CARING FOR THE CAREGIVER

Task Force Report

PREFACE

This report reflects an effort of Massachusetts healthcare leaders to come together, identify the most pressing challenges facing the healthcare workforce, and develop a comprehensive set of recommendations to address those challenges.

The task force process provided a forum for shared learning and allowed for the synthesis of a tremendous volume of collective knowledge on the topic of workforce dynamics. And while the clinician experience was a significant focus for the group, "caregiver" was defined as any individual employed by a healthcare organization.

This report offers an extensive, though far from exhaustive, menu of the resulting recommendations and best practices that task force members compiled for healthcare organizations to consider. While the task force asks every healthcare organization in the commonwealth – including those participating in the process – to consider adopting several best practices within each focus area, it recognizes that because every organization is different, the recommendations prioritized by each entity will be different. There is no one-size-fits-all way to address workforce challenges across all providers.

Of course, the COVID-19 experience has further crystalized the importance of the report's recommendations and best practices. The pandemic has placed extraordinary strain on healthcare workers, making clear the need for organizations across the state to revisit approaches to workforce issues in a new light. And the serious health inequities highlighted as a result of the crisis only make this undertaking all the more urgent.

With the goal of sharing the most up-to-date workforce-related information, the Massachusetts Health & Hospital Association (MHA) will take a leading role in promoting relevant resources to a wide audience via its *PatientCareLink* platform. MHA will also convene collaborative initiatives aimed at addressing the task force's focus areas in greater detail. More information on this work will be available throughout 2021.
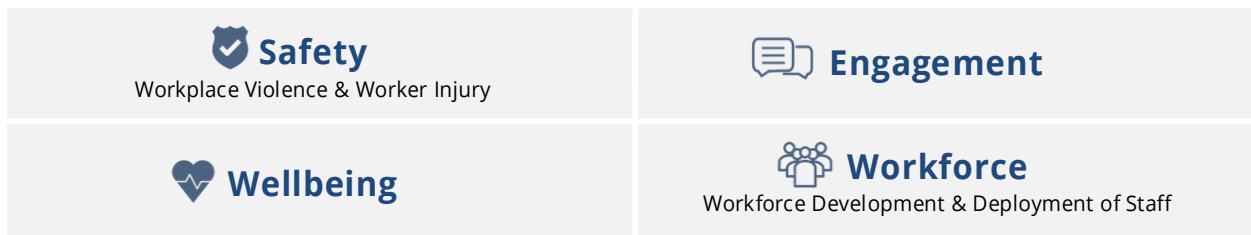
MHA extends its appreciation to the organizations that participated in the task force, the individuals who generated the concept of *Caring for the Caregiver,* the experts who have informed its work, and to all the healthcare leaders who have taken the time to contribute to this report.

EXECUTIVE SUMMARY

Task Force Charge

In a first-of-its-kind examination of workforce challenges, leaders from across the Massachusetts healthcare community participated in the Caring for the Caregiver Task Force, convened by the Massachusetts Health & Hospital Association. Task force membership was representative of the wider healthcare continuum, including hospitals, behavioral health, home care, secondary education, community providers, patient and family advocacy, government and independent regulatory organizations, nursing and physician organizations, insurers, and labor and nursing unions.

The task force explored four focus areas relating to challenges facing healthcare personnel:

✔ Safety	🗨 Engagement
Workplace Violence & Worker Injury	
💗 Wellbeing	👥 Workforce
	Workforce Development & Deployment of Staff

The group conducted a deep-dive assessment of all four focus areas and came to consensus on recommendations that could be applied across all healthcare settings in the commonwealth.

The task force identified several driving principles that provided the foundation for this work. And as working groups constructed recommendations for healthcare organizations to adopt, several common themes emerged across the focus areas. **Importantly, the task force defined "caregiver" as any worker employed by a healthcare organization.**

Driving Principles

- Workforce issues are a top priority for our healthcare system.
- Workforce challenges should be addressed continually by leaders in all care settings, as well as at the system-wide level, using a collaborative approach that incorporates the viewpoints of a diverse set of stakeholders.
- A stable and engaged workforce is fueled by healthcare professionals who are healthy, safe, and satisfied in their jobs.
- Meaningful and effective improvements require support and engagement from the top levels of leadership.

Common Themes

- **Mission & Leadership:** Organizations must make the welfare of employees a central part of both their mission and identity. Leaders must serve as primary models of all the behaviors that help shape a positive work environment.
- **Data:** Organizations should utilize quantitative measures to assess their performance – and progress – in workforce-related areas.
- **Shared Governance:** Organizations should look to shared governance models for decision-making that affects staff.

BACKGROUND

Following the 2018 nurse staffing ballot proposal, MHA and other healthcare leaders vowed to work "together as one" with caregivers to take a serious look at workplace challenges and find solutions that could be applied across all care settings. **With this goal in mind, MHA created the Caring for the Caregiver Task Force.** In the time since, the arrival of COVID-19 has only accelerated organizations' push for effective, consensus-driven workforce supports.

FOCUS AREAS

Safety

Engagement

Wellbeing

Workforce

TASK FORCE MEMBERSHIP

The Caring for the Caregiver Task Force that MHA convened was composed of leaders from across the spectrum of Massachusetts healthcare.

