



Weekly Advisory: June 17, 2020

Bolstering clinical resilience amid a potential Covid resurgence

Presented by
Health Care Advisory Board

Today's Research Experts



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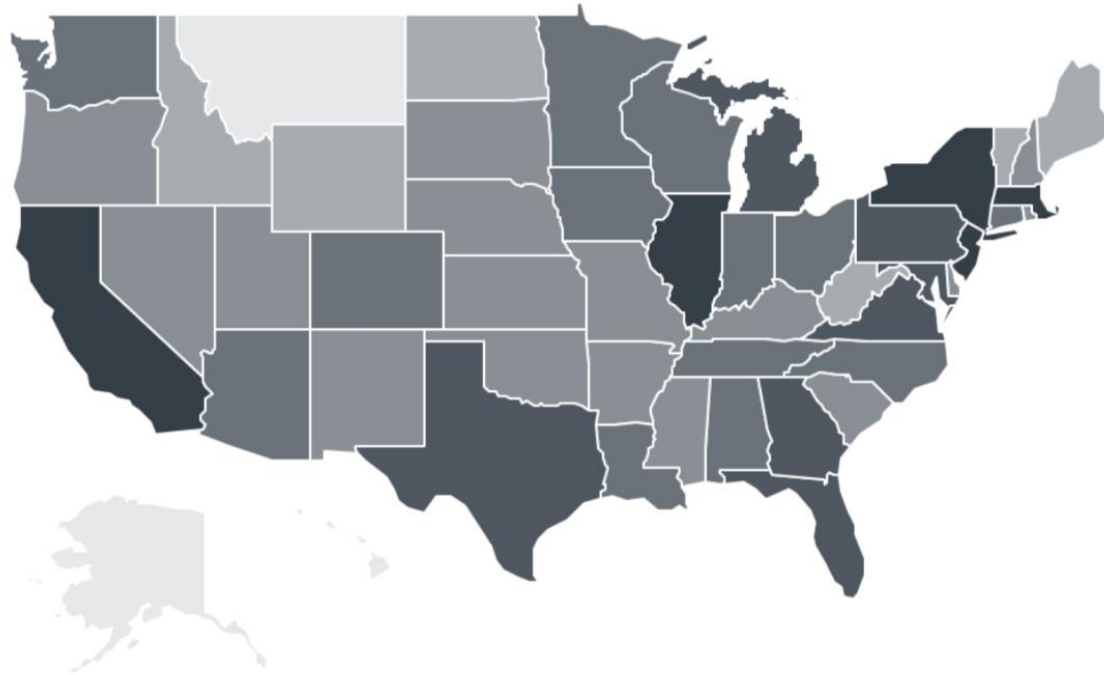


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Coronavirus cases in the United States

