The Nightingale Challenge Leadership Series

impact.nursing.uw.edu
Lead from the Start

Carol Fleischhauer
Chief Nursing Officer
fleischc@advisory.com
Leadership
Comes in many forms……

1. Leadership can be defined by role; with unique skills and responsibilities

2. Leadership can be defined by behaviors and influence; regardless of role

3. Leadership can be advanced through individuals or groups of individuals; including a team, discipline or profession

4. The measure of effective leadership is the extent to which a stated goal or goals are achieved
Pre-covid; industry focusing on other matters…..

Presidential candidates endorsing Medicare for All, 2016

Presidential candidates supporting Medicare for All, 2020

Presidential candidates supporting public option, 2020

Public support for Medicare for All

56%

Of survey respondents favor a national health plan in which all Americans would get their insurance from a single government health plan

...if it would do the following

- Guarantee insurance as a right: 71%
- Eliminate premiums and out-of-pocket costs: 67%
- Eliminate private health insurance: 37%
- Require most Americans to pay more in taxes: 37%


1. Current as of July 9, 2019, according to a New York Times survey of the candidates.
1. According to the Health Resource and Services Administration workforce projections, the following 7 states are expected to have a shortage of RNs: Alaska, California, Georgia, New Jersey, South Carolina, South Dakota, and Texas.

2. Among the 7 states that are projected to have shortages, 4 states will have shortages of more than 10,000 RN FTEs: California (44,500 FTEs), Texas (15,900 FTEs), New Jersey (11,400 FTEs), and South Carolina (10,400 FTEs).

Pre-Covid: Nurse Practitioners on the rise

Growth of NP\(^1\) programs and graduates

3.5x
Increase in number of NP graduates in 2017 compared to 2007

13%
Increase in number of NP graduates in 2017 compared to 2016

+142
Increase in number of NP degree programs between 2000-2016\(^1\)

Growth of practicing NPs


1. Nurse practitioner.
2020 was to be momentous for nursing before Covid-19

National Nurses Week
Celebrated annually in the US May 6 through May 12 (Florence Nightingale’s birthday)

2020: National Nurses Month
ANA extended National Nurses Week to full month of May to mark 200th birthday of Florence Nightingale

2020: Year of the Nurse and Midwife
Proclamation by World Health Assembly of the WHO
Coronavirus cases in the United States
Current as of July 13, 2020

- At least 3,318,300 cases
- 406,403 cases in New York
- At least 134,976 deaths

Original estimates of possible effects
- 96 million cases
- 4.8 million hospitalizations
- 480,000 deaths

Major organizational actions taken during the surge

- Standardize testing and PPE processes
- Cancel elective surgery and close non-essential services
- Provide essential workforce support
- Create incident command system
- Adjust staffing to support the Covid-19 surge
- Create dedicated Covid-19 units
Nursing responds with intensive surge planning

- Educate and train staff on Covid-19 and related policies
- Adjust staffing models for surge severity
- Flexible, creative use of RN roles
- Design 24/7 communication strategy
- Implement new care and safety protocols
Let's not forget what we collectively accomplished.....
Covid driven innovations to be recognized

1. Rapidly repurposed units and sites for covid care
2. Created team based staffing models
3. Redeployed and trained staff for interim roles
4. Led safety/PPE/clinical protocol design/implementation
5. Developed new processes for screening/testing support
6. Created solutions to unique patient/family communication/emotional needs
7. Mobilized staff creativity to quickly problem solve process/care challenges
8. Supported peers amidst fear and safety concerns
9. Demonstrated unwavering resolve and flexibility despite unparalleled uncertainty
10. ?
Influenced by surge severity and projections

First crisis subsiding: Near-term organizational steps

1. Open up and resume operations
2. Regain consumer confidence
3. Address financial shortfalls
4. Stabilize the workforce

Nursing Executive Center interviews and analysis.
1: Open up and resume operations
Key considerations for resuming elective procedures

- Implement new policies and procedures
  - Establish Covid-19 safety protocols
  - Revise policies for patient processes (i.e. scheduling, registration, patient visitation)

- Determine how to prioritize procedural volumes
  - Estimate demand of procedures by service line and procedural type
  - Define prioritization schema (clinical acuity, strategic plan alignment, contribution margin, competitive advantage)

- Re-engage staff and attend to needs
  - Solidify communication channels to staff
  - Expand staff support channels for emotional and logistical needs (i.e. availability of housing options and access to meals)

- Establish external communication plan
  - Designate processes for public-facing communications
  - Provide answers to frequently asked questions

To access a full checklist for resuming elective procedures, visit advisory.com/covid19

Confirm that you can safely manage elective procedures
- Assess position on disease curve
- Understand supply and demand of Covid-19 testing supplies, PPE, staff, and other critical supplies
2: Regain consumer confidence
Many consumers will delay care as restrictions lift

Q1: Once COVID-19 Restrictions are lifted, I would be comfortable entering my local hospital for a medical procedure...

