

A photograph of surgeons in an operating room, wearing blue scrubs and masks, looking down at a patient. The scene is brightly lit with overhead surgical lights.

Building Tomorrow's Healthcare Workforce in Today's Economy

A Framework for Action

by Dr. David DeLong

A photograph of two mountaineers climbing a steep, snow-covered mountain slope. They are wearing heavy gear and using ice axes. The sky is blue with some clouds.

Everest Ascent: Preparing for the Unknown

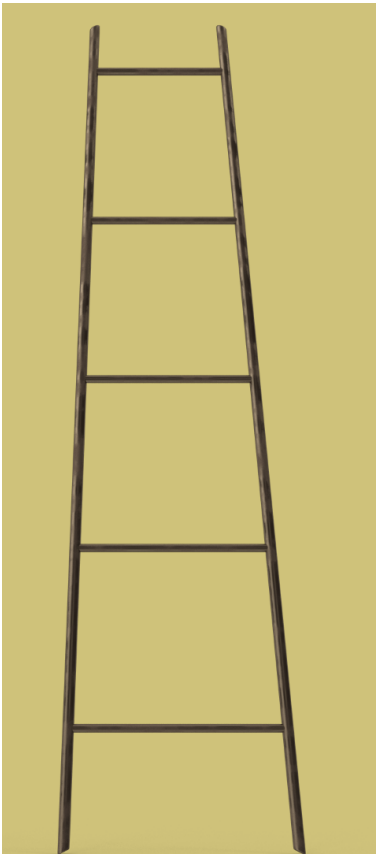
- Expedition leader Chilean Rodrigo Jordan
- Team of 6 trained daily for 2 years
- Prepared, practiced routines for ascent, e.g. setting up camp, packing back packs, managing ropes, etc.
- **Mission seriously under funded**

Everest: Breakdown of Supplies Routine

- Sherpas hit by avalanche; refuse to carry provisions
- Resources severely limited
- Plan to supply upper camps breaks down
- How to adapt expedition's detailed resource plans to support goals – summiting Everest?

Your Workforce of the Future Starts Today!

- Critical healthcare skill shortages nationwide. Neb. 25th in nursing!
- Context is everything!
- Apply tactics to maximize short term recruiting & retention
- Einstein's wisdom: The problems that exist today...more innovative
- New technologies: disruptor or savior?

