

Nurse! Nurse? Nurse...

Innovative Solutions to the ED nursing Crisis

Thom Mayer, MD, FACEP

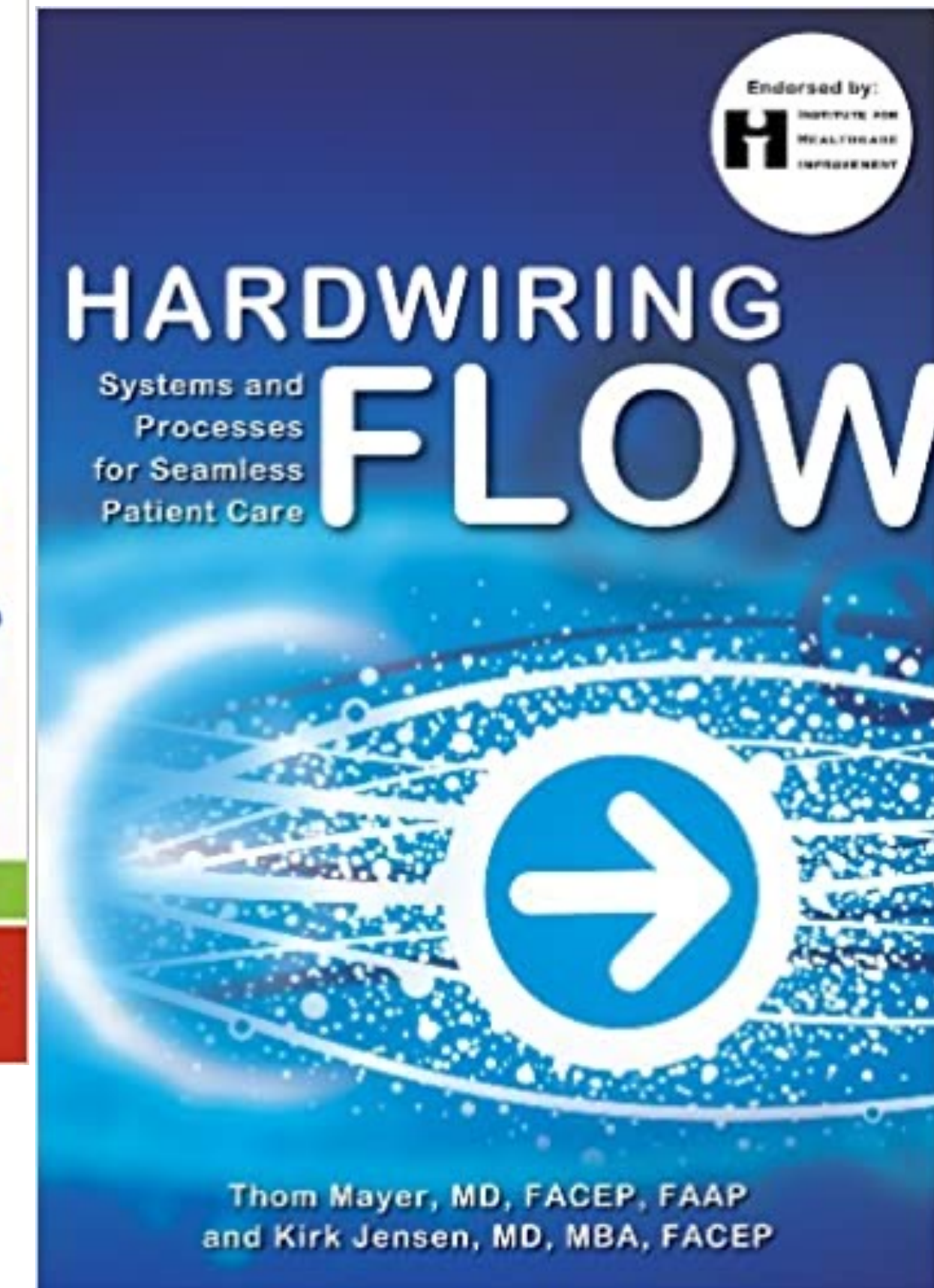
