



# Future Care Redesign: Reimagining Work to Transform Healthcare

The **POWER**  
of **Association**  
2023 IHA Leadership Summit



*The National  
Academies of*

SCIENCES  
ENGINEERING  
MEDICINE



# Key Questions

1. What are the current challenges facing health care delivery?
2. How can the challenges facing health care be addressed for sustained improvement?
3. What evidence is needed to help stakeholders make bold and disruptive changes to broken care delivery systems?



WORKFORCE CRISIS

COVERAGE SWINGS

VERTICAL ECOSYSTEMS

INNOVATION INVESTMENT

## 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.



# 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.

# Care Delivery Redesign

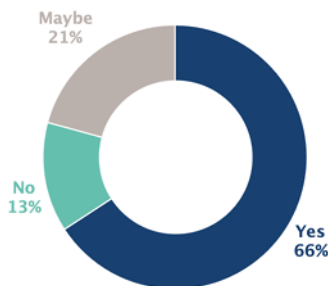
.....willingness to advance new ways of delivering care to patients starting with intentionally caring for the teams that do

**Investing, innovating, taking calculated risks, rapid cycle testing, implementation and scaling up new and patient centered models of care**



## 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





**Titanic Syndrome** is a corporate disease in which organizations feeling disruption **bring about their own downfall through arrogance, excessive attachment to past success or an inability to recognize the new and emerging reality.**



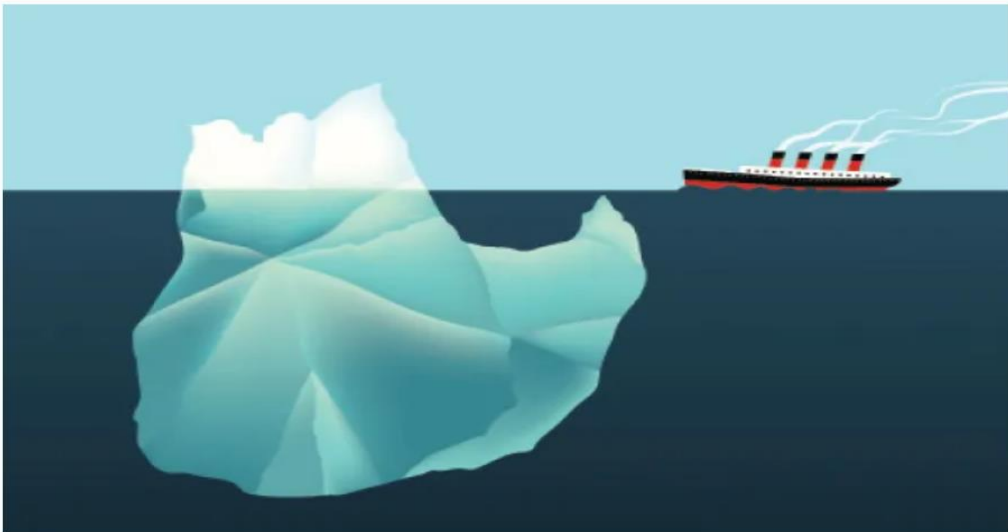
## Failure #1 / Ignored Warnings

The Titanic's crew was warned about the area's dangerous icebergs. But why were these warnings ignored?



## Failure #2: No Binoculars

Overconfidence can be blinding.



## Failure #3: The Role of the Iceberg

It's easy to blame the iceberg.



## Failure #4: Previous Success Might Destroy Your Ambitions

What got you here may not get you there.

# How to Kill Your Own Company

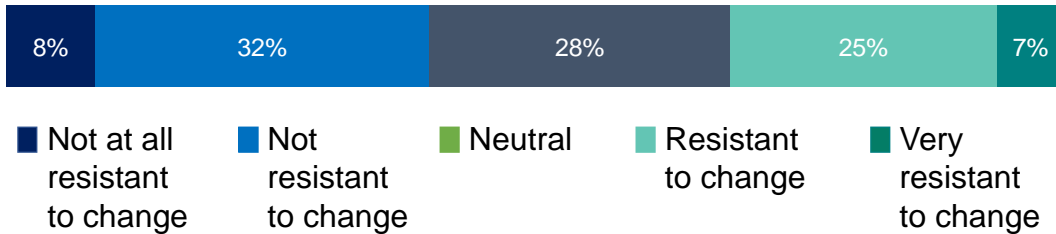
Nadya Zhexembayeva | TEDxBucharest



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## Resistance to Change

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



The Rail System reinvented its core business which prevented its demise.

