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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – January 1, 2022

Hospitals Are Beyond Full. Period.

From "Wisconsin hospital leaders say they are at a crisis point with new COVID-19 surge" by Diane Bezucha, *Wisconsin Public Radio*, 12/7/21:

"Wisconsin hospital leaders are sounding the alarm as the state endures another COVID-19 surge. The seven-day average of new infections is over 3,500–the highest it's been in a year."

"During a roundtable discussion hosted by Wisconsin Health News on Tuesday, hospital leaders said they have reached a crisis point."

" 'We are full. Period,' said Eric Conley, CEO of Milwaukee's Froedtert Hospital. 'It's really impacting, impeding care for those patients who are not COVID that need the care getting in because getting to our beds is just very, very hard.' "

"According to the Wisconsin Hospital Association COVID-19 dashboard, there were 1,630 people in the state hospitalized for COVID-19 as of Tuesday afternoon–an increase of 212 over the past week. More than 400 of those patients are in intensive care units, which are in short supply."

" 'Unfortunately, it's not looking good and I don't think it's looking good for anybody across the state or even across state lines. Our ICUs are pretty much full,' said Dr. Imran Andrabi, CEO of ThedaCare."



"As of Tuesday, hospitals in the Fox Valley and North Central Wisconsin regions reported having only one or two intensive care unit beds available. Hospitals in the northwestern and western part of the state reported having zero ICU beds available. And in southeastern Wisconsin, the number of available beds was cut in half overnight–from 30 on Monday to 15 on Tuesday."

" 'The hardest part of this is that the delta surge is accelerating while we're still thinking about what other variants might exist and how they're going to impact our organization,' said Sue Turney, CEO of Marshfield Clinic Health System."

"At Froedtert, Conley said COVID-19 patients make up about 13 percent of occupied beds, but that number is as high as 40 percent in some hospitals. Every leader at Tuesday's panel said the vast majority of new COVID-19 patients are unvaccinated–from 74 percent at Marshfield Clinic to 88 percent at Froedtert."

"And this surge in COVID-19 hospitalizations is sending shock waves through the hospital systems. 'Not only does it affect patients with COVID, it also affects all the other patients that we have to take care of, with strokes and heart disease and cancer diagnoses and diabetes and all of those kinds of things,' said Andrabi."

"With limited beds and staff capacity, hospital leaders said they have had to turn some patients away even when they needed emergency care. 'We are in a crunch in really taking care of other patients that really need medical care,' said Turney. 'And we now are again delaying (elective) procedures, delaying screening and other types of routine care because we just don't have enough capacity."

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"And the situation is the same at nearly every hospital in the state. 'You can't call out to anybody else to help because they're all in the same situation. So the only way to sort of help this situation is we get vaccinated so we have fewer people coming into the hospital and emergency rooms,' said Andrabi. 'Whether it's omicron, or it's delta, or it's anything else, we know that the COVID vaccine is a good way to go.' "

"In fact, every panelist at Tuesday's discussion urged vaccination. 'I wouldn't be doing my job if I didn't advocate for the COVID-19 vaccine and its booster as they have proven to be the safest and most effective way to prevent and lessen the severity of COVID-19,' said Conley."

"What makes the situation worse is that health care–like most industries–is experiencing a staffing shortage. But panelists said this is especially acute in hospitals where health care workers are burned out after a grueling 21 months."

"According to Andrabi, 15 to 18 percent of health care workers have left the industry since the pandemic. 'You know, call it the Great Resignation. I call it the pandemic of the pandemic,' said Bernie Sherry from Ascension Wisconsin. But the demand for health care workers has only risen, and Sherry said hospitals have increasingly been forced to rely on short-term fixes like traveling nurses who are often from out of state. 'That's not really where we want to be in delivering health care, is third-party agencies,' said Sherry. 'Over time, we have to address that from a health care systems standpoint.' "

"Every panelist agreed that this latest crisis points not only to the crucial role of vaccines, but to a need for broader, long term changes within the health care system that extend beyond COVID-19. 'These challenges are not going away,' said Andrabi. 'We are not going to be able to hire out of this situation. So let's just put that truth out there, at least from our perspective, and then say, 'Okay, then what has to be true?' "

"I Was Wrong"–Pro-Vaccination PSA

A powerful PSA has been airing on television, radio and online, featuring a decidedly unvaccinated COVID patient who contracted the virus and spent more than 30 days in the hospital. In the spot, Tammy Hawkins poignantly states, "I was wrong," while encouraging others to avoid her mistake and get vaccinated.



