EXECUTIVE INSIGHTS

RESILIENCY + RECOVERY

STRATEGIES FOR EFFECTIVE CONTINGENT NURSE WORKFORCE MANAGEMENT

Building a healthier teamwork environment

American Hospital Association™

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Strategies for effective contingent nurse workforce management

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The contingent nurse workforce has been a part of care teams in hospitals for decades. They share the same credentials, experiences and goals of delivering the best care possible to the patients and communities hospitals serve. At the same time, the time-limited nature of their work means that nursing and hospital leaders work through unique considerations in ensuring successful collaboration and integration of contingent staff with employed staff. The hospital RN vacancy rate remains elevated and currently stands at 15.7% according to the 2023 NSI National Health Care Retention & RN Staffing Report. The ongoing clinician shortage means that hospital and health system leaders will leverage both permanent and temporary nurses to improve access to care, patient safety and care quality. This executive dialogue explores how hospital leaders are changing the culture of how contingent nurse staff are received and integrated into teams in a supportive environment to ensure the continuity of high-quality patient care and the efficient and effective delivery of service to their communities.

7 success strategies for contingent nurse workforce planning and integration

1. **Utilize agency staffing to avoid burning out current staff,** provide needed relief and support, and accommodate work-life balance. Fill and augment specialized care gaps with contingent staff.
2. **Pinpoint where contingent staff labor expense and expertise can be utilized** to enhance capacity and access to care and patient safety and quality.
3. **Communicate to staff and leadership** how contingent workforce supports workforce planning needs.
4. **Create a culture of inclusion** for contingent nurses with a warm welcome and introduction to the team, onboarding and orientation to the culture and expectations, and assign a go-to point person.
5. **Figure out the skills and strengths of your agency nurses** so that they can bring those skills and strengths to their work unit.
6. **Use a systems approach** and consider a mix of external contingent nurses and an internal program of travel nurses throughout the health system.
7. **Assess your available permanent workforce,** the workload that they're able to do, and then engage staffing agencies to help figure out a proactive, sustainable, contingent nurse workforce plan and budget.

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MODERATOR *(Robyn Begley, American Hospital Association and American Organization for Nursing Leadership):* **What role do travel nurses play in addressing nursing shortages in different regions and what gaps are they addressing to improve patient access and outcomes?**

AL CAMPBELL *(Beth Israel Lahey Health Winchester Hospital):* There are more than 3 million registered nurses in the United States and of those 30% have registered to pursue travel nursing over the past few years. Although they are more costly than permanent nurses in the health care setting, one thing we can do is leverage their knowledge, expertise and some of the best practices from across the nation while having them in our organizations. If we integrate them, their skills and experience can be used in our preceptorship programs for more novice and new nurses as well as augment some of the services that we have in specialty areas.

SUSIE KRUG *(Saint Luke's Health System):* We are a 16-hospital system with more than 1,500 beds. In our region, we've had a fair amount of recovery in the specialty area. Our largest shortage is on the night shift with the medical-surgical intermediate status patients. We have contingent nurses throughout the system. Surgery, as predicted with retirements, is an area where we have bridged the gap with contingent workers. With the largest portion of the nursing pipeline coming from new grads, their experience helps in a number of areas.

When we consider the financial health of institutions, enhanced capacity is key. Pinpointing exactly where contingent staff labor expense and expertise should be used is a better financial strategy than saying, 'No, we're not going to use contingent staff.' Expense wise, it's more costly to close your bed, not to mention that patients wouldn't have access to care. That's our strategy and where we continue to focus our efforts on managing capacity with the use of the contingent workforce.

PAT PATTON *(Providence Swedish Medical Center–First Hill Campus):* It's really around access, because I could close beds as a chief nurse officer, but will that benefit our community? No. Will it do our nurses any good? No, because when they see beds closed, they don't think staffing, they think something else is going on and that possibly the organization is in trouble. We know we're always going to need agency nurses. We know that our vacancy factor is a certain percentage, and we're always going to have a vacancy in one area or another.