Current as of June 16, 2020



Current COVID-19 cases

At least 2,124,000 cases

388,719 cases in New York

At least 116,210 deaths

Original estimates of possible effects

96 million cases

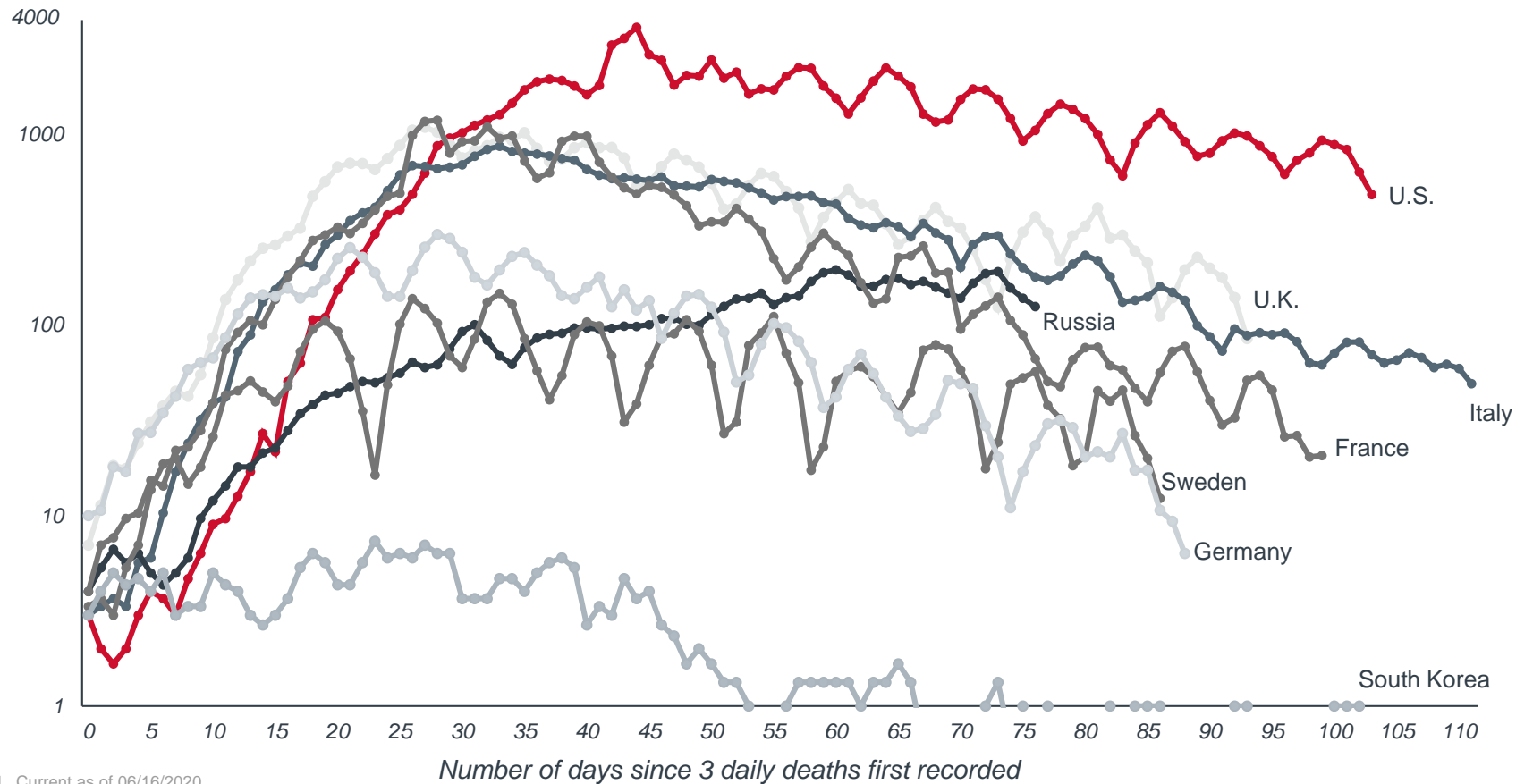
4.8 million hospitalizations

480,000 deaths

Source: "Coronavirus Disease 2019 (COVID-19) in the US," CDC, March 11, 2020. "One slide in a leaked presentation for US hospitals reveals that they're preparing for millions of hospitalizations as the outbreak unfolds," Business Insider, February 27th, 2020.

Worldwide daily death tolls steadily trending down

Daily coronavirus deaths (rolling 3-day average), by number of days since 3 daily deaths first recorded¹



Country	Total deaths per million
U.K.	626
Italy	569
Sweden	478
France	439
U.S.	355
Germany	106
Russia	49
South Korea	5

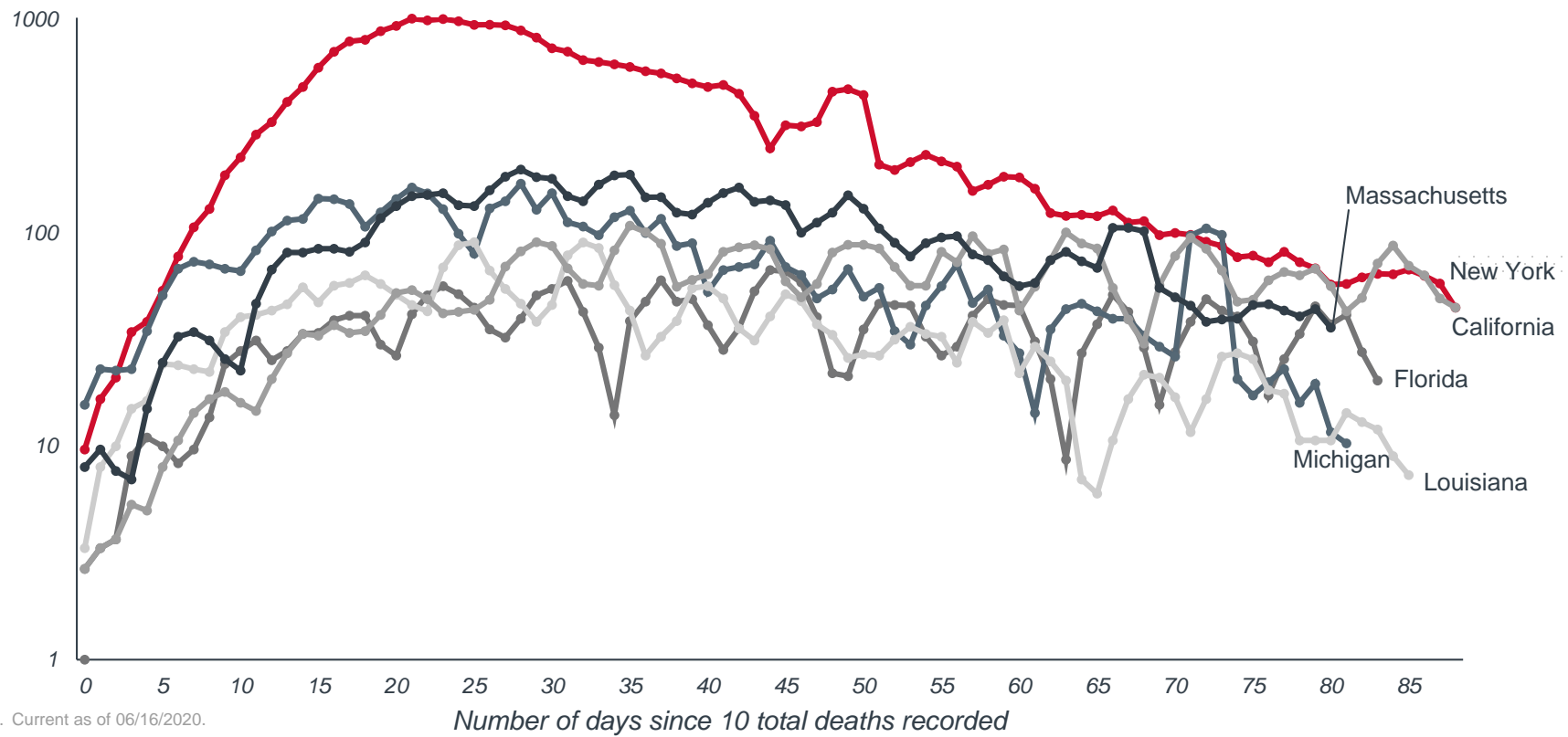
1. Current as of 06/16/2020.