- Immediately: 20%
- Within 1 month: 15%
- After 1-3 months have passed: 20%
- After 3-6 months have passed: 16%
- After 6 months have passed: 29%


Q2: In the months after COVID-19 restrictions are lifted, which statement best describes the way you will seek care?

- I will seek care for very serious conditions or chronic condition management: 38%
- I will only seek care if I have a very serious condition: 31%
- I will not seek care: 5%
- I will seek care normally: 26%


Nursing Executive Center interviews and analysis.
### 3: Address financial shortfalls

Four main variables dictate how hospitals margins will fare

<table>
<thead>
<tr>
<th>Variables</th>
<th>Primary determinants</th>
<th>Wild cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Cost of Covid-19 treatment</td>
<td>Covid-19 case load, surge expenses, general productivity loss</td>
<td>Additional changes to payment rates</td>
</tr>
<tr>
<td>2  Vanishing volumes</td>
<td>Length of elective delays, ability to flex down expenses, extent of social distancing</td>
<td>Consumer perception of non-elective services</td>
</tr>
<tr>
<td>3  Battle for the backlog</td>
<td>Excess supply, patient loyalty, sustained site-of-care shifts</td>
<td>Asymmetric competition</td>
</tr>
<tr>
<td>4  Economic erosion</td>
<td>Sustained unemployment rates, employer benefit strategy</td>
<td>Further coverage expansion</td>
</tr>
</tbody>
</table>

Initial estimate of overall impact on health system finances for a 1,000-bed system during a moderate Covid-19 scenario

- **Reduction in quarterly revenue**: 153M
- **Amount of quarterly Covid-19 revenue**: 31.0M

Nursing Executive Center interviews and analysis.
4: Stabilize the workforce
Needs vary according to surge levels; surge never happened for some…

In the trenches

On frontlines in surge markets

Burned out due to high volumes, emotional stress

Feelings of distrust stemming from PPE shortages, risk of exposure

On the sidelines

Seeing lower volumes or lack of work altogether

Financially vulnerable due to furloughs, pay cuts

Feelings of distrust stemming from financial insecurity

Nursing Executive Center interviews and analysis.
The tale of two workforces
Needs vary, but personal safety/continued uncertainty consistent themes

Sample news headlines

“As hospitals lose revenue, more than a million health care workers lose jobs”

“Thousands of healthcare workers are laid off or furloughed as coronavirus spreads”

“During a pandemic an unanticipated problem: out-of-work health workers”


“As hospitals lose revenue, more than a million health care workers lose jobs.” NPR. https://www.npr.org/2020/05/08/852433761/as-hospitals-lose-revenue-thousands-of-health-care-workers-face-furloughs-layoffs

Remembering Maslow’s Hierarchy of Needs
Despite variable needs, basic concerns remain a constant…….

Self-Fulfillment Needs
- **Self-actualization**: The need to achieve one’s full potential, including creative activities

Psychological Needs
- **Esteem**: The need to feel respected, including the need to have self-esteem and self-respect
- **Social Belonging**: The need to feel a sense of belonging and acceptance among social groups, including friendships and family

Basic Needs
- **Safety Needs**: The need to feel physically safe and stable, including personal, financial, health, and protected from adverse events
- **Physiological Needs**: The physical requirements for human survival, including air, food, and water

Key questions the industry is now asking

How will Covid-19 impact...

...the demographic makeup of the US—and future demand?

...the purchaser landscape and the nation’s payer mix?

...the competitive landscape efforts to “disrupt” the industry?

...expectations about U.S. health care capacity?

...site-of-care shifts, including to virtual channels?

...perception of government’s role in health care?

...public perception of industry stakeholders?

...the structure of the U.S. health care supply chain?

...demand for behavioral health services?

...employers’ health benefits strategies?

...future fundraising and philanthropy efforts?

...the future of the clinical workforce?

...the U.S.’ approach to post-acute and long-term care?

...the future of value-based care and risk-based payment?

...perceptions of the value of systemness and scale?

...the pharma, device, and tech innovation pipelines?
Let’s face it: Coronavirus is here to stay (for now)
Shifting from a pandemic to endemic mindset…..

Key Covid-19 assumptions

1. Covid-19 will be in your health system for the foreseeable future.

2. We won’t have an evidence based treatment for the foreseeable future.

3. We won’t have a vaccine for the foreseeable future.
Scenario 1: persistent plateau of national Covid-19 cases

Volumes as percent of pre-Covid-19 volumes (estimates; illustrative)

- Months: May - June
  - Elective cancelations begin
  - Capacity/PPE constraints cause forced closures
  - Consumers start avoiding care
  - Peak Covid-19 admissions

- Months: July - September
  - Regional hot spots of virus continue to spike
  - Surge from performing backlogged cases followed by lull in new surgeries
  - Top of funnel begins to ramp up
  - Consumer avoidance continues

- Months: October - December
  - Regional hot spots of virus continue to spike (but at a decreasing rate)
  - Gradual growth in volumes as consumer fear fades
  - Productivity and throughput remains lower due to Covid-19 safety precautions
  - Greater no-show rates (than usual) from lingering consumer anxiety
  - Economic effects limit full recovery