Co-Chairs:

Mark Keroack, MD, **MPH,** President & CEO, Baystate Health; Past Chair, Massachusetts Health & Hospital Board of Trustees

Donna Glynn, PhD, RN, ANP, Associate Dean, Pre-Licensure Nursing, Regis College; Past President, American Nurses Association – Massachusetts

Members:

Penny Blaisdell, Member, Dana-Farber Cancer Institute Patient Family Advisory Council

Doug Brown, Esq., President, UMass Memorial Community Hospitals and Chief Administrative Officer, UMass Memorial Health Care

Michael Curry, Esq., President & CEO, Massachusetts League of Community Health Centers

Lois Dehls Cornell, JD, Executive Vice President, Massachusetts Medical Society

Vic DiGravio, Former President & CEO, Association for Behavioral Healthcare

Will Erickson, MPH, Organizer for Process Improvement, UMass SHARE Union

Tim Foley, Executive Vice President, 1199SEIU

Tara Gregorio, President, Massachusetts Senior Care Association

Peter Healy, MHA, President, Beth Israel Deaconess Medical Center *(representing Conference of Boston Teaching Hospitals)*

Matthew Herndon, JD, CEO, The Schwartz Center for Compassionate Healthcare

Therese Hudson-Jinks, RN, MSN, Chief Nursing Office & Senior Vice President, Patient Care Services, Tufts Medical Center *(representing Organization of Nurse Leaders)*

Patricia Kelleher, MA, Executive Director, Home Care Alliance of Massachusetts

Kathy Keough, Director of Government Relations, Atrius Health

David Matteodo, MPH, Executive Director, Massachusetts Association of Behavioral Health Systems

Judith Pare, PhD, MSN, Director of Nursing Education, Workforce Quality & Safety, Massachusetts Nurses Association

Lora Pellegrini, Esq., President & CEO, Massachusetts Association of Health Plans

Lauren Peters, JD, Undersecretary for Health Policy, Executive Office of Health & Human Services

Christine Schuster, RN, MBA, President & CEO, Emerson Hospital

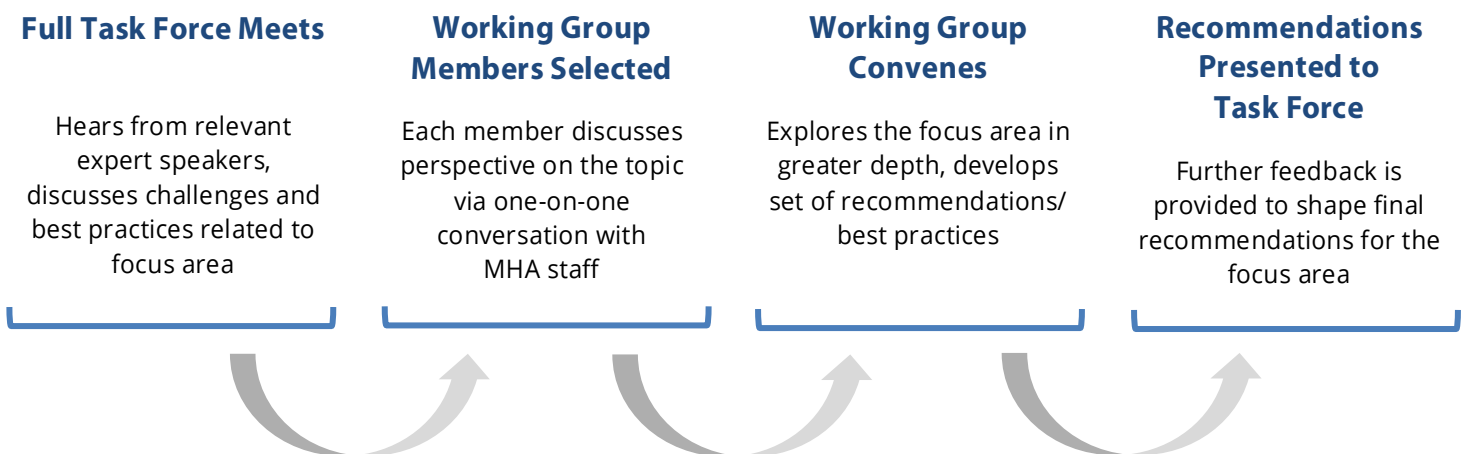**David Seltz**, Executive Director, Massachusetts Health Policy Commission

Joan Vitello, PhD, RN, NEA-BC, FAHA, FAAN, Dean of the Graduate School of Nursing at UMass Medical School *(representing Massachusetts Association of Colleges of Nursing)*

Steve Walsh, President & CEO, Massachusetts Health & Hospital Association

PROCESS

At the outset, the task force identified the four key focus areas and established several broad goals. However, the process was ultimately constructed based on input from its members to ensure it would account for as diverse a range of perspectives as possible. An initial task force meeting was held on March 1, 2019, where the co-chairs led a discussion to identify the goals, objectives, and format of the task force. Members were invited to participate in one or more small working groups focused on each of the key areas.

Focus areas were examined one-by-one, using an identical process:

Full Task Force Meets	Working Group Members Selected	Working Group Convenes	Recommendations Presented to Task Force
Hears from relevant expert speakers, discusses challenges and best practices related to focus area	Each member discusses perspective on the topic via one-on-one conversation with MHA staff	Explores the focus area in greater depth, develops set of recommendations/ best practices	Further feedback is provided to shape final recommendations for the focus area

SAFETY

Aim

Prevent and manage issues that result in harm to an employee, including physical, mental, and emotional harm. This includes both workplace violence and worker injury.

Challenges Identified

- **Need for systematic data collection and reporting**, internally or externally, for organizations' leadership to understand the scope of the problem and monitor for improvements.

- **Continued importance of leadership engagement** in both identifying the problems and implementing the solutions.

- **A shift in culture for entire organizations** to one of zero tolerance for violence or injury, increased ease and acceptance of reporting, and support for those affected.

- **Comprehensive changes in policies and protocols** that bring together leadership, management, occupational health professionals, law enforcement, security leaders, and frontline staff.

Recommendations

- **Foster a culture of reporting** for both incidents of workplace violence and workplace injuries not related to violence.

- **Create and adopt commitment letters** centered on prevention of workplace violence and fostering workplace safety, with executive sponsors signing on.

- **Provide violence prevention training** to employees that incorporates psychological and de-escalation techniques.

- **Collect violence and workplace injury data** and share data through dashboards available to employees.

- **Provide post-incident/post-injury support** to all employees who experience workplace violence or injury.
  - Support should address both physical and psychological needs and any necessary time off to heal from incidents; seek charges against perpetrators of violence.