More babies are born at Swedish First Hill than at any other hospital in the state, approximately 3,800 births a year. We have awesome maternal fetal medicine specialists, and we want to be the go-to place in the Seattle area for moms to deliver their babies. To do that, I have to staff up and have enough labor and delivery nurses, postpartum nurses and neonatal ICU nurses. When contingent staff come in, we make sure that they're seen as part of the staff and not as contingent labor. Our nurses are working side by side, and it's another nurse who has joined your team, not an agency nurse who is working this shift in that space.

LEEANN KAMINSKY *(WVU Medicine):* The West Virginia University Health System has 25 hospitals across the state and in Pennsylvania, Maryland and Ohio. We have a hub-and-spoke model with an 800-bed academic medical center in Morgantown and other community hospitals, and critical access hospitals throughout West Virginia feed into that academic medical center for higher levels of care. Prior to the pandemic, we essentially had no contracted contingent workers. You had to get the highest level of approval to get an agency nurse. Right now, we have external contingent nurses across the system.

We also have an internal program of travel nurses that we implemented in 2019 which helps support our health system. We've been successful in retaining staff who thought about leaving to travel, and we've also been able to bring some nurses back

who had previously left to travel. We've been successful in decreasing our rates over the last year, working closely with our managed service programs. We've needed to maintain this contingency of agency workers just to keep beds open, because if we didn't, we wouldn't be able to provide access to care to individuals who really needed it, especially at our academic medical center.

MODERATOR: When we think about larger organizations, a systems-based approach is complicated but helpful in providing access to the sickest patients who need the beds in the academic medical center.

MICHELLE RAINEY *(Pikeville Medical Center):* We are a 348-bed, Level II trauma center. We serve patients from many counties in Eastern Kentucky, West Virginia, Virginia and most of these people are high-acuity patients. We take anything except for transplants and burns that go to the closest university setting — either the University of Kentucky or the University of Louisville. When I became chief nursing officer in 2017, I came up with a model for contingency staffing because we had several nursing vacancies. Up to that point, we rarely used contingency staffing.

"Pinpointing exactly where contingent staff labor expense and expertise should be used is a better financial strategy than saying, 'No, we're not going to use contingent staff.'"

— Suzie Krug —
St. Luke's Health System

As an organization, if you don't utilize agency staffing, you are going to burn out your current staff. For our new generation of nurses, the focus is all about work-life balance and we have to accommodate that.

ROBIN GEIGER *(Ingenovis Health):* The consensus is that there is still and always will be a need for workforce planning and some use of contingent staff and workers. I'm looking forward to the discussion on how we acclimate them and bring them in while providing more inclusivity. We talked about how you're using them for geographic locations and rural areas, and then someone also mentioned utilizing them on off shifts. There are definitely specialized care gaps that we can fill with these nurses.

MODERATOR: What are the misconceptions and challenges faced by travel nurses and how can the organization and we as leaders change those misperceptions? What are your staff saying about contingent workers, agency nurses or travel nurses who work with them?

RAINEY: You have to create a culture of inclusion. One thing that I changed is that when we onboarded a contingent nurse, they were given a different badge so that everyone knew you were an agency nurse. Our contingent nurses wear normal badges.

This was hard and we explained it was really about supporting them and preventing two impossible scenarios —'Either you work 8 days a week, which is not possible, or we close beds, which also is not possible because we have to service our community.'

We went live with a new electronic health record (EHR) in the middle of the pandemic, and it benefited our staff to see how the agency nurses who came in had a lot of EHR experience. They brought tips and worksheets and said, 'Oh, let me show you how you can do this. This is so much easier. Let me show you these workflow processes.' That was a huge win for our organization, our staff and the agency staff as well.

KATHY SANFORD *(CommonSpirit Health):* We have 144 hospitals in 23 states and 65,000 nurses. We use contingency labor, both travelers and local agencies. There are places other than the hospital where travelers work and that will probably be a growth area as more services move outside the hospital.

I see three misconceptions: The first is the finances. During crisis staffing situations, hospitals paid higher than normal rates for travelers. There is a difference between temporary crisis pay and ongoing costs of care.

The second misconception is that technologically competent nurses will also be familiar with our culture. That may not be the case, and so we need to be ready to support them. For example, some internationally-trained nurses may have worked in environments where they never question physicians. But in a high-reliability organizational culture like ours, we expect that nurses will speak up if there's a quality or safety concern.