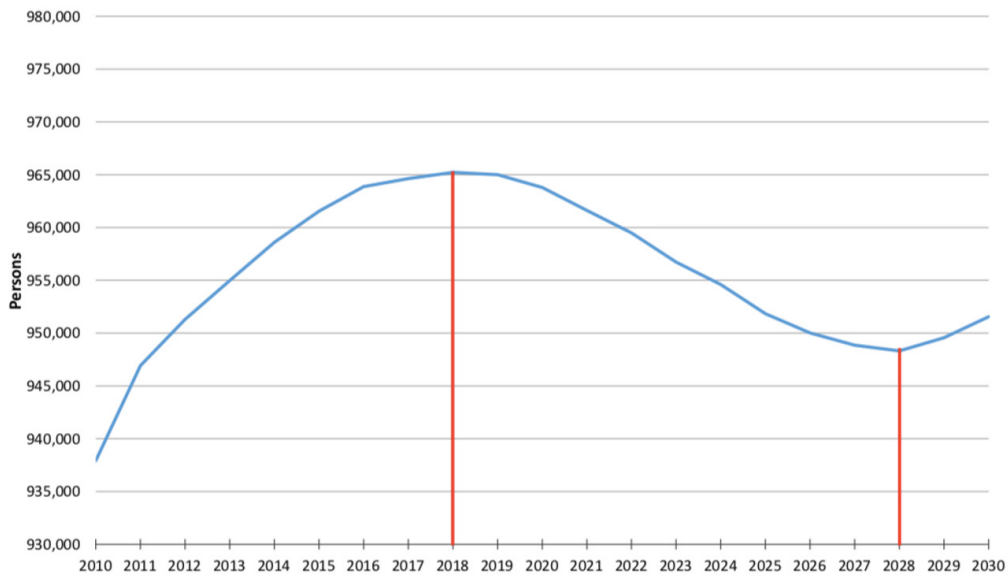


Value Ladder

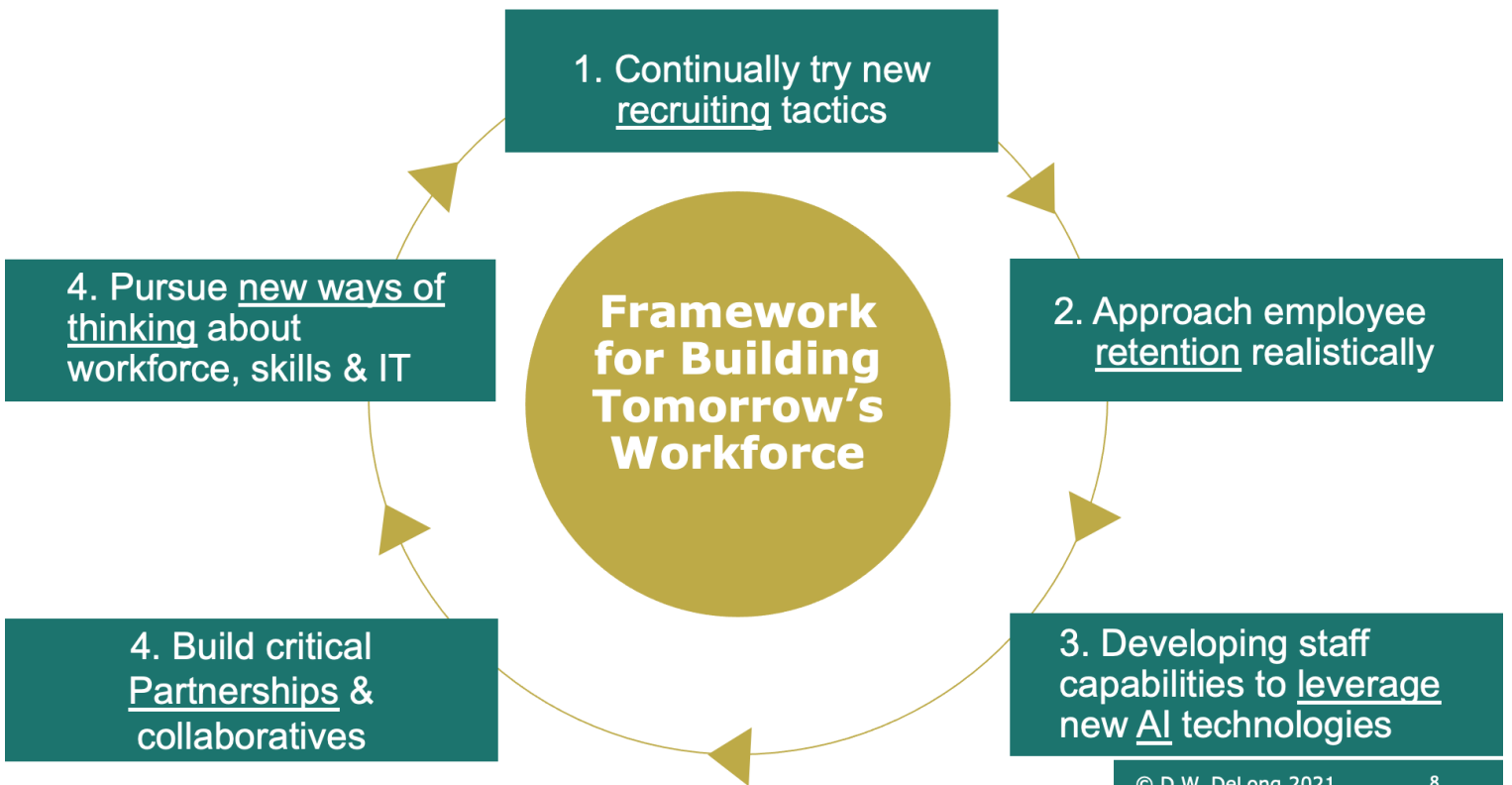
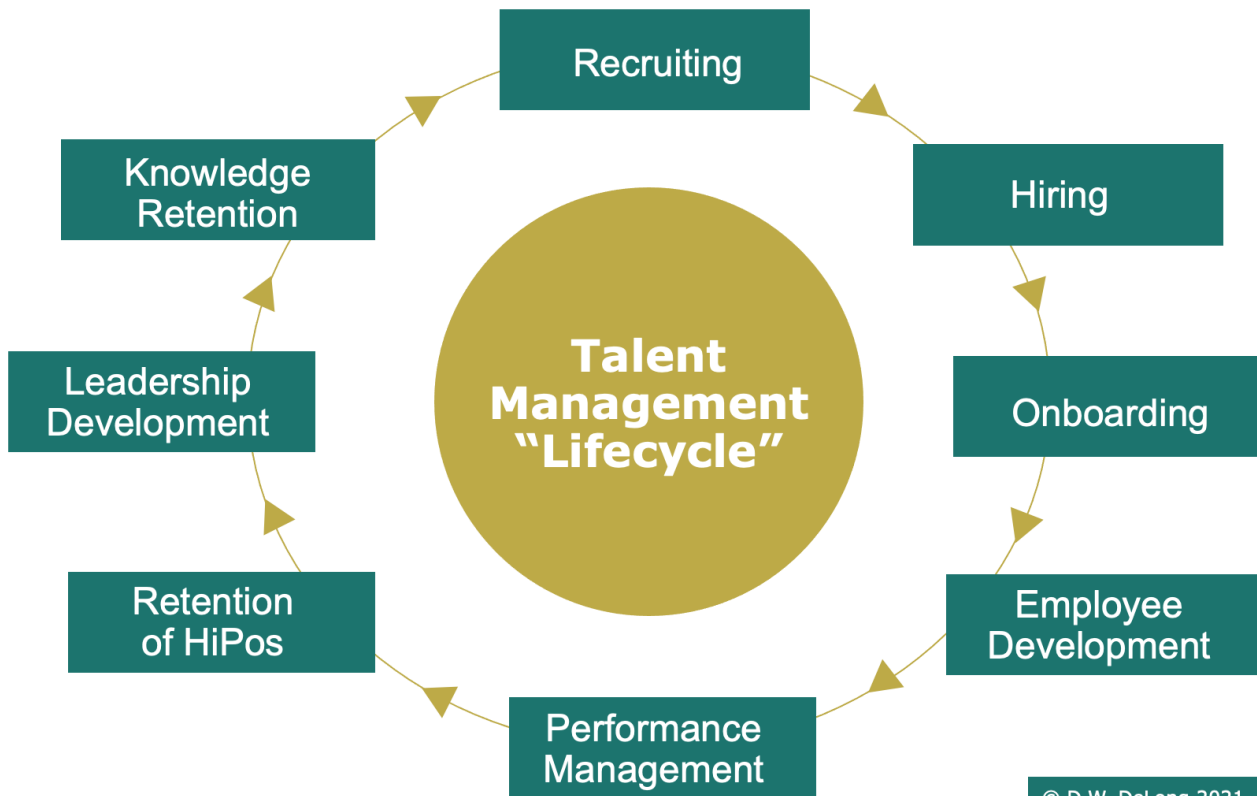
Your Objectives

