Lead from the Start

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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

Nursing Executive Center interviews and analysis.

Pre-covid; industry focusing on other matters.....

Presidential candidates endorsing Medicare for All, 2016

Presidential candidates supporting Medicare for All, 2020[1]

Presidential candidates supporting public option, 2020[1]

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.

Source: Kirzinger A, et al., "KFF health tracking poll – January 2019: The public on next steps for the ACA and proposals to expand coverage," Kaiser Family Foundation, January 23, 2019.

Health Care Advisory Board interviews and analysis.

Pre-covid: nursing profession growing substantially

Breakdown of national nursing workforce projections, 2030

7

Number of states[1] with a projected **RN shortage** by 2030[2]

39%

Projected growth in **RN supply**

28%

Projected growth in **patient demand**

293,800

Projected **RN excess** by 2030

Key factors influencing regional variation in nursing supply, demand

▶ Location, geography

▶ Population density, demographics

▶ Local nursing school capacity

▶ Local job competition

▶ Type of care site, specialty

1. According 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).

Source: "Supply and Demand Projections of the Nursing Workforce: 2014-2030," Health Resource and Services Administration, https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf.

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
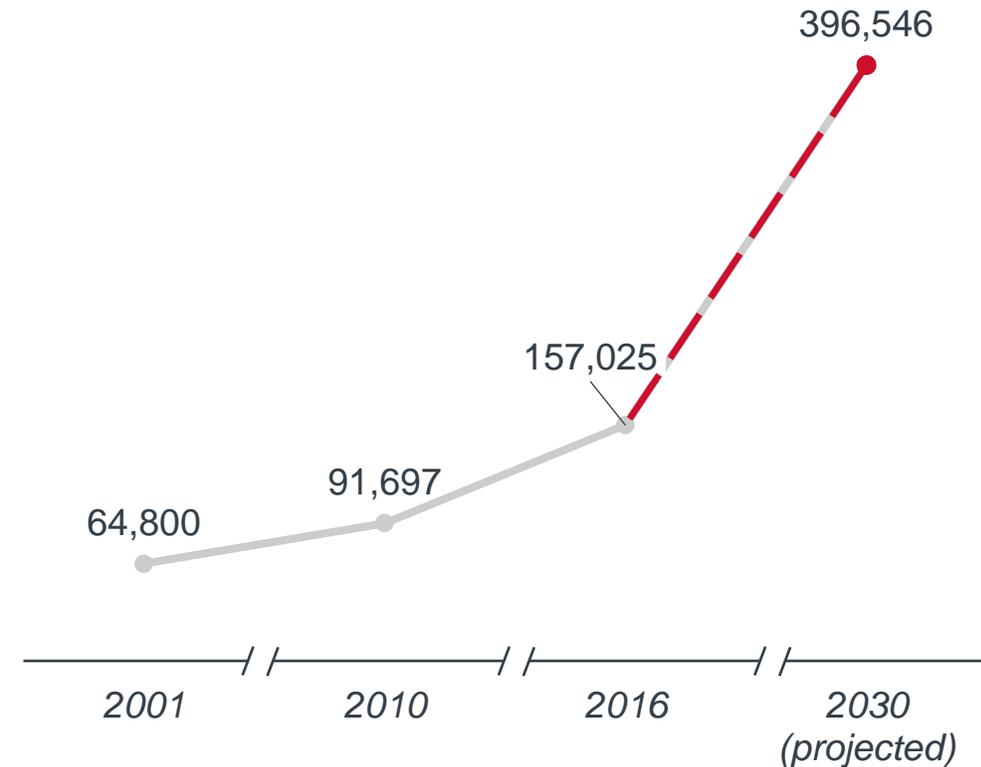
13%

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

396,546

157,025

91,697

64,800

2001   2010   2016   2030 *(projected)*

1. Nurse practitioner.

Nursing Executive Center interviews and analysis.

