LeadingAge Minnesota and Minnesota Hospital Association
Health Sector Workforce Challenge
Summary and Recommendations
February 2018

Provided by
ignite! Innovation
and
Saint Mary's University of Minnesota Graduate School of Health and Human Services

Executive Summary

Introduction

This is a pivotal time within our communities, as organizations are called to care for more individuals and families facing a multitude of physical, emotional and behavioral, and social needs. The touch point for those needing care and services are the direct caregivers, and support and administrative teams, providing essential services. All of the work is being done simultaneously with efforts to redesign systems of care.

Given the complexities and unique needs related to the current and future employees in healthcare and long term care, **Saint Mary's University Graduate School of Health and Human Services** and **ignite! Innovation, an Optum Service,** collaborated to design the **Health Sector Workforce Challenge**. Much of the thinking for the Challenge was a result of an event held by the American College of Healthcare Executives - Minnesota Chapter in May 2017. The event brought together interdisciplinary thought leaders from across the healthcare, legal, and government sectors to address a multitude of issues, with the cornerstone being a commitment to advance strategies to support a stable, competent, and resilient workforce. Highlights included presentations and dialogue related to:

- Health sector workforce data and information with a focus on demographic trends and critical shortage areas;
- Emerging workforce issues, including technology, immigration and cultural responsiveness, burnout and resilience, and geographic variations in workforce needs and limitations;
- Operational and policy solutions to address workforce issues in the next 5-7 years.

Following the event, ignite! Innovation approached Saint Mary's University about a unique application for crowd-sourcing to generate ideas from broad groups of individuals in a timely fashion. The conversation evolved and began to focus on how higher education aspires to be more responsive to the needs of the employers in the health sector. There was a recognition that the associations - **LeadingAge Minnesota** and **Minnesota Hospital Association** - serve as important conduites and conveners for a broad representation of the health sector.

Building the Health Sector Workforce Challenge

When approached with the initial concept, LeadingAge Minnesota and Minnesota Hospital Association graciously agreed to collaborate with ignite! Innovation and Saint Mary's University to shape the Challenge question and format in hopes to engage thought leaders within their membership. Each association adapted the promotion, landing page, and demographic information collected to reflect the needs and culture of their respective membership.

The Challenge landing pages, developed by ignite! Innovation, allowed participants to submit ideas, view ideas, and to "pairwise" ideas in order to prioritize best concepts and ideas. The associations directly promoted the Challenge to their respective membership. Initial conversations and the planning process began in August 2017 and the Challenge wrapped up in late February 2018.

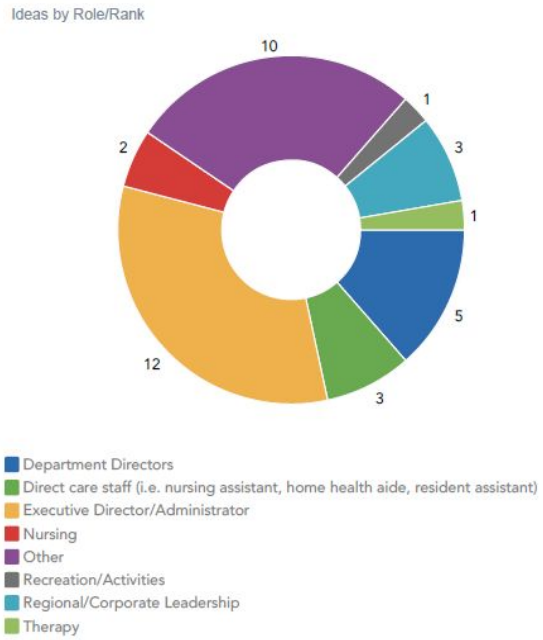
To view the association landing pages, to go:

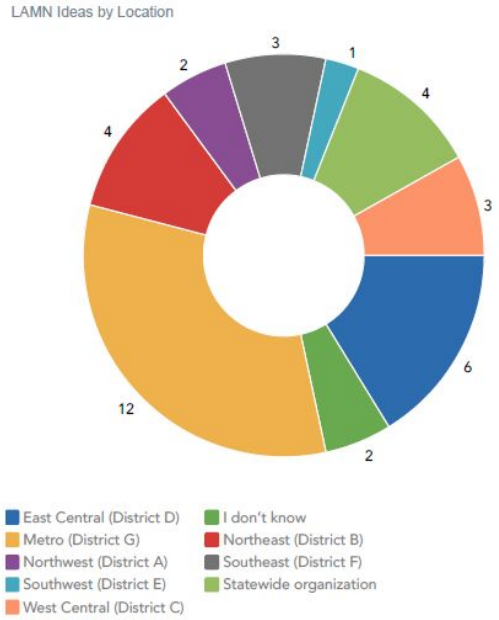
- ➔ LeadingAge Minnesota landing page https://workforcechallengelamn.oim.spigit.com
- ➔ Minnesota Hospital Association landing page https://workforcechallengemha.oim.spigit.com