*Can healthcare do the same?*

# Change Management



## Evidence Informed versus Evidence-Based

- ▶ **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



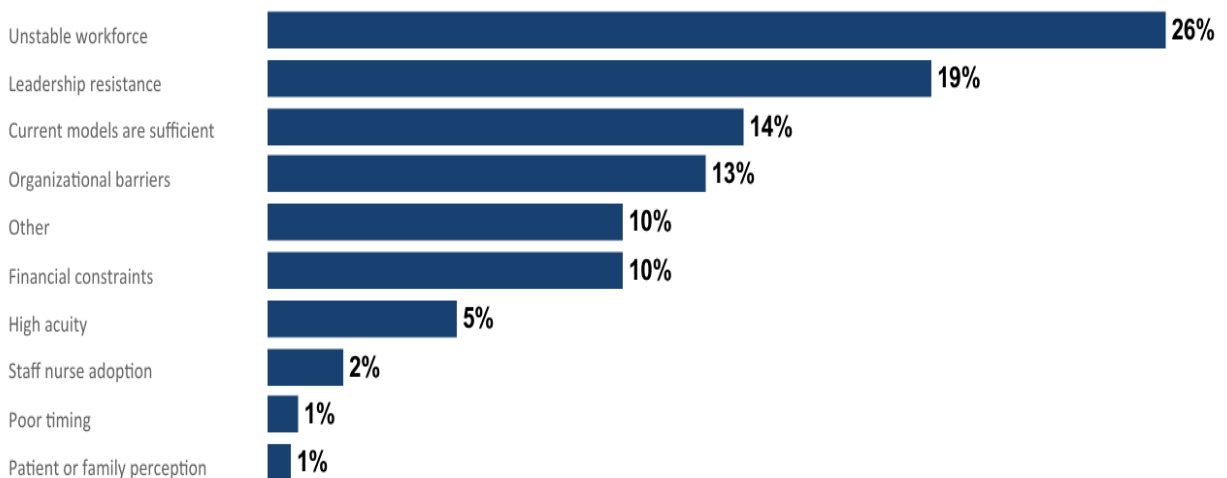


## Innovative Care Delivery Models

.....combine high-tech and high-touch for high quality care with an inclusive and integrated approach for patient and nurse satisfaction, reduction of practice pain points and improved patient outcomes

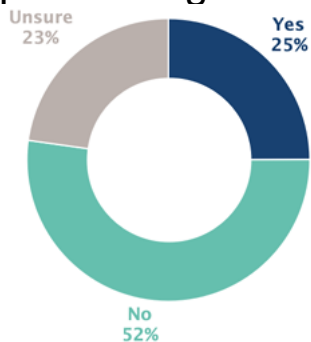


### If you have not made any changes to your care delivery models, what are your top reasons?



## Care Delivery Model: **Virtual Nursing**

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



### Acute Care Responses

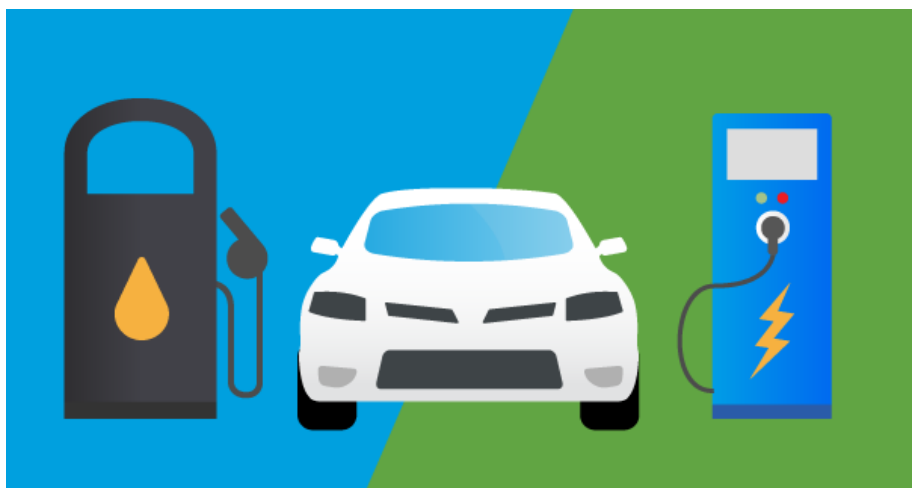
Acute care leader: 33% Yes

Acute care frontline: 13% Yes

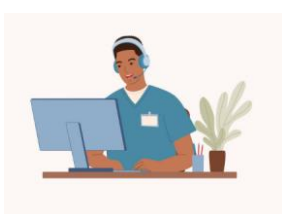
**Gap assessment: Critical**



Hybrid



## Tri-brid Care Delivery



Sylvain "Syl" Trepanier, DNP, RN, CENP, FAAN, FAONL,  
Chief Nurse Executive, Providence St. Joseph Health



