Weekly Advisory: June 17, 2020
Bolstering clinical resilience amid a potential Covid resurgence
Today's Research Experts

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Coronavirus cases in the United States
Current as of June 16, 2020

- 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

Worldwide daily death tolls steadily trending down

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Total deaths per million</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.K.</td>
<td>626</td>
</tr>
<tr>
<td>Italy</td>
<td>569</td>
</tr>
<tr>
<td>Sweden</td>
<td>478</td>
</tr>
<tr>
<td>France</td>
<td>439</td>
</tr>
<tr>
<td>U.S.</td>
<td>355</td>
</tr>
<tr>
<td>Germany</td>
<td>106</td>
</tr>
<tr>
<td>Russia</td>
<td>49</td>
</tr>
<tr>
<td>South Korea</td>
<td>5</td>
</tr>
</tbody>
</table>


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 recorded

<table>
<thead>
<tr>
<th>Metro Area</th>
<th>Total deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>770</td>
</tr>
<tr>
<td>Detroit</td>
<td>703</td>
</tr>
<tr>
<td>New York City</td>
<td>470</td>
</tr>
<tr>
<td>New Orleans</td>
<td>345</td>
</tr>
<tr>
<td>Miami</td>
<td>341</td>
</tr>
<tr>
<td>Chicago</td>
<td>221</td>
</tr>
<tr>
<td>Seattle</td>
<td>112</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>78</td>
</tr>
</tbody>
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18 states seeing uptick in cases this week

New cases in past week versus previous week

- Case growth ≥ 10%
- -10% < case growth < 10%
- Case growth ≤ 10%

Protests

- ≤ 15
- 16 - 39
- ≥ 40

1. “Early” is before May 8, “Middle” is before May 25, and “Late” is after May 25.

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.

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."

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.

Healthcare workforce engagement pre-COVID

Trends in engagement and disengagement by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Disengaged</th>
<th>Percent Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>5.5%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>5.8%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>5.0%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>4.9%</td>
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Engagement benchmarks

- **Clinical staff engagement**: 47.8%
- **RN engagement**: 37.2%
- **Employed physician engagement**: 35.4%
- **Employee engagement out of industry**: 20%

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

“Don’t want to do this.”

“Can’t do this.”

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

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<tbody>
<tr>
<td>01</td>
<td>Ensure staff are safe and feel safe when working</td>
</tr>
<tr>
<td>02</td>
<td>Reinvigorate your staff input forums and act on what you can</td>
</tr>
<tr>
<td>03</td>
<td>Plan for your worst-case scenarios so you don’t go back on your commitments</td>
</tr>
<tr>
<td>04</td>
<td>Don’t sugarcoat the challenge ahead</td>
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<tr>
<td>05</td>
<td>Refuel your leaders to prepare them for the long haul</td>
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Projected growth of healthcare jobs from 2018 to 2028

- **Physicians assistants**: 31%
- **Nurse practitioners/midwives/anesthetists**: 26%
- **Medical assistants**: 23%
- **Registered nurses**: 12%
- **Physicians**: 7%

Early take on longer-term workforce implications by role

<table>
<thead>
<tr>
<th>Segment of the workforce</th>
<th>Emerging trends to watch</th>
<th>Our (far too early) take</th>
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</table>
| Physicians               | • 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 | • 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                  | • 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       | • 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, DI\(^1\) 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.

Differentiating disruptive innovation from incremental change

Health systems struggling to keep pace with needed transformation

Clinicians driving incremental change

Health care experiencing disruptive innovation

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

Advisory Board interviews and analysis.
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

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

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

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
Meet our experts

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