Tammy Hawkins

"I Was Wrong" was produced by Platform Communications for the Stop the COVID Spread! Coalition thanks in part to the support from the CDC Foundation through RWHC. This strategy has been complemented by a digital media aiming to generate impressions with social media and targeted websites.

Formed in late 2020 as COVID tightened its grip on Wisconsin, the Coalition has grown to include more than 135 of Wisconsin's leading health care, business and advocacy organizations united to beat the pandemic.

To watch the videos and for more information, visit the Stop the COVID Spread Coalition's website at **https://bit.ly/3yvr8ev**.

Building Healthcare Resilience

From "Building resilience and well-being: keys to avoiding the worst of a looming shortage of health care workers" by Lauren Beechly, *STAT*, 9/27:

"During the marathon of Covid-19, nurses and other health care workers have faced unprecedented levels of work stress as the world approaches two years of this global pandemic–and that stress isn't easing anytime soon. Health care systems today face a potentially disastrous retention crisis among nurses that will hit hard in the next five years. This crisis isn't exclusive to nurses–similar ones are on the horizon across all sectors of the health care workforce if health care organizations fail to respond to the stunning levels of burnout their employees are reporting."

"One measure of burnout, the Maslach Burnout Inventory, identifies several components that influence burnout, including emotional exhaustion and low personal accomplishment. In a review of studies done to assess the risk of burnout associated with the Covid-19 pandemic, 34% of nurses reported high emotional exhaustion, while 15% reported low personal accomplishment. This level of burnout can directly affect nurses' health, increase turnover, and lead to compromises in the quality of patient care."

"Recognizing the critical levels of burnout, the Department of Health and Human Services recently announced $103 million in grant funding to reduce burnout and promote resilience, $29 million of which will go toward 10 hospital grants to establish or enhance evidence-informed resilience programs."

"Is the funding enough? No. The onus is on all hospitals and health systems to identify and address health care workers' burnout as many begin to face critical shortages of workers. We may already be in the middle of that shortage."

"By 2030, there will be an estimated global shortfall of more than 10 million nurses, with the number of new nurses being outpaced by the number who are retiring, according to the World Health Organization's 'State of the World's Nursing Report.' Current levels of pandemic burnout will only exacerbate the staffing gap."

"One hospital system in Texas reported a 25% staff turnover in the past year–with many staff unlikely to return to the profession."

Building resilience from data–"Though it may seem like a tall mountain to climb, health care organizations can use employee listening programs and data to develop resilience programs."

"Perceptyx, the company I work for, has built a database of perceptions covering more than 125 different aspects of the employee experience from 1.3 million health care workers across 1,600 facilities. A recent analysis indicates that increased workload is the biggest concern for health care workers. Nearly half of all health care employees say their facilities do not have enough staff to handle the workload. Factors involving values, fairness, and rewards also contribute to stress and burnout and are current barriers across all health care workers."

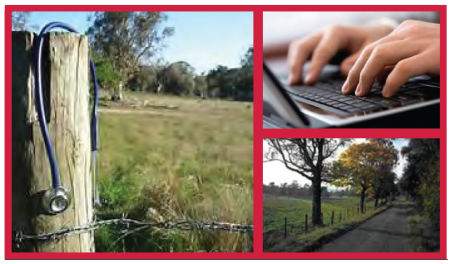
Six ways to boost resilience–"Resilience can be built, but not by easing workload alone. Health care

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare… assists Members in partnerships to make their communities healthier… generates additional revenue by services to non-Members… ongoing use of strategic alliances in pursuit of its Vision. Tim Size <**timsize@rwhc.com**>, Editor, 880 Independence Lane, Sauk City, WI 53583

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workers' responses to Perceptyx surveys offer six recommendations to boost resilience."



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1. Think past today to build more optimism–"Since the pandemic began, 'unsustainable workloads' have stood out as health care workers' greatest concern. Current caseloads, long shifts, overtime, lack of needed resources such as staffing and personal protective equipment, and patients requiring intensive care are leading to exhaustion. Although work demands may seem endless, New York-Presbyterian's chief experience officer, Rick Evans, has called for staff to shift from the 'get through it' mentality to focus on reconnecting as a community and with patients and on future growth opportunities. That kind of reconnection will create hope and help health care workers see a brighter future ahead."

2. Act on employee feedback to improve feelings of control–"The workplace is changing faster than ever. As a result, many workers are feeling a lack of control and less ability to influence decisions. One in five health care employees believe they have no control over decisions that impact their work."