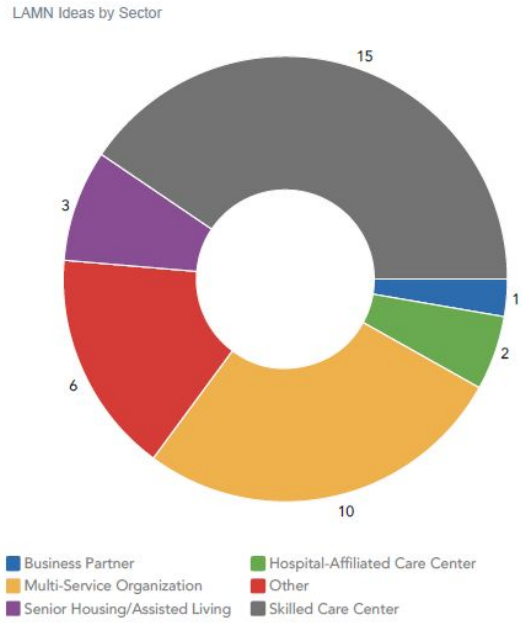
Ideating Together to Impact the Workforce of Tomorrow

In total, there were more than 150 unique participants for the two Challenges (LeadingAge Minnesota = 77 unique users; Minnesota Hospital Association = 78 unique users). 44 of these participants submitted an idea and over half participated in the voting process. Interestingly, the participants represented a diverse segment of the leadership, from frontline nurse managers, to human resource executives, to CEOs from the most rural parts of the state to the urban centers in the Twin Cities. The demographics available for each challenge are broken down as follows:

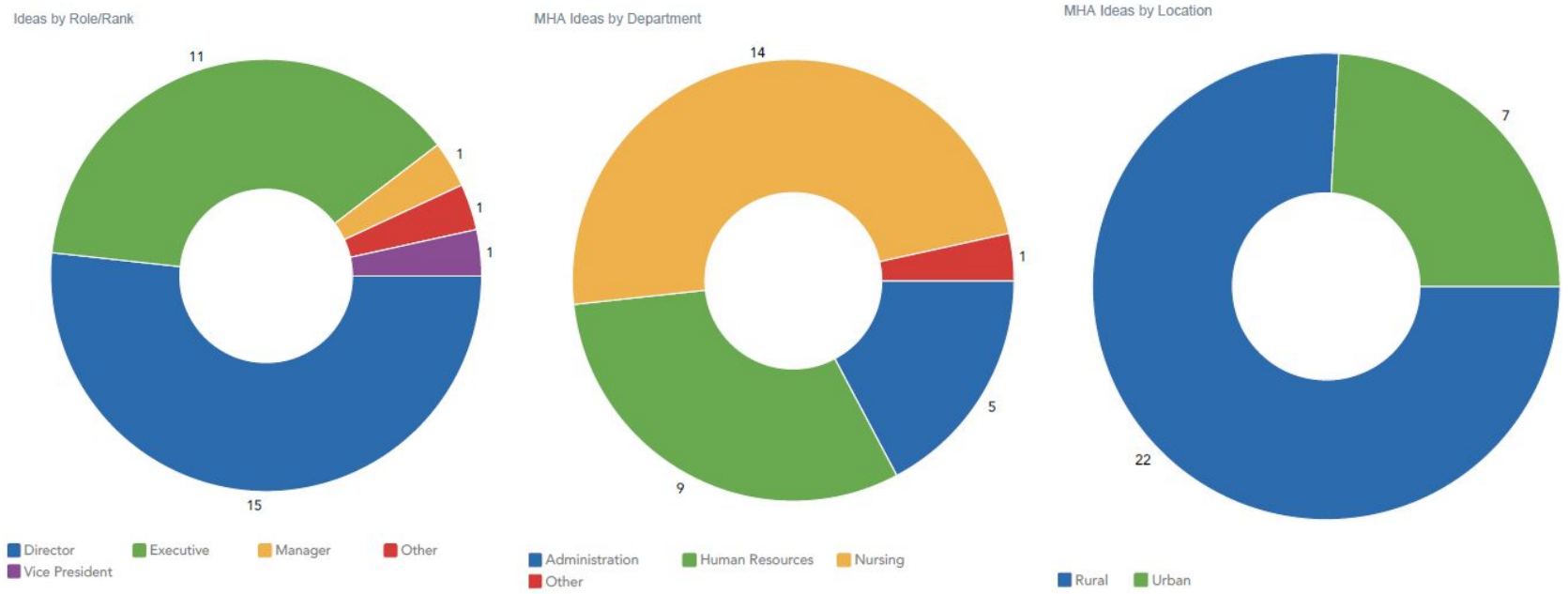
LeadingAge Minnesota Activity Demographics*







Minnesota Hospital Association Activity Demographics*



*demographic data gathered anonymously and may differ given not all participants submitted information

Challenge Data and Idea Reports

1. Challenge Overview document (*Appendix link to be inserted*)
    a. LeadingAge Minnesota
    b. Minnesota Hospital Association
2. Workforce Idea Report document (*Appendix link to be inserted*)
    a. LeadingAge Minnesota
    b. Minnesota Hospital Association

The Challenges garnered a number of novel ideas, several of which were related and often repeated by the other association membership (e.g. changes to educational preparation for nurses). Many of these ideas have merit for the health sector and higher education and may inform reprioritization of current and future offerings or strategies.