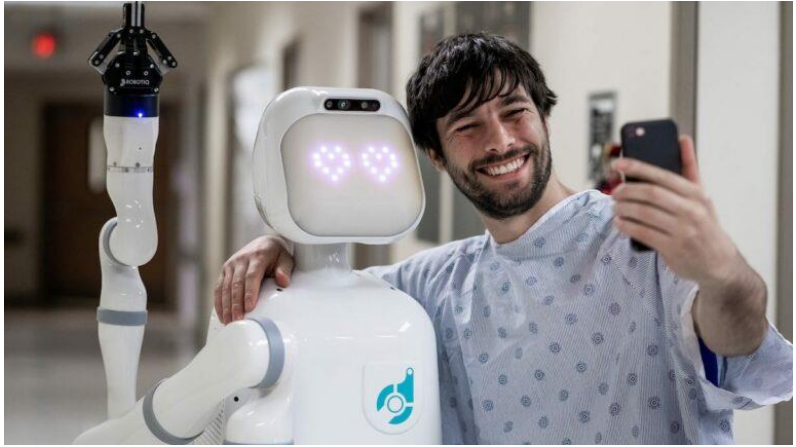
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Virtual Team (RN)	Bedside Team (RN-CNA Dyad)
The entire admission	Plan of care
Discharge instruction	Treatment, medication
Education	Activities of daily living
Care coordination	Shift assessments
Medication reconciliation	
Pre-Op checklist	
Patient rounding	



“Sixteen weeks into the pilot (when this manuscript was last revised), we saw significant improvement in all metrics. More specifically, we have noticed a *decrease in the length of stay, a nearly 40% decrease in turnover, a near-zero vacancy rate for ancillary staff such as certified nursing assistants (CNAs), and an annual expected cost avoidance of \$500,000 for the pilot unit..*”





Richard G. Cuming, EdD, MSN, RN, NEA-BC, FAAN,  
Chief Operating Officer at ChristianaCare



# Workload

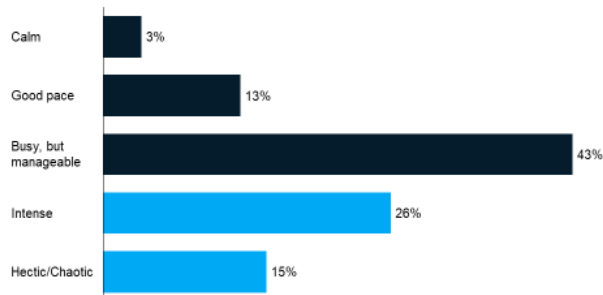


## 41% of surveyed RNs find their work area as intense or hectic

CONFIDENTIAL

Atmosphere in work area (% of respondents)

All Respondents  
(N=7,086)



Q10. Which term best describes the atmosphere in your work area today or the last time you worked?  
Source: May 2023 American Nurses Foundation Nurses Survey

The percentage of respondents who find their work area as intense or hectic **decreases with the increase in the number of years as a nurse**, ranging from **47%** for RNs with less than 5 years of experience to **39%** for RNs with 21-30 years of experience

This percentage is **higher for RNs providing direct care** (44%) than for RNs not providing direct care (33%)

McKinsey & Company 19



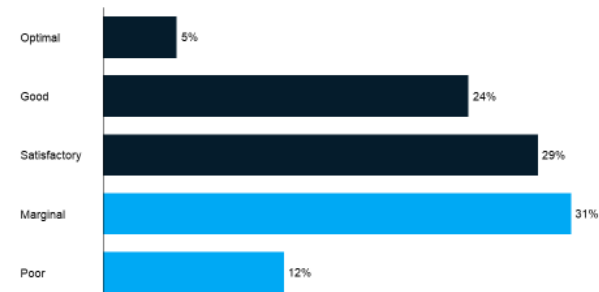
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## 43% of surveyed RNs indicated they had marginal or poor control over their workload

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My control over my workload is (% of respondents)

All Respondents  
(N=7,104)



Q8. My control over my workload is:  
Source: May 2023 American Nurses Foundation Nurses Survey

Respondents gain more control over their workload **with the increase in the number of years as a nurse**, ranging from **54%** for RNs with less than 5 years of experience, to **59%** for RNs with 21-30 years of experience

Respondents **not providing direct care have better control** (65%) than respondents providing direct care (55%)