"To improve feelings of control, health care leaders can actively seek out employee feedback via regular active listening programs. During the pandemic, I saw dozens of health care groups rush to do 'in-the-moment' feedback programs to find out what changes could be made to get their employees through some very difficult days. The impact of that real-time employee feedback resulted in small but incredibly important workplace support that may have saved lives."

"Lodging was arranged for those who couldn't go home between shifts; cafeterias provided healthy, ready-to-make meals to those who could go home but were too tired to cook. Providing mental health resources and virtual therapy groups made employees feel like their employers had their backs. Authentic, frequent, and transparent communication from senior leaders can also restore feelings of control. But as Perceptyx and several hospital systems learned from many employee listening programs, too much communication can overwhelm staff and increase workload. Both the communication and the collection of real-time feedback about that communication must be done in parallel."

3. Reward accomplishments, even small ones–"Many staffing agencies are finding that temporary salary boosts alone are not enough to tempt nurses away from their current positions–there's more to job satisfaction than money alone. Also important is social recognition–acknowledging the high job demands and sacrifices of health care workers. An increase in timely, frequent, specific, and meaningful recognition can help combat burnout, particularly when managers model those same behaviors."

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"Seems if we stop talking about this 'burnout' thing, it will take care of itself with a lot less stress."

"The context of the reward, however, matters. In one organization, a monetary reward given whenever the workload became too hard to bear was seen as an insincere apology from management, or a 'too little, too late' gesture. To avoid this kind of backlash, it's important to recognize other positive behaviors not necessarily related to workload, like helping a teammate or building community, and to encourage employees to recognize each other. Giving recognition is just as important as receiving it when it comes to resilience."

4. Build community–"Although schedule changes, sick days and an increased use of traveling staff can increase feelings of isolation, teamwork and support

continue to improve through the pandemic among health care workers as teams rally together to serve their patients. Among our respondents, 9 of 10 said they felt people in their unit supported each other during the pandemic. Innovative team-support tools like Code Lavender, a quick-response crisis intervention tool for health care staff, can help build team cohesiveness even in the most stressful times."

5. Create a sense of fairness–"Despite furloughs, layoffs, and even pay cuts, many organizations offered bonuses or hazard pay, resulting in an overall positive impact on pay fairness compared to pre-Covid levels. Pay can help health care workers feel valued, but communication about the fairness of every financial reward is key. For example, one organization surveyed employees after distributing a Covid bonus and found that opinion was split. Half of its workers felt more valued and appreciated after the bonus, while the other half questioned the fairness of who received the award and the amount provided. Leaders reacted by honing future communication to emphasize the policy's fairness. Fairness principles apply beyond pay and are important when considering any kind of reward or development opportunity."

6. Live your values, increase safety–"Perceptions of safety, a cornerstone value in health care, have been declining since the pandemic began. Leaders play an important role in helping communicate a culture of patient and workplace safety. If leaders make the importance of employee well-being and patient safety personal, more employees will listen. For example, some health care leaders have been very open about their own mental health challenges to reduce the stigma commonly associated with mental illness. Other ways to support the feeling of safety at work include recharge rooms, mindfulness checks, coping programs, and easy access to mental health professionals who round on the floor, providing real-time support to staff in need. Leader rounding–when senior leaders walk the floor to ask workers questions and collect feedback–provides in-the-moment insights into barriers preventing safe performance and show leader commitment to patient and employee safety."

"A resilience program is not a one-time action but an iterative process of improvements. With an open communication culture supported by leader rounding, micro-surveys, and exit surveys, health care organizations can make data-driven decisions to reduce health care worker burnout and improve retention."

A Health Career Path for Medics & Corpsmen

From "Introduction of SB 688 & AB 720 to Create Wisconsin Military Medics & Corpsmen Program," a *Press Release* from Heroes for Healthcare:

"Heroes for Healthcare is proud to announce the introduction of legislation to create the Military Medics & Corpsmen Program. The bi-partisan legislation, championed by Senator Jacque and Representative Summerfield, was introduced in the Wisconsin Senate on Veterans Day, November 11, 2021. This legislation addresses a critical workforce issue by providing a pathway for returning military medics, corpsmen, and medical technicians to apply their skills gained in active service to healthcare settings in Wisconsin."

"Currently, when medically-trained service members and veterans transition to civilian life, their military healthcare training and hands-on patient care experience do not easily translate into comparable practice requirements in civilian healthcare settings. As a result, many veterans and service members are left unemployed, underemployed, or leave the healthcare field altogether."

"Healthcare shortages have only worsened throughout the pandemic, and Senate Bill 688 & AB 720 is one important tool to make sure that all Wisconsinites have the access to high quality care they need and deserve."