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- o Support should also extend to first responders involved in violent incidents and/or workplace injuries.
- **Conduct workplace violence risk assessments and embrace a workplace violence prevention toolkit.** Use the findings to inform facility policies and procedures, as well as employee violence prevention training.
- **Develop an injury prevention workgroup**, similar to the MHA-convened Healthcare Safety and Violence Prevention Workgroup, to lead efforts in measuring and reducing workplace injuries, (including safe patient handling, injury, slips and falls, and needlestick injury prevention) with the objective of:
  - o Developing (or recommending existing) toolkits;
  - o Developing (or recommending existing) risk assessment measures; and
  - o Aiding facilities in measuring incidents of workplace injuries and evaluating interventions to reduce injuries.
- **Promote the concept of shared governance**, such that employees at all levels contribute to organizational decision making in terms of processes and policies relating to workforce safety.
- **Conduct a survey of the current state of bed capacity and demand for forensic, substance use disorder, and other mental health services at both state and private facilities.** This may help to inform state funding advocacy efforts aimed at increasing the supply of beds to meet the demand, thereby decreasing instances of mental health/forensic/substance use disorder patients boarding in hospital emergency departments while awaiting placement in proper treatment facilities.

COVID-19 Spotlight

- **Work collaboratively with public health officials and across organizations** to develop and disseminate transparent best practices around containing COVID-19 in healthcare settings for the safety of employees, patients, and visitors.
- **Increase transparency and messaging from decision-makers to frontline staff** to ensure communication of organizational decisions and priorities.
  - o Examples include "COVID hotlines" staffed by clinicians to answer employee questions and concerns in a prompt manner, establishing personal protective equipment (PPE) coaches, and supporting team-driven innovations for infection control.
- **Regularly assess current use of personal protective equipment** relative to guidance from the Massachusetts Department of Public Health and Centers for Disease Control and Prevention and work to maintain an adequate supply chain to protect employees, patients, and visitors.
- **Continue to have clear COVID-19 testing policies and procedures** in place for staff, patients, and visitors and make updates in accordance with the latest local and federal guidance.
- Continue to **provide effective training of de-escalation models** to staff.
- **Develop and implement policies around remote working and remote visits.**
- **Examine cybersecurity policies**, particularly around staff being captured in photos and/or videos without their consent, as well as threats on social media channels.

ENGAGEMENT

WORKING GROUP MEMBERS

CHAIR:

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Graduate School of Nursing at UMass Medical School *(representing Massachusetts Association of Colleges of Nursing)*

Aim

Foster a workplace culture and environment that embodies the defined values of each organization and supports a productive workforce.

Challenges Identified

INDUSTRY/ORGANIZATION LEVEL

- **Rapid changes are being experienced within the healthcare sector, including:**
  - Infusion of new technology and information technology systems
  - Shifting employee demographics (specifically younger generations entering the workforce). Providers have observed the following trends among incoming generations of caregivers:
    - Higher turnover rates than older generations;
    - Higher rates of nurses leaving both organizations and the nursing field altogether;
    - Different skill sets, communication methods, motivations; and
    - The need to blend younger and older generations to work cohesively, finding what motivates each.
  - The general shifting away from inpatient care to community/home settings
    - Different skill sets needed in outpatient/home care workforce
  - System mergers and consolidations
  - Financial pressures
- **Cultures often vary across units and departments**, resulting in:
  - Dozens of micro-cultures existing within an organization
  - "Islands of contentment" and "Islands of *dis*contentment"
    - These dynamics are often related to leadership and management dynamics
    - **Non-acute providers** (such as home health, post-acute, hospice, and behavioral health organizations) **face unique challenges** in engaging employees, as well as recruiting and retaining staff.

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INDIVIDUAL/CLINICIAN LEVEL

- **Compassion fatigue:**
  - Workers often experience compassion fatigue due to a combination of burnout and secondary traumatic stress.
  - Strong compassion can lead to emotional exhaustion if staff are not given opportunities to debrief and access support from the organization and their co-workers.
  - Lower compassion from caregivers has been linked to lower patient satisfaction scores, according to the Hospital Consumer Assessment of Healthcare Providers and Systems.
- **Clinician burnout:**
  - Workers who experience burnout are significantly harder to keep engaged. *(See more on burnout in the Wellbeing focus area.)*

Recommendations

LEADERSHIP SUPPORT FOR EMPLOYEE ENGAGEMENT AND A POSITIVE WORK ENVIRONMENT

- Drive organization-wide engagement through **leadership championing and role modeling** at all levels.
- **Ensure leaders are highly visible among staff** and incorporate a structured approach to rounding and engagement with employees at all levels.
- **Implement leadership training** aimed specifically at supporting and fostering engagement and the creation of a positive work environment.
- **Incorporate employee engagement and fostering of a positive work environment into organizational goals and mission** and communicate those goals clearly, simply, and regularly across all levels of organization.
- **Expect and designate explicit ownership and accountability** of engagement efforts for staff at all levels.
- **Diversify engagement strategies** to be responsive to shifting generations of workers and appeal to the varied skills, priorities, values, and interests of the multiple generations in the workforce.
- **Implement an organizational system of shared governance** that allows for participation and feedback from frontline staff.
- **Support a work environment that promotes respect and psychological safety**, including the ability and comfort to speak up and be heard by leadership.

EMPLOYEE SUPPORT & RECOGNITION STRATEGIES

- **Train and empower *all* employees** – from clinical leaders to parking attendants – to show compassion to patients, visitors, other staff.
- **Integrate compassion into hiring strategies** by seeking recruits who naturally show strong compassion skills.

- **Establish mentoring and coaching programs** for employees, especially during leadership development.

- **Allow caregivers time to participate in initiatives that they care about** to combat burnout.

- **Provide *meaningful* recognition** for staff who excel.

- **Recognize and respect the unique skills** and expertise of all employees.

UTILIZATION OF DATA

- **Measure workplace culture and engagement** and report findings – both positive and challenging – back to employees.
  - Recognize and celebrate positive trends in data.
  - Frame negative findings in a positive manner and as areas for growth, development, and support, rather than in a punitive manner, and then follow through with support and resources.

