

# WORKFORCE STAFFING MENU

## PUBLIC HEALTH EMERGENCIES & BEYOND

### OUTLINE

Introduction to Staffing Strategies for Hospitals: Public Health Emergencies and Beyond

Workforce Staffing Menu - Sustaining, Sharing, & Securing Staff Members

Recipes for Hospitals

Nurse Tech Job Description

## INTRODUCTION

The Workforce Staffing Menu was developed by the members of the Cynosure Hospital Quality Improvement Collaborative (HQIC) Public Health Emergency (PHE) Workgroup in response to staffing challenges and shortages resulting from the COVID-19 pandemic. The PHE Workgroup is comprised of experts currently working with and in hospitals and health care organizations across the United States. The PHE Affinity Group for Workforce Staffing has researched and gathered best practices for organizations to assist in response to the COVID-19 pandemic and beyond. Using contributions from subject matter experts, literature reviews, and the recent experience in health care organizations, this tool is intended to translate ideas into action by health care leaders. Leaders may use this menu of change ideas to support sustaining, sharing, and securing staff members. The change ideas outlined in this tool can be tailored to fit your hospital's unique staffing challenges whether you are a hospital in a rural or urban area to address short or long-term staffing needs.

This menu has been designed to provide change ideas/approaches based upon your appetite for achieving a higher level of advancement in sustaining, sharing and securing staff. If you are just getting started, you might want to start with our suggestions listed under 'small bites'. These are the little plates that provide bite sized nuggets. These approaches tend to be less challenging to implement and may help you get some traction. As you work through the menu, you will notice that the approaches become progressively more challenging to implement. We suggest starting small to whet your appetite, and move through the menu when your hunger for more advanced strategies kicks in.

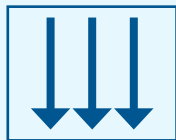
### DIETARY NEEDS:



**SUSTAINING:** All people require food and water to stay alive and thrive. Our staff cannot survive unless we provide physical and psychological nourishment.



**SHARING:** Hunger for adequate staffing ebbs and flows depending upon hospital census and capacity. Temporary reallocation of staff promotes full plates where the need is greatest.



**SECURING:** A full plate of balanced, healthy food is ideal, yet not always realistic. Creative approaches to recruiting staff requires incentives, creativity, flexibility, and commitment.

**NOTE:** Many of the sustaining staffing strategies complement the [Workforce Staffing and Wellbeing Toolkit or ME Tools](#).

# WORKFORCE STAFFING MENU

## SMALL BITES & SIDES

<b>Conduct exit interviews</b> .....	♻️
to understand reasons for leaving job	
<b>Conduct leadership rounding &amp; active listening</b> .....	♻️
<b>Encourage sharing positive stories</b> .....	♻️
<b>Staff member recognition</b> .....	♻️
email, handwritten note, verbal mention in meetings, extra day off	
<b>Tap into staffing agencies and travel nurses</b> .....	↔️
If needed, use these resources for surges	

*Bon  
appétit!*

Please let your Cynosure Improvement Advisor know if you have any substitutions or additions.

## SPECIALS

<b>Assure communication is a two-way street</b> .....	♻️
<b>Balance work and children's educational needs</b> .....	♻️
<b>Provide access to mental health services and peer support</b> .....	♻️
<b>Hire and use RN students</b> .....	⇅
in a limited capacity while they complete their clinical hours	
<b>Bundle and cluster patient care whenever possible</b> .....	↔️
<b>Recruit staff sustainably</b> .....	↔️
within your state through cooperative agreements within your health system and/or between hospitals	
<b>Strengthen engagement</b> .....	↔️
of care partners	
<b>Use all disciplines to the top of their license:</b> .....	↔️
PT, RT, CNAs, administrative staff members, pharmacy, lab	
<b>Upskill/cross train clinical and non-clinical staff</b> .....	↔️
e.g., train scrub techs to take vital signs, complete hourly rounding; administrative staff can answer phones, etc.	

