

Innovation and De-innovation of Care Delivery: What Gets in the Way?

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ONL | **Organization of Nurse Leaders**

Advancing a culture of health.



*The National
Academies of* | SCIENCES
ENGINEERING
MEDICINE



Key Questions



1. What are the current challenges facing health care delivery related to each challenge in terms of each health care input?



2. How can the challenges facing health care be addressed by improving aspects of each health care input?



3. What evidence is needed to help stakeholders facing each challenge, focusing on research in the area of each health care input?



4. How might RNs and APRNs provide valuable contributions to address each challenge?

THE HEALTH CARE WORKFORCE HAS REACHED A BREAKING POINT

Hospital clinical staff shortage takes center stage...

#1

Concern in 2021 for hospital CEOs was **personnel shortages**

32%

RNs report they are likely to leave their current position providing direct patient care, November 2021

94%

Of CEOs cite **RN shortages** as their top personnel concern

- **18.0%: Bedside RN turnover** in 2021, up from 14.8% in 2020
- **11.7%: Median vacancy rate** for bedside RNs in 2021, up from 5.8% in 2020

...but the workforce crisis is far reaching



58% of nursing homes are **limiting admissions** due to staffing shortages, and 78% are concerned they might need to **close**



Physician groups report retention concerns for non-physician care team members, especially **medical assistants** and **front desk staff**

March 23, 2022

“Central Ohio health system turns to **teenagers** to fill in workforce gaps”

Columbus Business First

Source: “2021 Advisory Board hospital turnover and vacancy benchmarks,” Advisory Board, March 2022; “Top Issues Confronting Hospitals in 2021,” American College of Healthcare Executives; “State of the Long Term Care Industry,” AHCA NCAL, September 2021; “Surveyed nurses consider leaving direct patient care at elevated rates,” McKinsey, February 2022; “Central Ohio health system turns to teenagers to fill in workforce gaps,” Columbus Business First, March 2022.

VICIOUS STAFFING CYCLE DIFFICULT FOR SYSTEMS TO ESCAPE

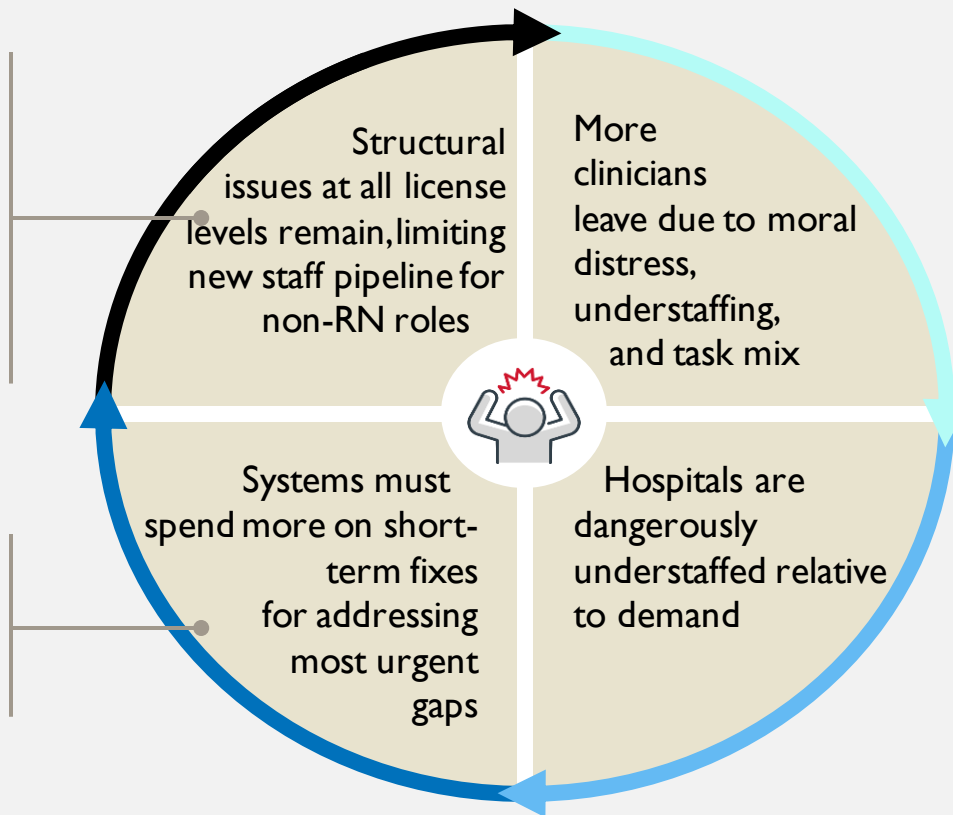
Nursing shortage creates treacherous feedback loop

Top factors nurses report for leaving their job¹

1. **Insufficient staffing**
2. Workload intensity
3. Emotional toll of job
4. Don't feel supported or listened to at work

2x

Increased spending on agency and traveling labor in 2021



Open questions about the future of clinical workforce strategy



Will clinical models adapt to reduced staffing and **improved staffing standards**?



Will staff maintain their new, **higher expectations for employers**—and at what cost?



Will the industry meaningfully embrace **automation and behavioral health tools** to minimize burnout?

1. Survey conducted spring 2021, n=314.

Source: "2021 Advisory Board hospital turnover and vacancy benchmarks" Advisory Board, March 2022.

Nursing Care Delivery Models

.....also called care delivery systems or patient care delivery models detail the way task assignments, responsibility and authority are structured to accomplish patient care.

Four “Classic” Care Delivery Models

- Total Patient Care
- Functional Nursing
- Team Nursing
- Primary Nursing

Partners to Address Nurse Staffing







We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win.

— *John F. Kennedy* —

AZ QUOTES

Think Tank Recommendations (Practice)

Healthy Work Environment

Diversity, Equity, and Inclusion (DEI)

Work Schedule Flexibility

Stress Injury Continuum

Innovative Care Delivery Models

Total Compensation

The Tri-Brid Care Delivery Model

1) Onsite Care Delivery
(Boots on the Ground)

2) IT Integration for
Ease of Use (Device
Integration, EHR
improvement) for
workload ↓

3) IT Enablement -
Ambulatory and
Surveillance (Virtual
Care and Surveillance)
to ↑ quality

Tri-Brid Care Delivery (Operational Definition)

Care delivery models that combine high-tech and high-touch for high quality care with an inclusive and integrated approach to:

- 1) ↑ patient satisfaction
- 2) ↑ nurse satisfaction
- 3) ↓ practice pain points