Source: Roser M et al., "Coronavirus Disease (COVID-19) – Statistics and Research," Our World in Data, 2020.

The bumpy decline in domestic death rates continues

Economic reopening likely to lead to new increases in Covid cases

Daily coronavirus deaths (rolling 3-day average), by number of days since 10 total deaths first recorded¹

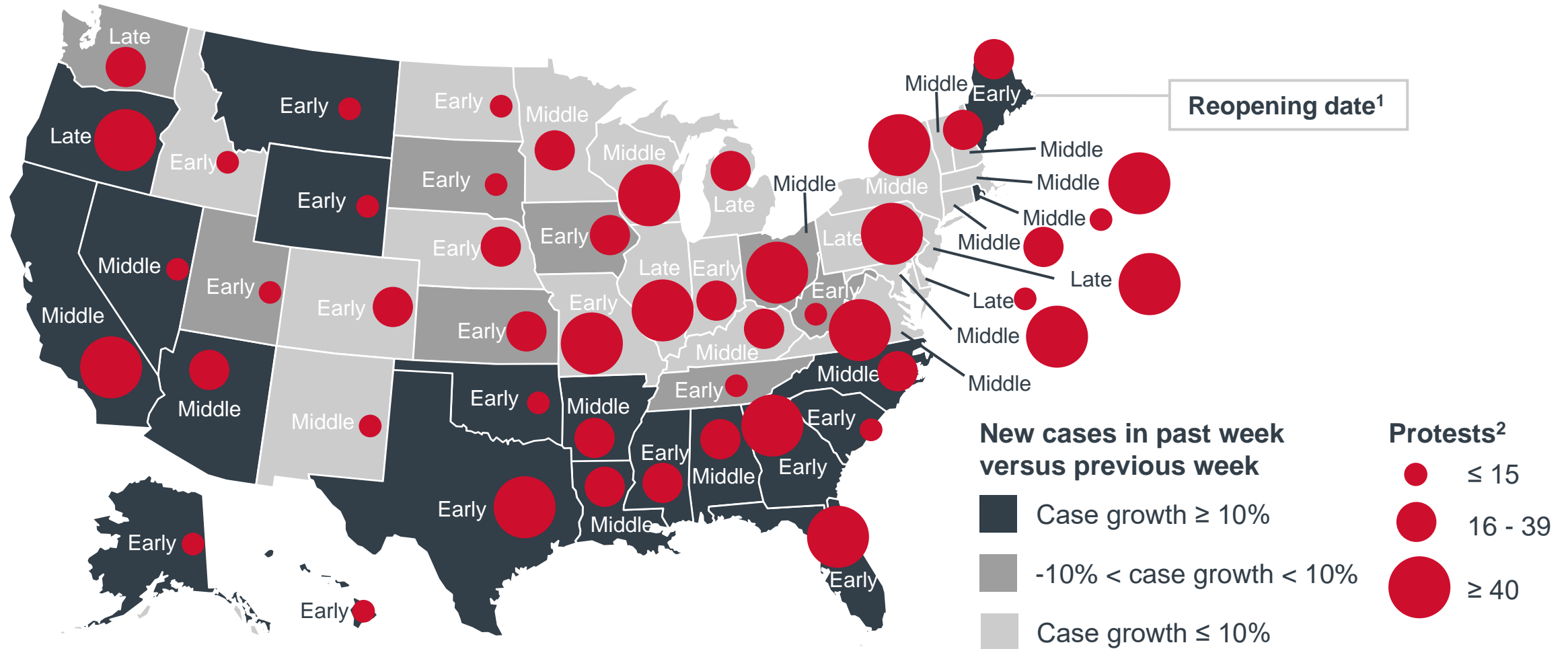


Metro Area	Total deaths per 100,000
Boston	770
Detroit	703
New York City	470
New Orleans	345
Miami	341
Chicago	221
Seattle	112
Los Angeles	78

1. Current as of 06/16/2020.

Source: "We're Sharing Coronavirus Case Data for Every U.S. County," The New York Times, 2020; "Five Ways to Monitor the Coronavirus Outbreak in the U.S.," The New York Times, 2020.