- **Create smart and agile workforce that adapts**
- **Make better decisions about AI & future workforce**
- **Tools to improve recruiting and retention**

Nebraska's Projected Population Age 25-64: 2010-2030



Sources: 2010 Census, U.S. Census Bureau; December 2015 Nebraska County Population Projections, CPAR @ UNO



Strategy

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**Continually
experiment with new
recruiting tactics**

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Hiring Lessons From Everest: Think “Rules of Thumb” & Improvisation

- Sherpas hit by avalanche; refuse to carry provisions
- Resources severely limited – objective threatened
- Dinner tent discussion. New rule adopted: “Carry only minimum supplies needed for climbers continuing to next stage.” No redundancies in food & oxygen.
- Sample rules of thumb: *hire proactive learners; test for culture fit (personality test) before hiring*

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Other Hiring Rules of Thumb: Larry Bird Rule



- Recruit them early! High school, college internships
- Build talent pipeline, e.g. career awareness programs, NE Community Foundation
- Use Millennials & Gen-Zs to recruit young talent; website photos?

Are You Making These Assumptions?

- The supply of new nurses is going to increase in near future
- The demographics of our region is going to get younger & healthier.
- Aging nurses will consistently choose to work past retirement age.
- Technology is not going to significantly change the skill sets we need.
- Other states and rural regions won't be competing for the same talent.

Think Again!

