

The Academy CNO Forum

Implications for Nursing & Care Delivery as Staffing Crisis Coming to a Head | September 23, 2021

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The following is a summary of key initiatives and questions raised during The Academy's Chief Nursing Officer (CNO) Forum Townhall virtual discussion, held on September 23, 2021 with leading health system (LHS) members. Please share your questions or comments with The Academy Member Insights team at insights@hmacademy.com.

During this forum, CNOs shared how their organizations are addressing the multitude of issues created or exacerbated by COVID within their LHS. CNOs used this time to discuss what challenges they face in this para-COVID world and collaborated on solutions for combating staffing shortages and building innovative care and staffing models.

Key Topics Addressed:

- ✓ Looking for Support and Solutions to Address Acute Staffing Needs
- ✓ Implications of Staffing Crisis on Future of Nursing
- ✓ Building Innovative Care and Staffing Models for the Future Workforce
- ✓ COVID Update: Not out of the Woods

Looking for Support and Solutions to Address Acute Staffing Needs

"How bad do things have to get for the federal government to get involved?" - CNO, Leading Health System

- As the nursing workforce crisis continues to escalate LHS are desperately trying to attract and retaining staff - but the costs, both financially and culturally are unsustainable.
 - Right now, most are stuck in a difficult cycle where they are losing their own nurses to travel agencies because of the high hourly rate, but then are forced themselves to use travelers (and pay those high hourly rates) to staff beds.
- In some cases, CNOs are looking to government to step in and help, particularly at the federal level because now states are competing with each other for staff - but so far they've been reluctant to do so.
 - Three CNOs shared that their organizations are partnering with national organizations like ONL, AHA, and ANA to put pressure on CMS to get involved.
 - Others shared that they are doubtful the federal government will get involved - though wondered how bad it needs to get before they feel compelled to do something.
- At a local level, government agencies aren't helping much either.
 - In one case, a CNO shared they've been paying \$280/hr for a contract nurse and now they're being held hostage at the rate because the state department of public health (in their state) signed a contract for agency nurses and negotiated this rate.
 - » Another CNO experiencing the same problem fears that the price gouging is so unsustainable that they will "cost themselves out of healthcare".
- In the meantime, LHS continue to try to build their own internal solutions - like float pools or in-house agency programs to keep nurses.
 - One CNO shared that they developed a travel at home program that offers travel nurses \$80 an hour in attempt to retain staff. The travel nurses are used on a per diem status.

"If we don't step it up, Applebee's might look really attractive to nurses". - CNO, Leading Health System

Implications of Staffing Crisis on Future of Nursing

"We have so much money going out to travelers we're worried if we can even stay open." - CNO, Leading Health System

CNOs acknowledge that they must make the job more attractive to nurses but are struggling with the "how".

- Many CNOs have tried incentivizing staff to stay with compensation increases and bonus programs.
 - One CNO offered a retention bonus to staff that were willing to stay for the 12 weeks and take on extra shifts, and 150 nurses participated. Although it was successful, the CNO still worries that that bonus won't get her LHS through the holidays.

- Another CNO has tried increasing compensation by tripling bonuses, but the LHS is still struggling, specifically their ED. For this CNO, it doesn't matter how much money they throw at their front-line staff, the fatigue, exhaustion, and lack of civility is too disheartening.
 - » The staff at this LHS are not only leaving their jobs for advanced careers in nursing, but many are also just leaving the profession all together.
- One LHS that has specific COVID units on each of their campuses, is looking to provide target support for those nurses, acknowledging they have been through the ringer.
 - » This CNO shared that she is afraid for frontline staff and believes nursing as they know it will no longer exist. Patients are so mean that they are screaming slurs and unimaginable thing, making the job increasingly unattractive to people.
 - » Nurses don't want to be blue-collar workers; they want to be white-collar workers.
- Additionally, a CNO who has pulled out all the stops when it comes to recruitment and retention by partnering with local school deans and increasing salaries, is worried that their hospital will not be able to stay open.
 - Closing the hospital will have a truly negative affect on the population it serves since the hospital is county owned and has the only L1 trauma center within 150 miles.