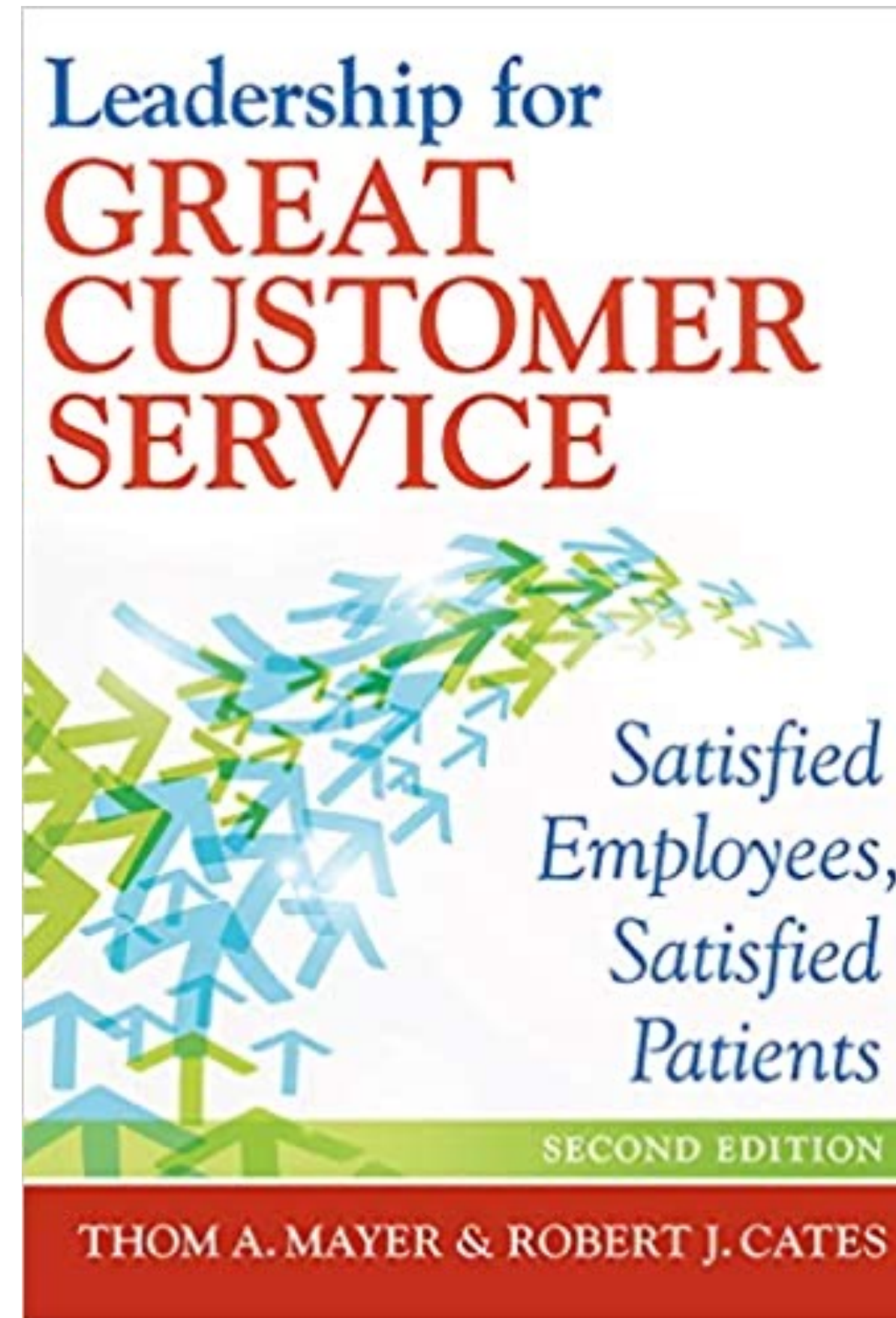
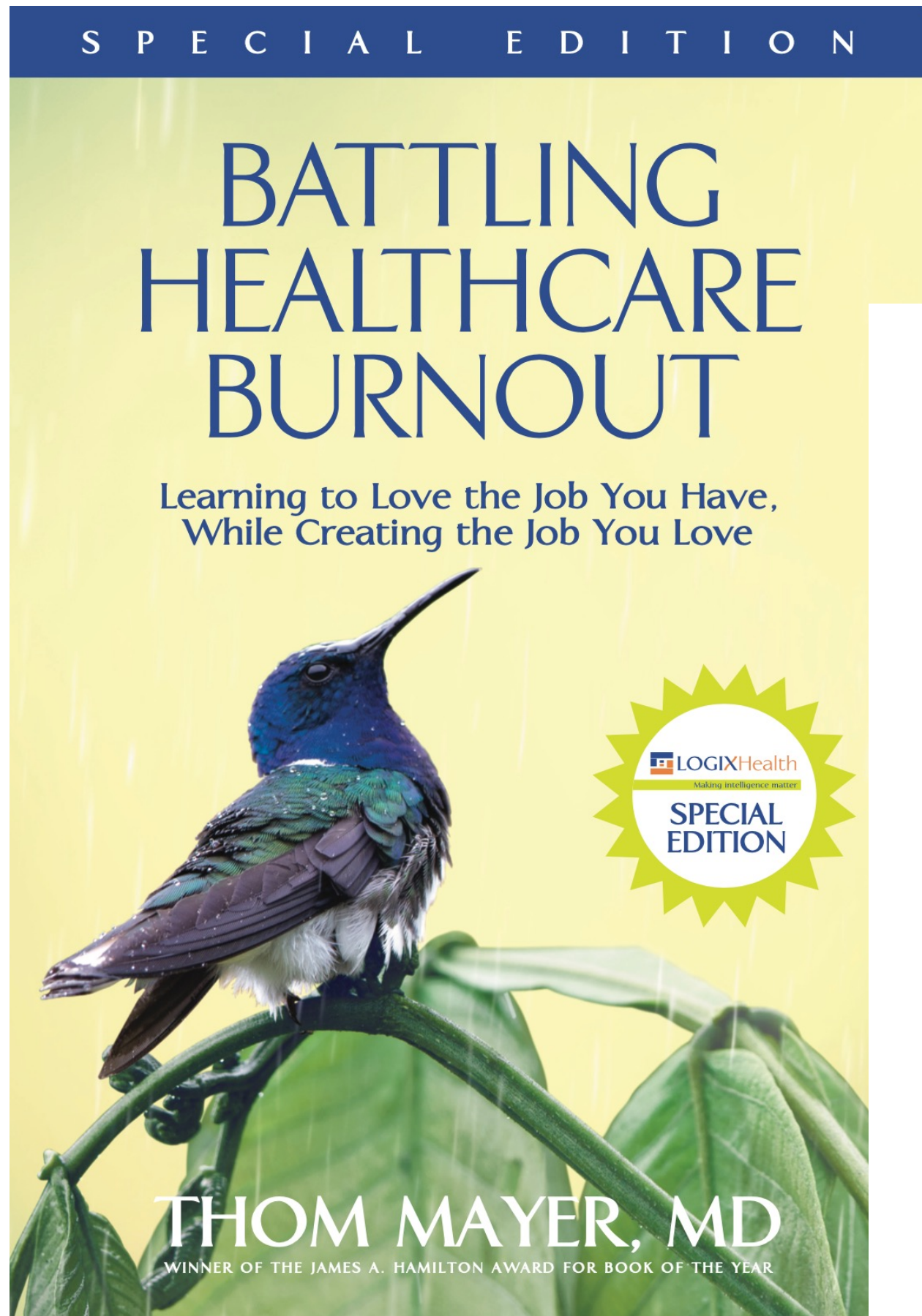
EVP Leadership, LogixHealth, Inc.