Think Again: **New Ways of Thinking About Sources**

- Continually test your assumptions about workforce, *monitor data*
- Prepare to be wrong: *Book end the future—best/worst outcomes*
- There's power in knowing what you don't know; research, monitor
- One adaptation: make job designs as flexible (& virtual?) as possible
- Fish in alternate talent pools,
e.g. developmentally challenged; only 26% with disability & college degree employed in 2014

Strategy **2**

Improve Retention: Keeping The Ones You Love

Focus Retention Efforts: Landscape of Who You Can Keep

- **No chance** of retaining (*Focus early on replacement*)
- **Unlikely to retain** (*"Hope is not a retention strategy"*)
- **Truly on the fence** (*more \$*)
- **Likely to stay** (*Don't blow it! Is supervisor supportive?*)
- **True believer** (*Helping/hurting other retention?*)
- **Please leave!** (*hurting morale?*)

Retention Tactics

- Change assumptions from keeping emps long-term to "extending their stay"
- Focus on skills to develop, not career paths
- Create an "alumni" career path to train those who want to leave

Three Questions to Support a Learning Culture



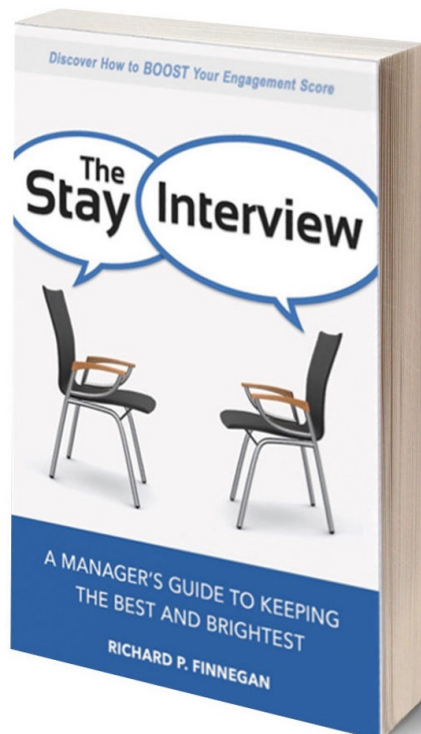
- **Culture shapes motivation:**
- So in weekly huddle, ask staff to reflect on:

- 1 Play:** What did you learn this week?
- 2 Purpose:** What impact did you have?
- 3 Potential:** What do you want to learn next week?

See “How Company Culture Shapes Employee Motivation” by McGregor & Doshi, HBR, 11/15

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Conduct “Stay Interviews” For In-depth Career Conversations

- Why wait until valuable employees are leaving?
- Reveals what is important to workers & how goals can be satisfied
- Identify & solve productivity obstacles
- Enhances relationship with direct supervisor, drives retention
- Focused on employee’s point of view!

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Strategy 3

Assess Staffing Risks (& Opportunities) for Applying New Technologies

AI Quiz Action Steps, Take Aways

- Define technology concepts!
- Check out *Sloan Mgt Review* “Future of Work” newsletter.
<https://sloanreview.mit.edu/newsletter-signup-future-of-work/>
- Keep questioning assumptions on technology impacts
- Specify emerging skills needed – technical & soft skills
- Don’t underestimate quality of relationships

Technology advances: *huge* effects on education & talent pool

- Cloud computing, patient monitoring, AI, social robots, IoT—RFID bracelets, EHR, telemedicine, voice-activated personal systems
- Now in a race between education & technology so worker's skills can stay economically viable
- How to anticipate skills needed for new jobs & evolving roles?
- Are new technologies realistic solutions for skill shortages in our hospital? For our patients? Partners? E.g. Avera eCare in ER & ICU

Source: "Race Against the Machine," Brynjolfsson & McAfee, 2011

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Strategy 4

Build Critical Partnerships & Collaboratives

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Overview: Effective Healthcare Collaboratives

- Hospitals can't solve most workforce shortages alone
- Collaboratives & partnerships are key
- Convener, champions & catalysts essential
- Takes time & commitment to change system

Case: Kentucky Healthcare Collaborative

- KHC launched 2016, 60 hospitals, all sizes
- Improve quality care, share lessons, shape HC policy
- Coordination systems change patient flows to best location
- Expands treatment offerings at small hospitals, promotes training & programs like e-CAT ICU
- Builds cost efficiencies, purchasing power, saves \$20mil annually