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
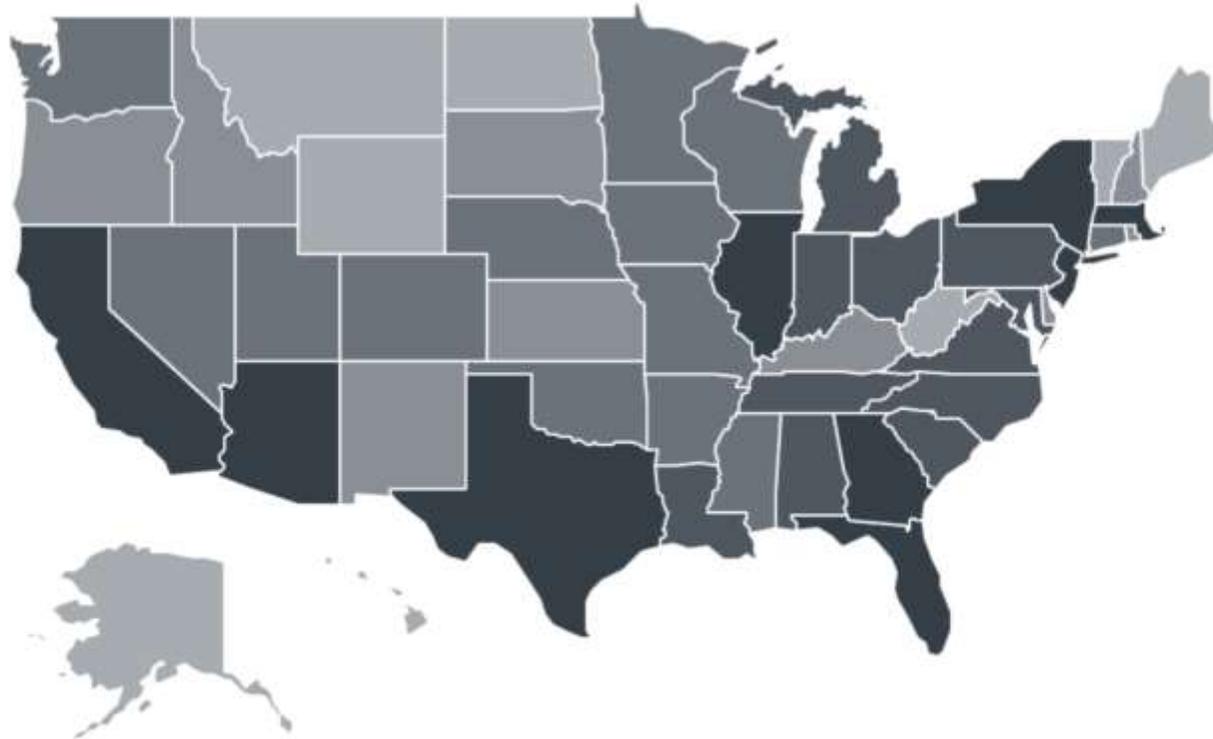
2020: Year of the Nurse and Midwife

Proclamation by World Health Assembly of the WHO

Nursing Executive Center interviews and analysis.

Coronavirus cases in the United States

Current as of July 13, 2020

Current COVID-19 cases

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

< 5,000 cases   < 20,000 cases   < 50,000 cases   < 100,000 cases   > 100,000 cases

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 Executive Center interviews and analysis.

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

Nursing Executive Center interviews and analysis.

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. ?

[Insert program name interviews and analysis.]