- Respect and reward employee engagement by **remaining responsive to identified needs and wants.**

- **Seek buy-in from those being measured** to encourage more active engagement and participation in the process and commitment to outcomes.

COVID-19 Spotlight

- **Highlight the resiliency and bravery of caregivers** in all care settings and create opportunities to remind employees of the pride and gratitude they instill within the organization.

- **Recognize the importance of acknowledging and thanking** those who have borne the burden of direct care.

- **Establish enhanced modes of contact and collaboration between leadership and frontline staff** to instill openness and flexibility and to help staff bring their best self to work. This may include around-the-clock leadership rounding and virtual town halls and forums.

- **Provide additional opportunities for frontline staff to provide feedback, escalate concerns, and share ideas** to increase engagement and improve processes as the crisis continues.

- **Implement nimble and grassroots decision-making structures** that are well-received by, and engage with, frontline workers.

- **Construct engagement programs that incorporate diversity, equity and inclusion and include a diverse set of voices** so individuals feel that they work within an organization in which they belong and can advance.

WELLBEING

Aim

Foster comprehensive programs and leadership commitment to a culture that supports caregivers with their physical, emotional, mental, and financial health; social connectivity; and a sense of fulfilment on the job.

Challenges Identified

- **The vast and disruptive financial, technological, political, and workforce changes facing the healthcare sector**, which create or magnify organizational and environmental challenges.
- **Decreased worker wellbeing** in all healthcare settings, including increased rates of burnout for frontline, patient-facing caregivers.
- **Ineffective approaches** to worker wellbeing programs.
  - Some approaches place the onus on employees to manage stress and proactively seek resources.
  - The focus is often on alleviating the triggered symptoms of stress, rather than mitigating stressors themselves.

Recommendations

LEADERSHIP BEST PRACTICES
- **Promote leadership traits that foster a positive work environment** and dialogue for areas of improvement.
  - Display transformational leadership that is open to ideas about change.
  - Listen to and validate daily experiences of frontline staff through methods like rounding and safety huddles.
- **Ensure that reasonable job conditions exist at all levels of the organization** and that employees feel they are:
  - Being treated with respect;
  - Have opportunities for growth and development; and
  - Are supported with effective staffing.
- **Further employee empowerment** through:
  - Flexible work and scheduling changes;

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- o Self-scheduling; and
- o Broadening caregivers' focus to the community and a larger purpose.
- **Provide explicit support from supervisors and leadership** to employees, both on and off the job. Resources should aim to care for the "whole person," rather than just matters directly related to work responsibilities.
- Increase access to and awareness of **mental health and substance use disorder resources** for clinicians and staff.
    - o Decrease the stigma of seeking mental health services.
    - o Display leadership that models use of resources.
    - o Create an environment that encourages the open discussion of mental health.

TACTICS TO FOSTER GENERAL WELLBEING

- **Encourage job redesign initiatives** targeting workers' empowerment and problem solving.
    - o For hospitals, explore becoming a "Magnet" organization.
        - ▪ Magnet hospitals focus on cultures and strategies that attract and retain nursing talent.
    - o Capture and share data with clinicians on performance and wellbeing.
    - o Continue collaboration with other organizations and sharing of best practices to enhance wellbeing.
- **Provide vehicles for staff to express concerns and comments.**
    - o Facilitate peer support programs, such as:
        - ▪ Betsy Lehman Center's Clinician and Staff Peer Support Program, which offers peer support for healthcare professionals in the aftermath of an adverse event.
        - ▪ Schwartz Rounds and similar initiatives.
            - Schwartz Rounds are similar to Grand Rounds, with all clinicians welcome to attend.
            - Pilot unit/team-based Schwartz Rounds for clinicians who have difficulty leaving units due to patient care responsibilities.
        - ▪ Daily safety huddles and briefings aimed at:
            - Sharing issues that occurred in the last 24 hours;
            - Anticipating adverse conditions or disruptions in the next 24 hours;
            - Assessing the steps taken to resolve previously identified issues; and
            - Reviewing resources assigned to correct newly identified issues.
        - ▪ Establish funds through which employees can donate money for colleagues in need and build a greater sense of community.
    - o Hold regular, organization-wide "Town Meetings," which provide staff with opportunities to speak openly with leadership, ask questions, and voice concerns.
    - o Arrange "Listening Tours," in which leadership conducts informal rounds with frontline staff members.
    - o Maximize the outdoors and common areas for de-stressing activities.

- **Offer wellbeing and stress reduction initiatives for staff**, such as:
  - Financial and retirement planning
  - High-stress patient management
  - Moral conflict and distress resolution
  - Employee Assistance Programs
  - Sponsored themed days of the week that incorporate wellbeing, such as "Meditation Mondays" or "Tranquil Tuesdays"

TACTICS TO ADDRESS CAREGIVER BURNOUT

- **Designate the mitigation of burnout as a high priority** for both healthcare leaders and organizations.
  - Emphasize leadership development and incorporate tenets of wellness within leadership goals.
    - Encourage shared responsibility of employee wellbeing across all C-Suite leaders.
    - Consider investing in a Chief Wellness Officer (or equivalent), or wellness committee if resources and/or organizational mission permit.
  - Incorporate wellbeing measures into organizational performance dashboards.
  - Offer continuing education relating to burnout to CEOs and other stakeholders.
- **Consider doing some or all of the following to combat burnout:**
  - Measure clinician wellbeing.
    - For instance, the *Wellbeing Index* is used by the Mayo Clinic and is a free tool to assess clinician wellbeing with nine questions.
  - Measure and monitor institutional costs related to employee wellbeing, such as:
    - Turnover rates;
    - Orientation cost; and
    - Increased recruitment costs.
  - Address clerical burden and misallocation of work.
  - Encourage collaborative, team-based care models.
  - Encourage policymakers to address regulatory burden.
  - Support advocacy for better policy and technology.
  - Share best practices with others in the healthcare community.
  - Allow time for work that brings "joy and passion."
  - Conduct research to study effective approaches.
- **Collaborate with a wide array of stakeholders to address burnout from multiple angles**, including:
  - MMS-MHA Joint Task Force on Physician Burnout;
  - EOHHS Quality Measure Alignment Task Force;
  - Boards of Registration in Medicine (BORIM) and Nursing (BORN);
  - Professional and labor organizations;
  - New England Healthcare Information and Management Systems Society, Inc. (NEHIMSS);
  - National Committee for Quality Assurance (NCQA);