Care Delivery Model Recommendations

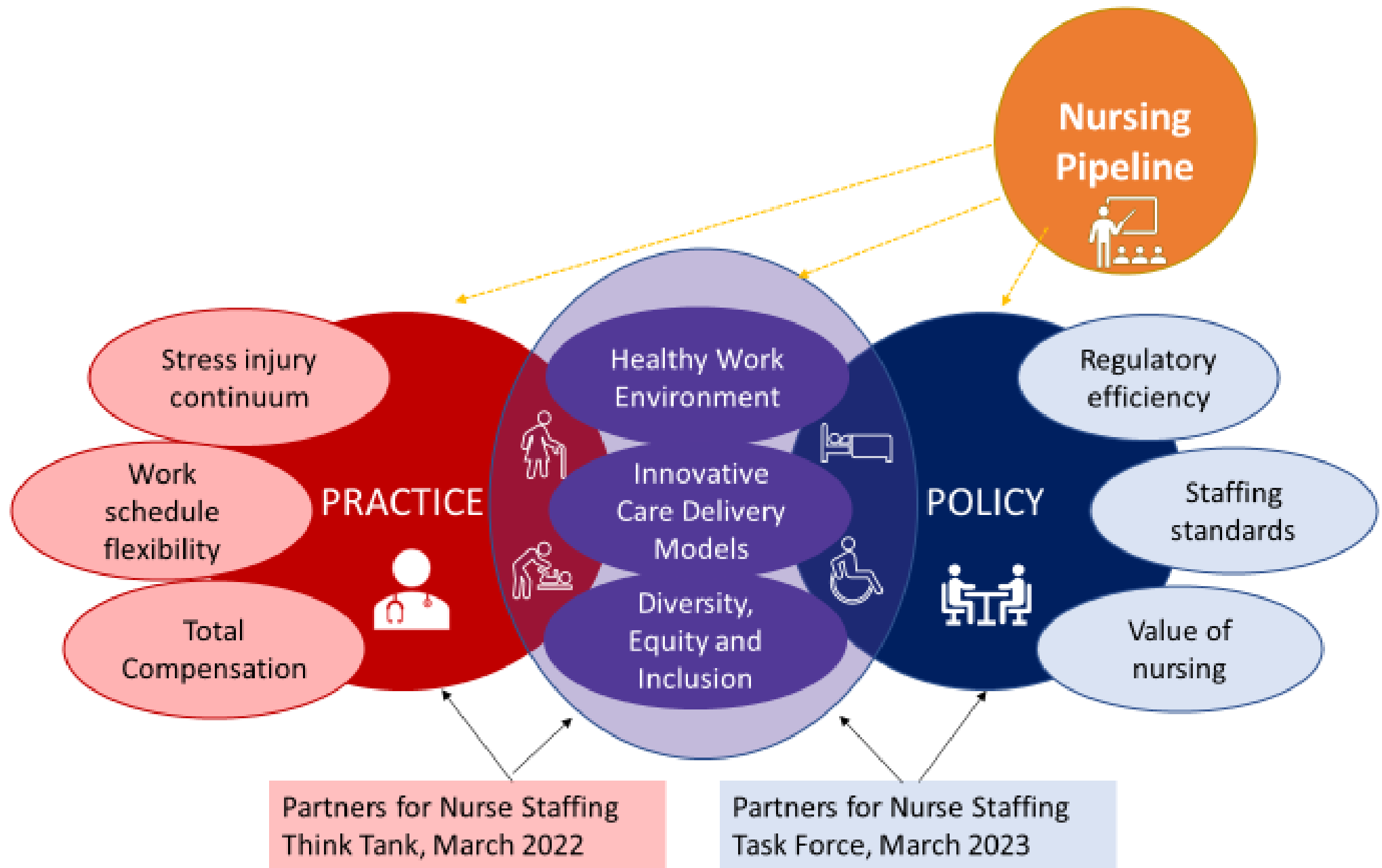
- Consider alternative and appropriate use of personnel with all care delivery agents (i.e., RNs, scribes, LPNs, MAs, EMTs, paramedics, APRNs, PCTs) to incorporate as members of the care delivery team and support and augment care. Codesign model with active engagement of patient/family advisers.
- Consider a remote or virtual nursing care delivery model to augment in-person care delivery along with ambulatory opportunities for surveillance from the home setting.
- Review scopes of practice from licensing boards and revise competencies as needed to adjust to the new plan.
- Craft new job descriptions as needed.
- Determine how the revised model compares to existing models, including anticipated cost considerations.

Nurse Staffing Task Force Priorities

- 1. Reform the work environment**
- 2. Innovate the models for care delivery**
- 3. Establish staffing standards that ensure quality care**
- 4. Improve regulatory efficiency**
- 5. Value the unique contribution of RNs**

Innovate models of care delivery

1. Modernize care delivery models and ensure they are inclusive, evidence-informed, and technologically advanced
2. Establish innovation in care delivery models as a strategic priority within organizations
3. Reduce physical workload and cognitive overload and prioritize high value patient care by incentivizing the de-implementation of high burden/low-value nursing tasks



Nurse Staffing Task Force

<https://www.nursingworld.org/practice-policy/nurse-staffing/nurse-staffing-task-force/>



- **Nurse Staffing Think Tank:** Gap Analysis Tool for Priority Topics and Recommendations
- Interactive worksheet to assess how well organizations are implementing Think Tank recommendations
- **Nurse Staffing Task Force** Imperatives, Recommendations, and Actions
 - Long-term recommendations



Evidence-Based vs. Evidence-Informed

- ▶ **Evidence-based *practices*** are approaches to prevention or treatment that are validated by some form of documented scientific evidence (controlled studies, etc).
- ▶ **Evidence-based *programs*** use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence.
 - can be "supported" or "well-supported", depending on the strength of the research design
- ▶ **Evidence-*informed* practices** use the best available research and practice knowledge to guide program design and implementation.
 - allows for innovation while incorporating the lessons learned from the existing research literature
 - should be responsive to families' cultural backgrounds, community values, and individual preferences



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**Quint Studer,
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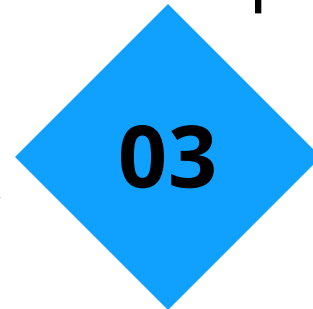
**The perception and awareness
gap between leaders and
frontline staff is **CRITICAL**.**

The Process

Conduct **50 qualitative interviews** (CNEs, CNOs, VPs, Directors, Managers)



Analyze data, identify gaps between leadership/frontline



Run **quantitative survey** to validate findings with frontline

Open ongoing dialogue to other institutions

Response Rate

3,387

respondents

4 wks.

jan 26 – feb 22

99%

confidence level

2.21%

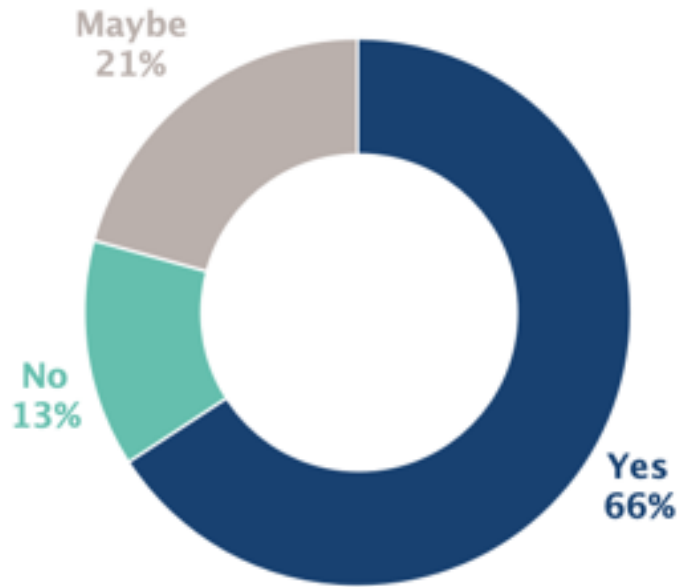
margin of error

BOLDER **BRIGHTER**

ACHE 2023 CONGRESS
on Healthcare Leadership

Assessing Critical Care Gaps

All Respondents: Do you feel that your organization's current care delivery models need to be improved?



Acute Care Responses

Acute care leader: 72% Yes

Acute care frontline: 67% Yes

Resistance to Change

All Respondents: How would you rate your organization's resistance to change?



