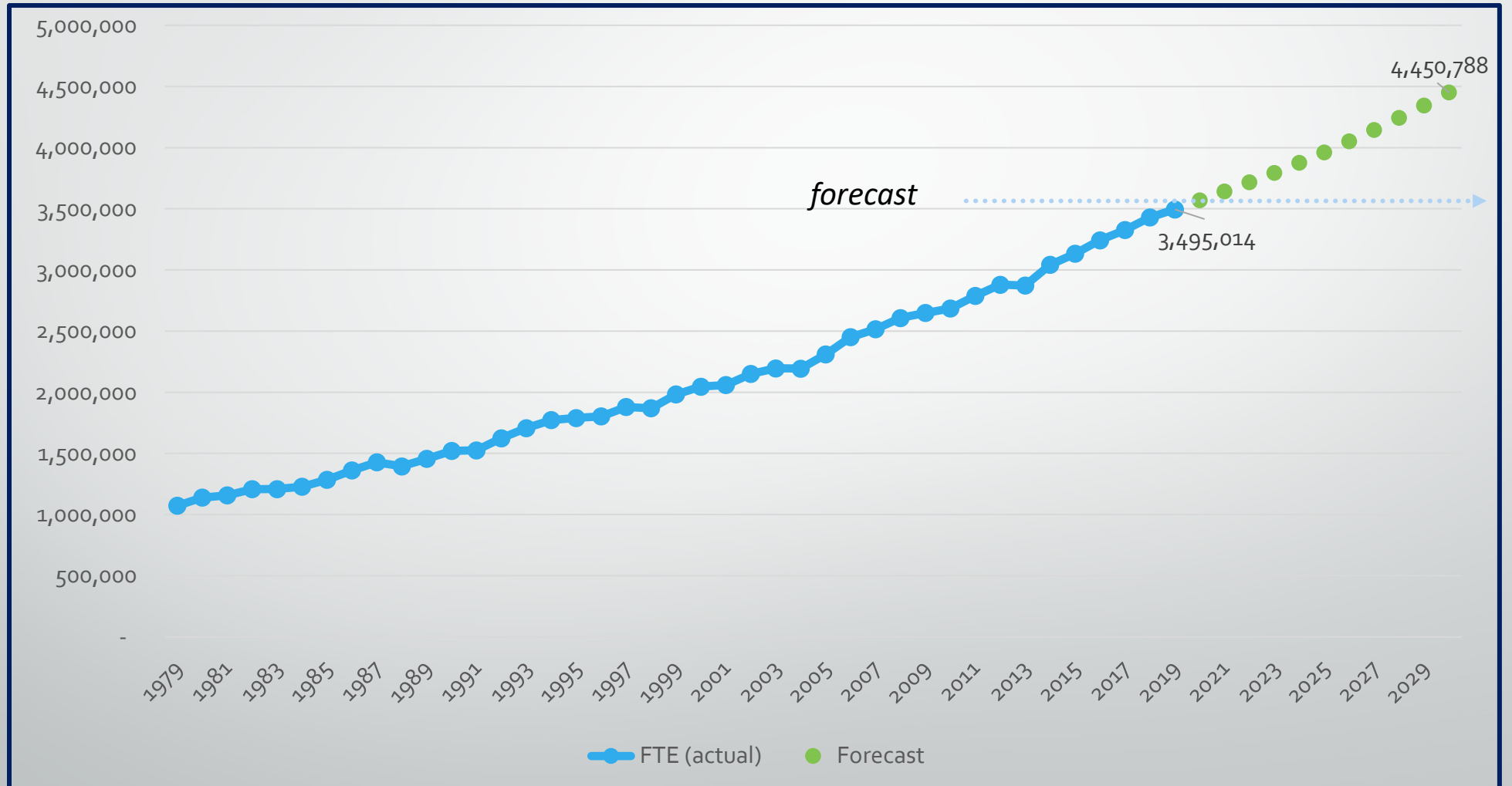


# Innovations in Nursing Care Models

Linda Alderson MSN, RN, NEA-BC  
Chief Nurse Executive MultiCare  
Tacoma General & Allenmore Hospitals

WSMOS Conference 11/17/2023

# Nursing Projections



COVID-19 and the Outlook of the Nursing Workforce in the U.S.  
David Auerbach, PhD, Adjunct Faculty, Montana State University, May 2022  
*Note, the US population is projected to grow 6.7% over this period*  
Authors' projections and modeling based on data from the American Community Survey