- o Major health plans' Chief Medical Officers;
- o Hospitals and other systems;
- o Healthcare trade organizations such as those focusing on home care, senior care, and hospice;
- o Physician and nursing organizations, such as the American Medical Association (AMA), American Nurses Association (ANA), Organization of Nurse Leaders (ONL), and Massachusetts Nurses Association (MNA); and
- o Wellness Council of America (WELCOA).
- **Look to modify or streamline policies and procedures** to help clinicians work more efficiently.
  - o Evaluate and eliminate ineffective or outdated practices, both simple and complex.

COVID-19 Spotlight

- **The need for mental health and substance use services and peer supports will be greater than ever** both during and after the public health crisis.

- **Explore the many new practices for recognizing and managing the fatigue and stress many employees are feeling**, including enhanced employee assistance programs (EAP), hotlines for employee concerns, focus on rest and respite through tranquility and renewal rooms, optional morning prayers, fitness opportunities, journaling, online support forums, mobile applications, and more.

- **Ensure support is provided for staff who have been disproportionately affected by the pandemic.**

- Recognize and address the **"outside factors" that have made it even harder for front line staff to do their jobs during the pandemic**. These factors include childcare, school reopening plans, family unemployment issues, financial concerns, sick parents, and immunocompromised housemates.
  - o Maximizing flexibility for employees in direct care roles through creative approaches to scheduling, attendance, and remote working options will help to relieve the stress and anxiety of employees struggling to cope with the pandemic circumstances and help lead to increased employee retention.

- **Continue to provide opportunities for remote working** for non-clinical staff and maintain flexible work arrangements for all staff members when possible.

WORKFORCE

Due to the breadth of challenges that relate to the workforce, this category was split into two categories: development and pipeline, and deployment of staff. Each category had a full task force meeting and working group dedicated to exploring the various challenges and solutions.

DEVELOPMENT & PIPELINE

Aim

Advance the skills of healthcare workers and bolster the number of available (appropriate) applicants, especially in areas with current shortages. Providing skill-based learning opportunities to grow and support the success of all hired employees.

Challenges Identified

GENERAL CHALLENGES

- **Lack of clinical placements and preceptorships.**
  - Organizations **limiting or eliminating the option to precept students** due to security concerns, time requirements, or other reasons.
- Need for clinicians to be able to **work to the top of their licenses.**
- **Varying clinician availability by region**, which creates the need for different strategies rather than a single, comprehensive statewide intervention.
- **Lack of centralized "nursing council"** to monitor and address systemic challenges and strategize solutions.
- **Inadequate preparation** of Certified Nursing Assistant students for the CNA exam.
- **Lack of career ladders and growth opportunities**, particularly for entry-level positions across settings, to help with retention.

HOME HEALTH AND LONG-TERM CARE CHALLENGES

- **Expensive and time-consuming nature of training and on-boarding clinicians**, as well as:
  - A lack of residency programs for nurses;

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- A lack of centralized onboarding training for home health nurses and long-term care professionals for training that can be done in a classroom rather than in the field; and

- Negative perceptions of home health and long-term care nursing in contrast to general acute care nursing.

- *For home care specifically:*

  - Home care providers face a timeline of three months to train experienced nurses and a timeline of six months to one year to train new nurses.

  - Training of nurses new to home health results in decreased efficiency and patient capacity for the experienced home health nurses mentoring them. Those experienced nurses often need to move at a slower pace and see fewer patients.

  - There remains a need for centralized onboarding and training for home health nurses, as current processes can reduce the on-the-job training time that currently takes away pay and efficiency of mentoring nurses.

- **High turnover rates are prevalent among** home health and long-term care nurses, certified nursing assistants, and nursing aides, due in part to:

  - Salary discrepancies between acute care and non-acute settings;

  - Attitudes that working in acute care is preferable than home or long-term care settings; and

  - A lack of preparedness or comfort in addressing patient issues related to social determinants of health such as food insecurity and poor living conditions.

- **Isolation among the home healthcare workforce** due to the nature of their work.

BEHAVIORAL HEALTHCARE CHALLENGES

- **Aging nursing and psychiatrist populations** heading to retirement will create large vacancies to fill, with regional variation.

- **A shortage in the availability of psychiatrists for chronically underserved populations persists,** despite the high rate of psychiatrists per capita.

  - The average age of psychiatrists in Massachusetts is 58, with widespread retirements anticipated in the coming decade.

  - Increased demand exists for behavioral health services due to decreased stigma around seeking mental health and substance use disorder treatment.

- **Too few psychiatrists accept public payer insurance plans,** while there is a surge in patients seeking mental health and substance use disorder treatment.

- **Providers experiencing a lack of in-patient psychiatric RNs and care providers for entry-level behavioral health positions,** which often prevent many facilities from operating at full capacity**.**

- **Lack of clear data for the supply/demand of psychiatric nurses.**

- **Persistent issues while enrolling providers into health plans** lead to long lag-times until providers are covered. This leads to delays in these providers treating patients and ability to bill for these services.