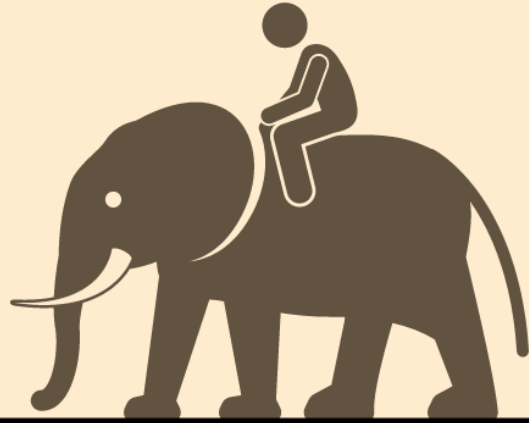
■ Not at all resistant to change

■ Not resistant to change

■ Neutral

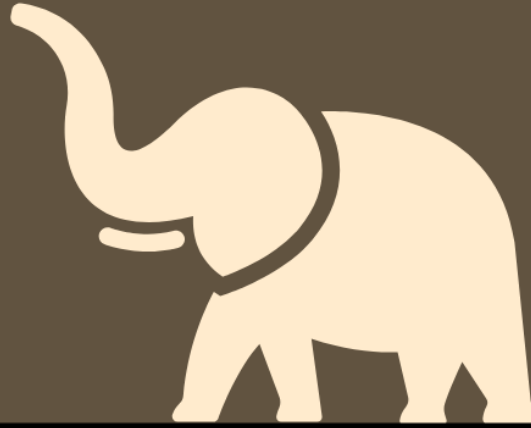
■ Resistant to change

■ Very resistant to change



DIRECT THE RIDER

- Follow the bright spots
- Script the critical moves
- Point to the destination



MOTIVATE THE ELEPHANT

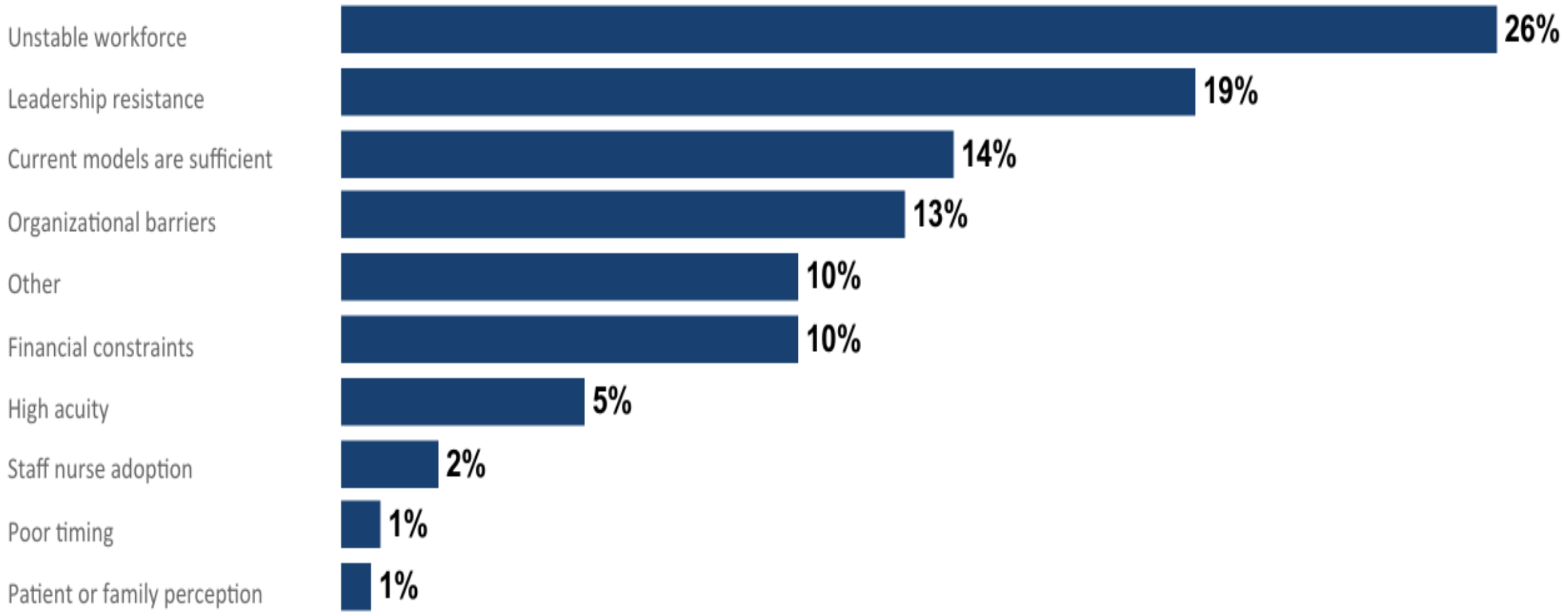
- Find the feeling
- Shrink the change
- Grow your people



SHAPE THE PATH

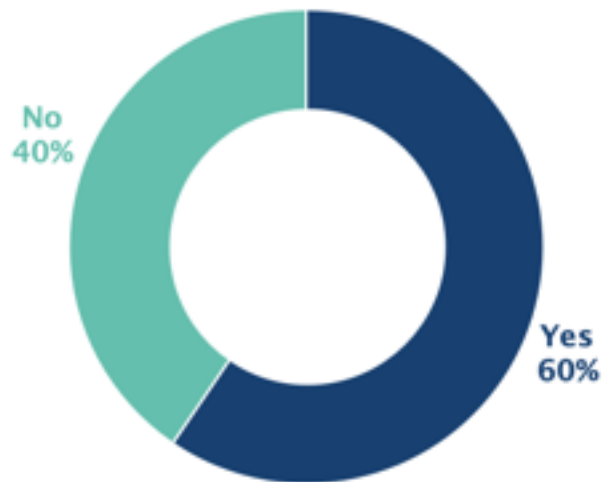
- Tweak the environment
- Build habits
- Rally the herd

For those who have not made or considered making changes to their care deliver models: Why not?

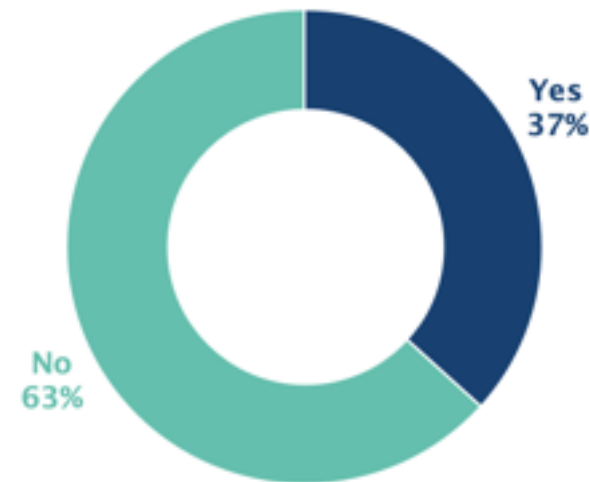


Care Delivery Model: LPNs

Leaders: If your organization added more LPNs, do you feel staff nurses would be supportive?