# Nursing Projections



## Retiring Workforce

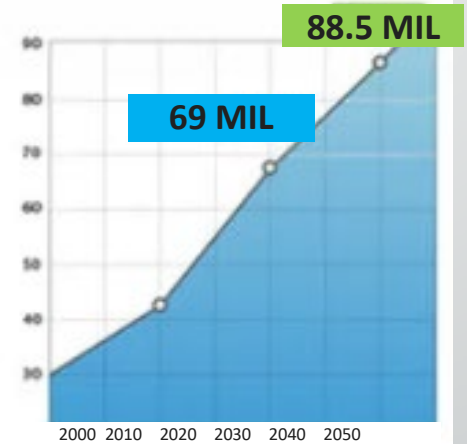


1 Million Retiring in 10-15 years

## Limited School Capacity



## Senior Citizens

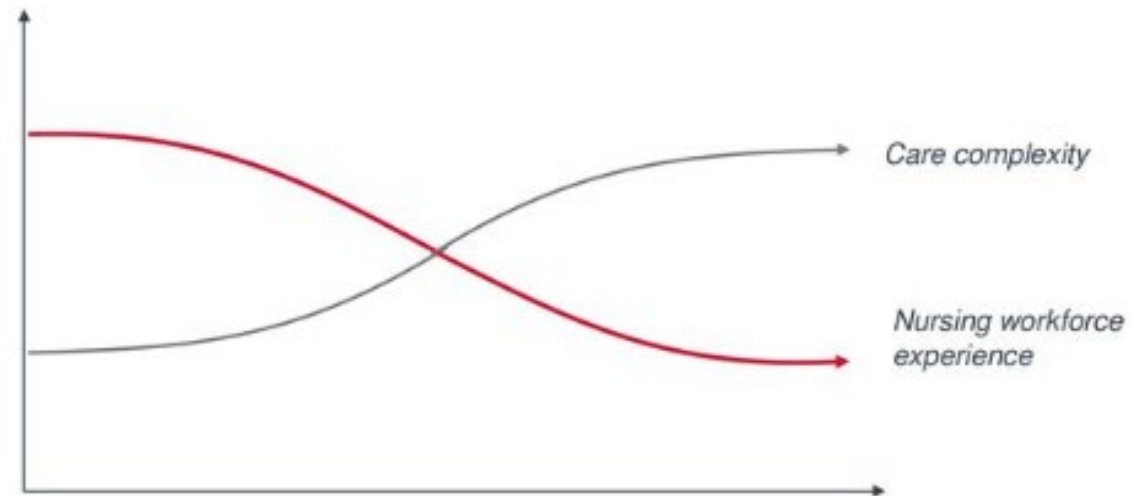


# COVID 19 Impacts to Nursing Vacancy

- Forced care models many hospitals have not practiced in decades
- Exhausted our caregivers
- Exacerbated the vacancies in most hospitals/ambulatory sites with movement of nurses out of the profession or into more contract type work or non-acute care work
- Demand for hospital-based services has not curbed since COVID pandemic