Recommendations

- **Expand the type of sites included in – and increase the utilization of – the Centralized Clinical Placement (CCP) system** by expanding awareness of the system and the incentives for nurses to participate in precepting students.
  - Expansion should focus on home care, long-term care, and psychiatric care.
- **Seek available funding for residency programs that rotate between clinical specialties**, from state, federal, and/or private sources.
- **Partner with external stakeholders** to brainstorm and implement mutually beneficial solutions to increase the caregiver workforce.
  - Frame pipeline issues as economic development opportunities.
- **Explore legislation at both the state and federal level that will expand the scope of practice for nurses and allow them to practice at the top of their licenses**, including nurse practitioners, advanced practice registered nurses, (particularly those in psychiatry), psychiatric clinical nurse specialists, and registered nurse anesthetists.
- **Advocate for higher reimbursement rates from MassHealth**, particularly for services that are reimbursed at rates lower than the cost to provide the care.
- Advocate for **higher wages for long-term care and home-health workers.**
- **Engage in PR campaigns and positive messaging about non-acute settings,** including home health, long-term care, and psychiatric care to attract nurses to these areas.
- **Evaluate areas in which regulations prohibiting certain clinicians from ordering treatments and medications are unnecessary and harmful to care** (particularly home care).
- **Advocate for licenses or certifications for non-acute care workers** that would transfer across settings.
- **Incorporate deliberate opportunities for advancement and the implementation of career ladders** within a range of caregiver roles.
- **Offer apprenticeship roles** for high school graduates.

COVID-19 Spotlight

- **Education about systemic racism, implicit bias, white privilege, and related topics must continue.** Establishing forums and trainings for employees will be critical going forward to ensure all members of the organization are appropriately educated and appropriately supported.

- **Expanded scope of practice for advanced practice registered nurses** has helped providers manage the sharp increase in care demand throughout the pandemic.

- **The crisis has spotlighted the pipeline issues** related to nursing, direct caregivers, and mental health workers.

- **There is a need for creative clinical placement models for students, as well as transition-into-practice models for new graduates.** These models may be developed jointly by nursing academic and practice leaders. In addition to acute care settings, these models need to be developed in post-acute care and alternative care settings.

DEPLOYMENT OF STAFF

Aim

Deploy healthcare workers in a manner that is most optimal to care delivery.

Consensus & Challenges Identified

- To effectively address current and future challenges, **the healthcare community must continue to unite and seek consensus on solutions.**

- **Safe and effective staffing are paramount to good outcomes.**

- **A system-level approach is needed to address current challenges.**
  - Utilization of data and acuity tools can help to guide staffing decisions and assignments.
  - Stakeholders need to continually come together to examine challenges and identify innovative solutions.
  - The voices of *all* caregivers need to be heard and respected.
  - Leadership development should happen at all levels, including for frontline workers, to ensure their voice is part of the conversation.

- **Reimbursement rates, particularly for non-acute settings, need to increase** to adequately compensate caregivers and increase staffing levels through recruitment and improved retention.

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Therese Hudson-Jinks, RN, MSN
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Judith Pare, PhD, MSN
Massachusetts Nurses Association

Jamie Willmuth, JD,
1199SEIU – United Healthcare Workers East

MHA

Recommendations

- The healthcare community should continually **promote areas of consensus and share best practices.**

- **More outcome-focused data is required** to develop, implement, and evaluate effective staffing practices.
  - Effective staffing practices within healthy work environments will likely be evidenced by high-quality patient outcomes; a more stable, fulfilled, and diverse workforce; and worker wellbeing.
  - Identifying and focusing on optimal outcomes is paramount.

- **Leaders should foster a collaborative environment** that takes all members of the care team into account.
  - Members of the care team are best equipped to guide and create solutions to issues when working within a healthy, collaborative work environment.

- **The value of staffing committees** should be acknowledged and prioritized.

- **Staffing practices should consider the changing nature of healthcare** and be adapted on an ongoing basis.
  - Staffing practices should embrace a proactive approach rather than a reactive approach.

- **Healthcare organizations should have a transparent mechanism to share best staffing practices and provider alignment** as they relate to setting types, patient acuity, diversity, and cultural sensitivity.

- **Members of healthcare teams should be provided pathways and support structures** to grow and develop within their respective professional roles.

COVID-19 Spotlight

- There is a need to **align expectations of all employees and leadership to new ways of operating during a disaster** to anticipate rapidly changing processes, different work responsibilities (always within scope of practice), and how to seek assistance when needed.

- **Creative staffing structures are helpful as organizations grow capacity for critical care and varied post-acute care settings** such as long-term acute care and long-term non-acute care.

- The pandemic, as well as other emergency situations in the future, **prompt the need for new, rapidly constructed clinical care teams operating in a new work environment.**
  - The construction of these teams relies heavily on the input and trust of caregivers, as well as clarity of purpose from leadership.

- **Consider piloting some of the flexible staffing models adopted during the pandemic** as a means to allow caregivers to work to the top of their licenses and maximize their clinical expertise.

- **Challenges exist around rapid cross-training and redeployment of staff,** as well as the integration of travel nurses and temporary clinical staff.

- **COVID-19 has created an increased demand for direct caregivers** as care swings from skilled nursing facilities to the home, and hospitals to the home.

- **Clinical experts have provided in-person and virtual care across varied settings**.

MEETING SPEAKERS

Safety

Bonnie Michelman, MS, MBA, CPP, CHPA, Executive Director, Department of Police, Security and Outside Services, Massachusetts General Hospital
"Protecting Your Healthcare Facility During Challenging Times"

Patricia McGaffigan, RN, MS, CPPS, Vice President, Patient Safety Programs, Institute for Healthcare Improvement; President, Certification Board for Professionals in Patient Safety
"Workforce Harm"

Taylor Stanley, Administrative Resident, Signature Healthcare
"Our Safety Systems Improvement Work"

Engagement

Beth A. Lown, MD, Chief Medical Officer, The Schwartz Center for Compassionate Healthcare
"Want Engagement? Try Compassion"

Joe Cabral, MS, Chief Human Resources Officer & President of Workforce Solutions, Press Ganey
"Healthcare Workforce Industry Trends"

Deb Bergholm-Petka, MS, Director, Organizational Development, Lowell General Hospital
"Strategic Engagement"

Wellbeing

Co-Presenter: Erin L. Kelly, PhD, Sloan Distinguished Professor of Work and Organization Studies Institute for Work and Employment Research, Massachusetts Institute of Technology, MIT Sloan School of Management