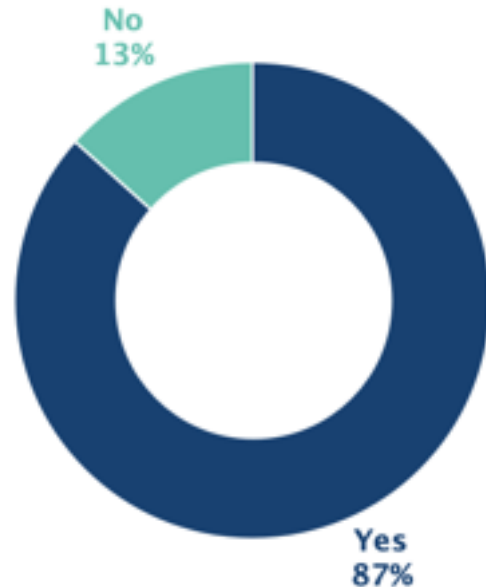


Frontline: Would you support an LPN model being implemented at your organization?

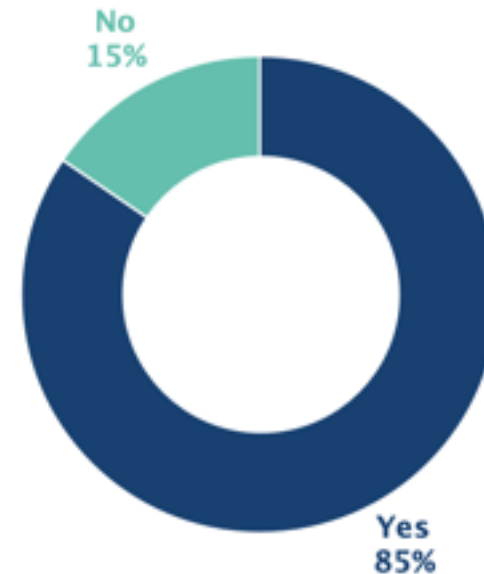


Care Delivery Model: Resource Nurses

Leaders: If your organization added more **resource nurses** or a comparable support role, do you feel staff nurses would be supportive?

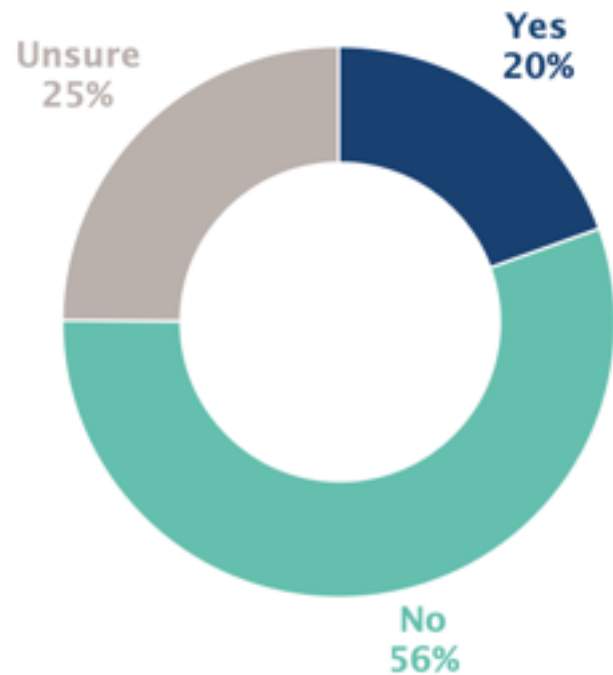


Frontline: Would you support your organization adding more **resource nurses** or a comparable support role?



Care Delivery Model: Nurse Mentors/Coaches

All Respondents: Since the pandemic, has your organization added or considered adding more nurse mentors and/or coaches?



Acute Care Responses

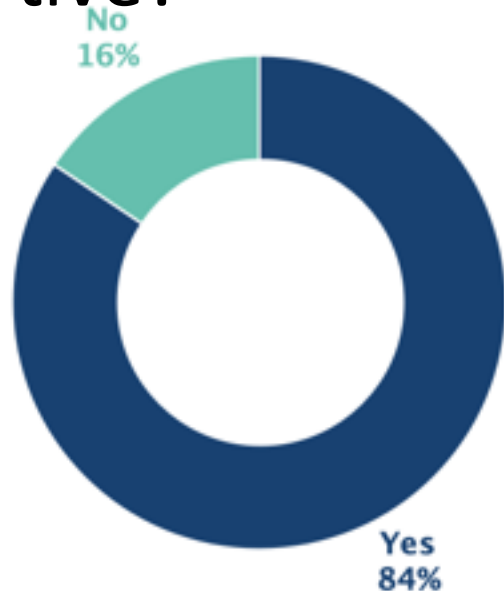
Acute care leader: 38% Yes

Acute care frontline: 14% Yes

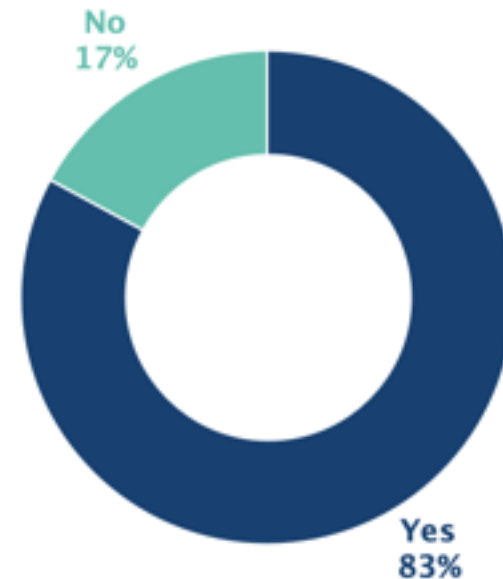
Gap assessment: Critical

Care Delivery Model: Nurse Mentors/Coaches

Leaders: If your organization added more nurse mentors and/or coaches, do you feel staff nurses would be supportive?

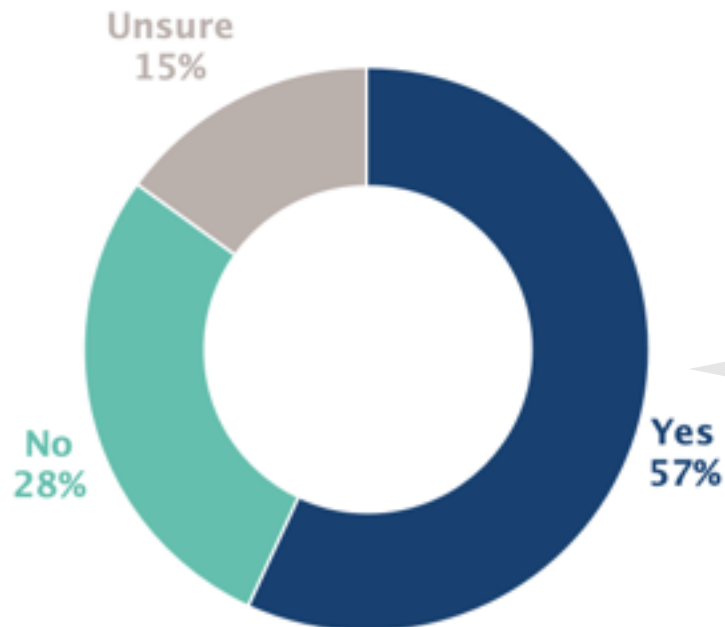


Frontline: Would you support your organization adding more nurse mentors and/or coaches?



Care Delivery Model: Internal Travel/Staffing Agency

All Respondents: Since the pandemic, has your organization implemented or considered implementing an internal travel or staffing agency?