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"SB 688 & AB 720 will create a pathway to allow medical personnel to work under a qualified supervising clinician, while they work toward a civilian licensure in Wisconsin. This Bill could have an immediate positive affect on the shortage of healthcare workers, and it makes Wisconsin an attractive state for veterans and service members with healthcare experience. This legislation is modeled after successful programs in both Virginia and Veteran's Administration healthcare settings across the U.S."

"Shawn Lerch, CEO, Sauk Prairie Healthcare stated. 'The Military Medics & Corpsmen program is a proven and innovative model that matches the experience and skills of medics and corpsmen with critical workforce needs of our health systems. This program will ensure high quality and safe care continues to be provided throughout the state. I am proud, as a Navy veteran and as a Healthcare CEO, to be a strong supporter and partner with Heroes for Healthcare to bring this essential program to Wisconsin.' "

"Sylvia Lai, Recruiting and Onboarding Specialist at Bridge Community Health Clinic, states, 'As a recruiting and human resources professional, my ability to source skilled health care workers is critical to our patient's and our community's access to care. In this incredibly difficult market for talent, sustainable solutions to the health care labor shortage must be found. The Military Medic & Corpsmen Program, made possible by this legislation and Heroes for Healthcare, is one of those solutions. This legislation is an opportunity to sustainably improve access to quality care for Wisconsinites, by supporting the transition of experienced military medics, corpsmen and medical technicians into working in civilian healthcare roles.' "

"The following organizations have expressed their support for SB 688 & AB 720 and will join with Heroes in advancing the bill this legislative session: County Veteran Service Officers Association of Wisconsin; Wisconsin Primary Healthcare Association of Wisconsin; Concordia University of Wisconsin Veterans Service Department; Rural Wisconsin Health Cooperative; Wisconsin Hospital Association; American Legion Department of Wisconsin; Wisconsin Veterans Chamber of Commerce; Stockbridge-Munsee Band of Mohican Indians; Herzing University; Tomah Health; Heartland Home Health; Center for Veterans Issues and VFW-Department of Wisconsin."

"Heroes for Healthcare thanks Sen. Jacque and Rep. Summerfield for their leadership on SB 688 & AB 720, along with the additional 27 bipartisan co-sponsors of the bill. Heroes for Healthcare is a Milwaukee-based non-profit that is dedicated to being a resource for our military during their transition to civilian life to achieve gainful employment in healthcare."

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Leadership Insights: "DIY DEI"

The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at **www.RWHC.com**.

"I don't know anything." This may not be the best first sentence to get you to read on, but then again, maybe you feel the same way sometimes. No? Am I the only one who is a little lost in sorting out what diversity, equity and inclusion–DEI–all means? As I dig in though, I discover that I *do* know:

- I want to be a leader who creates an environment where a everyone feels like they are supposed to be here.
- I will get this wrong sometimes and upset some people.
- I'm willing to take that risk (and do what I can to fix it) because it is important.

My own lived experience doesn't include being BIPOC, LGBTQ (and a long list of additional experi-

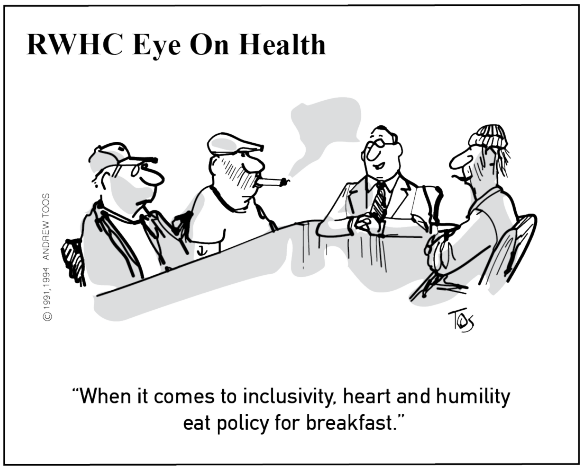
ences); maybe yours does or doesn't. Either way, I hope you will become curious with me and examine your thinking, ask questions, and engage in dialogue about DEI.

When we get hung up on arguing about language, we miss meeting the unmet need underneath the language: the need of **belonging**. Maslow puts belonging smack in the middle of the hierarchy of needs, but it's been suggested that belonging is our most basic need. Babies who do not belong do not get food or shelter. We learn well before we are verbal how essential belonging is to survival.