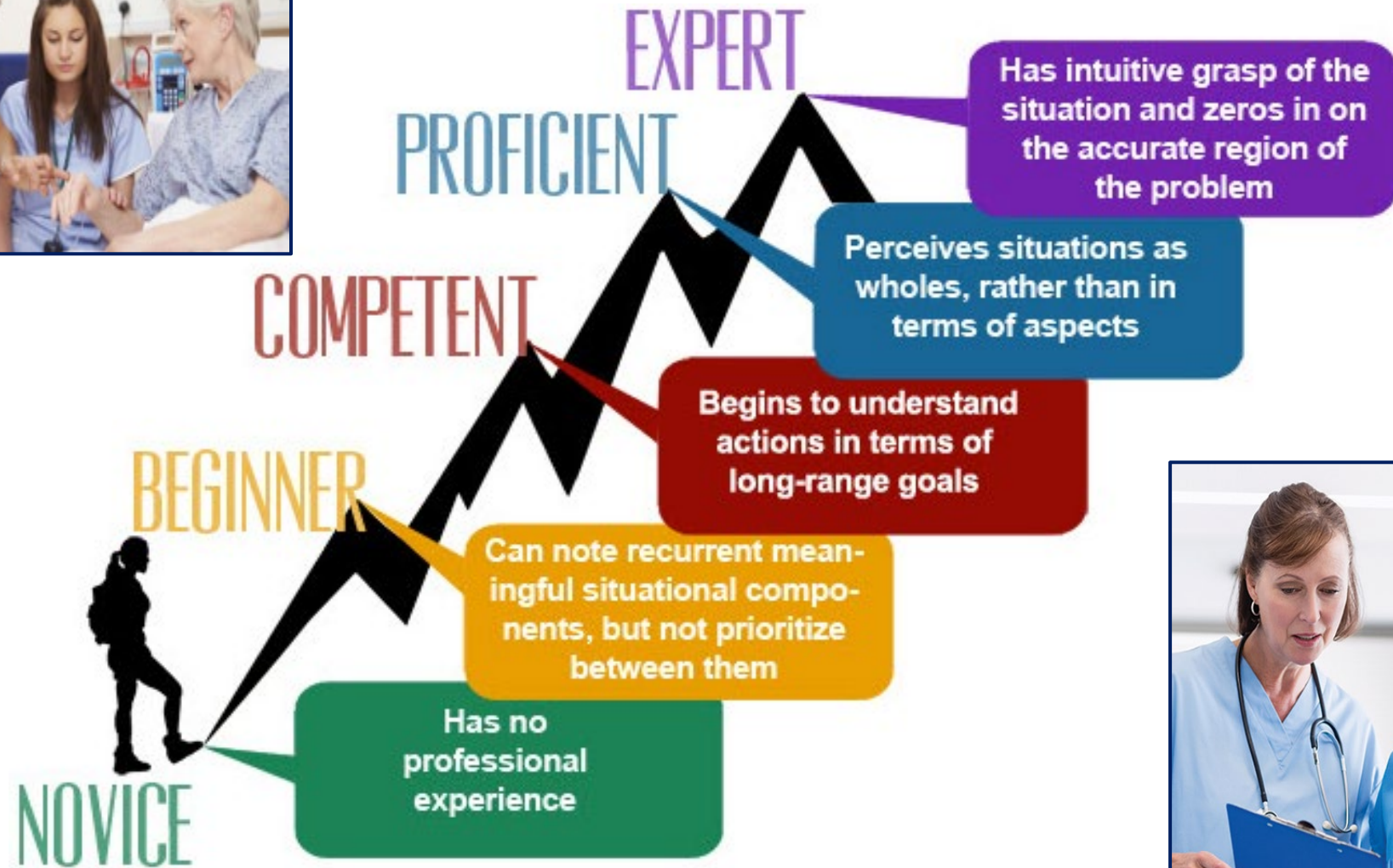
## A different-in-kind nurse shortage

The “experience-complexity gap”



Source: Nursing Executive Center interviews and analysis.

## Benner's Nursing Theory



Benner, P. *From Novice to Expert*. American Journal of Nursing 82(3):p 402-407, March 1982.

# Listening Sessions – What are Nurses Telling Us

**THEMES:**  
Culture  
Processes  
Team  
Leadership  
Education  
Communication



## RN workforce insights and actions

	INSIGHT	ACTION	INSIGHT	ACTION
01	RN retention efforts undermined by CNA shortages.	Prioritize addressing CNA shortages before they exacerbate RN burnout and turnover.	04	Travel nursing is declining, but not to pre-pandemic levels.
02	RNs are leaving because of long-standing work environment challenges, not the pandemic.	Re-shape care delivery and deployment models to create the roles RNs want.	05	Provider digital health strategy to date largely ignores nursing workflow.
03	RNs who aspire to work in indirect care roles will settle for a different employer.	Recognize that many nurses in the community may be interested in making a change to another employer, and court talent by promoting the benefits of working at your organization.	06	Providers should disproportionately focus retention efforts on novice RNs.
				Rebase cost structure to allow for long-term premium labor costs, while investing in your workforce to minimize premium labor use.
				Free up RN time for complex patient care by working with vendors to automate administrative and/or routine work.
				Prioritize retention tactics that target needs of novice nurses: onboarding, skill development, and career pathing.

# Advisory Board National Nursing Insights and Actions



# Innovative Solutions



## Care Model + Technology

- Today – 36 bed oncology unit requires 8 RN's
- Future – 36 bed oncology unit requires 5 RN's/4 LPN's/1 Virtual RN



# Care Model + Technology + Robotics

- RN/LPN/Virtual Nurse Team
  - Virtual Nurse to take on the administrative tasks/proactively monitor deterioration index measures/proactively monitor for bundle compliance & regulatory compliance/be second nurse for medication administrations and other second nurse duties/be the expert
- CNAs shifted to unit assistant activities
- MOXI the robot to assist with point-to-point deliveries allowing caregivers to remain in their departments



# Research Plan

- Qualitative and Quantitative measures (Mixed model)
  - Harm/safety events
  - Patient experience
  - Financial impact
  - Staff engagement
  - Staff turnover

# Future of Nursing

- Care Model changes to address the presumed sustained RN vacancy gap
- Use Virtual Nursing to address not only administrative tasks but address the experience/complexity gap
- Engage with robotics to take on tasks that don't require knowledge workers



# Contact Information

Linda Alderson MSN, RN, NEA-BC  
Chief Nurse Executive Tacoma General/Allenmore Hospital

Email: [linda.alderson@multicare.org](mailto:linda.alderson@multicare.org)

Cell: 253-468-0461