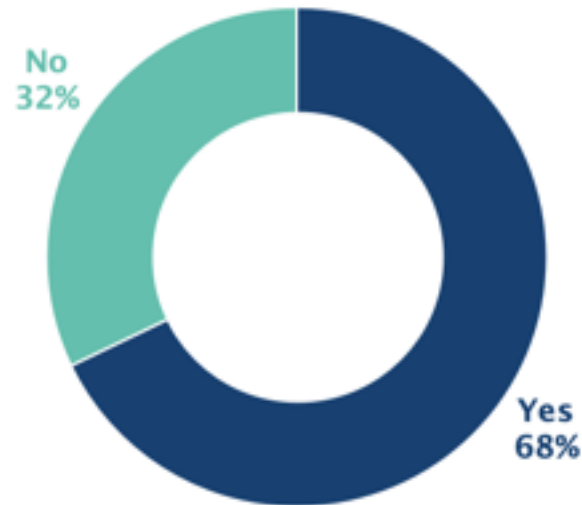
Acute Care Responses

Acute care leader: 75% Yes

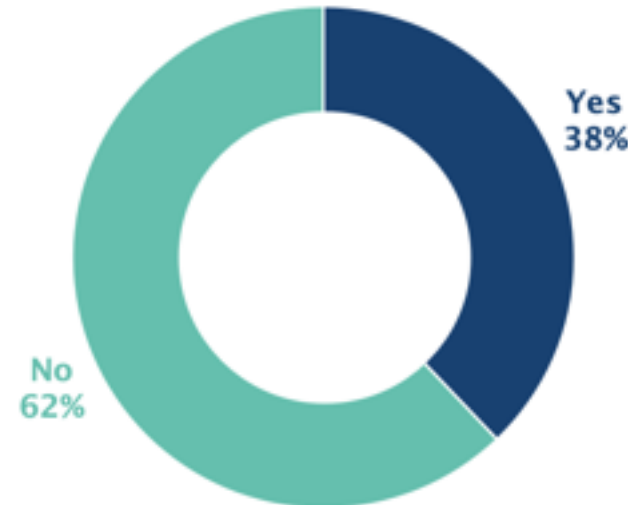
Acute care frontline: 65% Yes

Care Delivery Model: Internal Travel/Staffing Agency

Leaders: If your organization offered an **internal travel or staffing agency**, do you feel staff nurses would be interested in joining and leaving their full-time positions?

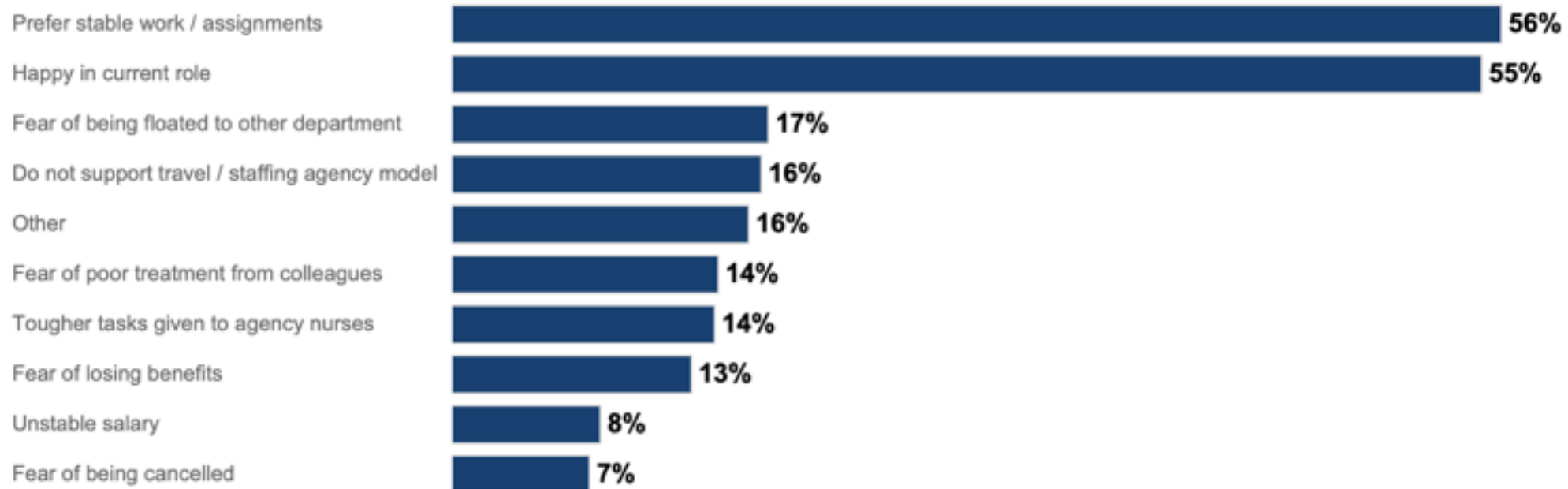


Frontline: Would you be interested in joining an **internal travel or staffing agency** if offered by your organization?



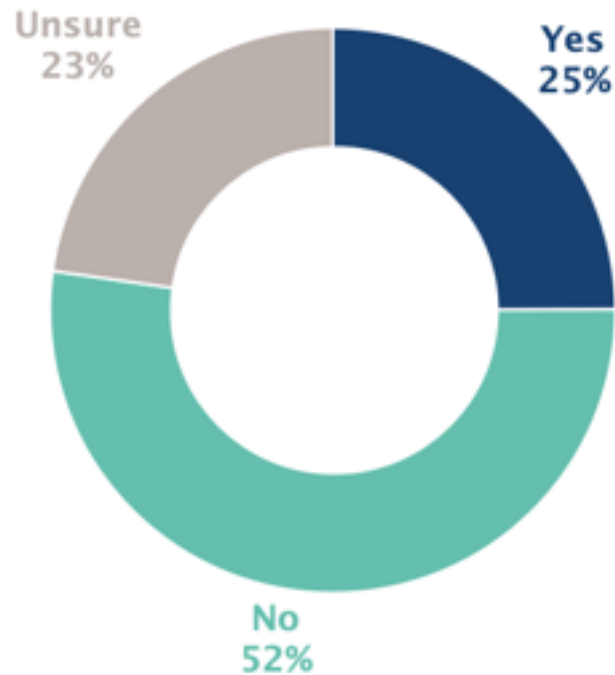
Care Delivery Model: Internal Travel/Staffing Agency

Frontline: For those who are not interested – why are you not interested in joining an **internal travel or staffing agency?** Select top three.



Care Delivery Model: Virtual Nursing

All Respondents: Since the pandemic, has your organization implemented or considered implementing virtual nursing?



Acute Care Responses

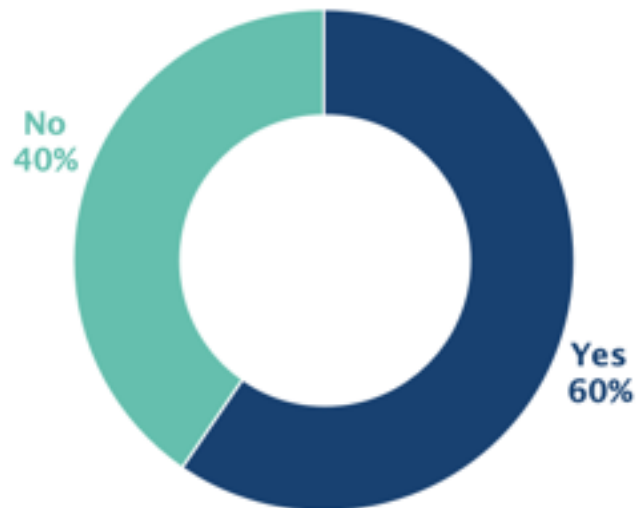
Acute care leader: 33% Yes

Acute care frontline: 13% Yes

Gap assessment: Critical

Care Delivery Model: Virtual Nursing

Leaders: If your organization implemented virtual nursing, would your staff nurses be supportive?