McKinsey & Company 18

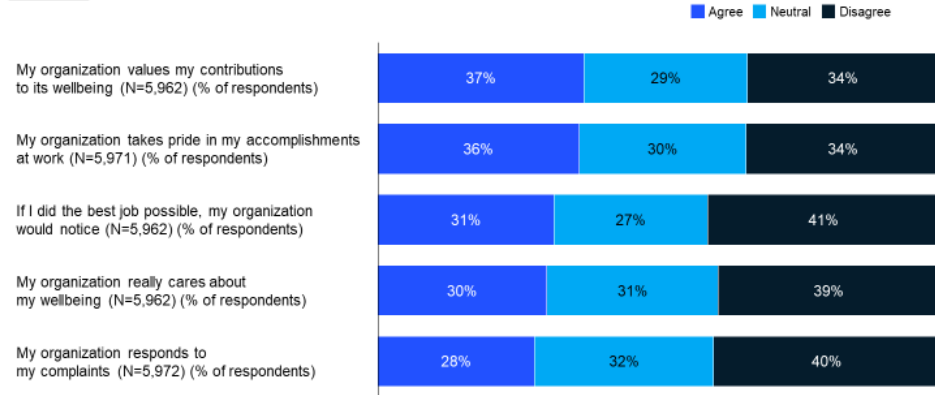


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## Organizational support was perceived by fewer than 37% of the respondents

Extent to which respondent disagree or agree with each statement (% of respondents)

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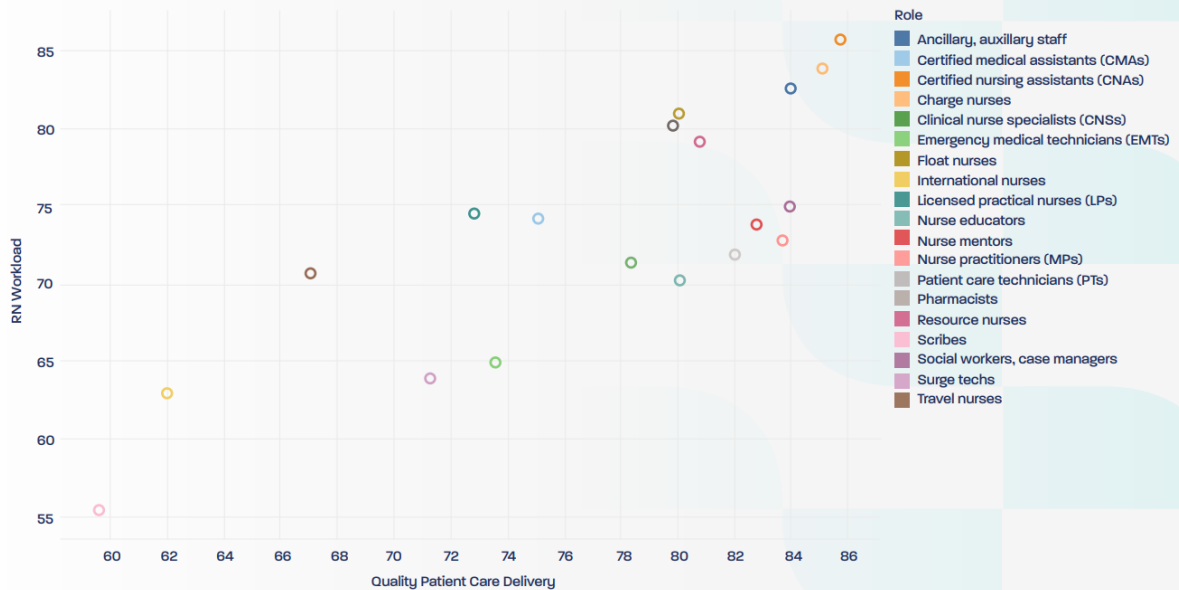
Q20R1 Survey of Perceived Organizational Support  
Source: May 2023 American Nurses Foundation Nurses Survey