Medical Director, NFLPA

# The Most Important Slide

**[thommayermd@gmail.com](mailto:thommayermd@gmail.com)**

# Disclaimers



“The entire emergency system of the US was destroyed last night!”



# The Way We're Working...Isn't Working!





# My Goals...

- **Think** about Emergency Nurse Staffing in a Radically Different Way...
- **Act** on those Thoughts Within the Week
- **Innovate** You and Your Team to Evolve the System...and Yourselfes!



Why We Are Here?  
Catalyst for Solutions  
A Panel Discussion...





# The Bad News

or...

# The Really Bad News

- The nursing shortage is here-every day!
- It was predictable, yet wasn't predicted by many
- **Every** measure of quality worsens with turnover/burnout
- The Great Resignation has begun
- The ED nurse is the "face to the community," but a combination of unholy factors has reached an inflection point, including:
  - Burnout in 40-60% of ED/Critical Care nurses
  - Physical safety is threatened
  - Financial rewards are paltry
  - The "Agency Effect"
  - The abject failure of "ratios"-despite good intent
- Things are highly likely to get much worse before they get better without radical rethinking, re-imagining
- Too many organizations are "tinkering around the edges"
- Requires changes of organizations, not *within* them
- Lacking action, EDs will either "shut down" or people will suffer (some may die)
- "I would never tell my child to become an emergency nurse/doctor."
- Lorna Breen and RaDonna Vaught loom large...

"All the News  
That's Fit to Print"

# The New York Times

National Edition

U.S. Sunshine mixing with some clouds. Areas of haze and smoke across the north. Highs 80s across the mountains to middle 90s far southwest. Weather map, Page 33.

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Afghans outside the Kabul airport on Saturday as a C-17 transport plane took off. U.S. officials fear the airport could become a target.

## EMBASSY IN KABUL WARNS AMERICANS TO AVOID AIRPORT

### Miscue After Miscue, Exit Plan Unravels

### Increased Concerns of Attack by ISIS

This article is by Michael D. Shear, David E. Sanger, Helene Cooper, Eric Schmitt, Julian E. Barnes and Lisa Jakob.

WASHINGTON — The nation's top national security officials assembled at the Pentagon early on April 28 for a secret meeting to plan the final withdrawal of American troops from Afghanistan. It was two weeks after President Biden had announced the exit over the objection of his generals, but now they were carrying out his orders.

In a secure room in the building's "extreme basement," two floors below ground level, Defense Secretary Lloyd J. Austin III and Gen. Mark A. Milley, the chairman of the Joint Chiefs of Staff, met with top White House and intelligence officials. Secretary of State Antony J. Blinken joined by video conference. After four hours, two things were clear.

First, Pentagon officials said they could pull out the remaining 2,500 American troops, almost all deployed at Bagram Air Base, by July 4 — two months earlier than the Sept. 11 deadline Mr. Biden had set. The plan would mean closing the airfield that was the American military hub in Afghanistan, but Defense Department officials did not want a dwindling, vulnerable force and the risks of service members dying in a war declared lost.

Second, State Department officials said they would keep the American Embassy open, with more than 1,400 remaining Americans protected by 652 Marines and soldiers. An intelligence assessment presented at the meet-

By DAVID ZUCKERMAN

Panic and desperation rose Saturday among thousands of Afghans struggling to flee the week-old Taliban takeover of Afghanistan, as gates to the Kabul airport were closed off and the U.S. Embassy warned American citizens to stay away from the airport, citing "potential security threats outside the gates."

The U.S. Embassy's warning that Americans should stay away from the airport added a new level of uncertainty to the volatile situation — which includes reports of growing hunger around the country — just a day after President Biden vowed to get all U.S. citizens to safety.

Assaulted by tear gas and by Taliban gunmen who have beaten people with clubs and whips, throngs of Afghans and their families continued to swarm the airport in hopes of getting aboard American military transport planes evacuating Americans and their Afghan allies. But the hopes of those who pressed against the airport blast walls faded as word spread that President Biden had warned that his effort to evacuate Afghans was not open-ended.

U.S. officials said the most serious current threat is that Afghanistan's Islamic State branch would attempt an attack that would both hurt the Americans and damage the Taliban's sense of control. But it was unclear how capable ISIS, which has battled the Taliban, is of such an attack, the officials said.

