

Speaker 1:

Welcome to *Together We Heal*, a new podcast brought to you by SCP Health. As one of the largest healthcare partners in the country, we work to bring hospitals and healers together in pursuit of clinical effectiveness. Our programs span the entire continuum of care, including emergency medicine, hospital medicine, wellness, telemedicine, intensive care and ambulatory care. On *Together We Heal*, we will share expertise from our clinical and business leaders on how to create healthier communities, both within and outside the four walls of the hospital.

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Today on *Together We Heal*, we will cover how to innovatively flex your workforce to meet current demands. We will share tips on how to heal from the exhaustion that's persisted throughout the pandemic and how to help your clinicians and workforce recover and remain resilient so they can serve patients with the highest quality care.

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Preparing for and managing staffing challenges was a critical focus throughout the last year and it may continue to be. With a workforce stretched thin and a variety of scheduling and staffing needs, you're likely considering alternative methods to flex your workforce to best serve patients. A 2018 study by the Association of American Medical Colleges showed by the year 2030, the projected physician shortage for specialties, including emergency medicine, anesthesiology, radiology, neurology and psychiatry is between 20,000 to more than 36,000. These projections persist even with moderate increases in APRNs and PAs, delayed physician retirement and changes in payment and delivery. And now we have the impacts of COVID-19 at the helm.

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A shortage in physicians can mean more stress on your existing team, longer hours, more overtime and general clinician dissatisfaction with work. Clinicians are burned out and they need hospital leadership to execute a solid plan of reassurance with innovative staffing techniques. Let's dive into today's pressing topic.

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There are three key steps you can take to reassess your workforce needs and adjust to meet current demands. Step one is to examine your recruitment and retention strategy. Your hospital or recruiting partner should have a defined and trackable recruiting process in place. You can begin evaluating its overall effectiveness by asking these questions: is your recruiting process generating enough quality candidates and doing so in a timeframe that meets your staffing needs? Alternatively, is your hospital relying on temporary staff, such as locums for longer than

is financially feasible? Are you meeting your goals for quality, consistency, community involvement or emergency and hospital medicine team cohesiveness? Are the clinicians you're trying to recruit turning down your offer and going elsewhere? If so, do you know why? You will also want to factor retention on the front end. Many organizations make the mistake of assuming that retention begins only after an individual has signed onto your hospital team. In truth, successful retention starts at the initial recruiting stage.

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Step two is to ensure adequate coverage. Consider asking yourself these questions as you evaluate and identify opportunities to make a positive impact in flexible workforce options. Does the current provider patient ratio allow your EM clinicians to spend adequate time with patients? Or are both patients and clinicians feeling excessively rushed? Is the current nursing and secretarial or department support adequate for all shifts? If adding another physician isn't affordable, is it feasible to add a nurse practitioner, physician assistant or a scribe to high volume shifts? Along with examining day to day operations and metrics, you should also pull back and look at the big picture through a physician's eyes.

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Do your clinicians feel valued? How are decisions made by consensus or directive? Are ED clinicians granted a voice and an opportunity to share ideas and experiences before you make decisions affecting them? Is someone accountable for acknowledging or rewarding good clinicians and working with or removing those who obstruct the harmony of the practice environment? Are you checking in with your clinical teams in person to gauge their satisfaction? Do you have an objective non-supervisor in place such as a scheduler who frequently communicates with clinicians? Are you leveraging that person to help make you aware when your clinical teams or practice environment are struggling? This is a lot to consider, but your answers to these questions will provide a roadmap for how you can ensure adequate coverage.

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Finally, step three is to learn how to navigate the new virtual world. Rewind to just one year ago. At that time, virtual visits were an enhanced experience of the healthcare system, then the pandemic hit and everyone's lives changed seemingly overnight. Technology enabled healthcare is a necessity now. As consumers continue to adapt to a digital era, clinicians are also required to shift gears. Effectively leveraging technology and easing the transition into a more digital model of care can improve your staffing challenges as they relate to COVID-19. Throughout the pandemic, hospitals have had to pivot to provide virtual visits to patients in different capacities.

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Telemedicine in the COVID-19 era enables clinicians to provide inpatient care to any facility remotely 24/7. Besides that, telehospitalist programs benefit hospitals and patients by easing the burden on recruiting because the telehospitalist can work from home. This reduces clinician burnout and provides backup support for surges, coordinating patient care and improving the patient experience and clinician satisfaction. Especially in smaller facilities, telemedicine makes it possible to supply quality diagnostic and treatment services in a more cost efficient, timely manner, while still providing personalized patient care. By collaborating with onsite nurses and other medical staff, the telehospitalist can take floor or ED calls, handle admissions and provide virtually the same physical exam as performed at the bedside.

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This wraps up our discussion of how to innovatively flex your workforce to meet current demands. COVID-19 certainly taught us a lot about staffing challenges and how to overcome them with innovative measures. We saw states expedite waivers to remove silos or barriers so clinicians could practice in locations they may have otherwise not been licensed for. We saw telemedicine become more available with reimbursements more prevalent and we saw crisis measures like off campus testing sites to address surges. While we anticipate 2021 to be a less chaotic year, especially as vaccines become more widely available, we now know as an industry that being proactive with your staffing and crisis plans is essential, pandemic or not.

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Join us in two weeks on *Together We Heal*, when we will discuss another essential step in addressing tough challenges, finding the right clinical leaders and how to keep them engaged.

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In the meantime, get to know us and find out what we can accomplish together by visiting our website, scp-health.com. Here you can learn how we've helped hospitals like yours take action to streamline hospital operations, implement cost and revenue solutions, achieve clinical quality goals and more. Again, that's scp-health.com. See you next time.