Title: Principles of Strategic Workforce Planning: Lessons From the Land of 10,000 Lakes
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Background: Mayo Clinic has faced many challenges associated with hiring over 45,000 providers and allied health in a rural Midwest setting. Challenges are often associated with the rapidly evolving healthcare landscape and chronically inadequate supply of healthcare professionals. This illustrates the need for a fundamental shift to better align workforce planning and identify innovative solutions to traditional workforce challenges. The need for strategic workforce planning isn’t isolated to rural settings; it is reported that the American Hospital Association (AHA) surveyed healthcare leaders to identify key workforce planning issues, top findings included: 1) rural communities are facing challenges in recruiting healthcare professionals, 2) there is an inadequate supply of health care professionals to fill roles, and 3) there is a need for an improved educational pipeline and strengthened partnerships between academic and medical institutions.1

Objectives: The objective of this abstract is to highlight important emerging trends in workforce planning by sharing the compelling results of three Mayo Clinic case studies utilizing the framework by National Institutes of Health: 1) strategic direction, 2) supply analysis, 3) demand analysis, 4) gap analysis, 5) solution implementation, and 6) monitoring progress2.

Case Studies: Cardiac Sonography (CS) employs over 100 cardiac sonographers within Rochester. Cardiac Sonography was struggling to meet its growth projections after experiencing an unprecedentedly high turnover rate in 2018-2019 that ultimately impacted patient access. A thorough gap analysis informed the creation of a comprehensive recruitment and retention strategy; launched to improve employee satisfaction and reduce turnover (tactics included a recruitment campaign, enhanced overtime, salary review, and staff surveys). After implementing the new strategies, within four months, 16 of 16 CS positions were filled with highly diverse candidates. This new hire group was comprised of a higher ratio of external hires, mid to late career staff bringing vast experience and demographically diverse hires. Six months post implementation, staff burn-out improved favorably by four percent. Patient access decreased from wait time of eight weeks to three weeks. By end of year, CS was on target to meet year-to-date projections with a three percent volume increase from prior year and the team reported a surplus of applicants for current openings which was credited to robust recruitment efforts.

Laboratory Medicine (LM) employs over 400 phlebotomists who perform approximately 3.5 million inpatient lab tests and 5 million outpatient lab tests a year. As an entry level profession, the team averages 20% turnover, retaining over 90% of staff internally into other lateral or promotional positions. In 2012, the team was experiencing a labor shortage and identified a need for a partnership with an academic institution. As a result, an innovative partnership with the Mayo Clinic School of Health Sciences was created to meet training demand for entry level phlebotomists. For many years, this new program could generate at most five cohorts of 12 students per year with 93% of students obtaining a job within 6 months. In 2019, the hospital phlebotomist team experienced unusually high turnover and the rate of phlebotomist training production was not sufficient to match staffing needs. This resulted in notable delays in non-emergent lab draws. LM was able to bring the academic and medical sides together to coordinate more effectively and created a scheme where new phlebotomist staff were trained at twice the rate. Doing so enabled them to return to full staffing and baseline turnaround times within a six month period of identifying the issue.

Community Hospital Medicine (CHM) experienced chronic staffing shortages and difficulty recruiting in rural Southeast Minnesota (SEMN) communities, relying heavily on supplemental and temporary staffing to fill hospitalist shifts. Mayo Clinic SEMN region staffs five hospitals with close to 10,000 admissions per year; the bulk of which are staffed with CHM’s approximately 25 provider FTEs. While integrated hospital medicine practices had successfully been deployed at each site, there was limited utilization of NP/PAs providers. After research externally and experience demonstrated great success in recruiting NP/PAs to rural communities, the decision was reached to increase NP/PA utilization by over three-fold. Staffing challenges for CHM were resolved by exploring the division of labor among team members and changing team composition based on allowing members to practice at the top of their defined scope. In less than six months, with its new model, CHM has been able to recruit seven new NP/PAs to rural communities in a specialty where recruitment timelines can extend more than a year. It is also projected that this model will represent a 15% reduction in provider staffing expenses.

Key Lessons:

• Workforce planning processes and staffing models need to be dynamic and iterative in nature.
• Relationships are pivotal to forge partnerships with internal or external academic centers to mitigate a labor/skills gap and proactively build a talent pipeline. Engaging all appropriate stakeholders increases the likelihood of success. Change can only happen at the speed of trust.
• Workforce planning tactics may differ based on the level of the healthcare professionals. Optimization and redesign efforts may be more effective for advanced staff, whereas educational pipelining and recruitment/retention tactics may be effective for technicians.
• Education and training will be critical to the successful development of the workforce of the future. Healthcare needs to develop agile lifelong learners who are ready to keep pace with changes in technology over their careers and prepared to work in ground-breaking care delivery models.
• During staffing shortages, identify root causes of dissatisfaction and focus on enhanced recruitment tactics and employee engagement initiatives.
• Be proactive and intentional about designing a staffing model to fill critical in-demand positions. The model should be designed to annually assess growth, turnover, retirement projections and proactively project talent demand and supply issues.

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