McKinsey & Company 20



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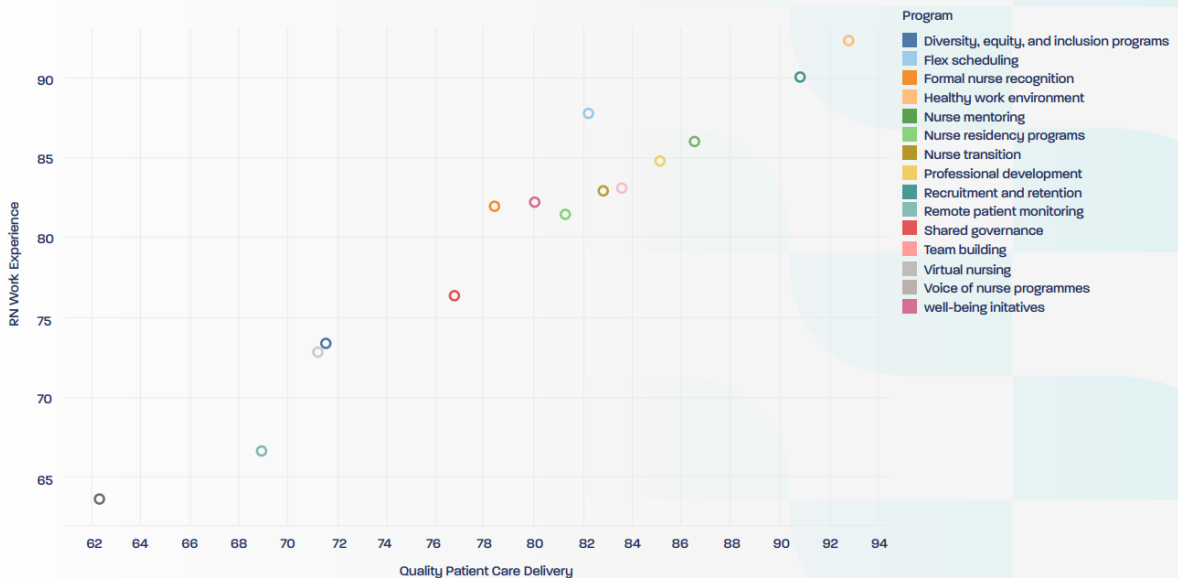
The following care delivery roles have or could have a positive impact on quality patient care delivery and RN workload:



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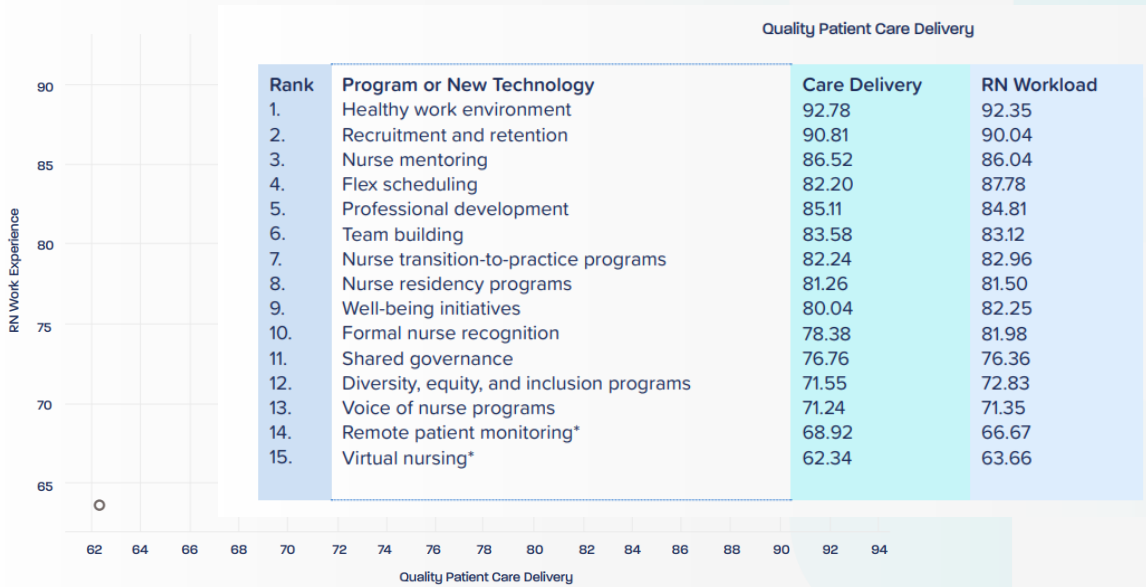
Rank	Role	Care Delivery	RN Workload
1.	Certified nursing assistants (CNAs)	85.74	85.70
2.	Charge nurses	85.10	83.81
3.	Ancillary, auxiliary staff	84.01	82.53
4.	Float nurses	80.05	80.90
5.	Patient care technicians (PCTs)	79.82	80.18
6.	Resource nurses	80.79	79.10
7.	Social workers, case managers	83.96	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

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





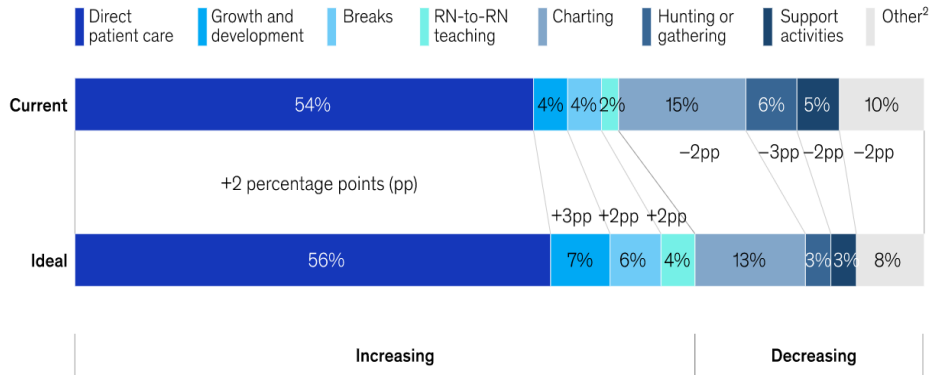
The following programs (or new technologies) have or could have a positive impact on quality patient care delivery and RN experience:



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

May 26, 2023 | Article

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

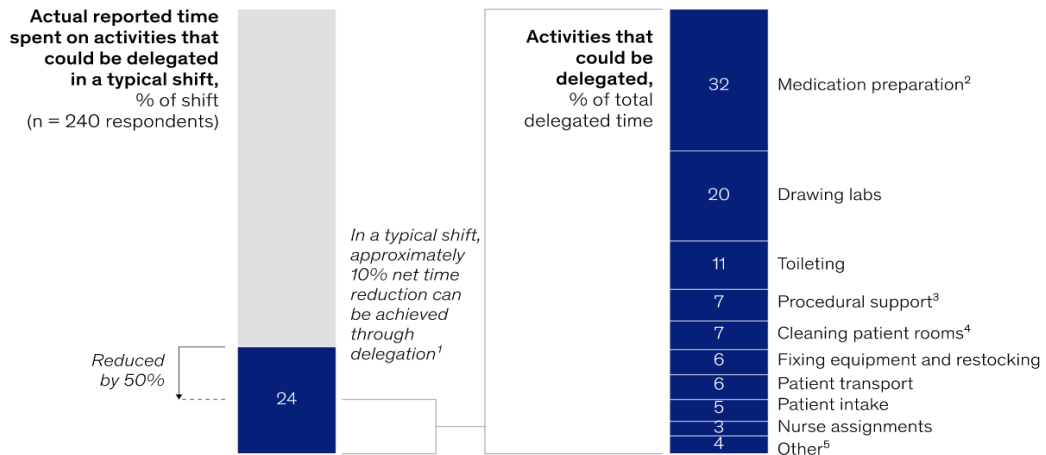


<sup>1</sup>Presented if the delta between current and ideal activities is greater or less than 10 minutes.  
<sup>2</sup>Includes communicating with providers and nurse-to-nurse handoff.  
 Source: McKinsey 2023 Nursing Time Survey

McKinsey & Company



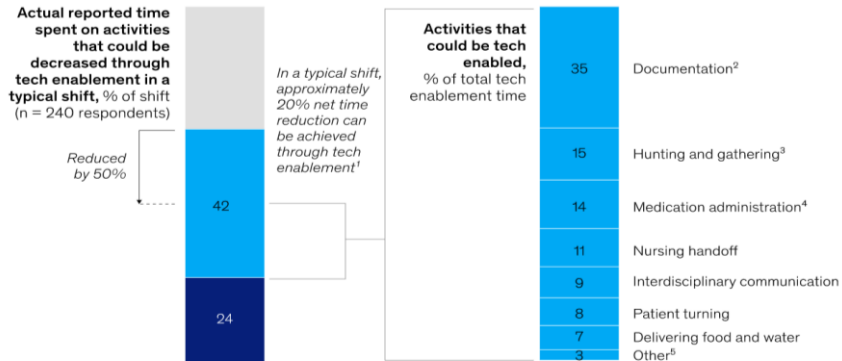
**Delegation could reduce net nursing time by approximately 10 percent.**



Note: Figures do not sum to 100%, because of rounding.  
<sup>1</sup>Actual time saved is dependent on current situation of particular health system. <sup>2</sup>Includes administering and preparing medicines. <sup>3</sup>Includes assisting in imaging, transport, and holding patients. <sup>4</sup>Includes emptying trash and changing liners. <sup>5</sup>Includes 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.



Note: Figures do not sum to 100%, because of rounding.  
<sup>1</sup>Actual time saved is dependent on current situation of particular health system. <sup>2</sup>Includes documenting patient education, head-to-toe assessment, progress notes, and vital signs. <sup>3</sup>Includes searching for individuals, information, medication, or gathering supplies and equipment. <sup>4</sup>Includes scanning medicines, waiting for ph. <sup>5</sup>Source: McKin

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



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

### Documentation makes up around 15% of a nurse's shift.

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

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

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



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

## **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.

<sup>[5]</sup> 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.