The security alert instructed Americans still marooned in Kabul not to travel to the airport "unless you receive individual in-

## Before Cuomo, Strife Brewed At Time's Up

This article is by Jodi Kantor, Aron Santorum, Melissa Rybak and Caro Barlow.

Nearly four years ago, moving with resolve after the global #MeToo explosion, some of the country's most famous women formed a new charity, Time's Up.

## As Delta Rises, Nurse Shortfall Imperils Patients

By ANDREW JACOBS

Cyady O'Brien, an emergency room nurse at Ocean Springs Hospital on the Gulf Coast of Mississippi, could not believe her eyes as she arrived for work. There were people sprawling out in their cars gnawing for air as three ambulances with groggy E1 patients idled in the parking lot. Just inside the front doors, a crash of screams as people jostled to get the attention of an overwhelmed triage nurse.

### Fighting Off Pandemic Burns Out Workers, Prompting Exodus

The bottleneck, however, has little to do with a lack of space. Nearly 30 percent of Singing River's 500 beds are empty. With 187 unfilled nursing positions, ad-

dition's nurses as never before, testing their skills and stamina as desperately ill patients with a poorly understood, rapidly flooded emergency rooms. They remained steadfast amid a calamitous shortage of personal protective equipment; spurred by a sense of duty, they flocked from across the country to the newest hot zones, sometimes working as volunteers. More than 1,200 of them have died from the virus. Now, as the highly contagious Delta variant ransacks the United States, hospitals across the work-

# Solutions Vary: Nurses

- Role Ambiguity
- Lack of Respect/Thanks/Acknowledgement
- Poor Treatment by Other Team Members
- Working at the Top of Your License
- Nursing Shortage-Lack of Staffing
- Intense Exposure to Pain and Suffering
- Unfairness-Moral Injury
- Covid Complexity-PPE, Support, Vaxxing
- “Stupid Stuff”-Systems and Processes



# Deep Joy, Deep Need



**“Every system is  
perfectly  
designed to get  
precisely the  
results it gets.”**

**Dr. Paul Batalden**



## If the Work...

- Doesn't make sense...is
- *Exacting* too great a cost without...
- *Enacting* significant benefit
- Creates a mismatch between job stressors/adaptive c  
resiliency...

**Then change the work!**



# What Do Our Patients (and Team...) Want?

**GB 3**

Get Back!

Get Better!

Get Boogying!



# Innovative Solutions for RN Crisis

1. Recruit-Hire Right for a New Environment
2. Re-Recruit-the A Team
3. Re-ward the A Team (Not Agencies)
4. Re-Imagine, Re-Innovate





# A Culture of Re-Recruitment & Coaching/Mentoring

1. The more talented the A Team Members, the more likely the competition knows that-and will try to recruit them away.
2. A Team Members hire A Team Members...but B Team Members hire C team members.
3. A culture of coaching and mentoring-mentors or tor-mentors?
4. Hire Right-hire people who are better than you-but Re-Recruit even better.
5. Change the culture-and the details-of your job performance systems, which reek of hierarchical, authoritarian interactions, moving from “How are you performing in this job?” to “How is this *job performing for you?*”

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# Re-ward the A Team-Not the Agency Team

- How angry would you be if the hospital...
  - Exhorted you to stay, but...
  - Paid the agency nurse next to you 2-4 X your pay?
  - Spent millions of dollars...per month
  - Then cried that they aren't making margin and so...
  - Can't increase hours
  - Can't increase pay for overworked, overstressed ED nurses?
  - Instead, why not re-invest on your own loyal nurses who have stayed instead of those who have strayed!
- **Some Hope on the Horizon**
  - UPMC
  - \$85/hour
  - Extra incentives for nights, weekends
  - 2 for the price of 1
  - Target 800 nurses
  - Henry Ford Health System-Best Choice
  - \$55-60/hour vs. \$100-150
  - Re-Recruitment
  - WellSpan Health (Well Staffed)
  - 55 RNs in the pool
  - 50% reduction in costs, orientation, benefits

# What Would Have to Be True? Idealized Design-Future Back

1. Object is to Build the System since it has been destroyed.
2. Must be a team effort
3. Must rely on existing or imminent technology
4. Must reflect a complex, adaptive *system*
5. Constraints:
  - Nursing Boards
  - C-Suites-CNOs key
  - Significantly capacity and budget constrained



# “Dyads”

## Physician-Nurse Leadership Teams



### Physician Leader

- Trust with Medical Staff
- Strong EBM Guideline Basis
- Investment in Doc Success
- Clinical Innovation
- Doc Behaviors/Accountability
- Managing Doc Productivity
- Commitment to the Patient



### Nurse Leader

- Trust with Nursing and Team
- Extends Critical Thinking Skills to the Team
- Investment in Nursing Success
- Supply Chain
- Expense Management
- Inpatient Bed Management
- Commitment to the Patients

# That's a Dyad?

## We've Been Doing *That* For Years!

- Complex Adaptive System Culture
- Team-Dependent Systems and Processes
- Interdependent Approach to Issues
- Mutual Respect in Throughout the Organization
- Support of the Entire ED Team Regardless of the Challenge
- Strong Foundation for Innovation and Change in a Capacity-Constrained Milieu
- Trust as the Foundation for Innovation