First crisis subsiding: Near-term organizational steps

Influenced by surge severity and projections

1

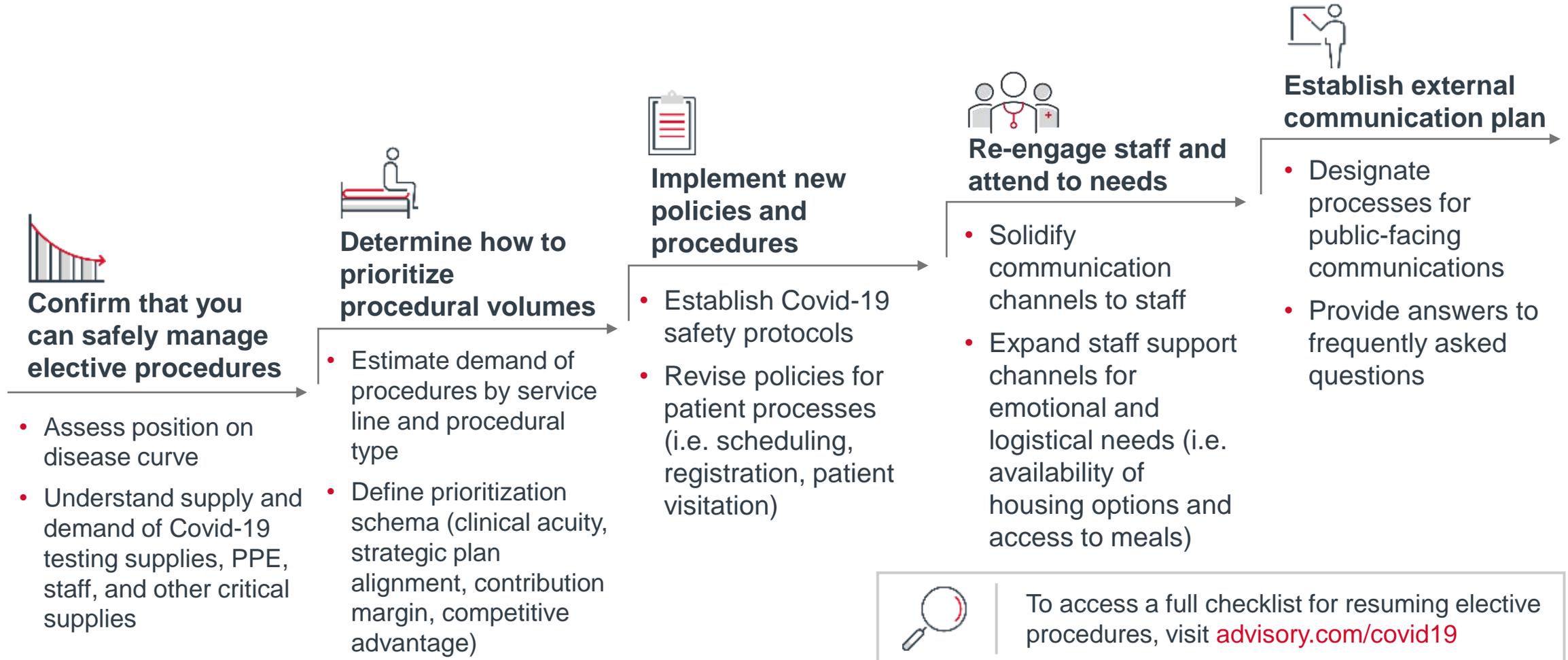**Open up and resume operations**

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

Establish external communication plan

Re-engage staff and attend to needs

Implement new policies and procedures

Determine how to prioritize procedural volumes

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

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

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

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

- 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

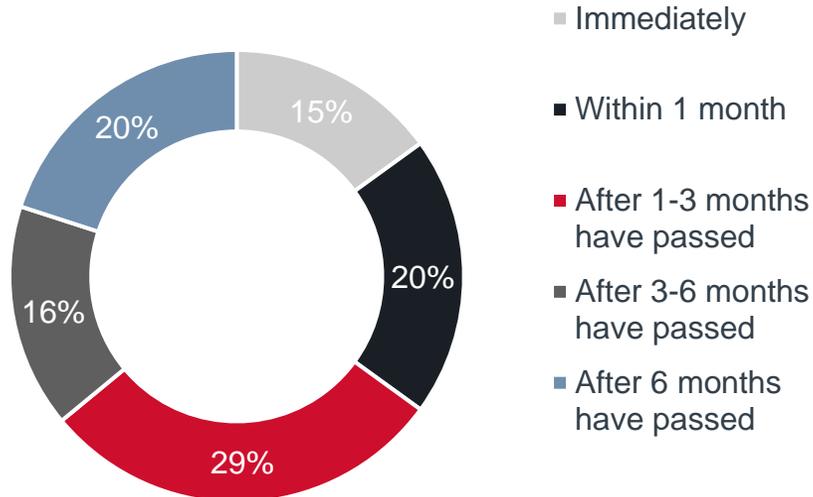Nursing Executive Center interviews and analysis.