## ENTRÉES

<b>Create a monthly office theme day to boost morale</b> .....	♻️
e.g., international food day where each staff member brings a plate of food from their country of origin. Create a monthly or quarterly awards event	
<b>Feed the bodies and souls</b> .....	♻️
of the team and the community	
<b>Implement virtual staff to provide extra support</b> .....	♻️
e.g., virtual charge nurse, telemetry techs, etc.	
<b>Offer cash in place of PTO</b> .....	♻️
<b>Provide educational development opportunities</b> .....	♻️
<b>Provide incentives</b> .....	♻️
to work during peak times and holidays	
<b>Strategically stagger PTO</b> .....	♻️
<b>Work with state licensing agencies</b> .....	↔️
for expedited "reactivation" of licenses	
<b>Identify solutions to challenges</b> .....	⇅
associated with expired temporary work permits for international nurses who wish to remain	

## DESSERTS

<b>"Exnovate"</b> .....	♻️
e.g., decrease administrative burden – cancel meetings, use scribes to support documentation, etc.	
<b>Offer rewards to staff based on specific personal interests</b> .....	♻️
e.g., membership to local gym or tickets to local theater	
<b>Provide the opportunity</b> .....	♻️
for staff members to engage in paid volunteer work/philanthropy	
<b>Stay connected</b> .....	⇅
with staff members who have left the organization	

### DIETARY NEEDS

♻️	↔️	⇅
Sustaining	Sharing	Securing

## SMALL BITES

### IMPACT OF LEADER ROUNDING/LISTENING

HONOR HEALTH, AZ

#### Ingredients

- Leader(s) willing to listen
- Clinical and non-clinical departments comfortable and willing to speak with leadership
- Notepad and pen to take notes
- Questions: What are you able to enjoy outside of work?
- Listening skills

#### Method

As a result of COVID-19, leaders at Honor Health made it point to round and listen to staff in the clinical and non-clinical departments. They checked in on staff well-being with questions such as, “What are you able to enjoy outside of work?” Leaders went from only being seen in pictures or in the hallways to integral partners to frontline staff.



### SHARING POSITIVE STORIES

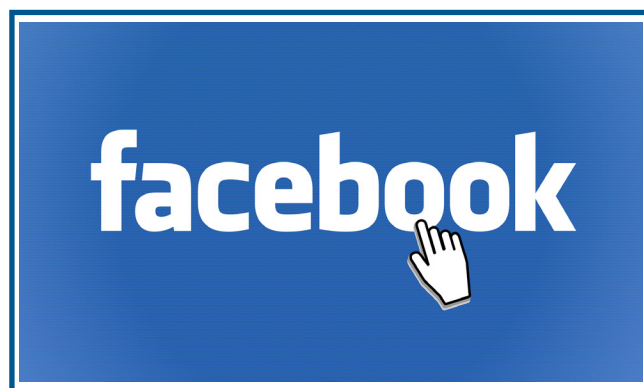
OCHSNER LAFAYETTE GENERAL MEDICAL CENTER, LA

#### Ingredients

- Access to social media platforms: Facebook, Instagram, LinkedIn, Twitter, Yammer etc.
- Leader(s)
- Stories and Bright Spots
- Desire to recognize peers through social media outlet(s)

#### Method

Staff at Ochsner are encouraged to recognize their peers using social media such as Yammer and Facebook. In addition, leaders routinely “connect to purpose” by sharing how and why they do what they do.



## COMMUNICATION IS A TWO-WAY STREET



### PHONE APPLICATION FOR WIDELY DISTRIBUTED COMMUNICATION



RUSH MEMORIAL HOSPITAL, IN

#### Ingredients

- Application engineer(s)
- Customized application for two-way communication
- Staff directory

#### Method

Knowing that effective communication is essential for staff satisfaction, prior to COVID-19, Rush Memorial Hospital utilized the “My RMH” app for communication that initially included the café menu and staff directory. Considering rapidly changing events with the COVID-19 response, ‘My RMH’ provided a manner for two-way communication to not only share information but to also receive feedback from staff.

### BALANCE WORK AND CHILDREN'S EDUCATIONAL NEEDS



SCHNECK MEDICAL CENTER, IN

#### Ingredients

- Daycare at the hospital
- Site for virtual learning
- Employee children between ages 6 years through grade 6

#### Method

Created ‘Club House Schneck’ for employee children ages 6 years through grade 6 with a site for virtual learning. This support decreased worry of parents with home-based learning needs and lack of technology for student success. Happy kids fuel happy parents which directly impacts employee satisfaction.





## MENTAL HEALTH/PEER SUPPORT



### PEER SUPPORT TEAM

OCHSNER LAFAYETTE GENERAL MEDICAL CENTER, LA

#### Ingredients

- Peer support team:
  - Social Worker(s)
  - Chaplain
  - Staff Member(s)
- Phone hotline for telesupport

#### Method

Staff members at Ochsner can call in a Peer Support Team in response to any kind of traumatic event such as a death of a patient or co-worker. With a quick phone call a social worker, chaplain, and peer team member are deployed to the unit in need. In response to COVID-19, Oschner has made this service accessible via a phone hotline.