## Partners to address nurse staffing



### Nurse Staffing Think Tank

### Nurse Staffing Task Force

Implementable in 12-18 months  
 Asked: **What can we do right now?**

Long term, sustainable solutions  
 Asked: **How to address ongoing challenges?**

Process included voting and affirming  
 Practical consensus *"Move forward on all"*

Iterative process with discussions and surveys  
 Inclusive of diverse expertise *"Yes, and"*

Every 2 weeks for 3 months, 26-page document

Every 3 weeks for 9 months, 19-page document

Some policy implications, mostly focuses on organizational changes

Some organizational change, a greater focus on policy, regulation and payment structures

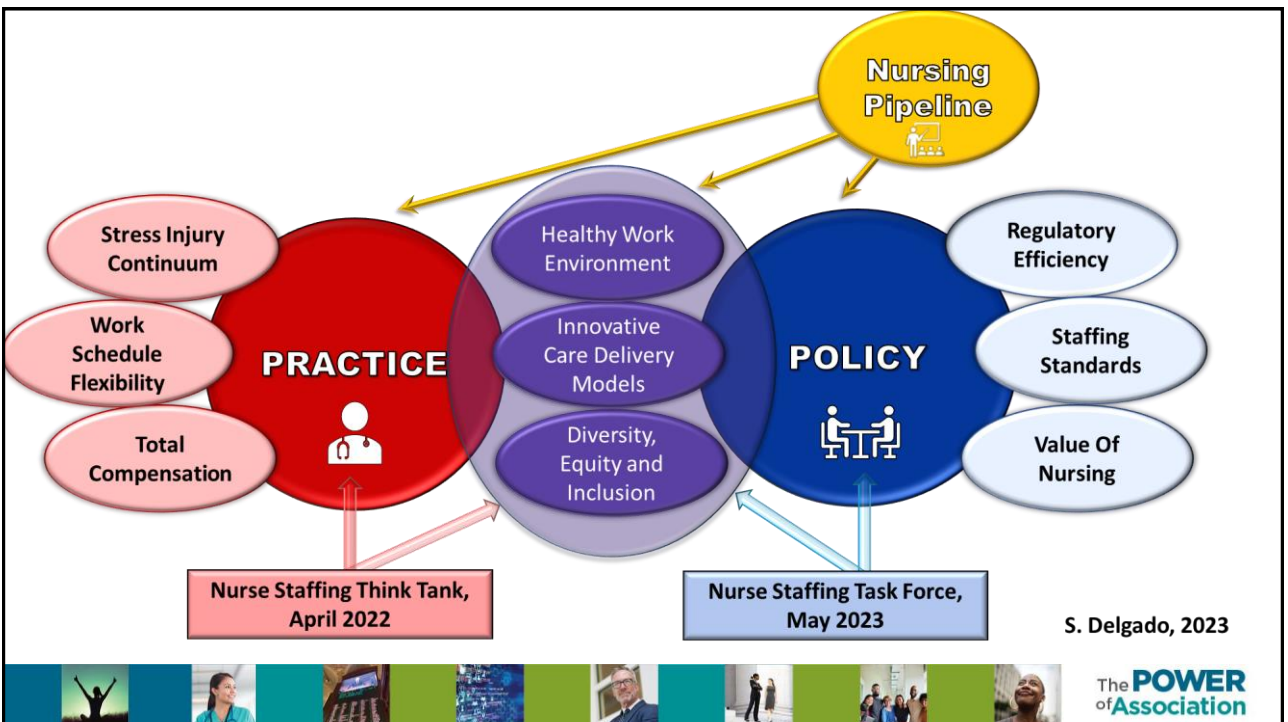
Identifies accountable entities and action steps to implement each recommendation

Identifies partners and options for actions; need to consider context and select among actions





- Changed thinking and mindset about the “enemy”
- Thought of other methods to address the problem to save what was important
- Trial and error
- Kept the “enemy” in mind to figure out solutions
- Took on calculated risk (dismantled mother’s radio)
- Developed an innovative solution
- Spread the word
- Scaled up and implemented broadly to help others





## PLANNING APPROACH FOR A STATEWIDE STRATEGY

Distinguish areas of influence  
Dovetail to other's efforts  
Dream big



### STATEWIDE STRATEGY

Focus on strategies that are outside organizational influence, or need collective voice/action



### NARROW "PRIORITY TOPICS"

Focus the big goals first by ranking priorities. Then move to focus on focus areas of need and recommendations.



### BRAINSTORM SOLUTIONS

Brainstorm solutions to help narrow strategies. Organize into areas of need.



