Reinventing

The Work of The Now

By

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Objectives

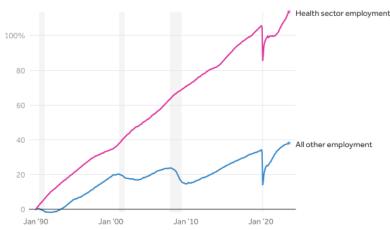
- 1. Understand the current workforce supply and demand from a worldview.
- 2. How to instill hope for nurses and nursing.
- 3. Identify one idiosyncrasy to eliminate in nursing within their own organization.
- 4. Identifying ways to decrease the total cost of care.

Workforce | Current External Healthcare Landscape

There has been some softening in the job market, but healthcare continues to be challenged.

Growth in healthcare jobs continues

Cumulative % change in health sector and non-health sector employment, January 1990 - October 2023



- Healthcare has been gaining jobs faster than other industries but is 500K behind pre-pandemic employment projections
- The healthcare sector is projected to add 2.1M more jobs by 2032, representing 45% of all new jobs. 10.8% of all US workers are in healthcare (7.5% in 1990)

Healthcare resignations continue to outpace other industries

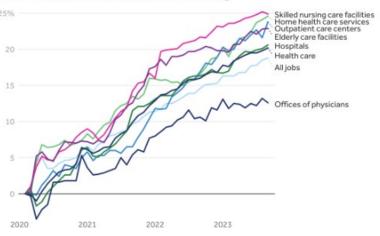
Cumulative % change in job quits from February 2020 - September 2023, health & social assistance jobs and all jobs



- Health services has 21.4% of job openings, the highest of any industry
- Job openings in healthcare and social assistance are more than 50% higher than before the pandemic.
- Healthcare's quit rate remains high, compared to other industries and vs. historical trends

Workforce shortages have led to higher than average wage inflation

Cumulative % change in average weekly earnings, since February 2020 - September 2023, by health setting



- Workforce dynamics in healthcare has led to higher than average wage inflation over the past three years
- Wage inflation is even higher on the West Coast

State of Healthcare Workforce Supply & Demand

We will require 13M nurses by 2030 worldwide

2.1M more healthcare jobs by 2032





Creativity and risktaking is necessary to innovate





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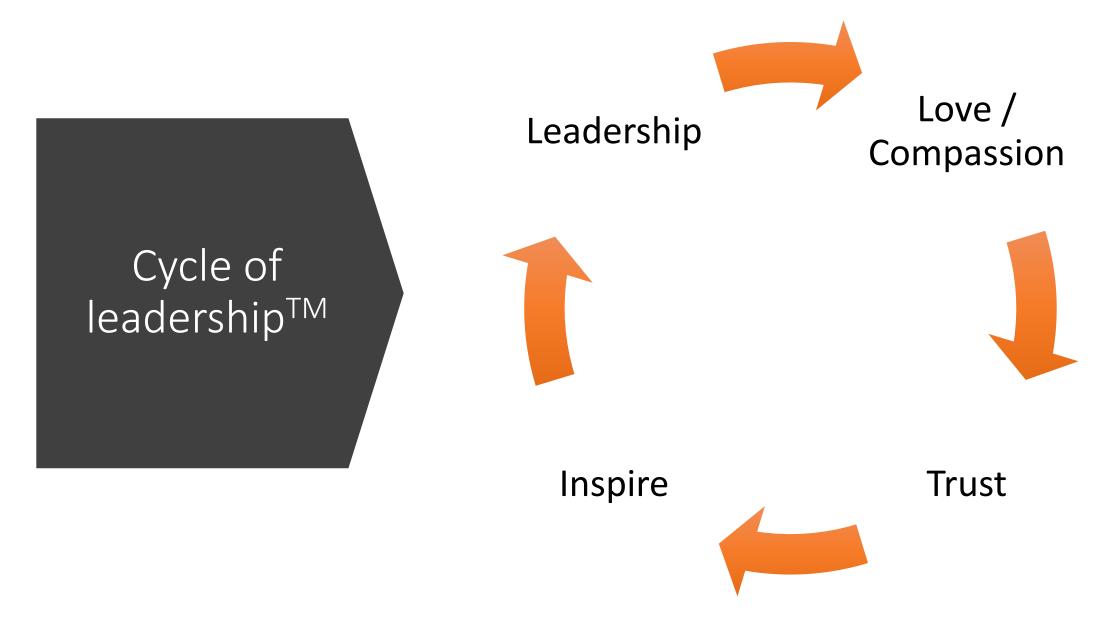
Six Strategies to promote creativity and risk-taking