18 states seeing uptick in cases this week



1. "Early" is before May 8, "Middle" is before May 25, and "Late" is after May 25
 2. As of June 12, 2020.

Source: Smith, A. "Tracking protests across the USA in the wake of George Floyd's death," *USA Today*, 2020; George, S. and Regan H. "Here's where coronavirus cases are increasing across the US," *CNN*, 2020; Mervosh S. et al. "See How All 50 States Are Reopening," *The New York Times*, 2020.

Hospitals feeling the burden, but not overwhelmed yet

Officials and experts monitor hospital capacity as states reopen

L.A. County:

Health officials estimate that coronavirus patients will demand more care in the next 2-4 weeks, but there should be sufficient hospital beds and ventilators to meet demand.

Arizona:

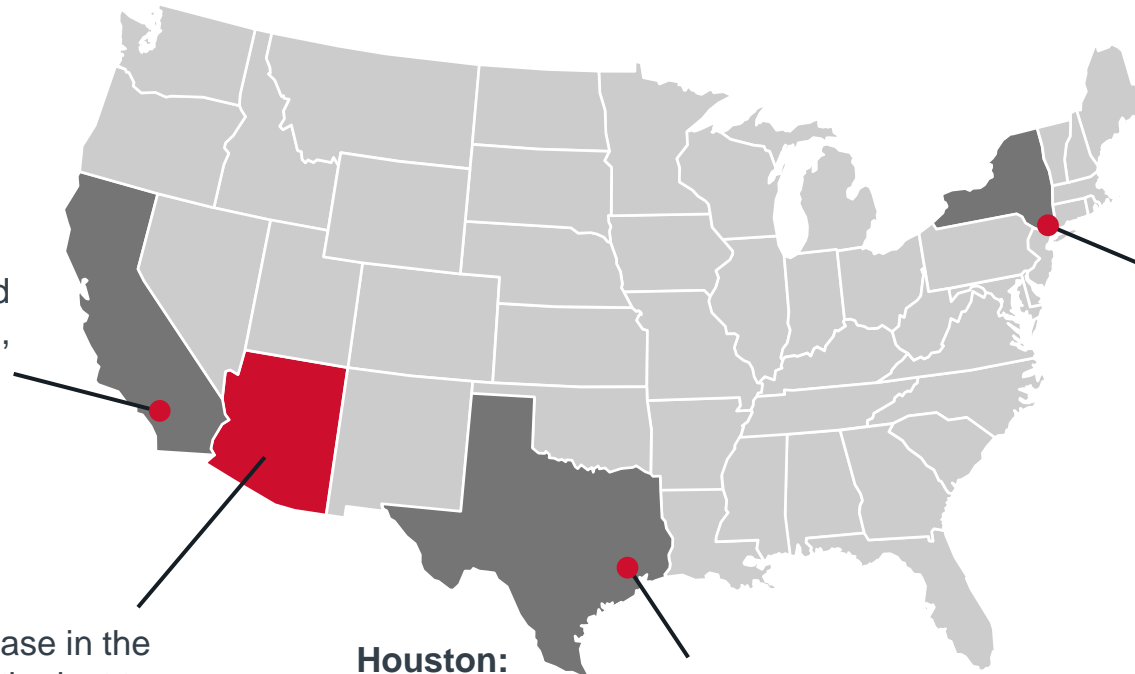
Arizona has seen a steady increase in the number of Covid-19 cases over the last two weeks. "If these trends continue, Banner will soon need to exercise its surge plan to increase ICU capacity," the state's largest health system said in a press release.

Houston:

Gov. Greg Abbott said Tuesday he is confident Texas has enough beds to handle the recent increase in the hospitalization of coronavirus patients. Houston region has 21% of hospital beds available with approximately 5,500 additional beds that can be used in the event of a surge.

New York City:

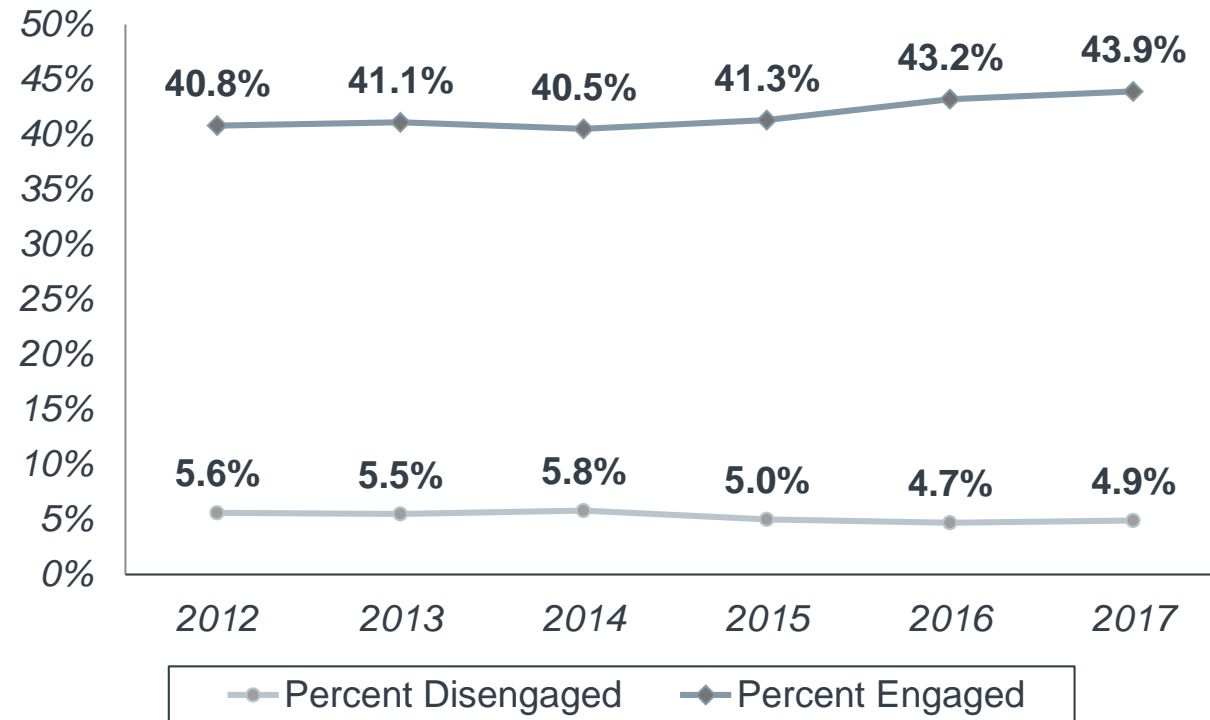
Gov. Cuomo said in a press conference on June 15th, "If we have a high number of violations of the policy which is tantamount to a high likelihood of the spread of the virus...yes there is a very real possibility that we would roll back the reopening in those areas."



Source: Shalby, C. and Lin, R. "Coronavirus transmissions keep rising in L.A. County, bringing new dangers to hospitals," *LA Times*, June 11, 2020; Friore, K. "Banner Health Sounds Alarms on COVID Crisis in Arizona," *Med Page*, June 11, 2020; Karimi, F. "New York could rollback reopening if coronavirus restrictions violated, Gov. Cuomo says," *CNN*, June 15, 2020; Barker, A. "Abbott says Texas has 'abundant' capacity as more coronavirus patients are hospitalized," *Click2Houston*, June 16, 2020.

Healthcare workforce engagement pre-COVID

Trends in engagement and disengagement by year



DATA SPOTLIGHT

Engagement benchmarks

47.8% Clinical staff engagement

37.2% RN engagement

35.4% Employed physician engagement

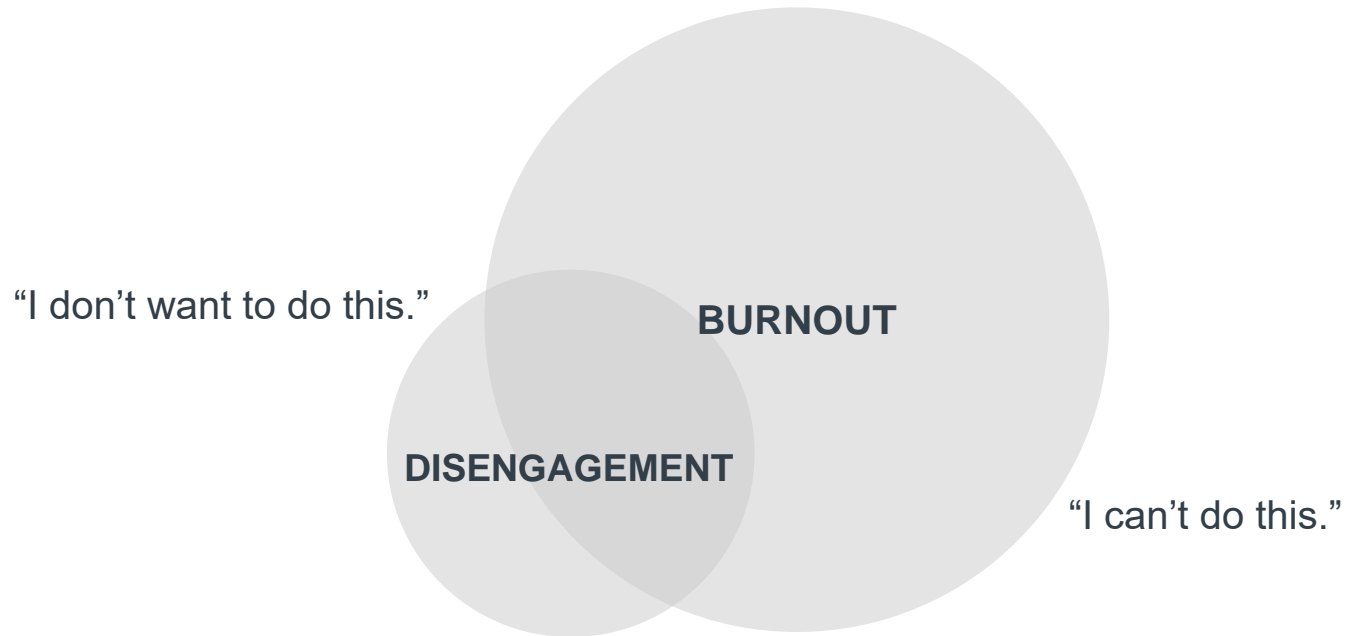
20% Employee engagement out of industry¹

1. Based on a national panel sample of over 2,000 respondents in industries outside of health care from 2015.

Source: Advisory Board Survey Solutions Database, 2018.

