OpusVi
Healthcare Workforce Development

It's Time to Change the Way We Think about Workforce Development in Healthcare

Introduction

The healthcare industry is in crisis and it is not limited to the monumental staffing shortages. The way leaders are approaching these problems has not evolved, and the same strategies continue to yield the same lack of results.

> " "The impact of this historic nursing shortage is being felt across the country and the world, with patient care and provider wellbeing hanging in the balance. Health leaders have only one way forward – they need to radically overhaul their approach to staff retention and workforce development."
>
> **- Syl Trepanier**
> Chief Nursing Officer, Providence Health.

Recruitment And Retention Are Failing

The demanding nature of healthcare professions, characterized by heavy workloads, long working hours, administrative burdens and the emotional toll of caring for others, has contributed to a workforce at risk of exhaustion. This fatigue, in turn, has led to a concerning increase in turnover rates[1] across healthcare professions. In fact, in a recent study conducted by the American Medical Association,

24.3% | say they plan to quit in the next two years[2].

The healthcare workforce is also facing an impending retirement wave. Approximately a third of nurses will be retirement age in the next 10 - 15 years[3] and nearly half

of all practicing physicians are over the age of 55[4]. As these experienced clinicians retire, they leave an intellectual vacuum in their wake. As a result, younger, less experienced professionals are moving into supervisory, management and leadership roles quickly, which can also contribute to workplace dissonance and burnout.

> " "Amid a critical healthcare worker shortage, our care providers are navigating challenging conditions to maintain the exceptional standards of care they aim to provide. Despite limited resources, their commitment to meeting patient needs showcases resilience in action, reflecting their dedication to our community's well-being. This said, issues remain across the healthcare industry which lead to burnout and high turnover. These harm our healthcare system as a whole and lead to a greater need for partnerships that provide innovative, workforce development solutions which have been tailored to our staff."
>
> **- Kathy Sanford**
> Chief Nursing Officer, CommonSpirit Health

Recruiting new talent in the healthcare industry faces deep challenges as low wages, long hours, rising inflation and a lack of flexibility and respect often drives jobseekers to join other industries. This recruitment bottleneck has led to a deficiency of foundational roles[5] such as Certified Nursing Assistants (CNAs), Medical

[1](Robeznieks)
[2](Berg)
[3](Haddad et al.)
[4](American Medical Association)
[5](American Hospital Association, "Fact Sheet: Strengthening the Health Care Workforce I AHA")
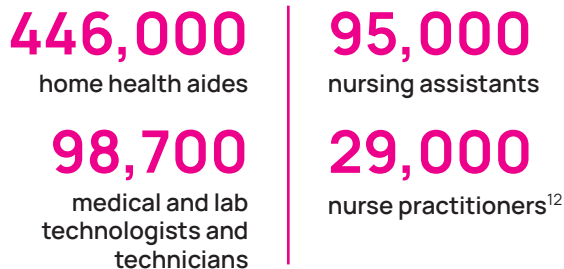
Assistants (MAs), Personal Care Assistants (PCAs) and Laboratory Technicians, among others. Without a strong base of support for caregivers, those in senior positions are more likely to burn out while taking on more work.

Pipeline constraints also limit healthcare organizations' ability to expand their services and meet growing demand while increasing the cost of labor[6], ultimately impacting revenue growth[7]. Long wait times[8] may lead patients to choose other options for care, non-essential surgeries are often delayed[9] for lack of staffing and wings, floors and even full hospitals have been closing[10] due to insufficient staffing.

The Demand For Healthcare Far Outweighs The Supply

The intersection of rising demand and changing healthcare needs[11] further compounds the challenge.

By 2025, the U.S. is estimated to have a shortage of approximately

446,000
home health aides

95,000
nursing assistants

98,700
medical and lab technologists and technicians

29,000
nurse practitioners[12]

Additionally, the American Association of Medical Colleges projects a national physician shortfall of at least 37,000 — and possibly well over 100,000[13] — over the next decade, while a recent McKinsey report predicted a nationwide shortage of as many as 450,000 nurses by 2025[14].

Concurrent with the workforce shortages, demand for care will continue to grow. The aging U.S. population has led to shifting healthcare needs with higher rates of chronic illnesses and acuity. As these healthcare needs are evolving, there has not been adequate evolution in the way we deliver education and training to address the changing demand.

Another consideration when evaluating the availability of care is the geographic differences. Healthcare disparities become more pronounced as some areas grapple with acute shortages[15], particularly in rural regions where the impact on access to care exacerbates existing healthcare inequalities and those in underserved regions face more significant challenges in obtaining timely and quality healthcare services.