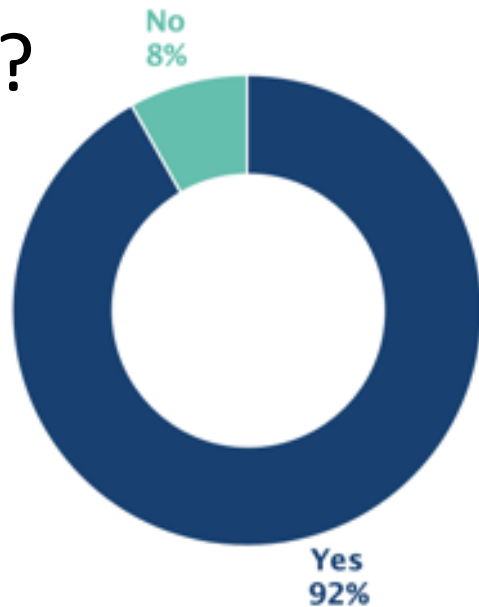


Frontline: If your organization implemented virtual nursing, would you be supportive?

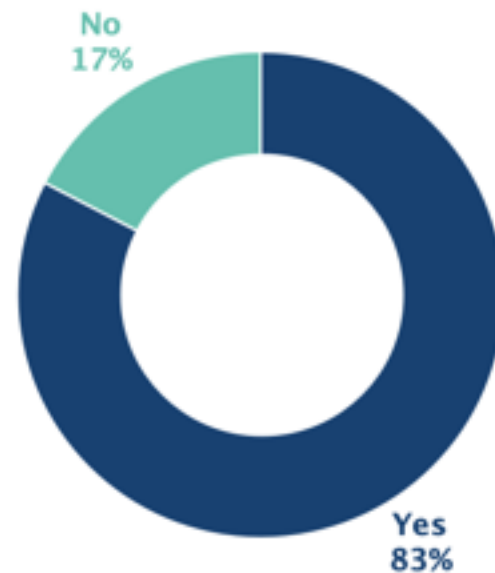


Career and Professional Development

Leaders: If your organization focused on meaningful **career or professional development**, do you feel staff nurses would be interested in the opportunities?



Frontline: Are you interested in meaningful **career or professional development** opportunities?



Care Delivery Model: Former Nurses

All: Since the pandemic, has your organization used campaigns to recruit former nurses that left the organization?

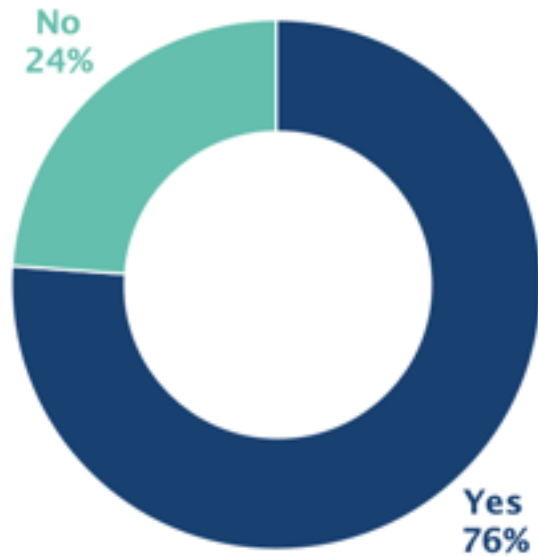
All: Since the pandemic, has your organization used emeritus or alumni campaigns to recruit former nurses?

Gap assessment: Critical

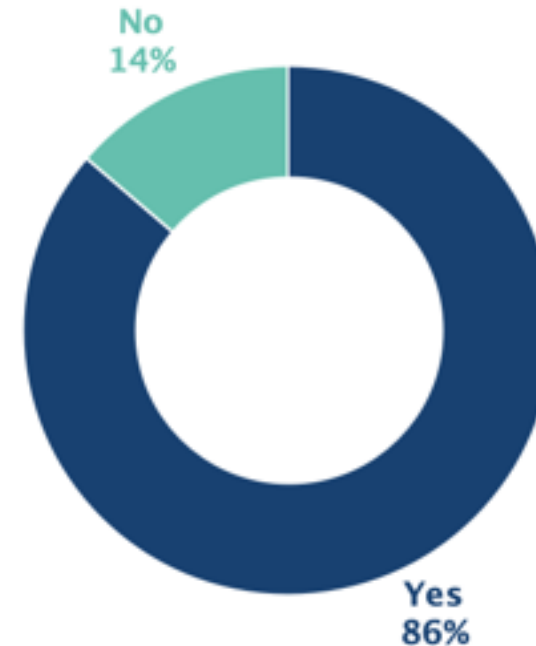
Awareness gap of recruitment of former nurses is critical between leaders and the frontline.

Care Delivery Model: Retired Nurses

Leaders: Do you feel bringing back retired nurses to fill vacancies and/or help close the clinical knowledge/complexity gap would be supported by staff nurses?



Frontline: Would you support retired nurses being brought back full- or part-time to provide support?



The following care delivery roles have or could have a positive impact on quality patient care delivery and RN workload:

Rank	Role	Care Delivery	RN Workload
1.	Certified nursing assistants (CNAs)	85.74	85.70
2.	Charge nurses	85.10	83.81
3.	Ancillary, auxiliary staff	84.01	82.53
4.	Float nurses	80.05	80.90
5.	Patient care technicians (PCTs)	79.82	80.18
6.	Resource nurses	80.79	79.10
7.	Social workers, case managers	83.96	74.96
8.	Nurse mentors	82.79	73.81
9.	Nurse practitioners (NPs)	83.70	72.79
10.	Pharmacists	82.03	71.89
11.	Nurse educators	80.07	70.21
12.	Clinical nurse specialists (CNSs)	78.34	71.35
13.	Certified medical assistants (CMAs)	75.09	74.21
14.	Licensed practical nurses (LPNs)	72.84	74.51
15.	Emergency medical technicians (EMTs)	73.58	64.98
16.	Travel nurses	67.08	70.67
17.	Surge techs	71.30	63.94
18.	International nurses	62.01	62.93
19.	Scribes	59.62	55.42

s (CMAs)

i (CNAs)

:NSs)