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### EMERGENCY RESPONSE COALITION

ARIZONA COALITION FOR HEALTHCARE EMERGENCY RESPONSE, AZ

#### Method

The Arizona Coalition for Healthcare Emergency Response (AzCHER) is the healthcare coalition serving the state of Arizona. AzCHER's purpose is two-fold: (1) to build resilience in the state's healthcare delivery system so that it is prepared to respond to and recover from a large-scale emergency or disaster; and (2) to contribute to disaster response efforts by serving as a support to ESF-8 agencies. With funding from the Arizona Department of Health Services, AzCHER was able to contract services to provide Critical Incident Stress Management (CISM) debriefings to healthcare organizations and their staff while responding to COVID-19. CISM is a method of helping first responders, healthcare workers, and others who have been involved in critical incidents that leave them emotionally and/or physically affected by those incidents. The CISM debriefings provided Arizona's healthcare workers with an understanding of problems that may occur after an event, and help these individuals continue to perform their services. CISM debriefings will be available through June 30, 2021.

## RECRUIT STAFF SUSTAINABLY



### PARTNER WITH OTHER HOSPITAL ASSOCIATIONS ⇄

ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION, AZ

#### Ingredients

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- Host Hospital
  - Home Hospital
  - Staff member(s) willing to relocate to host hospitals during surge
  - Willingness of home hospital to pay salary of relocated staff member(s)
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#### Method

Arizona Hospital and Healthcare Association and the Hospital Association of New York State (HANYNS) created a program for Arizona hospitals to partner with “sister” hospitals in New York to share staff during a surge, assuming each state experienced surges at different times so that each state would have the staff they need when they needed it. To reduce administrative burden the “home” hospital would continue to pay their employees while they were traveling to the “host” hospital; funds were transferred at the hospital level to pay for the additional staff. All processes were ready to go but did not execute due to breadth of the staffing shortage.

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### 'AD HOC' NURSING POOL ⇄

GRAHAM REGIONAL MEDICAL CENTER, TX

#### Ingredients

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- Nurse(s) working at local outpatient physician offices willing to help in hospitals during surge
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#### Method

Graham Regional Medical Center tapped into nurses who were currently employed in local physician offices yet were not being utilized since the practices were closed due to COVID-19. They created an “ad hoc” nursing pool of > 30 nurses to serve in a variety of clinical roles in the hospital.

## CENTRALIZED STAFFING REQUESTS ↔

DALLAS FORT WORTH HOSPITAL COUNCIL AND THE NORTH CENTRAL TEXAS REGIONAL TRAUMA ADVISORY COUNCIL, TX

### Ingredients

- Staffing agencies separate from hospital recruitment department

### Method

The North Central Texas Regional Trauma Advisory Council (RAC) centralized staffing requests during the height of the pandemic using funding from the CARES Act. The RAC coordinated with staffing agencies to source competent staff members and then deploy them to the hospitals with the greatest need versus a first come, first serve approach. In addition, the RAC was able to identify and halt staffing agency “poaching” at the regional level. The Dallas Fort Worth Hospital Council actively connected hospitals with staffing needs to the RAC.

## PER DIEM STAFFING POOL ↔

COLORADO HOSPITAL ASSOCIATION, CO

### Ingredients

- Experienced nurse(s) within the hospital
- Per diem costs for each nurse

### Method

The Colorado Hospital Association (CHA) identified an untapped group of experienced nurses who were willing to join a per diem staffing pool in order to support rural Colorado hospitals in “shorter-term” need that would not pull from member hospital staffing resources. Key guiding principles included creation of a great experience, a ‘Start small, under promise, over deliver, make it great, then spread’ approach, and recognition that staffing challenges will likely continue.

