline efforts and create a strategic marketing program to attract workers to Colorado.
Additional Considerations:

- Actively pursue the re-engineering of the current health care work and work force.
- Training for leadership regarding management of the millennial workforce.
- Physician recruitment and retention in rural areas.
- Identification of emerging priorities and activities necessary to move these initiatives forward.
Securing, Developing & Retaining Healthcare Professionals within Rural Communities

Is there a recipe for success?

Jeff D. Shelton, MHA, RRT
Chief Executive Officer
Sterling Regional MedCenter
Sterling Regional MedCenter

- 25 Licensed Bed Facility
- PPS Payment Model, *NOT* a CAH
- 327 Hospital/BMG Employees
- ± 260 Medical Staff members
- 28 Volunteer Staff
- Level III Trauma Designation
- Nursing Pathway to Excellence®
- 4-Bed ICU, 18-Bed Med/Surgical, 3-LDRP unit
- 4 + 1 Operating Rooms
- Extensive ancillary services divisions
- 3 Clinic facilities:
  - Family Care Clinic,
  - Banner Health Center,
  - Surgical Specialties/Women’s Care

Statistics:
- > 80K OP visits annually
- > 10K ER visits annually
- ± 260 Deliveries annually
Sterling Regional MedCenter Service Area

82.7% of IP Discharges

Reprents ≤ 56K Lives
# Logan County Community Demographics

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<thead>
<tr>
<th></th>
<th>Logan County</th>
<th>Sterling</th>
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<tbody>
<tr>
<td>Population</td>
<td>22,187</td>
<td>14,637 (66%)</td>
</tr>
<tr>
<td>Male</td>
<td>56.9%</td>
<td>54.7%</td>
</tr>
<tr>
<td>Female</td>
<td>43.1%</td>
<td>45.3%</td>
</tr>
<tr>
<td>≤ 18 YOA</td>
<td>18.7%</td>
<td>18.8%</td>
</tr>
<tr>
<td>≥ 65 YOA</td>
<td>18.3%</td>
<td>16.9%</td>
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<tr>
<td>Median Age</td>
<td>39.0</td>
<td></td>
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<tr>
<td>Ethnic Mix</td>
<td></td>
<td></td>
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<tr>
<td>White</td>
<td>76.4%</td>
<td>72.6%</td>
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<tr>
<td>Latino</td>
<td>16.4%</td>
<td>22.3%</td>
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<tr>
<td>African American</td>
<td>4.1%</td>
<td>2.1%</td>
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<tr>
<td>Other</td>
<td>3.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Median Income</td>
<td>$42,656.00</td>
<td>$42,011.00</td>
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<tr>
<td>2016 Unemployment</td>
<td></td>
<td>2.9%</td>
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### Influencing Factors
- Logan County, CO contains 1,845 sq. miles
- County seat: Sterling
- Sterling primary access roads: I-76 and Hwy 6
- Location of Northeastern Junior College
- Location of Sterling Correctional Facility – 2,500 inmates minimum – super max security

### Sterling Employment
- Sterling Correctional Facility 850 employees
- RE-1 Valley School District 367
- Sterling Regional MedCenter 310
- Walmart 263
- Northeastern Junior College 231
- Logan County 145

### KEY POINTS:
- Females of Child Birthing Age: 3,418 (36%)
- 21.4% of population living in poverty
- 18.8% of population is uninsured
Sterling Regional MedCenter – Owned and Operated By Banner Health

Banner Health -
- 6 States
- 30 facilities
  - Hospitals (Urban & Rural)
  - Specialty Hospitals
  - Academic Hospitals
  - Research Facilities
  - Behavior Health
  - Urgent Care
- + 49K Employees
- $7.5B Annual Revenues
Banner Health’s View of Employee/Leadership Development

“Leadership Development is a commitment to build a solid leadership component within the organization, develop high-quality replacements for key positions that are critical to our current and future success and address unique organizational needs through leadership development.”

*Peter Fine*

Essential Focus Areas:

- Strategy
- Leader Academy
- ALP
- Leaders as Teachers
- Leadership Fundamentals
- Tuition Assistance
- New Leader Immersion
- New Employee Orientation
Talent Management and the Leadership Pipeline

1. Workforce Planning & Talent Acquisition
2. Selection & Assessment
3. On-boarding
4. Talent Management Reviews
5. Succession Planning
6. Career Roadmaps
7. Coaching
8. Leadership Academy
Banner Health’s Focus on Organizational Effectiveness: a.k.a Recruitment and Retention Strategy

Organizational Effectiveness – Focus Areas

- Leadership Development
- Organizational Effectiveness
  - Culture
  - Coaching
  - Change Management
- Internal Communications
- Patient/Employee Experience
Internal Communications

- **New Employee Orientation** — Though some form of NEO is a known CMS requirement, NEO must be an engaging learning experience aimed at capturing the hearts and minds of employees, while providing important system information.