The elephant in the room pre-COVID: burnout

The relationship between burnout and disengagement



“

Job burnout is a special type of work-related stress—a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity.”

Mayo Clinic Staff
The Mayo Clinic

Source: “Job burnout: How to spot it and take action,” The Mayo Clinic.

A tale of two workforces across 2020

In the trenches



On frontlines in surge markets



Heightened stress due to high volumes, limited capacity

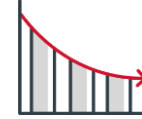


Feelings of distrust stemming from PPE shortages, risk of exposure

Sample impacted roles:

- Critical care providers
- Inpatient nurses

On the sidelines



Seeing lower volumes or lack of work altogether



Financially vulnerable due to furloughs, pay cuts



Feelings of distrust stemming from financial insecurity

Sample impacted roles:

- Unlicensed staff
- Ambulatory clinicians

Asking a lot more of our workforce to move forward

Executive requests embedded in future health system strategy



I need you to....

...trust that
our workplace
is safe.

...be productive
while I'm
making cuts.

...be more flexible
with where, what,
and how you work.

...be comfortable
with ongoing
uncertainty

Five immediate “must do’s” to safeguard staff engagement

01

Ensure staff are safe and feel safe when working

02

Reinvigorate your staff input forums and act on what you can

03

Plan for your worst-case scenarios so you don’t go back on your commitments

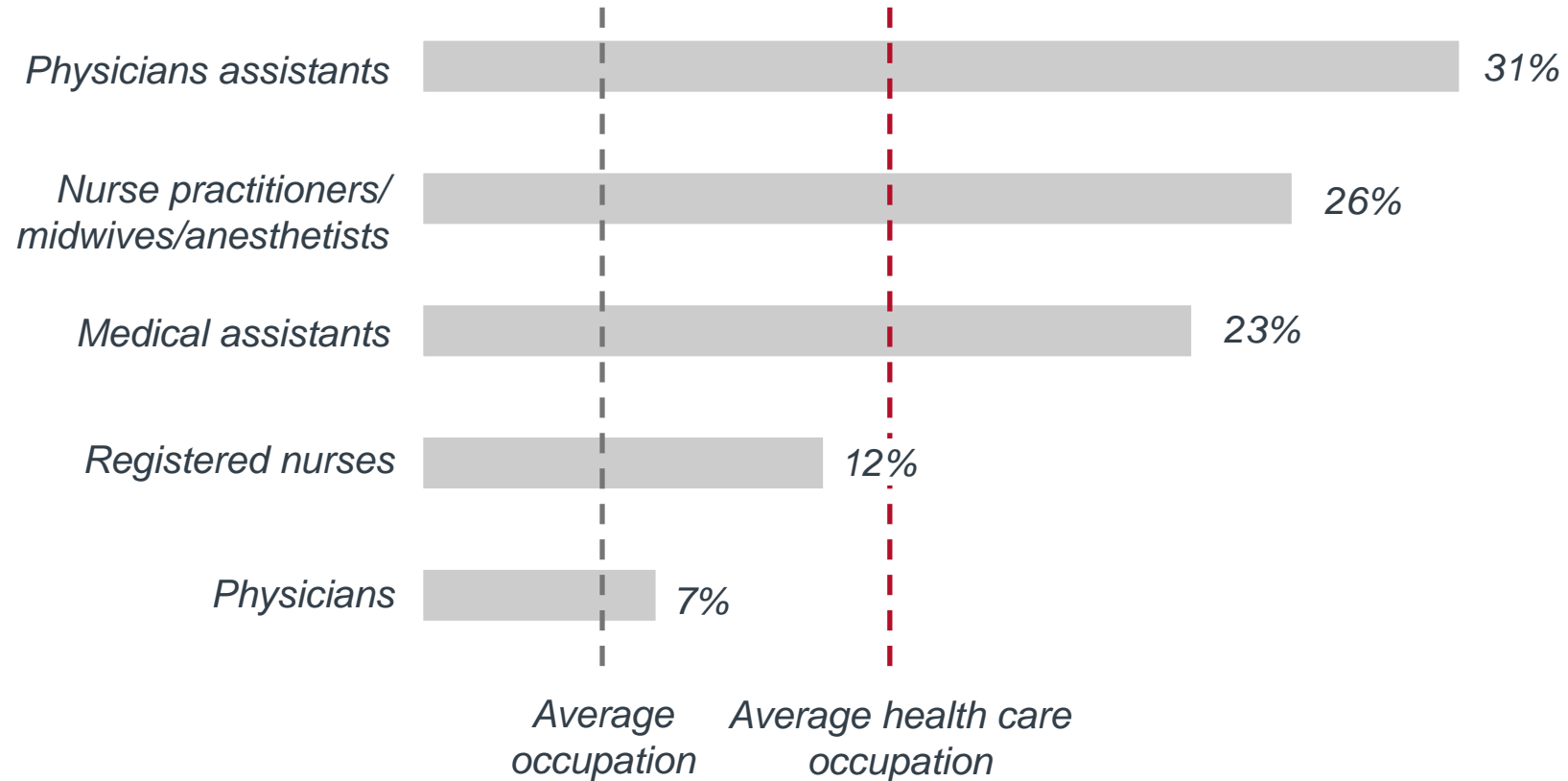
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Don’t sugarcoat the challenge ahead