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…

ReviveHealth "COVID-19 Consumer Survey Report Part 3"

n=700 respondents

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

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

ReviveHealth "COVID-19 Consumer Survey Report Part 3"

n=700 respondents

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

Nursing Executive Center interviews and analysis.

3: Address financial shortfalls

Four main variables dictate how hospitals margins will fare

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

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

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

Nursing Executive Center interviews and analysis.

4: Stabilize the workforce

Needs vary according to surge levels; surge never happened for some…

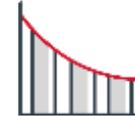**In the trenches**

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

Photo credit: Dove

Courage is beautiful

**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

Source: "Dove salutes healthcare workers." Modern Healthcare https://www.modernhealthcare.com/providers/dove-salutes-healthcare-workers-courage-beautiful-ads, "Thousands of healthcare workers are laid off or furloughed as coronavirus spread," Los Angeles Times, https://www.latimes.com/california/story/2020-05-02/coronavirus-california-healthcare-workers-layoffs-furloughs ; "As hospitals lose revenue, more than a million health care workers lose jobs," NPR, https://www.npr.org/2020/05/08/852435761/as-hospitals-lose-revenue-thousands-of-health-care-workers-face-furloughs-layoff; "During a pandemic an unanticipated problem: out-of-work health workers," New York Times, https://www.nytimes.com/2020/04/03/us/politics/coronavirus-health-care-workers-layoffs.html.

Nursing Executive Center interviews and analysis.

Remembering Maslow's Hierarchy of Needs
Despite variable needs, basic concerns remain a constant.......
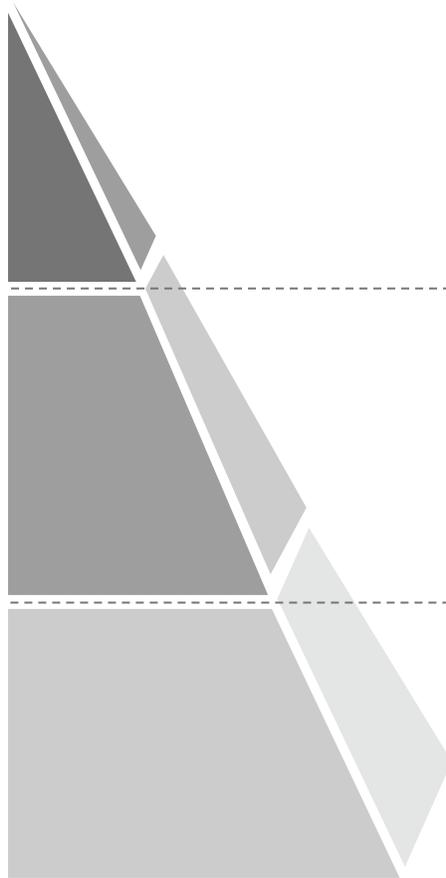
Self-Fulfillment Needs

- **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

Source: McLeod S, "Maslow's Hierarchy of Needs," Simply Psychology, 2017, https://www.simplypsychology.org/maslow.html .

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.

[Insert program name interviews and analysis.]