> "In our network of valued customers, the impact of the healthcare staffing shortage is palpable. We witness the challenges our partners face as they navigate through the critical shortage of skilled professionals. We look for strategic partnerships to support us in our commitment to addressing these workforce challenges with innovative solutions and offerings. This is essential in order for us to continue to contribute to the resilience and excellence of healthcare delivery within our community."
>
> **- Andy Brailo**
> Chief Customer Officer, Premier Inc., a leading healthcare improvement company.

[6] (Coombs)
[7] (Bloomberg)
[8] (Cuadra)
[9] (Ghoshal et al.)
[10] (Cass)
[11] (Institute of Medicine (US) National Cancer Policy Forum)
[12] (Johnson)
[13] (American Medical Association)
[14] (Hagland)
[15] (Cacari Stone et al.)

To date, healthcare workforce strategies have been slow, short-sighted and antiquated in their approach. Current strategies often require high investment, need long lead times to implement, are not scalable across systems and due to their traditional education methods, fail to address the larger challenges of the staffing crisis and the new healthcare landscape that exists today.

The Current Approach - Where It Falls Short

Meeting Compliance Requirements - The Bare Minimum

Anyone who has ever worked in a healthcare setting appreciates the necessity of continuing education, to meet both the ever-evolving complexities of care as well as compliance requirements. Unfortunately, meeting industry-required compliance is all too often where the training starts and ends, with a high percentage of this training outsourced.

In the current landscape of Healthcare Learning Management System (LMS) providers[16], many offer this "check the box" training which lacks a focus on user experience, interoperability and support. A few newer companies have emerged to address these shortfalls, but the cost for smaller systems is often prohibitive.

Additionally, traditional LMS platforms often provide limited content, but rather rely on the healthcare systems themselves to create and produce industry-specific content. In essence, they provide a platform, not a comprehensive solution. Occasionally, large healthcare systems with robust learning and development departments can benefit from this approach, however, given the average hospital in the US has fewer than 1,000 employees[17], most simply don't have the manpower, nor expertise, to create relevant, engaging and meaningful learning content.

Viewing Education As A Benefit, Not A Strategy

Many healthcare organizations view education and training as a benefit of the job and do not see it as a strategy. As such, they often rely on third-party vendors[18] to manage education assistance benefits. These vendors neither create nor provide actual content, but rather curate content and help learners find a match for their educational objectives. However, the business model for these vendors is centered around receiving a share of tuition, which is generally banned by federal law, and also limits the education and training choices for employees.

80%
of working adults are interested in going to school

Even more discouraging, only 40% know their employer offers a tuition reimbursement assistance program and a smaller fraction — 2% of employees — actually participate in these programs[19]. Given how low these numbers are, it is not surprising these "benefits" don't move the needle when it comes to workforce development. What's more, the ability to track the return on investment for these offerings is limited, if offered at all. Aside from high-level tracking of course participation, health leaders rarely have access to any insight on the efficacy of the solutions they are investing in.

Relying on Local Colleges to Train Talent

Many healthcare organizations work with local colleges, especially community colleges, to train new talent and increase the pipeline of workers, especially for entry-level positions. However, in these "partnerships", learners often face many barriers to entry including being expected to pay tuition and fees out of pocket, needing to quit their jobs or limit the number of hours they can work (which may lead to a loss of benefits) and finding means of transportation to physically travel to class. As a consequence, these local schools have overall failed to

[16] ("Best Healthcare Learning Management Systems (LMS)")
[17] ("53 Essential Healthcare Staff Statistics & Trends in 2022")
[18] (Hall)
[19] (Hundrev)

meet the needs of the healthcare workforce, even when located within close proximity of facilities. Additionally,

1 in 6 | high school graduates lack access to a nearby college[20]

creating "education deserts" and largely limiting access to these educational opportunities.

Building Solutions Internally With Learning and Organizational Development (L&OD) Departments
The reality of organizational support of learning and development is bleak as health systems are often trying to meet the skill-building needs of thousands of people with only three to five full-time employees. Learning and development teams in many organizations often face limited capacity and lack the ability to scale internally-developed programs. This results in fractional knowledge gains as only a portion of the workforce may benefit from these programs and disjointed outcomes. These challenges often lead to inconsistencies in the delivery and efficacy of the programs across the organization.

While internal and institutional knowledge of a health system's ecosystem is invaluable, without external support from a partner with the tools to scale education and collaboration in an impactful and measurable way, the programs largely fail to meet the needs of the workforce at large.