One example I'm learning about belonging is that "She/Her/Hers" is not about the pronouns. I went to a meeting where the facilitators introduced themselves with their pronouns and I grew increasingly uneasy as it went that way around the table, the participants following the facilitators' lead. When it came to my turn, I said, "I am going to admit to some discomfort, and I don't want to offend anyone. I work and live in rural Wisconsin, and announcing pronouns is not something that we do, or that I can even imagine us doing. I feel weird, even a little ridiculous."

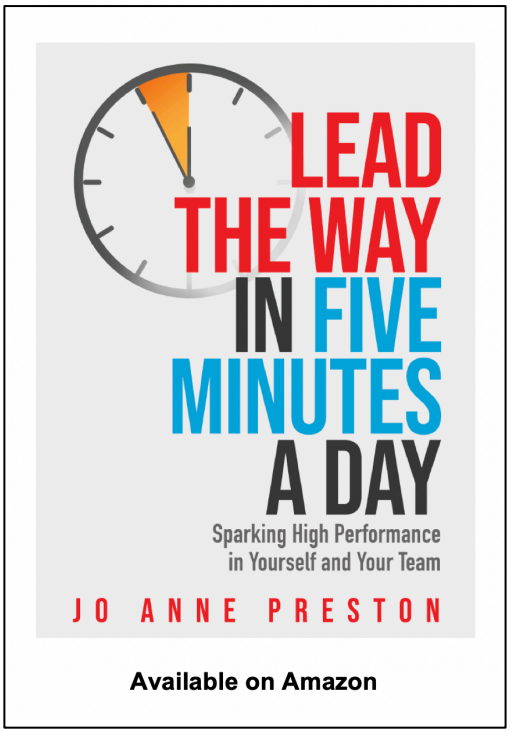
Being respectful and honest started dialogue and learning that continues. It takes work to see things from others' eyes. Just sorting out what to do about pronouns (a complex issue all on its own) is not the whole breadth of things leaders need to consider in creating a place for everyone at the table.

Think about the places in which you don't fit in easily. Almost everyone has times when they want to, yet don't fit in. Attending a program as one of very few non-physicians, I wondered if I belonged there or had anything of value to add. As they warmly welcomed and listened to me, titles flew out the door. *Where have you felt on the perimeter and recognized small ways that others let you in (or did not)?*



It is ok if it feels weird. Saying, "It *feels* weird" when we change how we speak or act in a way that seeks to include others is different than, "It *is* weird." The former is owning our own experience while learning. The latter is judging others for their reality. Discomfort passes, but the feeling of isolation lasts and it is well documented that underrepresented groups have poorer health outcomes, for many reasons. We have to-and can-do better.

Thriving workplaces are more inclusive than exclusive. You probably have open positions to fill. Creating and leading a culture of inclusivity builds a sense of safety for all, and safety results in better communication, retention, conflict resolution and engagement of people's best ideas. **Ask people for input**: *"In what ways do you feel respected by me in the way I speak and act? Are there any ways that I could do better to show that I respect you as an individual?"* Use the input to grow.



Match your intentions with actions. You may say, "*I accept everyone*," but **if your intention to include is not felt by the other party, you're not there yet.** Danielle Ishem, director of workforce development at the University of Washington Center for Health Equity, Diversity & Inclusion, <**https://bit.ly/3oGjgW1**> writes, "Not everything that differentiates us is visible and not everything that unites us is visible." *Where are your opportunities to be more explicit with your actions of inclusion? Do you have outdated policies that need to be updated to reflect your in-*

tentions, and are you inviting the input of those whose opinions you claim to respect?

You don't have it all figured out, and that is as it should be. A larger leadership challenge here is embracing some loss of certainty, the sense of "the world is safe because I have it all neatly sorted." Underlying this need for certainty is often a feeling of fear. It can be general fear of the unknown, or fear of loss of some kind (e.g., status, power, image, etc.) *Can you make room for being ok with not always knowing for some ongoing ambiguity?*

Expect that what and how we name things will change again in the future. We are an evolving human race, thank goodness! Julie Stephenson, Southwest Health's leader of Community Development, reminded our work team as she facilitated education for us on DEI, *"We will be learning about this the rest of our lives."* Keep learning, questioning and pushing yourself. As Maya Angelou said, **"Do the best you can until you know better. When you know better, do better."**

Contact Jo Anne Preston for individual or group coaching at ***jpreston@RWHC.com*** *or 608-644-3261. For info re the RWHC Leadership Series go to* **www.RWHC.com/Services.aspx** *or contact Carrie Ballweg at* ***cballweg@RWHC.com*** *or 608-643-2343.*

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