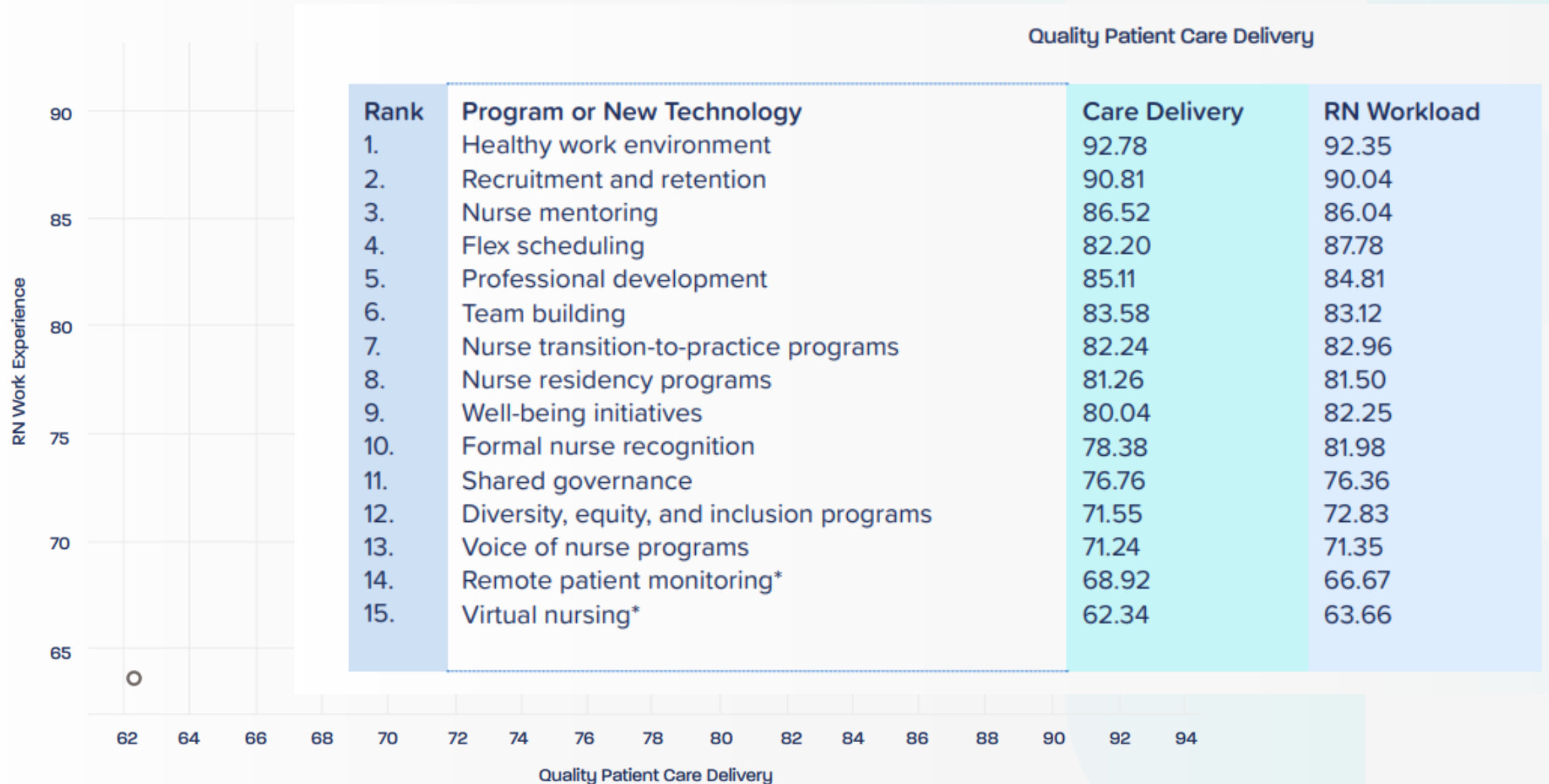
icians (EMTs)

LPs)

ts)

gers

The following programs (or new technologies) have or could have a positive impact on quality patient care delivery and RN experience:



**Leaders accurately estimate the
frontline's support of resource nurses,
nurse mentors and/or coaches, and
virtual nurses.**

**Yet, these roles are often the first
to be cut.**

Key Findings

- 1 Leaders overestimate the frontline's support of LPNs
- 2 Leaders overestimate the frontline's interest in internal travel agencies
- 3 83% of frontline nurses are interested in professional development but only 37% say current opportunities are attractive and easily accessible
- 4 Leaders underestimate frontline support for bringing back retired nurses

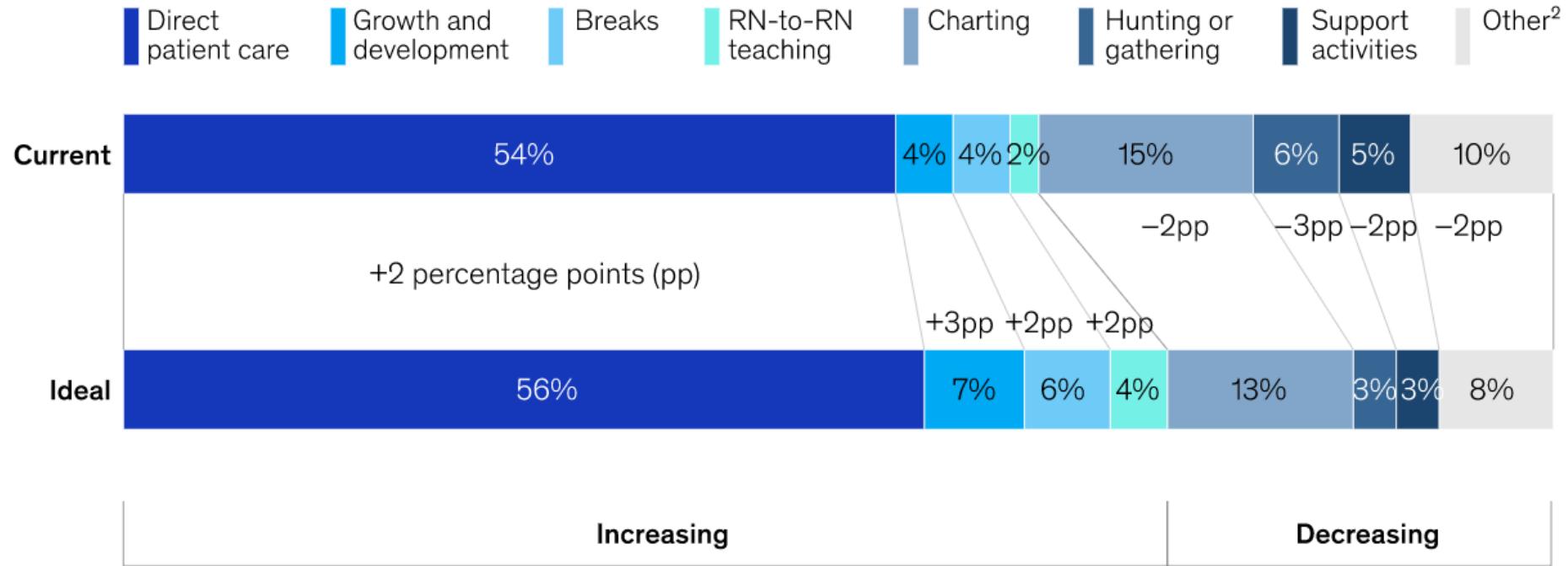


Reimagining the nursing workload: Finding time to close the workforce gap

May 26, 2023 | Article

Surveyed nurses want to spend more time with their patients, coaching fellow nurses, and participating in professional-growth activities.

Activities identified by registered nurses (RNs) where more or less time could be spent during a typical shift,¹ % of shift (n = 240 respondents)