Co-Presenter: Kimberly E. Fox, PhD, Research Associate, Workplace & Wellbeing Initiative, Harvard Center for Population and Development Studies; Associate Professor of Sociology, Bridgewater State University
"Worker Wellbeing: Re-Imagining, Redesigning"

Shioban E. Torres, DrPH, MPH, Worksite Health Promotion Coordinator, Massachusetts Department of Public Health
"Working on Wellness: A Capacity Building Program for Massachusetts Employers"

Susannah Rowe, MD, MPH, Associate Chief Medical Officer for Wellness and Professional Vitality, Boston Medical Center
"Wellness, Professional Vitality and Burnout in Healthcare"

Workforce

DEVELOPMENT & PIPELINE

Jennifer James, Undersecretary of Workforce Development, Commonwealth of Massachusetts
"Massachusetts Healthcare Collaborative Overview"

Jennifer Theriault, MSN, RN, COS-C, Director of Education & Program Development, Lahey Health at Home
"Workforce: Home Health"

Matthew Haas, LICSW, LADC-I, Senior Director of Behavioral Health, Baystate Health
"Strategies to Address Behavioral Health Workforce Challenges"

Marie Tobin, DNP, MPH, RN, NEA-BC, Director, Centralized Clinical Placement Program, Massachusetts Department of Higher Education
"Overview: The Massachusetts Centralized Clinical Placement System"

DEPLOYMENT OF STAFF

Tiffany Kelley, PhD, MBA, RN, President-Elect, American Nurses Association-Massachusetts
"Deployment of Workforce: Challenges and Strategies"

Co-Presenter: Judith Pare, PhD, MSN, Director of Nursing Education, Workforce Quality & Safety, Massachusetts Nurses Association

Co-Presenter: Dominique Muldoon, RN, Staff Nurse, Saint Vincent Hospital
"MNA Report on the State of Nursing and Patient Care in Massachusetts Hospitals"

Amanda Stefancyk Oberlies, PhD, MBA, RN, CENP, CEO, Organization of Nurse Leaders
"ONL Nursing Summit Report"

Jamie Willmuth, JD, Lead Policy Analyst, 1199 SEIU – United Healthcare Workers East
1199 SEIU Presentation

Mary Ann Hart, DNP, RN, Program Director, Graduate Program in Health Administration, Regis College
Panel Moderator

RESOURCES

NOTE: Caring for the Caregiver resources will continue to be curated by MHA and housed on *PatientCareLink.org*

Injury Prevention/Safe Patient Handling

Association of Occupational Health Professionals in Healthcare Alliance, *Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting*

Health Research & Educational Trust, *Fostering A Culture That Fully Integrates Patient And Workforce Safety*

Occupational Health Surveillance Program, Massachusetts Department of Public Health, *Moving into the Future: Promoting safe patient handling for worker and patient safety in Massachusetts hospitals*

OSHA, *Safe Patient Handling Programs: Effectiveness and Cost Savings*

OSHA, *Safety and Health Management Systems: A Road Map for Hospitals*

OSHA, Worker Safety in Hospitals

The Joint Commission, *Improving Patient and Worker Safety: Opportunities for SynerBeyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Settinggy, Collaboration, and Innovation*

Violence Prevention

American Society for Healthcare Risk Management, *Workplace Violence Toolkit*

IHI, *Leading a Culture of Safety: A Blueprint for Success*

Massachusetts Health & Hospital Association, *Security Guidance: Developing Healthcare Safety & Violence Prevention Programs within Hospitals*

Oregon Association of Hospitals Research & Education Foundation, Workplace Violence in Hospitals: A Toolkit for Prevention and Management

OSHA, *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*

OSHA, *Preventing Workplace Violence: A Road Map for Healthcare Facilities*

OSHA, *Safety and Health Management Systems: A Road Map for Hospitals*

Policy, Politics & Nursing Practice, *Developing Statewide Violence Prevention Programs in Health Care: An Exemplar From Massachusetts*

Public Services Health & Public Safety Association, *Workplace Violence Risk Assessment Toolkit for Acute Care*

The Joint Commission, *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration, and Innovation*

Engagement

Advisory Board, *The Guide to Reducing Turnover in Post-Acute Care: Strategies to Improve Employee Retention*

American Association of Critical-Care Nurses, *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence, 2nd Edition*

AMN Healthcare White Paper, *2020 Healthcare Trends Revisited*

Cipher Health, *Health Executive Rounding as a Management Strategy: Drive Patient Satisfaction and Staff Engagement by Creating a Culture of Rounding*

HR Pulse Magazine, *Enhancing the Engagement Strategy at Mayo Clinic*

Institute for Healthcare Improvement, *Framework for Improving Joy in Work*

Journal of Nursing Administration, *Nurse Engagement in Shared Governance and Patient and Nurse Outcomes*

New England Journal of Medicine, *Health Care Equity: From Fragmentation to Transformation*

New England Journal of Medicine, *The Path Forward — An Antiracist Approach to Academic Medicine*

Organization of Nurse Leaders, *Nursing Summit 2019 Follow-up Survey Report*

Organization of Nurse Leaders, *Nursing Summit 2019 Report*

Organization of Nurse Leaders, *Nursing Summit 2020 Report*

Press Ganey, *2018 Press Ganey Nursing Special Report- Optimizing the Nursing Workforce: Key Drivers of Intent to Stay for Newly Licensed and Experienced Nurses*

Press Ganey, *Building a High-Performing Workforce*

Wellbeing

Massachusetts Health & Hospital Association, Massachusetts Medical Society, Harvard T.H. Chan School of Public Health, *A Crisis in Health Care: A Call to Action on Physician Burnout*

American Association of Critical-Care Nurses, *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence, 2nd Edition*

American Hospital Association, *Well-being Playbook 2.0: A Guide for Hospital and Health System Leaders*