# All Language Has Meaning



## Traditional Model Language

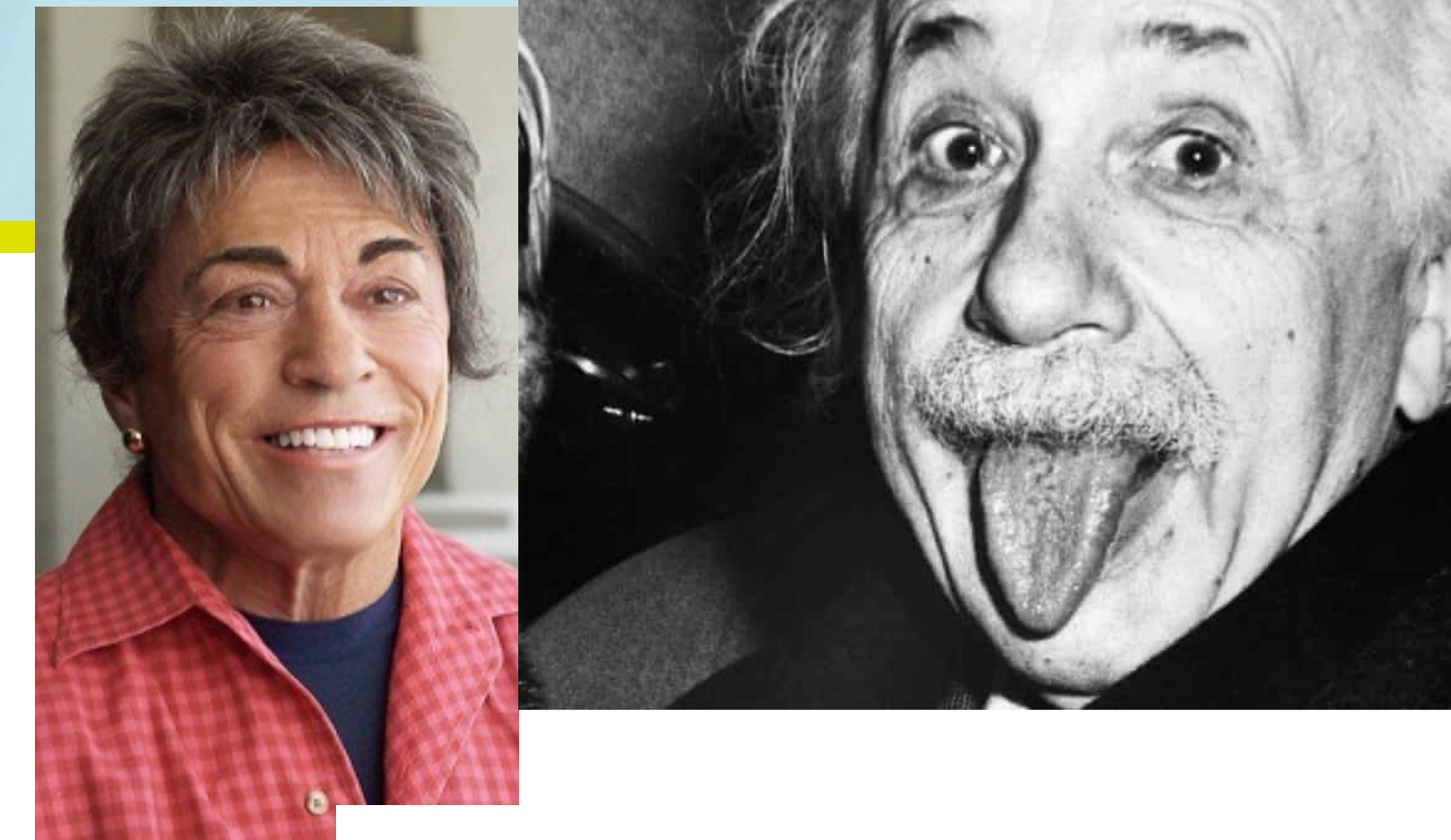
- “That’s not a Doc problem, that’s a nursing problem.”
- “Ask the Charge Nurse.”
- “The Doc PG scores are fine.”
- “What were you *thinking*.?”
- “We’re 2 nurses down.”