On the other hand, many of the ideas submitted were familiar. This can be viewed as reassuring, in that there is support for strategies to advance the concepts and may elevate the ideas higher on the agenda of the associations and/or higher education.

The table below represent an aggregate of ideas from both LeadingAge Minnesota and Minnesota Hospital Association members. It is meant to prompt representatives from the various sectors (e.g. healthcare, higher education, government, etc.) to reflect on their role and contribution to refining and advancing ideas. It may also serve as a reflection tool for the opportunities and limitations their colleagues may face in a different sector, even when there is shared commitment to supporting or advancing a specific idea.

An example of this would be broad support for additional internships and lengthening of clinical or practicum experiences prior to entering practice. To a great extent, both the healthcare facilities and colleges and universities have finite resources to support expansion of such offerings. This can result in either limited program slots or shortened experiences for a more expansive pool of candidates. The resource limitation may be the barrier needing further examination and collective effort in order to address shortages in specific clinical areas.

Aggregate Ideas	**Role of Healthcare Organization(s)**	**Role of Educational Bodies**	**Role of Other Stakeholders** (e.g. practice boards, policymakers, payers)
Defined career laddering & leadership development within healthcare organizations & professions			
Expansive requirement for CNA training & certification (e.g. requirement for all nurses &/or all licensed health professionals, high school students) in order to: ● Increase talent pool ● Enhance skills & empathy for all clinicians ● Specialization pathways for CNAs (e.g. LTC)			
Enhanced curricula & continuing education for prospective and current employees to improve quality of care, patient/resident experience, care coordination, & self care/retention: ● Aging ● Chronic disease ● Comprehensive education & basic mental health and addiction first aid (role specific) (e.g. de-escalation strategies) ● Health literacy & medical terminology ● Full continuum of care (acute to LTC to home/community) ● Life skills, team building, problem solving, conflict resolution ● Intergenerational workforce ● Emotional intelligence ● Complementary/holistic/alternative care and medicine ● Patient/resident/customer service ● Healthcare finance & budgeting ● Interconnection of access, quality & efficiency ● English language studies			

Form a consortium to develop and deliver compliance and safety education to avoid duplicative efforts within and across organizations and associations			
Internships Immersion experiences Scholarships Incentives			
Technology-driven solutions to augment workforce ● Telehealth to rural areas ● Tele-consult hospitalists to support rural hospitals to avoid transfers			
Rural health workforce support ● Scholarships ● Distance education ● Reduce regulations for healthcare organizations			
Nursing-specific educational and operational ideas ● Additional clinical rotations in educational preparation (e.g. more advanced didactic and clinical rotations) ● Restructure nursing education to provide more in-depth learning across continuum of care and more hand-on learning in clinical areas (e.g. ICU, OR, LTC) ● Include more leadership and management coursework and experiences in curricula (e.g. future DON)			
Develop and offer educational programs for professions with critical shortages - or identify barriers to expand number of slots in existing programs ● Surgical technician ● Nursing ● Medication technician			

Retention training for all managers and administrators			
Diversity and inclusion programs and strategies to attract, develop, and advance individuals and communities currently underrepresented in workforce and leadership teams			
Cross training front line staff and professionals ● CNAs and environmental services ● Nurses and therapies ● Across hospitals/health systems to support rural healthcare, where volumes are lower			
Programs and supports for unique aspects of workforce ● Night shift staff ● Childcare			
Critical shortages ● Physicians ● Many roles and positions in rural areas ● Scholarships & loan forgiveness for service in rural areas expanded to include nursing, radiology, laboratory			
Cumbersome regulations that burden staff and take resources away from direct patient care and jeopardize viability rural care, in particular (e.g. CAH qualifications and criteria)			

Redefining Workforce Challenges and Collaborative Commitment to Change

One of the most remarkable outcomes from the Challenge is how readily collaborative partners, from varied industry roles, can come together to design, implement, analyze, and begin to prioritize go-forward efforts to create new opportunities to better engage, educate, and equip the health sector workforce.

Within six months, and for nominal financial investment, the original participants were able to launch the initial Challenge. Given the outcome of the Challenge, the participating organizations may want to consider the following next steps to sustain the momentum:

- ❏ Convene broader group of association stakeholders to refine the conclusions from the inaugural Challenge;
- ❏ Initiate roundtable session(s) and innovation design sprint(s) to include broad representation from higher education and associations for a facilitated strategic planning session;
- ❏ Identify additional topics or issues that can be addressed using real-time crowdsourcing to gather solutions and gain support;
- ❏ Engage policymakers to provide exposure to crowdsourcing and share key findings from the initial Health Sector Workforce Challenge.

Source: Doherty, S. and Morris, J. *Health Sector Workforce Challenge: Summary and Recommendations.* (2018).