American Organization for Nurse Leadership, *Leading Through Crisis: A Resource Compendium for Nurse Leaders*

BMJ Quality & Safety, *Work-life balance behaviours cluster in work settings and relate to burnout and safety culture: a cross-sectional survey analysis*

Centers for Disease Control and Prevention, *Total Worker Health® A New Model for Well-Being At Work*

Cigna, *Creating a Workplace Wellness Committee: A Toolkit for Employers*

Institute for Healthcare Improvement, *Framework for Improving Joy in Work*

Journal of the American Medical Association, *Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic*

Massachusetts Health & Hospital Association, *Wellbeing Toolkit*

Massachusetts Health & Hospital Association, Massachusetts Medical Society, Reliant Medical Group, *Changing the EHR from a Liability to an Asset to Reduce Physician Burnout*

Massachusetts Medical Society, Massachusetts Health & Hospital Association, *Proceedings of the Massachusetts Medical Society's Medical Student and Residency Burnout Roundtable*

Mayo Clinic Proceedings: Innovations, Quality, and Outcomes, *A Worksite Wellness Intervention: Improving Happiness, Life Satisfaction, and Gratitude in Health Care Workers*

National Academy of Medicine, *A Journey to Construct an All-Encompassing Conceptual Model of Factors Affecting Clinician Well-Being and Resilience*

National Academy of Medicine, *Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care*

National Academy of Medicine, *Action Collaborative on Clinician Well-Being and Resilience*

National Academies of Sciences, Engineering, and Medicine, *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*

New England Journal of Medicine, *Beyond Burnout — Redesigning Care to Restore Meaning and Sanity for Physicians*

New England Journal of Medicine, *Combating Clinician Burnout with Community-Building*

New England Journal of Medicine, *Preventing a Parallel Pandemic — A National Strategy to Protect Clinicians' Well-Being*

Nursing, *Compassion fatigue and the ART model*

Organization of Nurse Leaders, *Nursing Summit 2019 Follow-up Survey Report*

SPOK, *Clinician Burnout in Healthcare: A Report for Healthcare Leaders*

Stanford Medicine, *Chief Wellness Officer Course*

The Joint Commission, *Developing Resilience to Combat Nurse Burnout*

Workforce Development & Pipeline

American Hospital Association, *2021 Health Care Talent Scan*

American Hospital Association, *Trend Watch: Hospital and Health System Workforce Strategic Planning*

AMN Healthcare, *Healthcare Survey of Registered Nurses (2019): A Challenging Decade Ahead*

Commonwealth of Massachusetts, Boston Consulting Group, *Massachusetts Healthcare Collaborative Kick-off*

Northeastern University School of Nursing; Home Care Alliance of Massachusetts, Nursing Symposium Report, *Nursing Call to Action: Building a Nursing Workforce to Deliver Complex Care at Home*

Organization of Nurse Leaders, Massachusetts/Rhode Island League for Nursing, *Supporting New Nurse Transition into Practice during the Covid-19 Pandemic: Opportunities for Academic & Practice Nurse Educator Collaboration*

Robert Wood Johnson Foundation, AARP, *Foundation Nursing Education and the Decade of Change: Strategies to Meet America's Health Needs*

U.S. Dept. of Health and Human Services, *2018 National Sample Survey of Registered Nurses: Brief Summary of Results*

Deployment of Staff

- American Hospital Association, *Trend Watch: Hospital and Health System Workforce Strategic Planning*

- American Nurses Association, *ANA's Principles for Nurse Staffing, 3rd Edition*

- American Nurses Association; American Organization for Nurse Leadership; Healthcare Financial Management Association, *The Business of Caring: Promoting Optimal Allocation of Nursing Resources*

- Organization of Nurse Leaders, *Nursing Summit 2019 Follow-up Survey Report*

- U.S. Dept. of Health and Human Services, *2018 National Sample Survey of Registered Nurses: Brief Summary of Results*

COVID-19 Considerations

- American Hospital Association, *COVID-19: Stress and Coping Resources*

- American Hospital Association, *Well-being Playbook 2.0: A Guide for Hospital and Health System Leaders*

- American Organization for Nurse Leadership, *Nursing Leadership COVID-19 Survey Key Findings*

- Johnson & Johnson; American Nurses Association; American Organization for Nursing Leadership, *The Impact of COVID-19 on the Nursing Profession in the U.S.: 2020 Quantitative Survey Summary*

- Journal of the American Medical Association, *Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic*

- Johnson & Johnson, American Nurses Association, American Organization of Nursing Leadership, *The Impact of COVID-19 on the Nursing Profession in the U.S.: 2020 Quantitative Survey Summary*

- National Academy of Medicine (NAM), *Stigma Compounds the Consequences of Clinician Burnout During COVID-19: A Call to Action to Break the Culture of Silence*

- New England Journal of Medicine, *Clinician Burnout During a Pandemic: Worsening Before It Gets Better*

- New England Journal of Medicine, *Navigating the Covid-19 Pandemic by Caring for Our Health Care Workforce as They Care for Our Patients*

- New England Journal of Medicine, *Preventing a Parallel Pandemic — A National Strategy to Protect Clinicians' Well-Being*

- New England Journal of Medicine, *Supporting Clinicians during Covid-19 and Beyond- Learning from Past Failures and Envisioning New Strategies*

- Organization of Nurse Leaders, Massachusetts/Rhode Island League for Nursing, *Supporting New Nurse Transition into Practice during the Covid-19 Pandemic: Opportunities for Academic & Practice Nurse Educator Collaboration*

- Press Ganey, *Building Workforce Trust: Lessons from COVID-19*

- Psychology Today, *Pandemic-Related Burnout: What it is and how to mitigate its impact*

- The Schwartz Center for Compassionate Healthcare: *When Healthcare "Heroes" Need Help: Destigmatizing Mental Illness in the Healthcare Workforce*

- Quality and Patient Safety Division, Massachusetts Board of Registration in Medicine, *First Do No Harm Special Edition*

- Wellable, *2021 Employee Wellness Industry Trends Report*

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