Case: Phoenix Hospital Workforce Collaborative

- Greater Phoenix Chamber convenes 9 hospitals to accelerate training of specialty nurses, 20K openings by 2025
- Partnership with Maricopa CC District to develop curriculum
- State approved \$5.8m to expand nursing programs to upskill
- 300 students projected to graduate this year thru new pipeline
- Collaborative helps colleges respond to changing market needs

Workforce Collaboratives: Lessons Learned

- Every collaborative is unique, context is key!
- Trusted convener & champions are key
- Relationships are everything!
- Need to balance time to negotiate objectives vs. quick wins

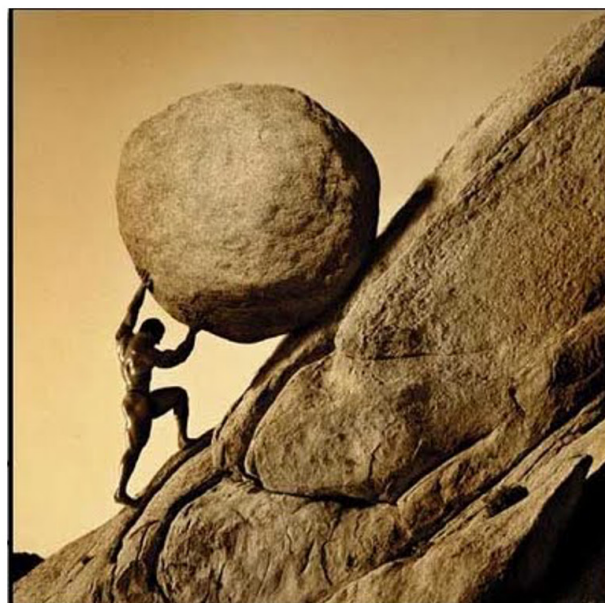
Strategy 5

Pursue More Innovative Ways of Thinking About Workforce, Skills & IT

Adaptive Challenges: Tech Change, Recruiting & Retention – Intractable Problems

Technical Problems

- Definition clear
- Outcomes agreed on
- Expert knowledge exists to solve



Adaptive Problems

- Definition vague
- Desired outcomes unclear
- Experimentation key
- New behaviors, values required
- Multiple groups involved

Think Subtraction: Counterintuitive Systems Change

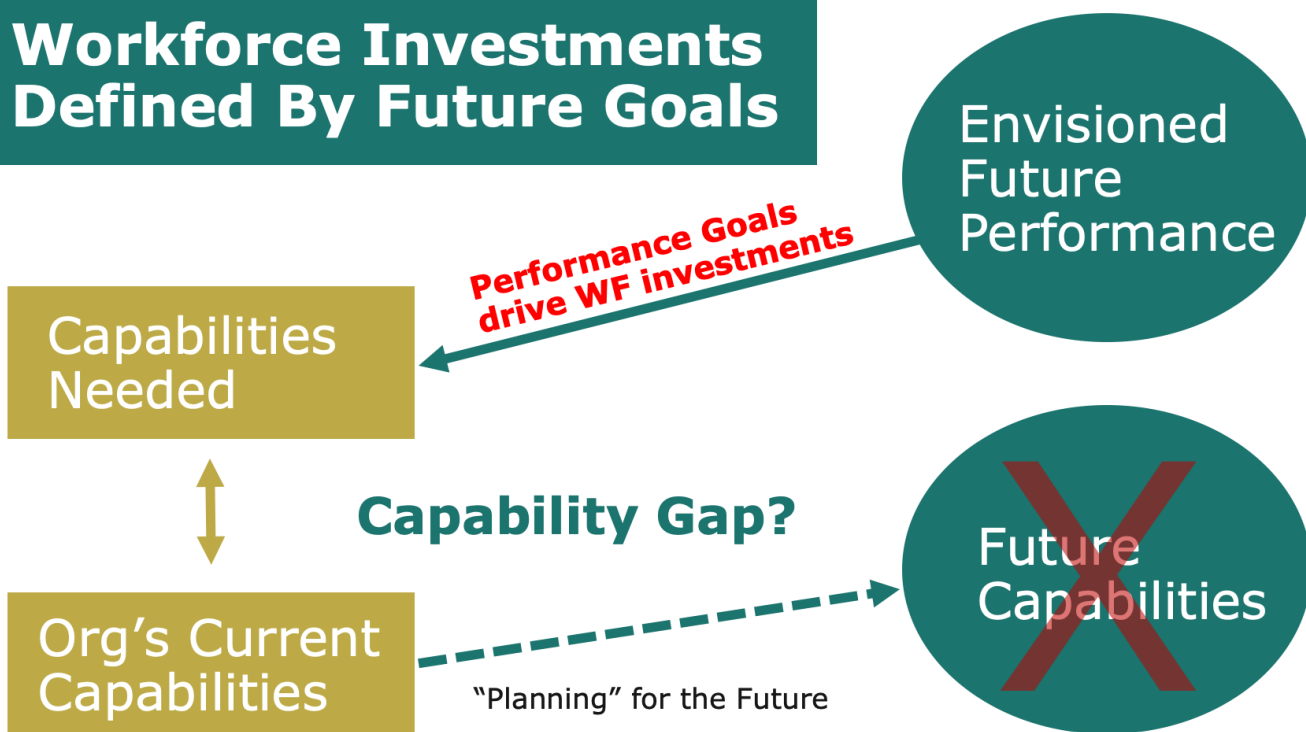
- Changing complex WF system overwhelms working memory
- Identify essence of hospital/healthcare system
- Like the ER, triage is key for workforce system change
 1. Requires immediate life saving intervention.
 2. Resources patient needs?
 3. Vital signs?
- Subtract forces/obstacles that prevent progress
- Subtracting early in process amplifies changes
 - Reduce credentials of nursing faculty, lab techs; don't deliver babies, don't employ physicians