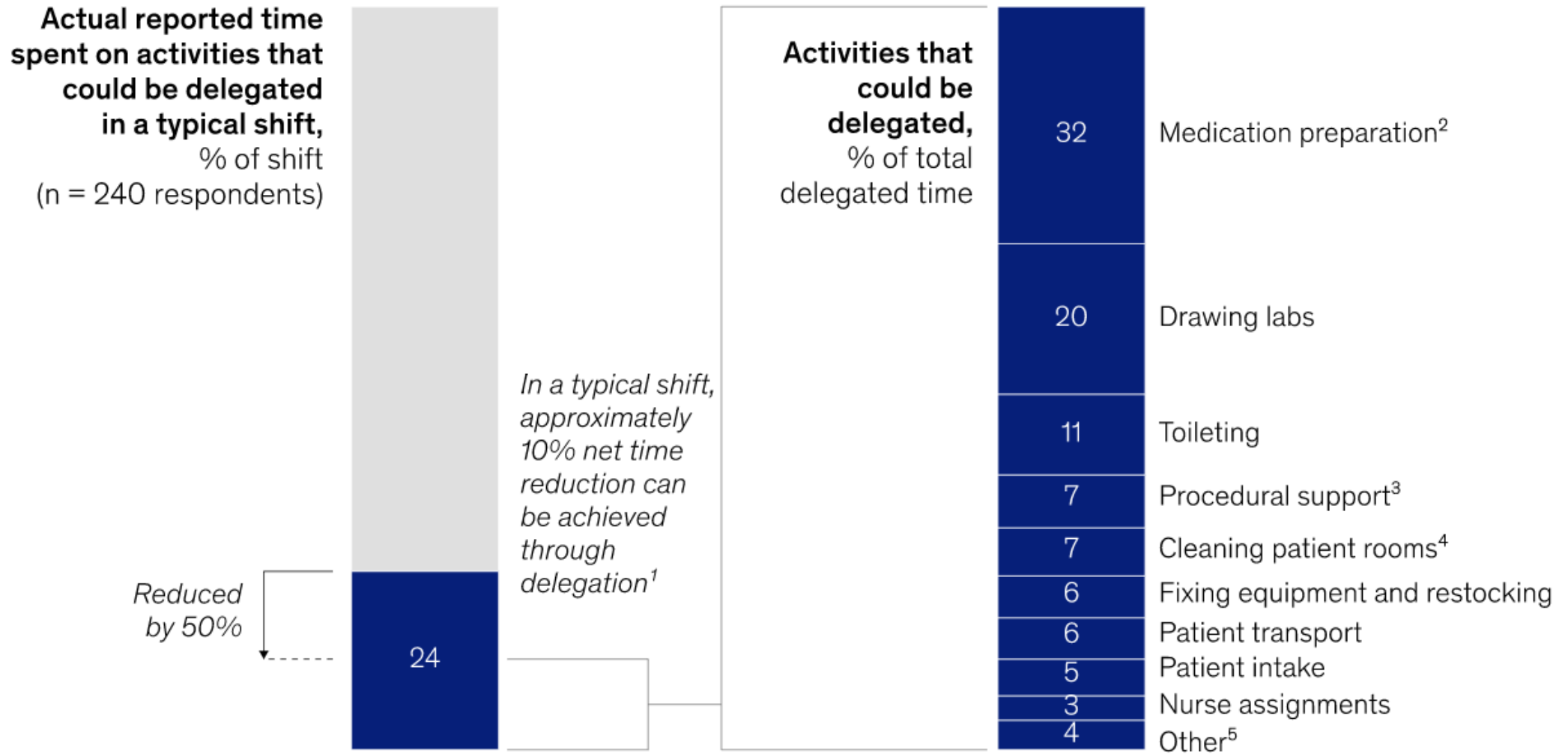


¹Presented if the delta between current and ideal activities is greater or less than 10 minutes.

²Includes communicating with providers and nurse-to-nurse handoff.

Source: McKinsey 2023 Nursing Time Survey

Delegation could reduce net nursing time by approximately 10 percent.

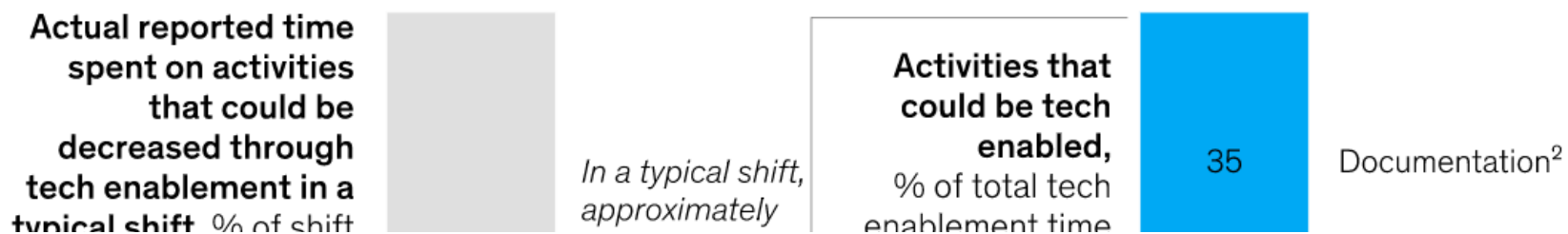


Note: Figures do not sum to 100%, because of rounding.

¹Actual time saved is dependent on current situation of particular health system. ²Includes administering and preparing medicines. ³Includes assisting in imaging, transport, and holding patients. ⁴Includes emptying trash and changing linens. ⁵Includes checking medication counts, checking emergency carts, and completing insurance information.

Source: McKinsey 2023 Nursing Time Survey

In a typical shift, approximately 20 percent net time reduction can be achieved through tech enablement.



Nurses desire to spend less time on documentation, hunting and gathering, and administrative and support tasks



Note: Figures do not sum to 100%, because of rounding.

¹Actual time saved is dependent on current situation of particular health system. ²Includes documenting patient education, head-to-toe assessment, progress notes, and vital signs. ³Includes searching for individuals, information, medication, or gathering supplies and equipment. ⁴Includes scanning medicines, waiting for pharmacy to deliver medicines, and double verification. ⁵Includes updating whiteboards, audits, and reports.

Source: McKinsey 2023 Nursing Time Survey

Workload was described as a driving force behind the nursing shortage.....

1. **Documentation currently makes up around 15% of a nurse's shift.**

Nurses say that ideally, documenting should make up only about 13% of their shift.

2. **Nurses report that they spend about 6 percent of a 12-hour shift on hunting and gathering** —tasks they would spend approximately 3% of their shift on in an ideal shift.

3. Nurses report **spending nearly 5% of their shift on tasks that do not use the fullest extent of their license and training.**

Reimagining the nursing workload is a real and tangible solution that could alleviate the strain on the current workforce, and potentially improve workforce shortages.....

1. Our analysis finds that reimagining the nursing workload through delegation and the use of technology could potentially create net **time savings of 15 to 30 percent during a single 12-hour shift.**
2. We estimate that full or partial delegation of activities to non-nursing roles, including technicians, nursing assistants and patient care technicians, food services, ancillary services, and other support staff, **could reduce net nursing time by five to 10 percent during a 12-hour shift.**

While this is an important fix, it won't be an overnight fix – true change will require operational and cultural investment.....

1. It will be critical for hospitals to bring both discipline and creativity to redesigning care delivery in order to effectively scale change and see meaningful time savings
2. *Close collaboration* beyond nursing is also paramount to ensure alignment across the care team and hospital functions including administration, IT, informatics, facilities, and operations.
3. **Investment in education** and additional onboarding may be needed to upskill and train staff on expectations as work is shifted across roles.

Redesigning care models: Adjusting how nurses spend their time

As we consider how to alleviate nursing workforce challenges, one area of intervention could be evaluating how current care models can be redesigned to better align nursing time to what has the most impact on patient care. Performing below-top-of-license or non-value-adding activities can create inefficiencies that lead to higher healthcare costs and nurse dissatisfaction. Rigorously evaluating whether tasks can be improved with technology or delegated to allow nurses to spend time on activities they find more valuable could help to reduce the time pressures felt by nurses.

[5] In our analysis, we reviewed the activities nurses say they would ideally spend less time on and considered whether delegation and tech enablement of such tasks could free up nurses' time.

Nurse time saved through care-model changes and innovations can benefit patients and nurses—and contribute to building sustainable careers in healthcare

What will you do next Tuesday????





Our problems are man-made,
therefore they may be solved by
man. And man can be as big as he
wants. No problem of human
destiny is beyond human beings.

— *John F. Kennedy* —

AZ QUOTES

Questions?

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Thank you!