- **Establish an Employee Intranet** — This ensures real time communication and a common destination site for all personnel to remain informed.

- **Establish a Facility Learning Center** — This center is the “gatekeeper” for employee mandatory education as well as other training programs that would be essential in ensuring an employee remains abreast of their job duties and regulatory requirements.

- **Performance Management** — PM is a set of tools used to ensure ongoing communication between the leader and employee used to clarify expectations, set goals, provide feedback and evaluate results.

![Selection & Assessment](image1)

![On-boarding](image2)

![Talent Management Reviews](image3)
Organizational Effectiveness

- **Coaching** - As leaders in healthcare, creating an open and honest dialogue with our teams helps create an environment of transparency. When change occurs it can be helpful to step back and consider what is really going on and how you are responding. Awareness of your own emotional reaction to change is helpful in understanding and coaching others through change.

- **Change Management** - Organizations that have dedicated change management resources are: 6 times more likely to deliver products on time and on budget, experience 19.4% higher market premiums, they are 4.5 times more likely to have great employee engagement, and 20% lower turnover rates.

- **Culture** - Banner is deeply committed to creating a culture of engagement—where our employees feel connected and engaged. The VOICE Annual Survey is a powerful tool we rely on, to gain firsthand knowledge of our strengths and weaknesses as well as identify opportunities for improvement.
Patient/Employee Experience

- **Dashboards** — In an effort to ensure employees are well aware of the organization’s performance as it relates to HCAHP score as well as outpatient (ambulatory and ED services) consumer perception of care the development of a performance dashboard is essential.

- **Patient Experience Guides** — Tools to provide employees with an open and unintimidating view of desired behaviors that promote both employee and consumer engagement. Examples are, responsiveness, respectfulness, and compassion.

- **Patient Relations/Complaint Management** —
  As we strive to earn our patient’s trust, confidence and loyalty we know that it starts with an individual commitment to be our best selves. Managing our business means knowing how our patients perceive their experience, and where we have opportunity, working to provide resolution.
Establish a Clear and Competitive Pay Practice Plan Example

In today’s competitive environment, employees are more educated than ever before about the current salary rates in their location and industry. If you want your business to remain competitive, and retain top talent, you need to stay one-step ahead of your competition, and have a solid pay strategy that’s based on accurate salary data – not speculation.

1. **Get a Pulse on Your Market**
   
   Keep an eye on the [PayScale Index](https://www.payscale.com) to keep track of quarterly trends in pay by location, industry and job category.

2. **Benchmark Your Job Positions**
   
   It’s great to have a pulse on the overarching pay trends in your industry and area, but it’s another thing to have confidence that you’re actually paying top employees at the right rates for their job.

3. **Develop a Compensation Plan**
   
   Often times, businesses fear that having a compensation plan will limit their ability to make good business decisions, so they skip building a compensation plan in favor of fewer rules and less structure.

4. **Identify Pay Inequities**
   
   Without a formalized comp plan, it’s often common for pay inequities to develop across organizations and departments.

5. **Communicate Your Compensation Strategy**
   
   If you go through the process of creating a compensation plan, don’t forget to let your employees know about it.

   HRMorning.com: “5 Simple Steps to Developing a Competitive Pay Practice”
Commit to Talent Management

Talent Management Workforce Planning is a strategic and systematic process for identifying the talent (human capital) required to achieve an Organization’s strategic goals and developing strategies to meet these requirements. It is a continuous process to ensure the facility has the

• right number of people;
• people with the right skills and behaviors;
• people in the right jobs at the right time.

Implement a process and methodology by which the organization can effectively and efficiently:

• evaluate its current talent supply;
• identifies and projects demands for future critical need positions;
• realize potential gaps and surpluses in order to enable strategy planning
• to eliminate the critical need gaps.
• Support retention initiatives
  – Decrease voluntary turnover of high performers
  – Identify ready successors for key roles
• Support recruitment initiatives
  – Enhance our ability to recruit high quality talent
• Support diversity initiatives
9 Box Performance- Potential Matrix

- **Performance** - technical skills, abilities & subject matter knowledge in job related field. The ability to develop and maintain working relationships.
- **Potential** - The ability or capacity for growth & development into a leadership role.
- **Leader** - one who guides, directs, influences & shows the way to others.
Commit to Employee Engagement

Banner Health sees Employee Engagement as a top priority in the successful leadership of current personnel, but also in the recruitment of additional/replacement staff members.