"Showing up is a state of mind, not a place of physical presence" ™

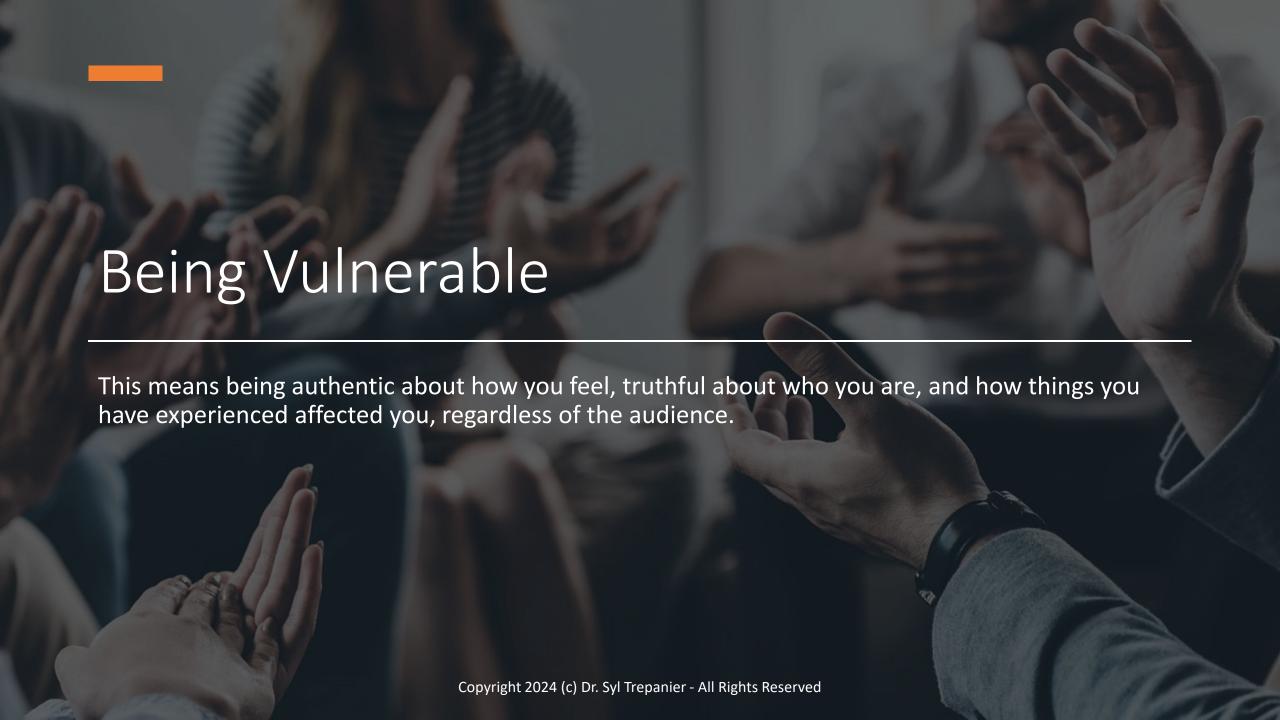




Cognitive Diversity

I don't think like you, and you don't think like me. Ed Bernacki, 2022





What does it mean to be Vulnerable:

This means being authentic about how you feel, truthful about who you are, and honest about how things you have experienced have affected you, regardless of the audience.



Being Authentic

"People respond and connect to other people who are real, flaws and all. We follow people we trust." Thacker, 2016









Application

Find a dialogue partner, and think about a missed opportunity you recently had to show up as a loving leader. What could you have done better or differently?

