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 65,000 providers and allied health team members with the majority 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:
  - Rural communities are facing challenges in recruiting healthcare professionals
  - There is an inadequate supply of health care professionals to fill roles
  - There is a need for an improved educational pipeline and strengthened partnerships between academic and medical institutions

Objectives

- The objective of this poster 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:
  - Strategic direction
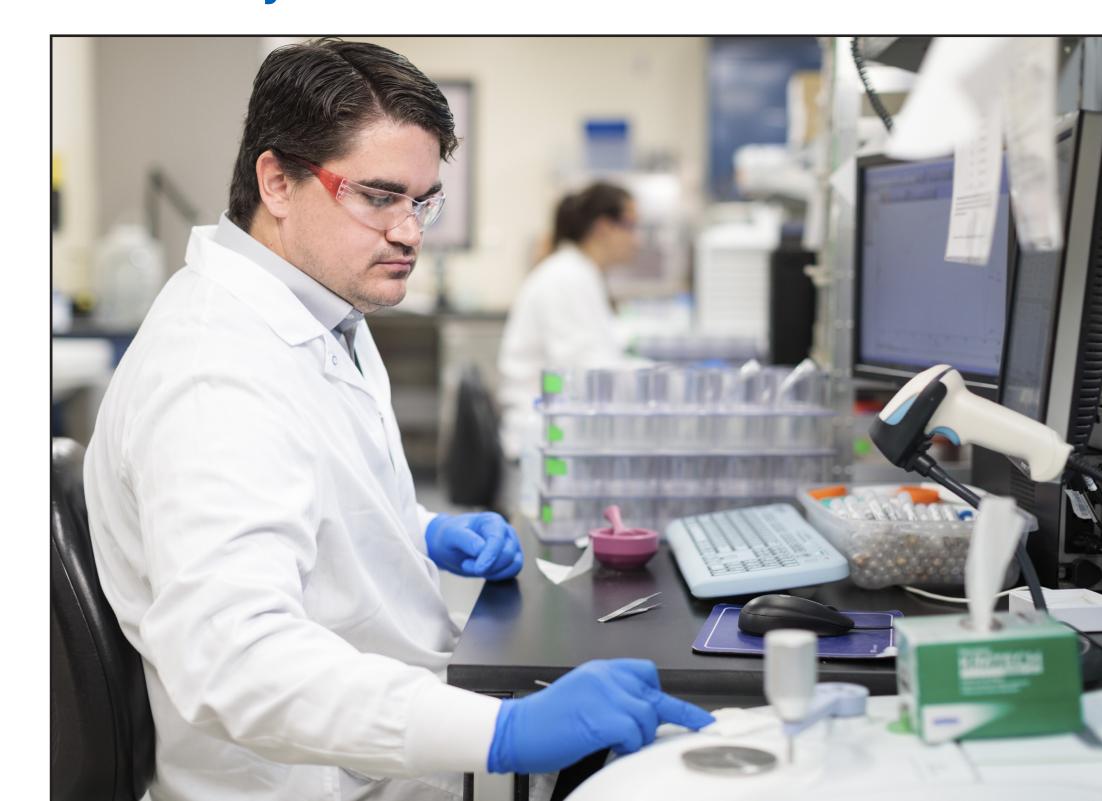 - Supply analysis
  - Demand analysis
  - Gap analysis
  - Solution implementation
  - Monitoring progress