Source: *Subtract: The Untapped Science of Less*, by Leidy Klotz, 2021

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Workforce Investments Defined By Future Goals



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Coping With Uncertainty: Finding Solutions for Changing Workforce

- Uncertainty is an opportunity to think differently, not binary
e.g. German CEOs & impact of EU expansion; challenging AND good
- Possibilities always exist!
e.g. Frankel: key is freedom to choose your attitude in any circumstances
- Living with uncertainty in rural patient care
e.g. Central Maine Med Center family-medicine residency program teaches it's okay to say "I don't know"...living with ambiguity in clinical setting

Everest: Uncertainty & Race to the Summit

- 3 climber's approach summit in "Death Zone"
- High uncertainty about body's reaction to altitude
- Few routines to fall back on
- Start final ascent with 20 lb ropes

Everest: Improvising in the “Death Zone”

- Assumption: extra ropes essential for Hillary Step
- Overwhelmed oxygen-starved bodies, won't make it
- Improvisation under extreme uncertainty
- Drop the ropes! High risk move, tradeoffs

Conquering Everest: Successful Ascent

- 3 climbers summited two hours apart
- Returned safely to Camp 3
- Improvisation allowed expedition to succeed
- Entire team made it off Everest safely

Everest Story: Implications for Your Post-Pandemic Workforce

- Which of your workforce/staffing **routines** have broken down?
- **Short Cuts** – Can you identify & negotiate *new rules of thumb* to act faster or make better use of resources?
- **Improvisation** – situations where assumptions about staffing are no longer valid? Context disrupted? Try creative solutions? Balance learning & risks



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Take Aways: Building Nebraska's Healthcare Workforce

- **Recruiting:** Invest early & try alternative talent pools
- **Retention:** Focus on real impacts, emphasize learning, "stay interviews"
- **Technology impacts:** race between education & technology, keep monitoring changing tech/WF skill needs

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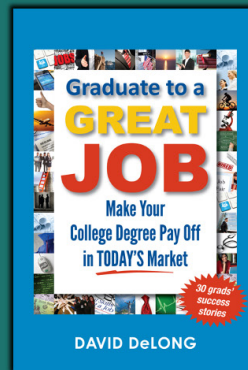
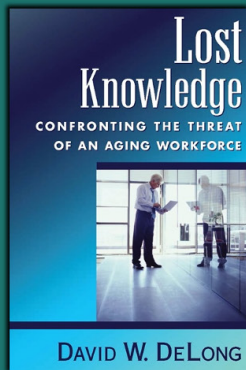
Take Aways: Building Nebraska's Healthcare Workforce

- **Rethink Assumptions:** Subtraction & Leading thru uncertainty
- **Relationships:** Collaboratives & partnerships essential
- Are you **Sisyphus** or leading an **Everest** expedition?

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