[20] (Wozniak)

It's Time to Change

> "Critical problems require innovative and comprehensive solutions. While the healthcare industry is facing a major staffing crisis, it's encouraging to see impactful and leading-edge solutions evolving across the technology marketplace to not only tackle immediate needs but also highlight the importance of strong workforce development initiatives.
>
> There is an increasing emphasis on the implementation of programs aimed at enhancing skills, resilience and adaptability. By fostering a culture of continuous learning and professional growth, these workforce development initiatives not only contribute to mitigating the staffing crisis but also play a pivotal role in cultivating a satisfied and engaged workforce, ultimately increasing workforce retention and fortifying the foundation of a resilient and sustainable healthcare workforce ecosystem."
>
> **- Craig Ahrens**
> Chief Growth Officer, ShiftMed

It is time for the healthcare industry to overhaul its approach to workforce development and become active participants in aligning the goals of different stakeholders and driving impactful change in the long term. By working with solutions partners, not solely providers, leaders will be able to build sustainable, powerful and effective workforce development strategies.

The Need for Supporting Role Transitions
The transition from theory and simulated (i.e. safe) practice, to the chaotic and pressure-filled reality of working in healthcare can be traumatizing and exhausting. Healthcare systems can help with this transition by creating innovative and sustainable, onboarding programs.

Impact Example:
CHI Living Communities Increase Revenue While Combatting 100% Memory Care Workforce Turnover Rate

When CHI Living Communities was experiencing turnover rates of over 100% for their memory care frontline workforce, they partnered with OpusVi to develop an "Essentials of Person-Centered Memory Care" program. This program was specifically designed to help those workers to not only understand the biology and natural progression of dementia but also to value the importance of their role in that patient's and family's lives. They gained a new understanding of the behaviors, fears and emotions of the people they served and by doing so, were more effective, felt more confident and more appreciated, resulting in a decrease in turnover and an increase in job satisfaction.

By partnering with OpusVi, **CHI Living Communities** was able to retain workers longer, have more satisfied clients and relieve much of the training

burden of supervisors. Additionally, since this was a partnership, CHI also received revenue when the program was leveraged across California's Home and Community-Based Services (HCBS) workforce through a grant provided by the California Department of Aging. The success of this program directly demonstrates the capability of building scalable solutions to fit the needs of workforces big and small. The imperative of scalability in building these strategies cannot be overstated.

Another major area where the transition to the workforce can be overwhelming is for newly-licensed nurses, and many systems have incorporated a nurse transition to practice program (TTP). These programs have proven to be effective in reducing burnout and decreasing turnover when they are done well. Small- and medium sized systems often don't have the resources or expertise to implement TTP programs and large systems often find it difficult to have uniformity and consistency across sites.

Impact Example:
CommonSpirit Health Achieves 90+% Nurse Retention

CommonSpirit Health (CSH) needed a streamlined process for new nurse, preceptor and mentorship training to reverse the trend of high turnover rates among new nurses. This large system already had some successful TTP programs, but they were operating at a local level. To create a more uniform experience across the organization, CSH teamed up with OpusVi to standardize the training and education offered to new nurses across the entire health system. CSH provided the subject matter experts, seasoned clinical educators and executive-level support, while OpusVi provided evidence-based learning practices, high-level

production, seamless integration into the system LMS, data collection and record keeping.

90+% | In the first year of implementation, CSH saw one-year retention climb to 90+%

a significant increase from pre-implementation. The program also provides consistent training for the preceptors working with the new graduate nurses and a proprietary impact dashboard for administrators to be able to view individual and site progress metrics. As a result of this program, taking what was working within CSH and working with OpusVi to scale, nurses across all CSH facilities now receive the same quality and level of training.

Apprenticeship-Style Programs

An average of 209,400 job openings[21] are projected each year in the United States for nursing assistants and unlicensed assistive personnel. Addressing these vacancies is imperative in building more robust and efficient care teams to enable clinical staff members at all levels of the organization to work at the top of their licenses[22] instead of taking on additional tasks and responsibilities left by these shortages. Systems need to start thinking more creatively about filling these pipelines.

Impact Example:
Tackling Providence's CNA Staffing Shortage

With the goal of creating a sustainable workforce pipeline at the forefront, Providence Health partnered with OpusVi to build an apprenticeship-style Certified Nursing Assistant (CNA) training program. This program was strategically designed to provide sitters and unlicensed assisting personnel (UAPs) with a unique opportunity to

[21] (U.S. Bureau of Labor Statistics)
[22] (Munday)

advance their careers internally while fostering retention within the system. This innovative program not only equips participants with the necessary skills and knowledge to advance in their roles but also offers a clear and structured pathway for professional growth within the organization. By combining hands-on training, classroom instruction and mentorship from experienced healthcare professionals, the program ensures CNAs are well-prepared to complete the program, become certified and thrive in their roles. Furthermore, it allows Providence to anchor their need for more CNAs on staff as they revitalize their virtual nursing model.