ANALYZE YOUR TALENT SUPPLY

CONSIDER YOUR FUTURE NEEDS

IDENTIFY THE GAPS

FIND THE SOLUTION

Case Studies

Laboratory Medicine

- Employs over 400 phlebotomists
- Perform approximately 3.5 million inpatient lab tests and 5 million outpatient lab tests a year
- Entry level profession, averages 20% turnover, retaining over 90% of staff internally into other lateral or promotional positions
- In 2012, formed a unique partnership with Mayo Clinic School of Health Sciences to meet training demand for entry level phlebotomists
- In 2019, the inpatient team experienced high turnover and the rate of training was not sufficient to meet demand, resulting in delays of non-emergent lab draws
  - Laboratory Medicine was able to bring together the academic and medical sides to coordinate and created a scheme where new phlebotomists were trained at twice the rate
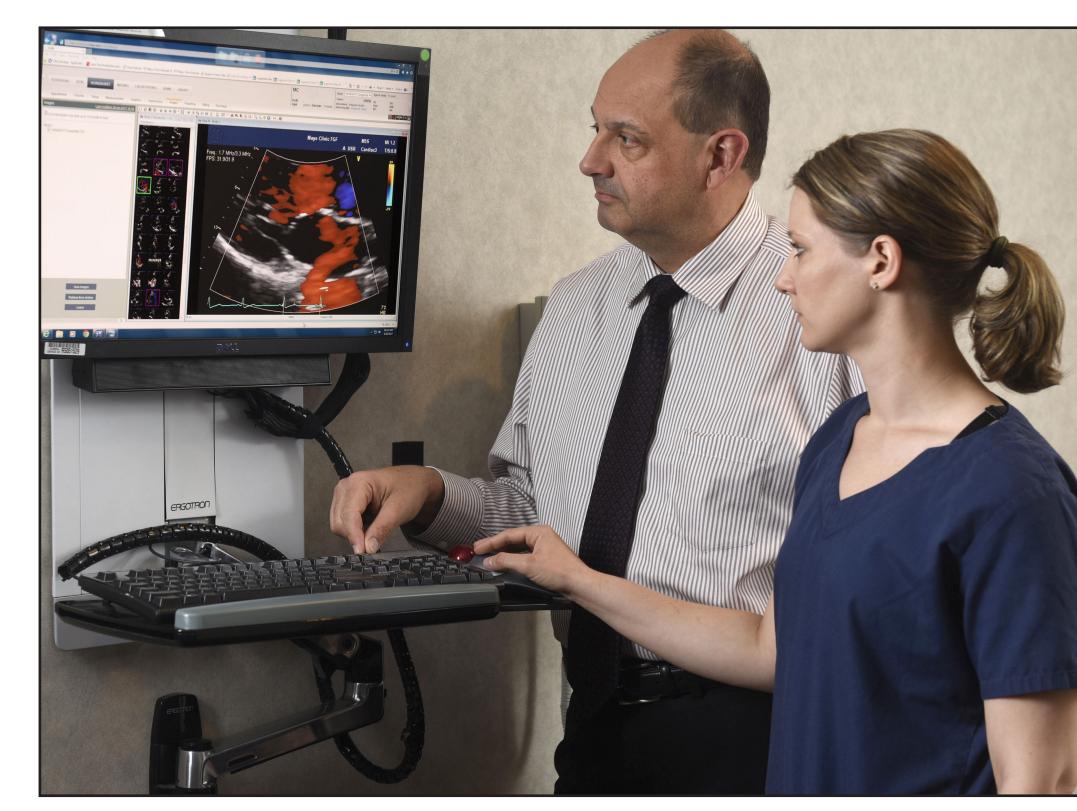- As a result, teams retuned to full staffing and baseline turnaround times within a 6 month period of identifying the issue

Community Hospital Internal Medicine

- Mayo Clinic SEMN staffs five hospitals with close to 10,000 admissions per year; staffed with approximately 25 provider FTEs, chronic staffing shortages and difficulty recruiting supplemental and temporary staffing filled hospitalist shifts
- Integrated hospital internal medicine practices had successfully been deployed at each site, limited utilization of NP/PA providers existed
- Research externally demonstrated great success in recruiting NP/PAs to rural communities, decision to increase NP/PA's utilization by over three-fold
- Staffing challenges for Community Hospital Internal Medicine were resolved by exploring division of labor among team members and changing team composition, allowing members to practice at the top of their defined scope
- In less than six months, Community Hospital Internal Medicine recruited 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

Cardiac Sonography

- Employs over 100 cardiac sonographers at Rochester campus
- Cardiac Sonography was struggling to meet growth projections after an unprecedentedly high turnover rate in 2018-2019 creating negative impact on patient access
- Gap analysis informed creation of a comprehensive recruitment and retention strategy; initiatives launched to improve employee satisfaction and reduce turnover (tactics included a recruitment campaign, enhanced overtime, salary review, and staff surveys)
- Post Implementation of new strategies, within four months, 16 of 16 Cardiac Sonography positions were filled with highly diverse candidates
- 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, Cardiac Sonography 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

Key Lessons

Right Time

Right Place

Right Cost

WORKFORCE PLANNING

Right Skills

Right People

- 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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