Scenario 1: persistent plateau of national Covid-19 cases

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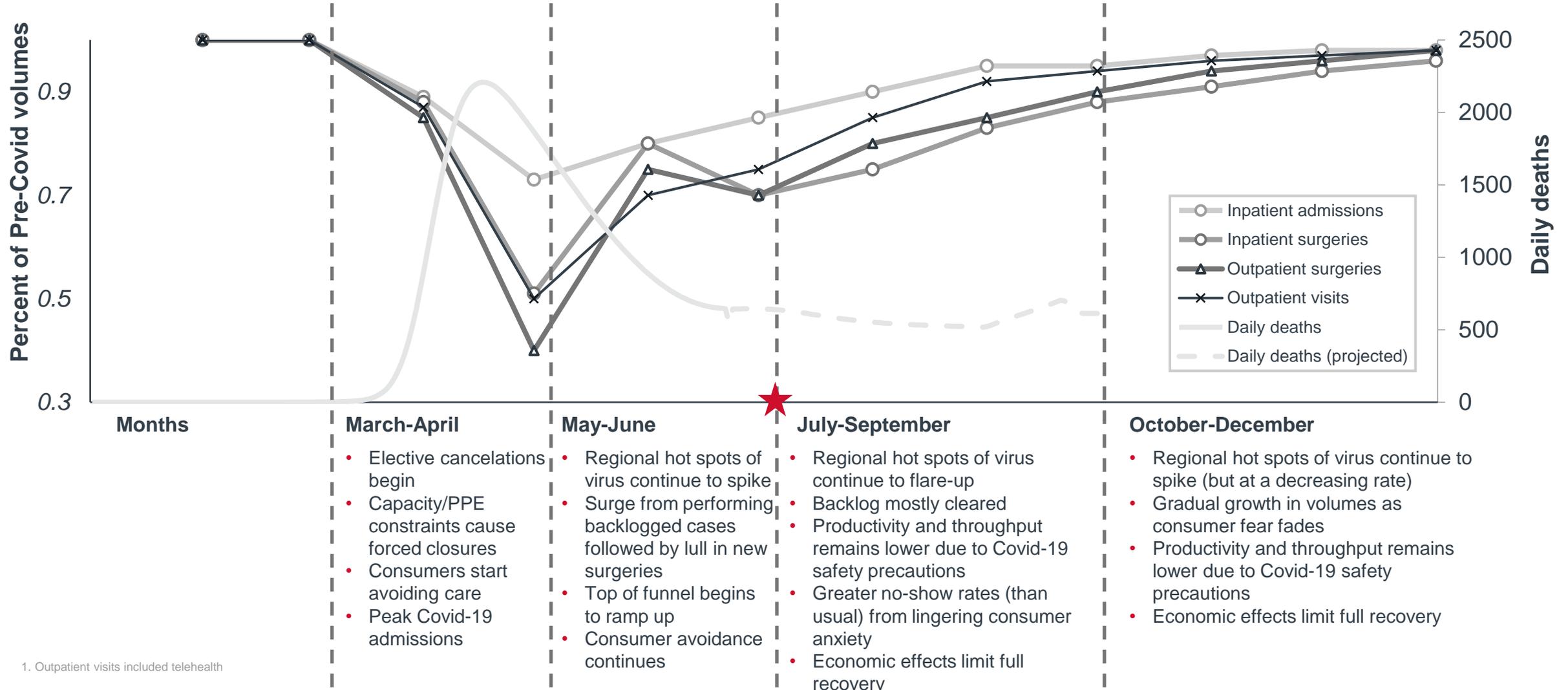
Months