05

Refuel your leaders to prepare them for the long haul

Projected growth of healthcare jobs from 2018 to 2028



Source: "Occupational Outlook Handbook," U.S. Bureau of Labor Statistics, <https://www.bls.gov/ooh/healthcare/>.

Early take on longer-term workforce implications by role

Segment of the workforce	Emerging trends to watch	Our (far too early) take
Physicians	<ul style="list-style-type: none"> • Financial vulnerability reenergizes physician looking for shelter from the financial storm • Increasing openness to telehealth and team-based care 	Now may be the time to acquire physician talent, but the market will still be competitive; employers need to know what physician talent they need to advance strategy and their budget
Advanced practice providers	<ul style="list-style-type: none"> • Relaxing of practice restrictions • Increasing acceptance of autonomy by patients and physicians 	Preserve APP autonomy as much as possible and hire where possible to meet patient demand and fill in physician shortage gaps
Nursing	<ul style="list-style-type: none"> • New grads pushed into practice early • Experienced nurses may delay retirement due to financial pressure 	Temporary pressure release from our projected staffing shortages and the experience gap; Must assess longer-term strategy as nursing ratios could become more inflexible limiting creative staffing models
Medical assistants	<ul style="list-style-type: none"> • Potential influx due to job seekers amidst recession • Increase in turnover due to newly perceived risk and low pay 	Financial downturn provides temporary relief from MA shortage, still have to tackle how to reduce turnover in this role or how to craft a MA pipeline strategy that can tolerate high turnover



These trends all depend on how well we rebuild staff trust and resilience.