## “Dyad” Model Language

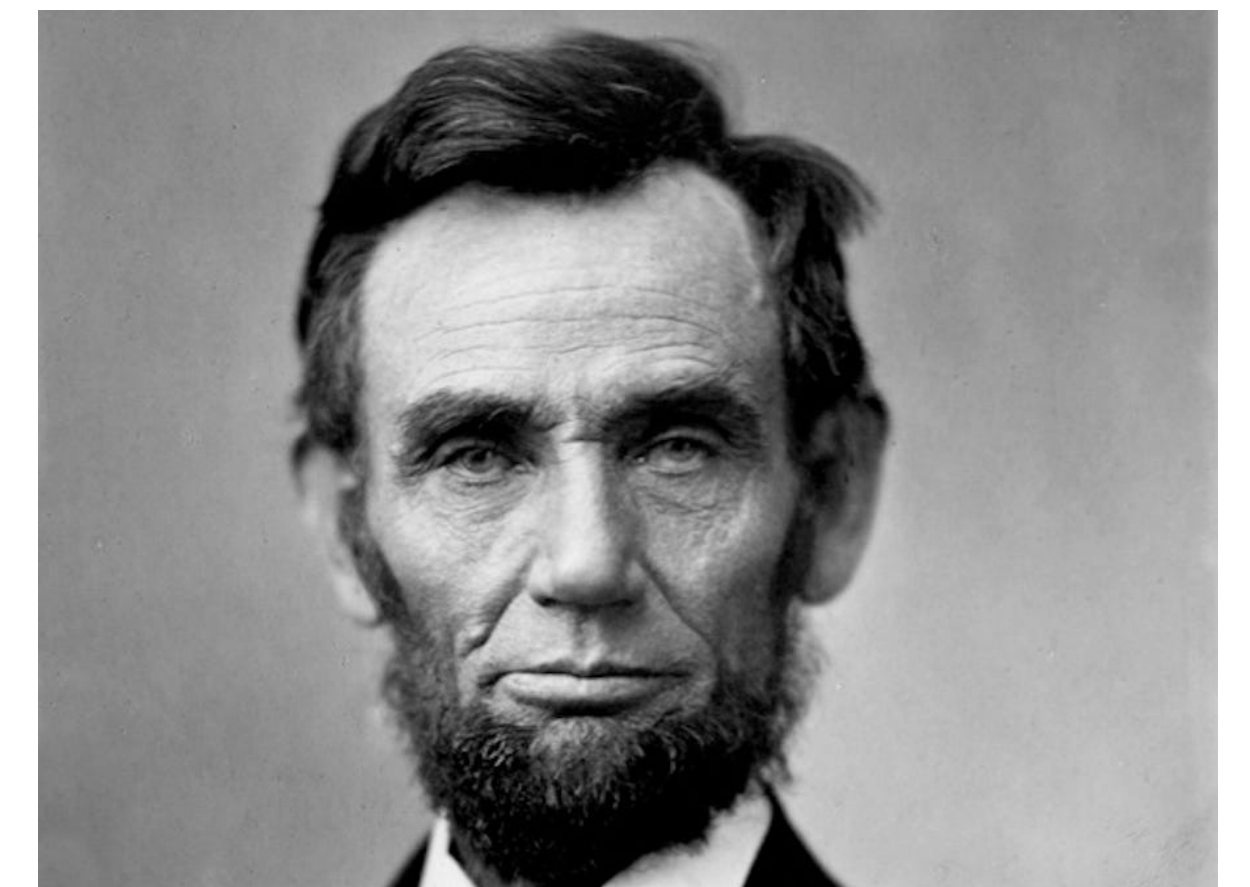
- “It’s *our* problem if it’s a patient problem.”
- “Time for a Clinical Huddle.”
- “Let’s work together on this.”
- “Could I talk with you privately for a second.”
- “We’re down 2, but not out. Time to change to the processes we worked out for this issue.”

# Re-Imagine, Re-Innovate

- “One definition of insanity is to keep doing the same things over and over...and expect different results.”
- “If you always do what you always did, you’ll always get what you always got.”
- “The dogmas of the quiet past are inadequate to the stormy present. The occasion is pile high with difficulty and we must rise with the occasion. As our case is new, we must think anew, and act anew. We must disenthrall ourselves and then we shall save our nation.”