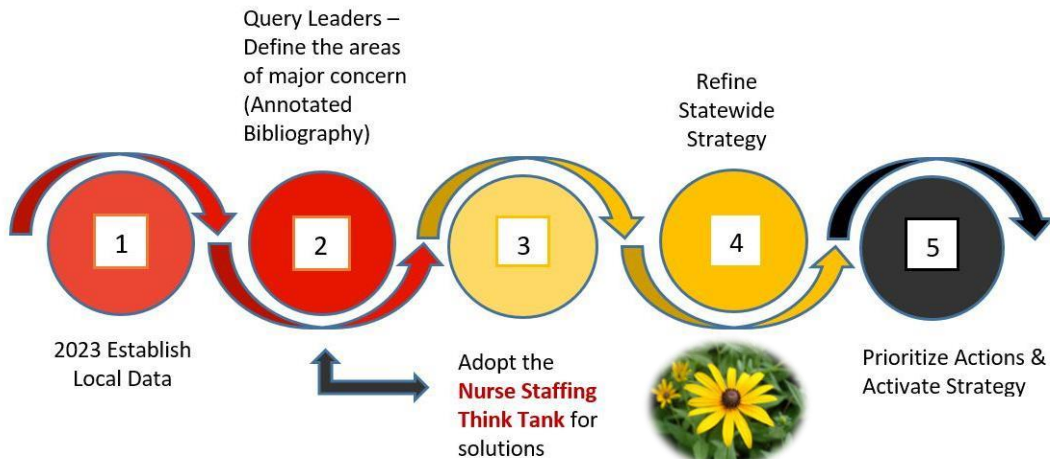
### ORGANIZE OVERALL STRATEGY

Selecting short and long term activities. Stage activities for optimal outcomes. Commit to picking "a few" - too many will be too much

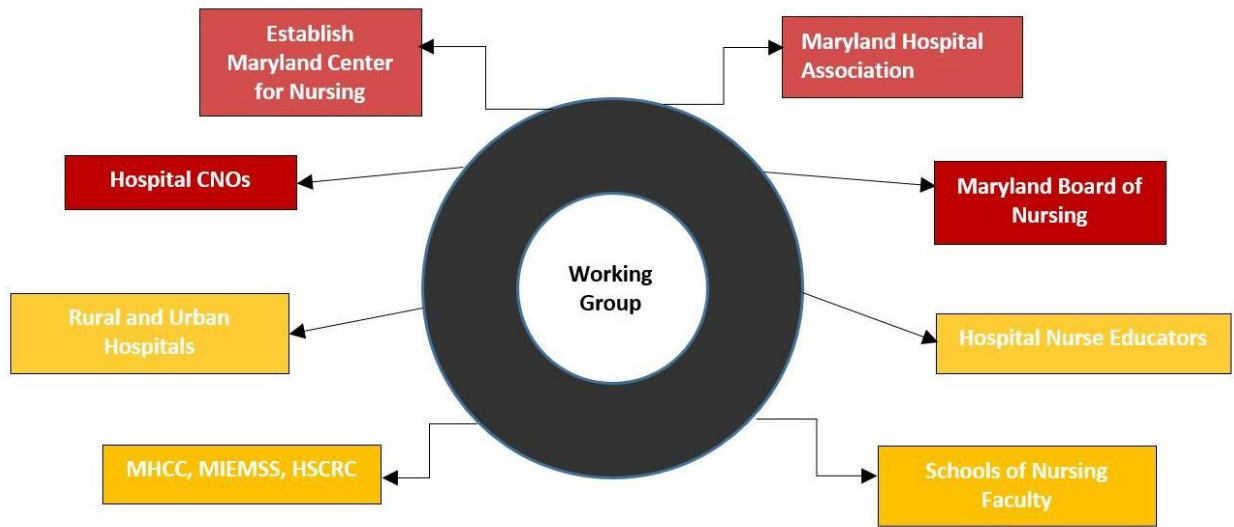
## A Statewide Approach

*"Wellness as a Factor of Recruitment and Retention"*

Photo Credit: Darwinek



# Maryland-Level Wellness, Recruitment and Retention



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



## Definition of a Megaproject

Megaprojects, sometimes called “major programs”, are large-scale, complex ventures that typically cost more than 1 billion US Dollars, take many years to build, involve multiple public and private stakeholders, are transformational and impact millions of people.



## Cathedrals & Megaprojects

Cathedrals are distinct from typical megaprojects in a significant way: *an unfinished cathedral, even if over decades or centuries, is by no means a failure.*

An essential and unique (singular) component of building cathedrals is the realization that all effort is accretive (gradual or incremental growth).

Most large megaprojects are binary; they are done or not. *That is not the case with this work.*



Sagrada Familia, Barcelona Spain  
Construction started in 1882  
Officially opened in 2010  
Completion date ??????



- The posture of evolving accretive value (expanding as ongoing components come to life) is one of *purpose and patience*.
- It is a model of a broader arc pointing to a future state and more significant benefit example – building bridges and cathedrals.





“The distance a goldfish swims is not determined by the bowl.”  
Les Coleman



# Thank You!

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