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

May-June
- 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
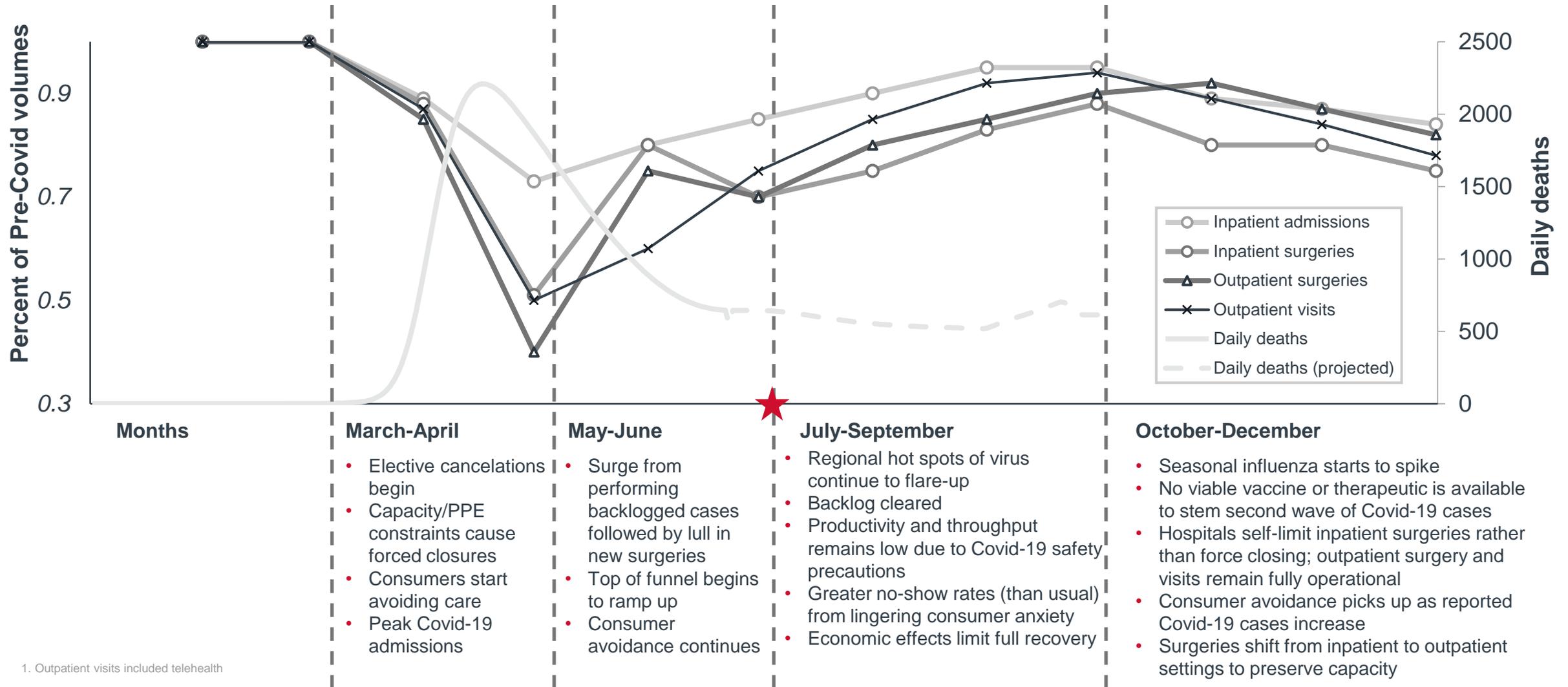- Consumer avoidance continues

July-September
- Regional hot spots of virus continue to flare-up
- Backlog mostly cleared
- 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

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
- 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…

Services & scale

1 Care acuity increasing; co-morbid care management a top priority

2 Creative, cross continuum staffing models and roles will be required

3 Use of virtual care technology and predictive analytics will accelerate

Care setting

4 Employment opportunities will be influenced by volume shifts, post acute/home health needs, and resource constraints

5 Nursing's contribution to system growth and margin management will be required.

6 Social determinants of health an emerging opportunity for nursing to own

Consumer demand

7 The demand for continued RN role, process and practice flexibility will increase

8 Role optimization for the NP; including in acute care will be prioritized

9 Workforce resilience at all levels; including leadership, requires long term support

Nursing Executive Center interviews and analysis.

Amidst covid, the _profession's_ leadership opportunities

A sampling of examples, regardless of role…

1 **Refresh your strategic plan**

- Target quality, safety, finance, and workforce goals through covid lens
- Confirm priority metrics in sync with new normal
- Invest in long term workforce recovery and resilience

2 **Target research projects**

- Inventory covid innovations for research opportunities
- Prioritize individual/dept research in sync with emerging quality, safety workforce challenges

3 **Update education/ professional development**

- Redesign novice nurse transition plan
- Partner with academia to modify rotation/didactic needs
- Enhance education agenda for incumbent staff and managers
- Expand leadership development; skill building

4 **Leverage shared governance**

- Refresh council agenda to new practice, process and professional priorities
- Embrace interdisciplinary expansion
- Ensure cross continuum representation and mindset

5 **Focus your advocacy agenda**

- Confirm covid waivers relevant for continued practice/procession innovation
- Optimize NP scope of practice regulations
- Monitor/influence CDC guidelines
- Get involved in broader CMS discussions re reimbursement and metrics

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.

Nursing Executive Center interviews and analysis.

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

[Insert program name interviews and analysis.]

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