The commitment to Employee Engagement is reinforced through:

- Leadership, Directors, Managers & Supervisors - “Rounding for Outcomes”
- Monthly “Lunch with the C-suite” open dialogue meetings
- Quarterly “Town Hall” meetings where each C-suite member presents current and planned activates within the divisions they lead
- Semi-annually “pulse” and “VOICE” employee engagement surveys
- Funded “Employee Engagement Committee”
- Hospital week annual events
- Annual employee tenure dinner and recognition
- Monthly leadership meetings
- Intranet “Sterling Happenings” communications
Banner Health’s Simulation Education Program

The Banner Simulation System (BSS) is one of the country's largest simulation education programs to train physicians, nurses, allied health providers and emergency responders. BSS use mannequins, simulators and virtual-reality programs to offer the next generation of learning.

• The hospital is full of virtual-reality "patients," Banner employees, medical students and other health professionals can learn and perfect their medical techniques before they care for real patients in our facilities.

• The computerized mannequins as patients, the 55,000-square-foot facility has many features found in any Banner Health Hospital:
  - Intensive care unit
  - Emergency department
  - Medical Surgical unit
  - Two operating rooms with virtual-operation capabilities
  - Neonatal care center

• The simulation center is located at:
  525 W. Brown Road
  Mesa, AZ 85201
  Phone: (480) 684-6112
Banner Health’s Simulation Education Program

Banner Health’s additional resources that assist SRM in engaging current and newly recruited personnel.

- “Building Banner’s Best” candidate interviewing, selecting, and onboarding educational program for department leaders
- Sister facility orientation programs allowing for new hires to be orientated and receive intensive exposure to their job duties before beginning their orientation as their primary assigned facility.
- Labor force sharing where high performers are engaged to enter into short-term stretch assignments to work at sister facilities while new employees are being orientated to their new position.
- Enhances compensation for employee preceptorships and willingness to engage in stretch assignments across state lines where licensure compacts exist.
- Opportunities to receive cross training and enhanced compensation for each additional service area of competency learned.
- The development of “Banner Staffing” and the ability to tap into healthcare professionals for short and long-term assignments at facilities at an enhanced compensation level.
Most Valued Employee Engagement Tool

The most valued employee engagement tool exists across the full spectrum of each healthcare facility and within Banner Health’s Values:

*Our Value: People Above All.... By treating those we serve and each other with compassion, dignity and respect.*

**Banner Health’s Leadership TRIaD**

The TRIaD of leaders in a specialty area formed to provide focused, accountable leadership for improving patient outcomes across Banner Health. The team includes a medical, clinical nursing and a process director with resources to support in the design.
SRM Vacancies & Turnover

Vacancies as of January 6, 2017

- Patient Financial Services Representative
  - 1 opening
  - full-time
  - 60 days open

- RN House Senior Manager
  - 1 opening
  - full-time
  - 45 days open

- RN – Pre-OP/PACU
  - 2 openings
  - 1 - per diem, 1 – part-time
  - 120 days open

- RN – Emergency department
  - 1 opening
  - full-time
  - 60 days open

- RN – Woman and Infant Services
  - 3 openings
  - 1 – per diem, 2 – full-time
  - 30 to >365 days open

- RN Faculty
  - 1 opening
  - part-time
  - 150 days open

- Respiratory Therapy Supervisor
  - 1 opening
  - full-time
  - > 300 days open

- Athletic Trainer
  - 1 opening
  - full-time
  - > 300 days open

- Medical Laboratory Technologist
  - 1 opening
  - full-time
  - > 60 days open

- Total Positions – 12
- FT Equivalency – 8.716
- Base Hours Value – 18,129.5 Hrs

SRM Three (3) Year Turnover Rate:

- 2014 – 11.2%
  - 4 – professionals, 10 Support (3 EVS, 2 Dietary), 6 RN’s
  - 20 Total

- 2015 – 8.1%
  - 4 – professionals, 7- Support (4 in dietary), 2 – RN’s
  - 13 Total

- 2016 – 12.1%
  - 5 – Professionals, 12 – Support (9 in dietary), 6 – RN’s (3 due to retirement)
  - 23 Total
Questions