The third misconception is that travel nurses are never quite as good or can't take as difficult of an assignment as the nurses on-site. That is not what we see. I've heard positive feedback about many of our travelers from our medical staff.

WINNIE ADAMS *(Astria Sunnyside Hospital):* We're a 25-bed critical access hospital. In general, we used travel nurses to fill in for our staff when they were on long maternity leaves or unpaid leave in accordance with the Family and Medical Leave Act of 1993. Then it changed when the COVID-19 pandemic hit; travel nurses were working side by side with our nurses and became contingent staff.

One of the biggest hurdles was changing the mindset of administration and hospital staff to understand that travel nurses were now part of our staff, and not just nurses who would come, fill a gap and then leave. The cost of contingent staffing was a big misconception as well in talking with the staff, but once we provided additional staffing to our permanent staff, they were appreciative of the support and help. We were able to keep our beds open and serve our community.

MODERATOR: To your point, Winnie, as far as contingent staff being part of your staff, when I was chief nursing officer in the vacation destination of Atlantic City, New Jersey, every summer we experienced an influx of visitors to our area and patients to our hospitals. Contingent nurses were welcome because they were part of us and they helped our staff be able to take needed time off.

Any additional thoughts on how your organizations can do a better job of supporting and integrating travel nurses into their teams?

CAMPBELL: It starts before travelers even arrive within our organization. How do we show a warm welcome? That could be done via video calls or video chat, and having team members and then nurse leaders help the team become acclimated to the new nurses, letting them know their names, their experience, and welcoming them to the team as part of our organization and not just a traveler. Providing a warm welcome helps them to integrate into the organization, become familiar with our norms and connect socially .

"When contingent staff come in, we make sure that they're seen as part of the staff and not as contingent labor. Our nurses are working side by side, and it's another nurse who has joined your team, not an agency nurse who is working this shift in that space."

— Pat Patton —
Providence Swedish Medical Center–First Hill Campus

MODERATOR: It's important to recognize your contingent staff as people who are there to help, and providing a warm welcome and having some friendly conversation go a long way.

SHELLEY WILSON (*Henry Community Health):* We are a small rural community hospital system with 90 beds. One thing we learned early on is aligning agency staff onboarding with that of our staff. On Day 1, we started bringing them into our onboard-

ing and orientation, what we call our core, which focused on our culture, our expectations of our employees and an overview of our health system. They had an opportunity to meet the administrative team and different staff members. We found that this made a difference and they were appreciative.

During the summer, we celebrated Nurses' Week and Hospital Week; we not only gave each staff member a gift but all agency staff members received a gift as well. Whatever we do for our team, we include agency staff because we consider them part of our team.

MODERATOR: That's a great example. With Nurses' Week, it's important to include everyone.

ADAMS: During Hospital Week and Nurses' Week, we provided jackets to our nurses with their first name and RN. We provided the jackets to the travel nurses as well to show our appreciation. We also tap into their knowledge from their travel experiences, which has helped to integrate them into our organization. We've learned a lot and we've changed some practices based on their feedback.

MODERATOR: Robin, from an industry perspective, is there anything that we haven't mentioned?

GEIGER: It sounds as though you're being inclusive with the travel nurses. There's a huge mental health component for these nurses: Each one is an individual, each has basic needs, and you're being intentional in meeting those needs when you include them. As part of its clinician-first movement, Ingenovis Health launched the ACT program (Advocacy, Career, Tools) to support clinicians with the tools and resources they need to foster their development and well-being.

One of the misconceptions I've heard is that contingent staff don't need any help because they're already experienced when they come in. A supportive work environment is important for everyone regardless of their skillsets. When you're in a new space, you definitely need support. Make sure that travel nurses have a point person or someone to whom they can go with questions. You could even utilize them as go-to people for other travel nurses. If we want cohesive groups, we must include them, even in the small things.

MODERATOR: To achieve goals, some of your organizations are assessing your available permanent workforce, the workload that they're able to do, and then figuring out a proactive, sustainable, contingent nurse workforce plan and budget. Any thoughts on the 'mix' of staff that you plan for to make your patient care seamless and sustainable?

"As an organization, if you don't utilize agency staffing, you are going to burn out your current staff. For our new generation of nurses, the focus is all about work-life balance and we have to accommodate that."

