TOP TAKEAWAYS: THE FUTURE OF WORKFORCE

A ROUNDTABLE FOR THOUGHT LEADERS

AHA Workforce and AHA's American Society for Health Care Human Resources Administration *(ASHHRA)* convened HR leaders from across the country to discuss top workforce challenges, shifts in needs and how the field is adapting recruitment and retention practices to anticipate changes in health care delivery. Below are takeaways from the discussion.

People are the heart of health care.

We forget that people get into health care because they want to make a difference. We need to better position health care careers as not only the chance to make a difference but the opportunity to improve communities and how health care works. There is such tremendous transformation and that change is not ending soon. We need to partner with schools to communicate the excitement and opportunity these challenges present.

Practical help as entry level recruitment and retention strategy.

Hospitals and health systems are reframing entry level positions as the start of a longer-term career lattice that helps individuals balance work, life and family commitments. In some areas, this is becoming a community commitment such as the *THRIVE program* in Buffalo, NY. Often, the 9-5 nature of entry level jobs can be difficult for those looking to finish school and care for a family. Some organizations are creating *apprentice-style programs* that pay employees to finish their education and begin a career pathway. Such commitment from employers results in increased loyalty from program individuals helping them navigate career paths through different clinical disciplines and helping them with additional certifications along the way. It translates to a more engaged, happier workforce excited by the potential for a longer-term career.

Health policy and practice should allow creative thinking.

Looking at the challenges the health care field faces today, we have more than 100,000 military veterans with skills that translate into open positions, but the licensure structure doesn't always facilitate those hires. We have great leaders ready right now to step in and fill current staffing holes. As we consider the future of health care which will focus on health while serving an aging, sicker population, hospitals and health systems will continue going into the community to foster wellness. Social determinants – where people live, work and play – is changing how we work. With that difference, we need to rethink what workforce can best be deployed to tackle the new way of looking at care (both proactive and reactive). We need to ask ourselves how will that work further change what we do? Labor makes up 60% of most health care budgets. Health IT and business intelligence will continue to grow. So will the need to address social determinants of care. How can we build both into our budgets?

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Common nomenclature would help with the workforce pipeline.

The same job is often called multiple titles across different organizations or defined so rigidly that we miss opportunities to connect with people who are great fits. We should focus on competencies versus titles, and revisit what core skills are needed for common positions such as patient care technicians and others. This would allow us to better align definitions with current workforce practice. Strategically, such common nomenclature could also translate for community colleges, universities and high school curricula to help broaden the shrinking pipeline for health care training. A focus on competencies could also ensure states allow people to practice at the top of their license.

In addition to the pipeline benefits, such standardization would assist with data collection and field-wide analysis. Currently, collecting information to create helpful analytics is challenging due to the extreme variance among positions within the health care workforce.

Empower existing teams to adapt for change in health care delivery.

Virtual visits will soon become the norm, surgeries will keep shifting to outpatient settings and mental health will become necessary part of routine care. These changes don't really require a different skill set, just a shift in mindset and we need to translate that for our teams. To help teams become more comfortable with a telehealth model, some organizations are adopting them as part of their employee benefits while others are creating internal virtual health certification programs. Internally, this builds an understanding of telehealth convenience, and the simple certification addresses concerns from clinicians that they have not been trained to address the specifics that come with the medium (namely technology). More urgently, we need to be talking with schools and community colleges to have future generations of health care workers understand how practice is changing so they graduate excited for the possibilities and come through the door prepared for things to be different.

Leadership is everything.

You can make or break someone's employment if reviews are done badly, and too often we promote people without training new leaders on how to give good feedback, demonstrate respect and communicate with transparency. Increasingly, positive cultures incorporate senior leader rounding, formalized inclusiveness training, and even so-called small things such as regular thank you eCards from executives. These practices drastically improve employee engagement because leadership is clear about what counts and supports the entire organization in achieving those goals.

For more on the future of workforce, visit ASHHRA.org, the primary site for health care HR leaders to access timely and critical content including professional certification, and aha.org/workforce, a new site connecting health care leaders to the most popular workforce resources from across the full family of AHA services and products.