1. Outpatient visits included telehealth
Scenario 2: second wave of Covid-19 in mid-fall

Volumes as percent of pre-Covid-19 volumes (estimates; illustrative)

Months
- March-April
  - Elective cancelations begin
  - Capacity/PPE constraints cause forced closures
  - Consumers start avoiding care
  - Peak Covid-19 admissions

- May-June
  - Surge from performing backlogged cases followed by lull in new surgeries
  - Top of funnel begins to ramp up
  - Consumer avoidance continues

- July-September
  - Regional hot spots of virus continue to flare-up
  - Backlog cleared
  - Productivity and throughput remains low due to Covid-19 safety precautions
  - Greater no-show rates (than usual) from lingering consumer anxiety
  - Economic effects limit full recovery

- October-December
  - Seasonal influenza starts to spike
  - No viable vaccine or therapeutic is available to stem second wave of Covid-19 cases
  - Hospitals self-limit inpatient surgeries rather than force closing; outpatient surgery and visits remain fully operational
  - Consumer avoidance picks up as reported Covid-19 cases increase
  - Surgeries shift from inpatient to outpatient settings to preserve capacity

1. Outpatient visits included telehealth
9 ways the ‘new normal’ will impact the nursing enterprise

The tip of the iceberg…

<table>
<thead>
<tr>
<th>Services &amp; scale</th>
<th>Care setting</th>
<th>Consumer demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Care acuity increasing; co-morbid care management a top priority</td>
<td>4 Employment opportunities will be influenced by volume shifts, post acute/home health needs, and resource constraints</td>
<td>7 The demand for continued RN role, process and practice flexibility will increase</td>
</tr>
<tr>
<td>2 Creative, cross continuum staffing models and roles will be required</td>
<td>5 Nursing’s contribution to system growth and margin management will be required.</td>
<td>8 Role optimization for the NP; including in acute care will be prioritized</td>
</tr>
<tr>
<td>3 Use of virtual care technology and predictive analytics will accelerate</td>
<td>6 Social determinants of health an emerging opportunity for nursing to own</td>
<td>9 Workforce resilience at all levels; including leadership, requires long term support</td>
</tr>
</tbody>
</table>
Amidst covid, the profession’s leadership opportunities
A sampling of examples, regardless of role…

<table>
<thead>
<tr>
<th></th>
<th>Refresh your strategic plan</th>
<th>Target research projects</th>
<th>Update education/professional development</th>
<th>Leverage shared governance</th>
<th>Focus your advocacy agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Target quality, safety, finance, and workforce goals through covid lens</td>
<td>• Inventory covid innovations for research opportunities</td>
<td>• Redesign novice nurse transition plan</td>
<td>• Refresh council agenda to new practice, process and professional priorities</td>
<td>• Confirm covid waivers relevant for continued practice/procession innovation</td>
</tr>
<tr>
<td></td>
<td>• Confirm priority metrics in sync with new normal</td>
<td>• Prioritize individual/dept research in sync with emerging quality, safety workforce challenges</td>
<td>• Partner with academia to modify rotation/didactic needs</td>
<td>• Embrace interdisciplinary expansion</td>
<td>• Optimize NP scope of practice regulations</td>
</tr>
<tr>
<td></td>
<td>• Invest in long term workforce recovery and resilience</td>
<td>• Enhance education agenda for incumbent staff and managers</td>
<td>• Expand leadership development; skill building</td>
<td>• Ensure cross continuum representation and mindset</td>
<td>• Get involved in broader CMS discussions re reimbursement and metrics</td>
</tr>
</tbody>
</table>
Reflect on crisis leadership skills
For all levels.....

Crisis leadership requires focus

- Care for yourself; focus on personal resilience
- Communicate with; versus *to*
- Listen
- Be honest; avoid blind optimism
- Project compassion and empathy for the emotional needs and fears of those around you
- Employ confident, nimble decision-making
- Advocate for the needs of patients and staff
- Embrace transparency
- Be present
- Ensure meaningful involvement of staff; create opportunities for flexible, collaborative solutions

Opportunity for Independent Learning
For each behavior/skill, reflect on what/how you are doing now, and identify actions you can take to enhance effectiveness. Discuss with colleagues.
Leadership is a choice; not a position
As individuals and the collective profession…

We are made wise

Not by the recollection of our past

But by the *responsibility* for our future

*George Bernard Shaw*
LEGAL CAVEAT

Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member’s situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Advisory Board and the “A” logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

IMPORTANT: Please read the following.

Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the "Report") are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.

2. Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.

3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.

4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.

5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.

6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.
“FINDING YOUR VOICE IN THE TIMES OF COVID-19”
GUEST SPEAKER, SUE BIRCH

TUESDAY, JULY 28
3:00-4:00PM

To learn more about The Nightingale Leadership Series and register for this webinar free of charge, visit:

impact.nursing.uw.edu