Unbendable demographics trends

Increasing care demand



Aging population



Growing incidence of chronic conditions

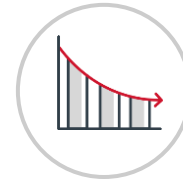


High need for complex care

Decreasing workforce supply



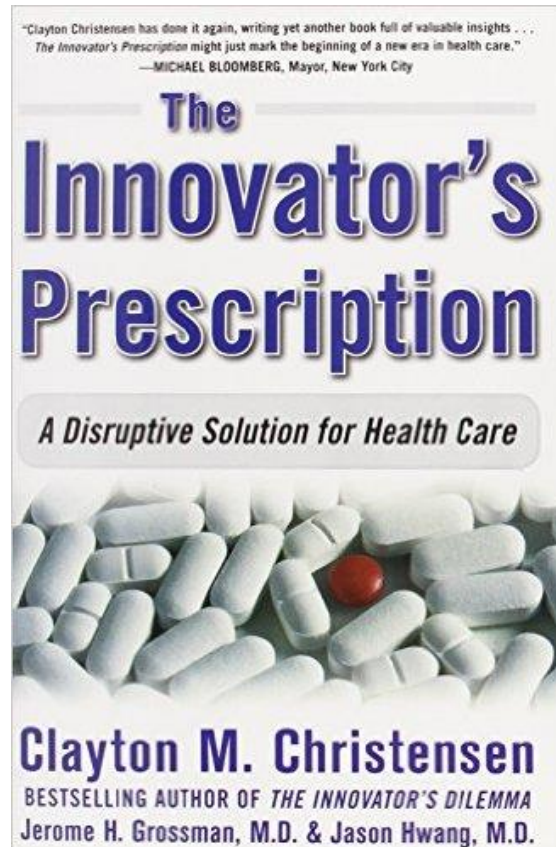
Retiring baby boomer clinicians



Loss of experience as tenured clinicians are replaced by new employees

Revisiting how health care must change

Defining disruptive innovation

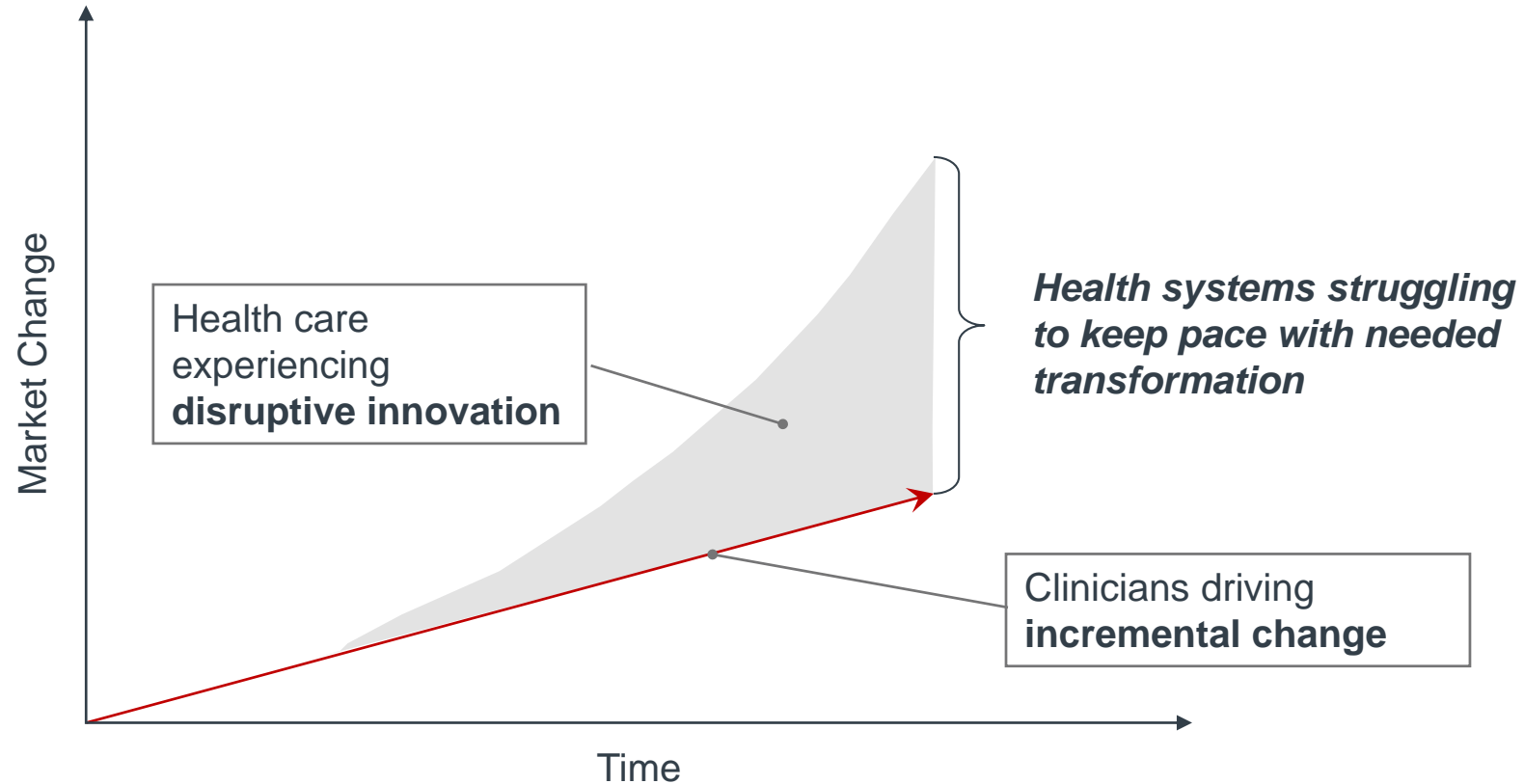


- By definition, DI¹ provokes controversy and conflicts with organizational, professional, and cultural norms.
- Rather than seeking to improve existing products, services, or processes, DI disregards status quo as the point of 'improvement' departure.
- Used by industries *in any field* to transform status quo operations and provide affordable, convenient, and accessible products to consumers.
- The focus moves away from improving an existing process, product, or service, to that of the 'work' or 'service' that needs to be done from the consumer's standpoint.

1. Disruptive innovation.

Source: Christensen C, Hwang J, Gussman J. *The Innovator's Prescription: A Disruptive Solution for Healthcare*. 1st ed. New York, NY: McGraw-Hill, 2008; Nursing Executive Center interviews and analysis.

Differentiating disruptive innovation from incremental change



Source: Talent Development, *Building Agility and Adaptability*, Washington, DC: The Advisory Board Company, 2015.

Clinicians showing new agility in response to COVID-19

How clinicians are flexing to care for surges in Covid-19 patients



Role

- Reactivated privileges
- Moving into Covid-related specialties, generalist roles



Site

- Moving from ambulatory clinic to inpatient unit
- Offering telehealth



Time

- Reducing hours in lower-volume specialties
- Offering after hours virtual care

Four recommendations for bolstering clinician-led change

01

Normalize how clinicians are now flexing to provide care.

02

Focus your engagement efforts on bolstering emotional support.

03

Pick your future clinical workforce now.

04

Regain control of your employer brand.

Your top resources for COVID-19 readiness



CDC and WHO Guidelines

Compiles evidence-based information on hospital and personnel preparedness, COVID-19 infection control recommendations, clinical guidelines, and case trackers



Managing clinical capacity

Examines best practices for creating flexible nursing capacity, maximizing hospital throughput in times of high demand, increasing access channels, deploying telehealth capabilities, and engaging clinicians as they deal with intense workloads



Coronavirus scenario planning

Explores twelve situations hospital leaders should prepare for and helps hospital leadership teams pressure test the comprehensiveness of their preparedness planning efforts and check for blind spots



How COVID-19 is transforming telehealth—now and in the future

Explores how telehealth is being deployed against COVID-19 and essential next steps for telehealth implementation



To access the top COVID-19 resources, visit [advisory.com/covid-19](https://www.advisory.com/covid-19)

Meet our experts



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