Impact Example:
MercyOne Achieves 90% Learner Retention for Medical Assistants

In addition to nursing assistants, medical assistants (MAs) are also in high demand in today's workforce. MercyOne was experiencing increased demand for RNs and was being forced to cancel hours and procedures due to too many MA vacancies. To solve this problem, **MercyOne partnered with OpusVi** to create an apprentice-style MA program that catered to current, non-clinical staff such as receptionists, patient transport staff and even staff in environmental services. Working with Mercy College, a hybrid program was designed that could be completed primarily online over the course of 10 months. Learners were able to keep their full time jobs and benefits while gradually gaining skills and knowledge to move from "front-facing" positions to the "back office". Since MercyOne paid for tuition, employees were expected to stay for at least 2 years, thus not only increasing the supply of MAs, but also increasing longer retention.

90% | By working with OpusVi, MercyOne's learner retention increased from 64.6% to 90%,

the graduation rate increased from 48.8% to 94.4% and the licensure pass rates increased from 64.3% to 70%.

Apprenticeship-style training structures, such as the OpusVi CNA and MA training programs, demonstrate the feasibility of a more sustainable staffing pipeline to create flexible and rewarding journeys for new entrants into the healthcare industry, enhance retention and expand expertise across the clinical spectrum. These programs allow health leaders to retain existing staff while providing a flexible, accessible pathway to succeed in the industry.

Continued Professional Development

As noted above, younger professionals are being put into supervision positions requiring high decision-making and leadership skills as more senior professionals retire and quit and leaving a vacuum of expertise, institutional memory and mentorship. To prevent these emerging leaders from also burning out, targeted, relevant and impactful training is critical.

Over the past few years, we have seen nurses with relatively little clinical experience placed into preceptor roles, oftentimes somewhat reluctantly. To support and empower these new nurse preceptors, OpusVi created a National Nurse Preceptor Training Program that integrates best practices of teaching and learning to deliver a robust professional development program. After nurses complete the training and demonstrate competency, they are invited to attend monthly town halls to continue growing their expertise in precepting, participate in a network of preceptors and become eligible for Nursing Professional Development Certification.

Impact Example:

Phoenix Children's Upskills Top Leadership While Increasing System Efficiencies

As clinicians move from the bedside to more administrative roles, it is essential they are not left on their own to learn the new skills needed for success. To better support these role transitions, OpusVi and Phoenix Children's created a leadership development program for new Division Chiefs. Phoenix Children's identified areas of business acumen, leadership, strategic planning and human resource development that expert clinicians would not necessarily have experience or knowledge of and worked with OpusVi to develop a customized training program over 9 months. The program, a combination of remote online training, and in-person conversations, helped these Chiefs efficiently gain the new skills needed to be effective in their new roles, as well as enhanced the organization's operational efficiencies and financial wellness.

An important aspect of these types of training programs is their ability to be delivered remotely, thus enabling such opportunities throughout the organization and reaching individuals irrespective of their geographic location. Such targeted professional development, with a clear and tailored approach to desired outcomes, allows professional development to be the capacity-building tool of the organization, reinvigorating staff to push boundaries and adopt operational efficiencies to advance practice. By identifying specific skills and knowledge gaps within segmented workforce populations and investing in people, healthcare organizations can tailor professional development opportunities to enhance the capabilities of their workforce, ultimately leading to improved patient care and organizational effectiveness.

Conclusion

In conclusion, we must move past the current short-sighted and band-aid workforce development approaches and address the larger challenges of the staffing crisis and the evolving healthcare landscape.

The implementation of sustainable, scalable and powerful workforce development programs creates a foundation for a consistent stream of qualified healthcare workers entering and remaining in the workforce, creating a robust foundation for delivering high-quality patient care. This surge in qualified professionals leads to reductions of healthcare costs as institutions rely less on expensive temporary staff to fill critical gaps.

Patients also experience elevated care quality, healthcare workers find fulfillment and empowerment in their roles and organizations benefit from improved efficiency, reduced turnover, a reinvestment of cost savings into their organization and the cultivation of supportive and growth-minded cultures. This solution addresses the immediate challenge of a healthcare worker shortage and contributes to a sustainable and resilient healthcare ecosystem.

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