I ♥  
MY  
MOM

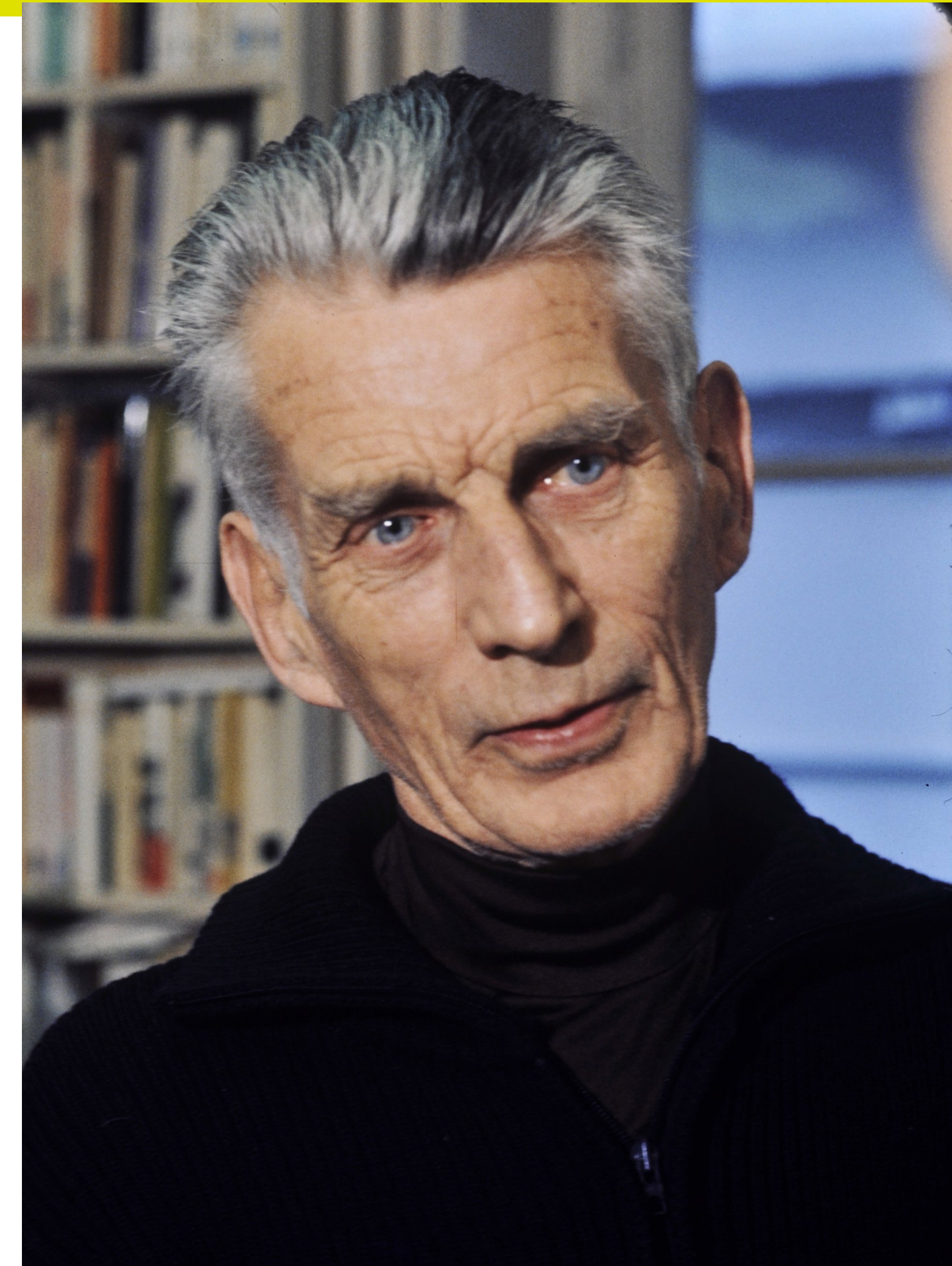




# Re-imagine, Re-Innovate



- Try
- Fail
- Try again
- Fail again
- **Fail Better!**



If They Aren't with You on the Take-Off...  
They Won't be with You on the Landing!



# The Paradox of Team Work?

- We can confidently assure our patients that they will be cared for by a team of experts...



- But can we assure them they will be taken care of by an expert team?

# We're Trained Differently



## Doctors

- Evidence-Based Medicine
- Love procedures
- Autonomous
- Authoritarian
- Hierarchical
- Focused time
- Outcomes-driven
- Technical expertise
- Linear perspective

## Nurses

- Critical Thinking Skills Path to EB Practice
- Meh...
- Team-dependent
- Collaborative
- Communications
- Expanded time
- Process-driven
- Interactive-service
- Circular perspective

# Getting Ready to Innovate...






- Do your homework-understand that all language and all behavior have meaning, you must have key allies
- Create a Powerful Guiding Coalition
- Don't ask for permission, don't plead for forgiveness
- Use prevailing winds and trends:
- “Working at the Top of Your License”
- Battling Burnout and Restoring Resiliency
- Workforce Staffing & Turnover
- Branding
- Significant strategic advantage
- Fill the pipeline **and** draining the tank...

# Critical Thinking Skills



- Critical thinking is a set of skills which are used to process information, generate beliefs and then to make decisions.
- Critical thinking is a mental process using reasoning and analysis to shape behavior and to make sound judgments and choices.
- Using critical thinking skills, one can take control of the thinking process and situation to make the best choices.
- Answering any open-ended question requires critical thinking skills to analyze information and formulate a response

# The “Love, Hate, Tolerate” Tool

1. **What do I LOVE?**  **Maximize It**
2. **What do I Hate?**  **Eliminate it**
3. **What do I Tolerate?**  **Minimize It**

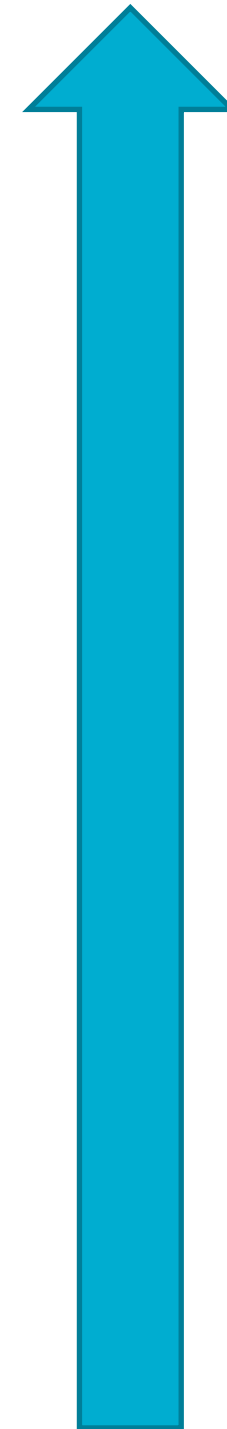
# Now Drive “Love, Hate, Tolerate” Down to the Core Curriculum

- Benner’s 5 Stages of Clinical Competence (Novice, Advanced Beginner, Competent, Proficient, Expert)
- ENA Core Competencies and Skills
- **Respiratory** (Chest tubes, Intubation/RSI, ABGs, Oxygen therapy, Suction...)
- **Cardiovascular/Circulatory** (Central Lines, CPR assessment, Arterial lines, EKG interpretation, I/Os, obtaining EKGs, IVs...)
- **Neurological** (LOC/Stroke assessments and monitoring, ICP, tPA, Interventional transfer, ongoing LOC assessments...)
- **Gastrointestinal** (Imaging, Meds, OG/NG tubes, ostomy)
- **Genitourinary** (Imaging, Pregnancy assessments, Coude, Foley catheter, irrigation, I/O...)
- **EENT-** (Posterior packs, anterior packs, Morgan lens irrigation, visual acuity, eye patching...)
- **MSK** ( Open fractures, Compartment syndrome, Ongoing assessments, slings, splints, crutch walling, D/C instructions...)
- **Toxicology** (Poisondromes, certain treatments, IV meds, NG tubes...)
- **Psychiatry/ Behavioral Health** (Assessment-Initial, R/O structural, metabolic, ongoing monitoring, restraints...)
- **Pediatric** (lines, tubes, techniques, monitoring...)



