



A Contemporary Acute Care RN Workforce Solution

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Even before the COVID-19 pandemic interrupted the entire world, workforce stress fractures were beginning to reveal themselves across the healthcare industry. The Washington Health System (WHS) was dealing with workforce supply shortages, capacity issues, work/life balance demands, lack of resiliency, and new expectations of our team members. Then the pandemic hit followed by the Great Resignation/Great Retirement that struck the entire nation during the fall of 2021.

At the 2023 AHA Rural Health Care Leadership Conference, the top three challenges listed for healthcare were workforce, workforce, and workforce, with financial stress being a close fourth. WHS is no exception to these industry and worldwide trends. We experienced a seven-fold increase in open positions that impacted just about every job classification (RNs, nursing aides, skilled trades, patient transport, registration/revenue cycle, medical assistants, etc.) across the organization except for physician positions. Although WHS was impacted by the world events, economic pressures, and the current workforce challenges, we created an innovative program for our nurses that has been successful in maintaining workforce stability.

Avoiding Travel RNs

Like everyone else in the industry, WHS is short of RNs. We decided to take a different approach to using travel RNs (travelers). We have worked with our nurses and other team members, which has allowed us to avoid the cost, quality, and safety issues that come with having even one travel RN in our organization. We have a long history of never using a travel RN at our primary hospital, The Washington Hospital, which is celebrating its 126th anniversary this year. We understand and respect travelers as hard working and good intending professionals, but we also understand they might not be invested in our organization long term and they don't know our organization's culture, people, facility, IT systems, policies, and patients. Even with travelers best intentions, these professionals may

create quality and safety issues while they are present. It also causes morale issues with the organization's loyal and engaged staff who generally must train and coach the travelers. In addition, having travelers is extremely expensive (ranging from four to seven times more than your normal staff depending on specialty area).

→ Context and Background: Essential Community Providers

Washington Health System is comprised of two rural hospitals—The Washington Hospital (260 beds) and WHS Greene Hospital (50 beds)—that serve primarily two counties and their surrounding communities southwest of Pittsburgh, Pennsylvania. The system generates \$500 million total patient revenue and has more than 2,300 employees and over 40 outpatient sites including a rural health clinic and an employed multi-disciplinary provider practice group (100+ providers), with more than 350 hospital medical staff members.

In addition, Washington Health System has diagnostic centers, outpatient care facilities, the Wilfred R. Cameron Wellness Center, family medicine residency, a school of nursing, and numerous joint ventures in the areas of hospice, senior living, home health, and others, to provide patient/family-centered care. It owns a regional ACO/CIN with three similarly sized community health systems as a value-based healthcare organization and is a participant in the Pennsylvania Rural Health Model CMMI pilot program.

WHS set up a program that allows our existing RNs to work an extra shift per week over the course of a specific period. In exchange for working that extra shift, we reward them with their normal pay, overtime, and shift differential. In addition, there is a bonus payment that allows the RNs in total compensation over the course of weeks to make slightly less than what they would have made if they left to become a traveler. The organization saves 60 percent over what a travel RN would cost, when you consider the bulk of the travel RN expense doesn't go to the traveler, it goes to their contracted employer.

Top Challenge: A critical management challenge was how to keep the acute care beds staffed during the workforce shortages, while at the same time keeping quality and safety high and costs as reasonable as possible.

Key Finding: Creative staffing solutions can help the organization achieve its goals, meet our community commitments, and reward our current team while at the same time keep quality and safety high. All it takes is allowing the team the freedom to be innovative, to test and adapt to the current challenges.

The program is set up to be flexible and voluntary, which allows our nurses to participate at will and back off for stress/burnout and family reasons. At different times over the last 18 months, we have had as many as 60 to 140 of our nurses participating in the program at the same time. It is set up to be flexible for them and the organization. It varies over time, but this program has allowed us to keep 20 to 40 of our beds in service out of our 260 total beds. This extra capacity helps keep our patients in the ED waiting to be admitted at a reasonable timeframe. There are still times when we have over 20 ED admits waiting to be put into an acute care bed, but it would be double that amount without this program or would cost us 60 percent more to maintain the same capacity.

→ Key Board Takeaways

Workforce issues are the number one challenge facing hospitals and healthcare organizations. A creative and proactive approach to help staff acute care beds without using travel RNs can:

- Reward your current loyal nurses through the implementation of a program that offers them additional compensation.
- Maintain patient satisfaction, safety, and quality, differentiating your organization from your competitors.
- Demonstrate the organization's commitment to the current team members by rewarding them with this program versus strangers.
- Keep medical staff satisfaction high based on the quality of care provided and its impact on their workflow through the use of team members they know and trust.
- Avoid negative morale issues across the entire organization since you won't be paying travel RNs, which can cause resentment internally.
- Allow the organization to continue to serve the community's healthcare needs.
- Avoid extreme labor cost increases due to travel RNs, allowing the organization to invest in other initiatives that otherwise would be unfunded.
- Help the board achieve its fiduciary duty to the organization and the community by ensuring the organization is providing the highest quality care at the lowest possible cost.

Another important aspect of this creative approach is the impact on nursing retention. The RN turnover has decreased from about 17 percent in FY22, prior to WHS implementing this program, to 9 percent for FYTD23. This turnover improvement has resulted from rewarding our nurses in this program and through open and frequent communication with our nurses, while maintaining safe and appropriate patient ratios.

The organization benefits for all the reasons above, but also by allowing us to keep bed capacity high, ensure service lines stay open, and maintain medical staff satisfaction. Over the last 18 months, the program has gone through a process of iterative changes based on our team members' feedback and has allowed us to keep quality and safety extremely high. It's a situation where everyone wins including the team, the organization, physicians, and most importantly, our patients.

Conclusion

Having appropriate workforce capacity, talent, skill mix, and experience is, of course, critical for our organization to achieve our mission of providing "Great Patient Care." By using this innovative approach based on feedback from our nursing team members, we have been able to cover our inpatient acute care nurse workforce needs efficiently and cost effectively while avoiding the use of travel RNs.

The Governance Institute thanks Brook T. Ward, M.P.A., FACHE, FABC, R.T.(R) ARRT, Chief Executive Officer, and Karen Bray, M.S.N., RN, Vice President, Patient Care Services/Chief Nursing Officer, Washington Health System, for contributing this article. They can be reached at bward@whs.org and kbray@whs.org.