"Turning nursing into a revolving door will erode quality." - CNO, Leading Health System

Building Innovative Care and Staffing Models for the Future Workforce

- CNOs questioned if the model of frontline nursing is sustainable currently. To adapt, LHS are forced to rethink their care models to adjust for the increase in agency nurses.
 - CNOs are asking themselves how best to invest in their nursing staff when half of them are contracted staff.
 - » Will career development disappear?
 - » Will culture no longer matter?
 - » How will temporary nursing staff affect care quality?
 - » Will nursing change as we know it?
- To address these looming questions of the future CNOs shares several approaches they're taking:
 - 1. Implementing Safety Nurses**
 - » Deploying recently retired or more experienced nurses as "safety nurses" to watch over newer nurses on unit, with the goal of empowering them to identify and address any safety concerns.
 - » Safety nurses don't take on their own patient load and are strictly there to support and be an extra set of eyes.
 - » Most CNOs on the call were interested in this model and felt it could be exported to other high-risk clinical areas.
 - 2. Employing Community Health Workers**
 - » Hiring community health workers, mainly recent public health graduates, to help with discharging patients in labor and delivery.
 - » The model aims to take work off the nurses' plates, like administrative tasks, so they can operate at top of license.
 - 3. Utilizing a Unit Concierge**
 - » Developing a unit concierge during COVID surges to help fill shifts.
 - » This model worked well for one LHS when some voluntary services were closed but it may not be sustainable once the LHS fully reopens, since many staff filling the openings came from the closed units.
 - 4. Expanding Care at Home**
 - » Increasing the acuity at home by treating COVID patients on remdesivir and increasing the level of O2 that COVID patients would take.
 - » This model could also be applied to all higher acuity patients outside of the hospital. For example, instead of admitting patients from the ER to the hospital, this model would enable treatment from the ER to the home.
- And, while nursing shortages are the most pervasive concerns, LHS are experiencing shortages for other, often non-clinical employees too.
 - Given market competition, LHS are losing food service employees to other industries.
 - Since agencies do not typically source for this group of personnel, LHS have more time to develop a retention and recruitment solution.

COVID Update: Not out of the Woods

"I stand to close 150 beds unless people get vaccinated over the weekend, our vaccine mandate starts Monday"
- CNO, Leading Health System

- With the understanding that we may never live in a post-pandemic world, CNOs prepare for our current para-pandemic world.
 - CNOs know that staffing shortages will not be easily resolved, especially given the vaccine mandates.
 - » Many CNOs struggle to get their staff vaccinated and will be forced to layoff unvaccinated nurses, even during this staffing crisis.
 - » Another CNO, who's vaccine mandate begins on Monday, will have to close 150 beds unless all of her unvaccinated staff gets the vaccine over the weekend.
 - » This NY based LHS is also dealing with 600 people protesting outside their hospitals due to the state mandate, which leaves the staff feeling unsafe to come into work.
 - » CNOs shared stories about the tension that exists between their care teams due to some staff not wanting to work with their unvaccinated colleagues.
 - » One CNO said the tension increases when an unvaccinated staff member dies, pulling teams apart that have been cohesive for many years.
 - Beyond the ongoing vaccination efforts, nurses are exhausted.
 - » Many CNOs felt that the country doesn't know the crisis that LHS are in or how fragile the health system is.
 - » A CNO questioned if the country will notice the crisis now that LHS are activating their reserves to transport patients because they can't get care in certain communities?
 - » Another CNO shared that due to their extremely high COVID volumes and staffing shortages, they have had to close 20 ORs in their flagship hospital.
 - » Every day the LHS is forced to make decisions about who gets care because there are not enough beds and not enough staff.
 - COVID continues to bring a slew of never-ending problems, but CNOs are worried for what they believe to be the next pandemic, behavioral health.
 - » Multiple CNOs shared that due to staffing shortages, they do not have enough staff for patients on suicide watch.
 - » They are struggling to meet ratio minimums for sitters and given the growing behavioral health patient volumes, this problem is not going away anytime soon.
 - » One CNO shared that they currently cannot meet the 1:1 patient: nurse ratio requirement for those on suicide watch and are having to cluster patients so nurses can watch multiple patients at once.

"It is all culminating at once. It feels like the witching hour—we're being hit by multiple issues from multiple sides."
- CNO, Leading Health System

Additional resources are available at [The Academy's Member Insights homepage](#).

- [COVID-19 Townhall Series: Expanding Virtual Health Across the Care Continuum](#)
- [COO Forum Grand Round: Telehealth in the Next Normal: Challenges and Opportunities](#)
- [CNO Grand Round: The Evolving Role of Technology in Nursing](#)

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