— Michelle Rainey —
Pikeville Medical Center

SANFORD: I remember Leland Kaiser telling us years ago that in the future, physicians would become employees and more and more nurses would become independent practitioners, and we all laughed. Look what happened. I think that trend will continue in the future for at least some nurses. We need to continue to budget for it, look at our trends, figure out what we need each year, and plan our strategies accordingly.

As a system, we've started our own travel agency, but we know that the agency won't meet 100% of our needs because there are variations. The reason we have our own agency is because of variations in census and availability of staff during any year. Our agency benefits both the company and the individual nurses. When CommonSpirit Health nurses say that they want to travel, we say, 'Look, you can have that with us, too, and not lose your seniority. If that's what you want to do, you can make that

choice and you can do it at different times in your career, when it fits with your life.' Because internal agency travelers are part of our nursing enterprise, there is less resentment from other staff about the differential in pay. That's because any of our nurses have the opportunity to travel as part of our agency.

KRUG: By examining your trends, you could work and negotiate with your agency. For instance, if we have an external contracted agency service, what does that look like for a shorter vs. longer term strategy in certain pockets? It's transforming the way we view contingent workers and the workflow.

When setting up staffing and work streams differently, make sure the messaging to your employed staff is understood across a multigenerational workforce. Ours is a workforce of five generations and ensuring a mutual understanding of our overall goal is key. The workforce strategy has to change.

"I remember Leland Kaiser telling us years ago that in the future, physicians would become employees and more and more nurses would become independent practitioners, and we all laughed. Look what happened."

— Kathy Sanford—
CommonSpirit Health

GEIGER: At Ingenovis, we have teams who can help with workforce planning, and sometimes that's key, especially if you're new to using contingent workers or if you're taking over for someone who didn't have an effective strategic plan. It's not just short-term placement. Sometimes there are permanent placements that occur. Think of workforce agencies or contingent staffing agencies not only as a short-term solution, but also as partners that can work collaboratively to help you create your own internal systems.

MODERATOR: You can have transactional involvement with staffing agencies, but in my experience, partnering for a longer-term was the better way to go, plus it was a win-win for both organizations. We're seeing lots of turnover in the CNO and nurse leader ranks, and one of the skills or competencies of a new nurse executive might not be contingent labor planning. It's important to know that you can reach out to partners in industry as well as peers.

Share the top best practices from your organization about how to integrate contingent labor effectively.

RAINEY: Onboarding contingent staff as well as their orientation period are essential. Then assign them to a mentor or a buddy when they're on the floor, so they have support.

ANN MARIE CLEVENGER *(Memorial Hospital of Sweetwater County):* We are a small rural, 99-bed, licensed acute care facility. There's no other acute care hospital in our region of the state for a hundred miles. We've found that by onboarding travel nurses, integrating them into the culture and figuring out their skills and strengths, they can bring those skills and strengths to their work unit. It becomes successful not only for our facility but for the travel nurses as well. We all learn from each other.

Then, we provide an opportunity to participate in the resources our facility has. As an example, we're affiliated with the University of Utah, which offers access to a multitude of free educational resources. Several of our contingent staff have gone from a travel nurse to a temp, which gives us cost savings, and then we've seen quite a few transition into permanent, full-time employees.

CAMPBELL: I'm in a highly competitive market here in New England and the Boston area with many well-known institutions. We're able to get the travel nurses in, but then how do we help them to feel part of the organization, retain them and recruit them while they're here? Many of our nurses continue and extend their contracts. But we're also courting

them and they're courting us during that period as well. We talk about the benefits that we offer, how we could utilize them as part of our staff, and that they could take advantage of the benefits of our health system as well.

MODERATOR: No one has mentioned shared or professional governance. Has any organization included the voice of the contingent worker or the travel nurse in its shared or professional governance structure?

SANFORD: We're putting in new models of nursing that include virtually integrated care done by virtual and unit nurses as partners. Shared unit governance is required as we implement team care and new roles across the system. We include the entire staff, including the travel nurses, when we put these new models in place.

"At Ingenovis, we have teams who can help with workforce planning, and sometimes that's key, especially if you're new to using contingent workers or if you're taking over for someone who didn't have an effective strategic plan."

— Robin Geiger, Ingenovis Health —

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