## NURSING STUDENTS AS NURSE TECHS ↓↓↓

HEALTH FIRST, FL

### Ingredients

- Nursing student(s) currently enrolled in a RN/LPN program of study and have completed at least 1 semester

### Method

Health First hired Nursing Students as Nurse Techs. Individuals must be currently enrolled in a RN/LPN program of study and have completed at least the first semester (or has recently completed the entire RN/LPN program and is awaiting nursing licensure examination, not to exceed 120 days of gap between education completion and exam). It is a great opportunity for a nursing student to become more acclimated to the hospital environment and a trial period for both the student and nursing unit to assess fit. This has been very successful with specialty areas such as the emergency department, obstetrics, and ICUs. The conversion rate from Nurse Tech to full time RN is around 75%. [See example job description here.](#)

## WORKING TO THE TOP OF LICENSE



### ALL HANDS ON DECK - PHYSICAL AND OCCUPATIONAL THERAPY TECHNICIANS

GRAHAM REGIONAL MEDICAL CENTER, TX

#### Ingredients

- Physical Therapy Technician(s)
- Occupational Therapy Technician(s)

#### Method

Physical Therapy and Occupational Therapy Technicians supported patient care in the critical care and inpatient units by answering and responding to patient call lights (e.g., water, ice, blanket, etc.)

### ALL HANDS ON DECK - MEDICAL ASSISTANTS

HEALTH FIRST, FL

#### Ingredients

- Medical assistant(s)

#### Method

Medical assistants were trained to be mobility technicians or members of the “turn teams.”

### UPSKILL/CROSS-TRAIN STAFF

LAFAYETTE GENERAL MEDICAL CENTER, LA

#### Ingredients

- Operating Room Technician(s)

#### Method

With elective surgeries on hold, Lafayette General Medical Center redeployed Operating Room technicians to inpatient units to function as Certified Nursing Assistants. In this role, they were able to support basic ADL's, vital signs and hourly rounding. In addition, Operating Room Nurses who did not want to take Paid Time Off went to the central staffing office for reassignment.



## ENTREES

### FEED THE BODIES & SOULS OF THE TEAM AND COMMUNITY

GREENE COUNTY GENERAL HOSPITAL, IN

#### Ingredients

- Hospital café
- Nutrition & dietetic staff member(s)
- To go/take out cartons & materials

#### Method

The nutrition and dietetics staff recognized that the hospital café is considered a restaurant within the community. When outside visitors were restricted, the team became concerned for not only the security of their work hours but the needs of the community. Some community members utilized the cafeteria for multiple meals per day. The team began providing affordable “to go/take out” meals for not only the community but also the staff complete with drive through pick-up service.



### VIRTUAL STAFFING

SSM HEALTH, MO

#### Ingredients

- Part-time & per diem staff member(s)
- Nurse(s) & other staff member(s)
- National staffing agencies
- Virtual charge nurse

#### Method

Our strategies include utilizing our part-time and per diem staff members for additional shifts, reassigning nurses and other staff members to bedside caregiving roles, and partnering with national staffing agencies to provide additional resources. We've also been able to share resources and redirect patients to different care sites, as needed, to help ensure no single facility is overwhelmed. In addition, we've expanded our virtual capacity by utilizing a virtual charge nurse to cover several units at a time within each facility. This has reduced the strain on nursing leadership during these challenging times. Source [here](#).



## DESSERTS

## STAY CONNECTED WITH STAFF MEMBERS WHO HAVE LEFT THE ORGANIZATION

**PRN STATUS** ↓↓↓

LAFAYETTE GENERAL MEDICAL CENTER, LA

**Ingredients**

- Resigned staff
- PRN status

**Method**

Lafayette General encouraged staff that resigned to remain PRN status.

**EMPLOYEE ALUMNI CLUB** ↓↓↓

LAKELAND REGIONAL HEALTH, FL

**Ingredients**

- Resigned staff
- Alumni club

**Method**

Lakeland Regional uses an employee alumni club to maintain contact with nurses and other staff who resign or retire to be able to tap into for potential future staffing needs. Re-hire rate can be as high as 20% as the grass is not always greener on the other side.

### POSITION SUMMARY

To be fully engaged in providing Quality/No Harm, Customer Experience, and Stewardship by assisting licensed personnel in providing direct nursing care under the direction and supervision of the Registered Nurse.