# Working at the Top of Your License

- Critical Thinking Skills Essential  
Critical Care
- Critical Thinking Skills Necessary  
Gestalt
- Task Oriented Activities  
Walking, D/C (minor)



Trauma, STEMI, Code Stroke,

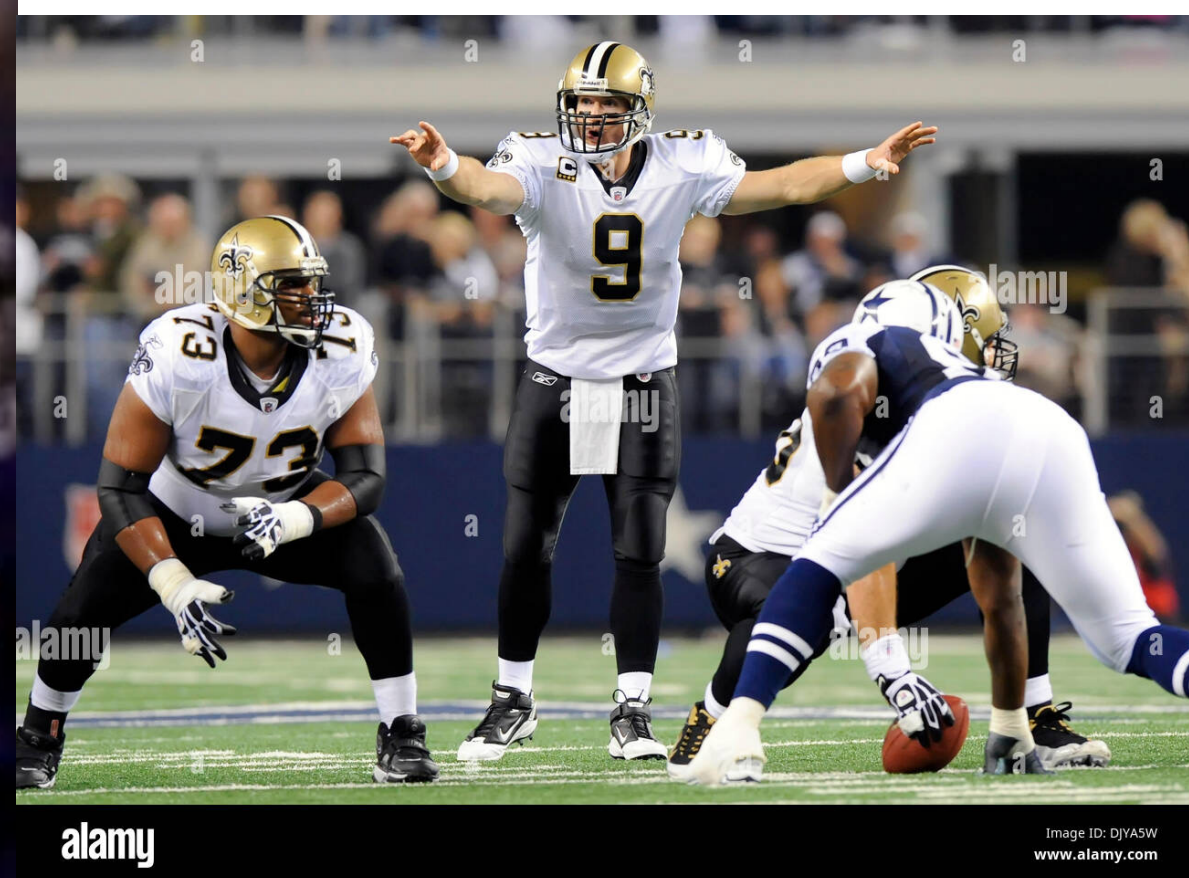
Main ED, Fast Track, Super Track,

IVs, NGs, Splinting Crutch

“All politics is local!”



# Calling an Audible... Changing the Play, Not the Game Plan



# Steps to Re-Imagining/Innovating

- Step 1: Create hope and cultivate trust
- Step 2: Take-Off and Landing-Those who do the work redesign the work
- Step 3: Ask your nurses to do the “Love, Hate, Tolerate” tool
- Step 4: Stop doing “Stupid Stuff,” Start doing “Smart Stuff”
- Step 5: Russ Ackoff’s “Idealized Design”-start from a future state and build back to the present-not the other way around
- Step 6: Use “What would have to be true?” for design
- Step 7: Continuously iterate-”Call Audibles” whenever needed-  
Re-assess, Re-tool, Re-calibrate

# Working At the Top of Your License “Deep Joy”

## Organization chart



Thoughts, Ideas, Pushback  
What Would Have to Be True?  
Catalyst for Solutions



# Timing is Everything...



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# Thank you

**Thom Mayer, MD, FACEP, FAAP, FACHE**

Executive Vice President, Leadership, LogixHealth

Medical Director, NFL Players Association

Founder-Best Practices, Inc.

Senior Lecturing Fellow, Duke University

[tmayer@logixhealth.com](mailto:tmayer@logixhealth.com)