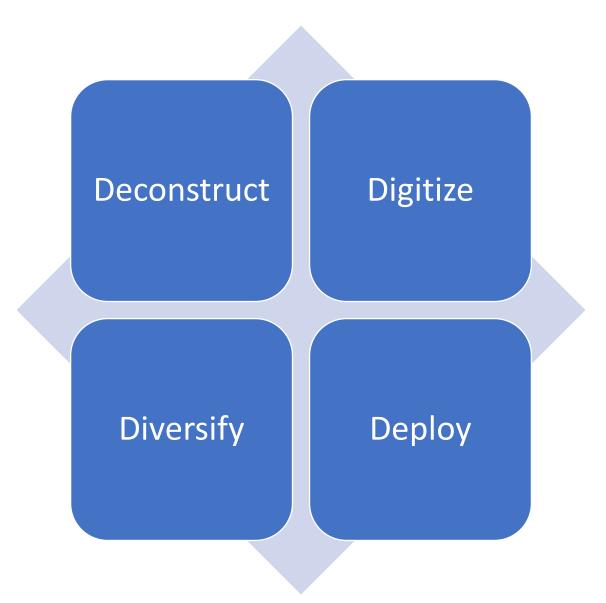
"Insanity is doing the **same** thing over & over again & expecting **different** results." - Albert Einstein



What we've tried & continue to focus on:

- 1. Pay Scale
- 2. Staffing Ratios
- 3. Incremental Workplace Changes
- 4. Current Models of Care
- 5. Nursing School Enrollment/Faculty
- 6. International RNs

Providence's 4 D Model to Transform HealthCare



Idiosyncrasies Defined as a mode or behavior or a way of thought peculiar to an individual, a group, a community Copyright 2024 (c) Dr. Syl Trepanier - All Rights Reserved

Working Differently: Deconstructing Everyone's Role

What are the most meaningful aspects of the job?

What can only a physician/nurse/tech do?

What can be taken off a physician/nurse/tech's plate?

What can be done in other ways?

Considerations:

- Technology
- Understanding & working to the top of practice and competency
- Redistributing workload to allow more time with patients



New Models of Care



Team-Based Care in the Practice Setting



Co-Caring Model in the Acute Care

Virtual Team
Collaborative Team (RN + partner)

Co-Caring

— VISION —

Create a rewarding care delivery environment where our caregivers want to practice and are supported in the delivery of high-quality patient care experience.

GUIDING PRINCIPLES

1. Create a positive work environment where everyone feels part of the team

2. Ensure all team members are working at their highest level

3. Work together to improve access to healthcare by shifting how we deliver care at the bedside





1. Improved Patient Experience



2. Return Joy to Practice



3. Increase Caregiver Retention



4. Improved Care Delivery

Intake Process to Go-Live (12-16 weeks)



Admission database

Med Recon

Education

Navigation

VS Monitoring

Chart Audit

PM Chart check

Virtual nurse Two-RN:

Skin check

Blood Admin

PCA waste

Rx waste

Mentoring RN

Coaching RN

Rounding/

Bedside nurse **Physical Assessment**

ADL

Treatment

Med Admin

Orders

End of Shift note

Chart Check

Lab Review

Rapid Response

Code Blue

Outcome Metrics



Quality

- Falls
- CAUTI
- CLABSI
- HAPI
- C-Diff
- Mortality
- Failure to Rescue
- · Readmission rates



Workforce

- Burnout
- Turnover
- Vacancy



Experience

- Caregivers
- Patient
- o HCAHPS
- Communication
- Compassion
- Physician



Stewardship

- Cost per patient day
- Turnover costs
- Length of stay
- Total operational beds
- Scale of the investment

Results

Decrease	Decrease RN Turnover rate by 50%
Decrease	Decrease Technician TO rate by 70%
Decrease	Decrease time to discharge (4.9% decrease in LOS)
Decrease	Decrease total cost of care between \$500K and \$900K per unit per year
Decrease	Decrease falls with injuries
Increase	Increase patient satisfaction

What we learned so far...

Change management, inclusion, and communication is key

Excellent leadership is crucial: step your people up for success

It's hard to let go





STAFFING: RATIOS: MATTER



Safe Staffing via new models of care

Safety is the number 1 priority for nurse leaders, and ensuring safe staffing is critical.

A radical change in care models is required to achieve safe staffing in an era of nursing shortages.

Mandated ratios are not the best solution to ensure patients' access to care.

It is not logical to assume that increasing the demand for nursing by mandated ratios will increase the supply of nurses.

Studies have shown that mandated ratios will require additional nurses.

We support, promote, and call for safe staffing by implementing new models of care.





"When trauma of past events loses its emotional charge, it becomes wisdom." Lakota