## JOB DESCRIPTION

### PRIMARY ACCOUNTABILITIES:

#### ▪ QUALITY/NO HARM

- Collects, records and reports accurate patient information
- Provides care to patients in a clean and safe environment
- Competently performs routine procedures
- Delivers basic care to patients as directed
- Demonstrates dependability, reliability and flexibility
- Assists other associates to maintain productivity
- Responds to call lights in a timely manner
- Completes assigned tasks in a timely manner
- Demonstrates effective communication with other members of the health care team and promotes effective team functioning
- May have access to rooms that contain IV solutions, authorized medications and supplies as needed for patient care responsibilities
- Adheres to National Patient Safety Goals (e.g. use of 2 patient identifiers) when accessing patient information and performance of job duties

#### ▪ CUSTOMER EXPERIENCE

- Provides service to patients and families with sensitivity and respect for their needs, expectations, age, cultural and individual needs.
- Demonstrates consistency and adoption of “Health First Connections” service standards
- Contributes to the customer experience goals as evidenced by positive patient experience scores and comments for department/medical center and/or written compliments by patients/others
- Consistently and effectively demonstrates compliance with department service standards such as purposeful rounding, bedside shift report, and white board management to enhance communication
- Actively seeks out feedback and performance coaching to improve the experience for patients and families

#### ▪ STEWARDSHIP

- Utilizes Health First computer systems with regard to order management and patient documentation
- Demonstrates personal accountability to use and care for equipment and supplies economically
- Demonstrates basic understanding of LEAN principles and may engage in activity to reduce waste or improve processes
- Contributes to unit productivity in favorable way by demonstrating good planning, organization and time management
- Applies positively to creating and sustaining a health work environment for staff retention

## QUALIFICATIONS REQUIRED:

### ▪ EDUCATION

- High school diploma or equivalent
- Currently enrolled in a RN/LPN program of study and has completed a least the first semester (or has recently completed the entire RN/LPN program and is awaiting nursing licensure examination, not to exceed 120 days of gap between education completion and exam)

### ▪ LICENSURE

- None required

### ▪ CERTIFICATION

- Must hold current AHA BLS Healthcare Provider Completion Card prior to start date and maintain

### ▪ EXPERIENCE

- Must meet unit specific requirements

### ▪ LANGUAGE

- Must be able to speak/understand written and verbal instructions in the English language

## PHYSICAL DEMANDS:

- Must have ability to have visual acuity and hand-eye coordination to perform clinical tasks
- Must have corrected vision and hearing to normal range
- Must be able to lift, pull, push, turn, and ambulate patients/equipment up to 90% of the assigned shift
- Must be able to lift up to 40 pounds, unassisted, up to 33% of assigned shift
- Potential for exposure to bio-hazardous waste, and known and unknown disease

## DUTIES

### NURSE TECHS MAY:

- Discontinue Peripheral IV lines/Saline locks
- May give tap water enema or soapsuds enema only
- Prepare and assists patients with Sitz baths
- Measure/Apply/Remove SCD/Ted hose
- Empty suction canisters
- Apply/Remove oxygen delivery devices under nurse direction (may not titrate)
- Perform and record Point of Care testing such as Fingerstick Blood Glucose and collection of stool samples for Hemoccult testing.
- Apply/Remove restraints
- Offer and encourage Incentive Spirometry treatment
- Perform Oral Suction with Yankauer, (may not adjust rate). Exception: Mouth Pathology
- Apply external/condom catheter
- Change peri-pads and Depends etc.
- Empty and reapply ostomy pouch
- Apply/remove CPM only after setting/alignment verified by the nurse
- Apply/remove Bucks traction only after setting/alignment verified by the nurse
- Empty surgical drains (JP, Hemovac, Constavac)
- Initiate CPR
- Mark and record pleurevac drain output
- ROM exercises
- Perform EKG's
- Take Vital Signs including pulse oximetry
- Record Intake and output
- Apply heat (k-pad) and ice packs
- Assist with dressing changes
- Skin care with OTC protective barriers/ointments
- Perform sterile techniques with simple dressing changes
- Catheterize patients (indwelling or intermittent urinary catheters) under the direct supervision of an RN/LPN. Exception: GU surgical patients
- Discontinue indwelling urinary catheters except for GU surgical patients



**NURSE TECHS MAY NOT:**

- Give Fleets enemas or any other enema with additives in it
- Disconnect IV tubing, adjust IV flow drip rates, hang IV fluids, etc.
- Do venipuncture or perform phlebotomy
- Initiate, adjust, or titrate wall suction
- Initiate or titrate oxygen
- Discontinue NG tubes
- Provide patient education
- Push PCA pump button for Patient
- Trach suction
- Hang Continuous Bladder Infusions
- Administer enteral feedings (Keofeed, Peg etc.)
- Measure Bucks traction
- Change ostomy wafer
- Irrigation of Foley, tubes, etc.
- Give Medications
- Perform fecal dis-impaction
- Perform bladder scan