

Use of Contingency Staff to Provide Safe Staffing and Cost Avoidance

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Overview

As the pandemic shifts to an endemic, the utilization of workforce resources has also changed. Support from contingency staff has become essential to manage workforce complexity. We have seen that multiple staffing models are needed to address the current nursing shortage. After enduring a pandemic, employees revealed that they want a safe working environment that offers flexibility and promotes well-being. We heard from leadership that we could not maintain the current escalated agency cost to provide these resources, and the rising costs were unsustainable. The concept of developing an internal agency emerged as a way to attain, retain and sustain an environment in which nurses want to work. In addition to core staff, float teams (full-time, part-time and as-needed), and traditional and international resources, the development of an internal agency had the potential to address some of our needs.

What is Internal Agency (IA)?

Staffing option that provides clinicians with a supportive leadership team and increased scheduling flexibility.

Clinicians are core team members with access to many Wellstar benefits and a manager that supports their educational and clinical needs.

Team members receive a 1:1 with their manager each month and attend monthly staff meetings.

Requirement:

Complete one 13-week contract during the Surge season (Oct 31-Mar 30). This allows team members the “travel” experience they seek. If they decide that traveling is no longer for them, they can quickly transfer to an inpatient facility or Wellstar Medical Group.

Retention strategy:

If an existing team member is considering resigning to travel, this staffing option can allow them to travel and remain a Wellstar employee and creates an opportunity to attract back prior clinical team members who might have left to travel.

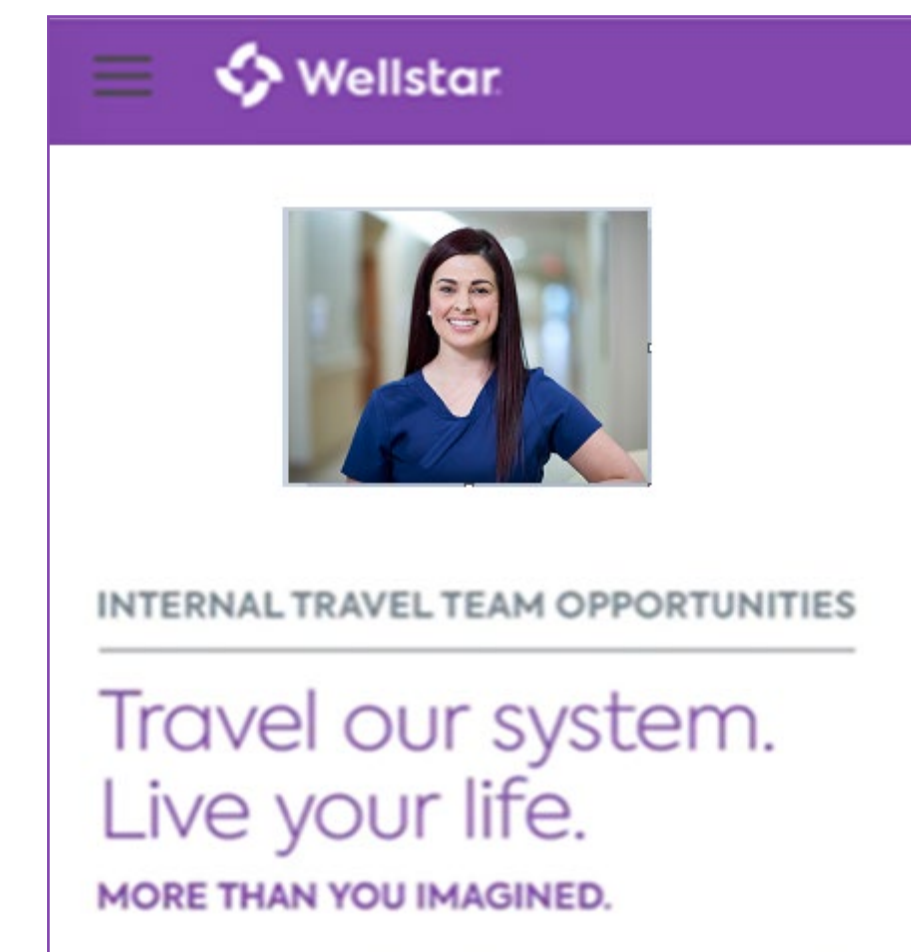
Lastly, this staffing option provides cost avoidance from increased rates with outside travel agencies that are not financially sustainable. IA has addressed current vacancies across the health system and continues to stabilize our core staffing.

How did we make it happen?

We partnered with Talent Acquisitions and developed a strategic plan to:

- Reach out to clinicians that might have left the system to travel and now would like to return (Boomerang)
- Connect with all current agency clinicians that might want to crossover to Wellstar (Conversions)
- Recruit and attract new experienced talent

The internal agency went live on 4/11/22 and onboarded 126 RNs and RT within the first 90 days.



Wellstar approved image

Achievement, Barriers, and Opportunities

What does success look like for us? We were able to reach our initial program goals within the first six months. Although we initially experienced great success, we identified a few barriers and opportunities for improvement.

- Clear communication and Identity confusion: Leaders had difficulty distinguishing between traditional external and internal agencies.
- Delayed starts: During the program’s onset, we allowed team members to accept an offer with a start date months later. We lost several candidates due to this highly competitive market and clinicians searching for the highest return.
- Nonbudgeted expenses: Since this was a new program, and we had initial program costs.

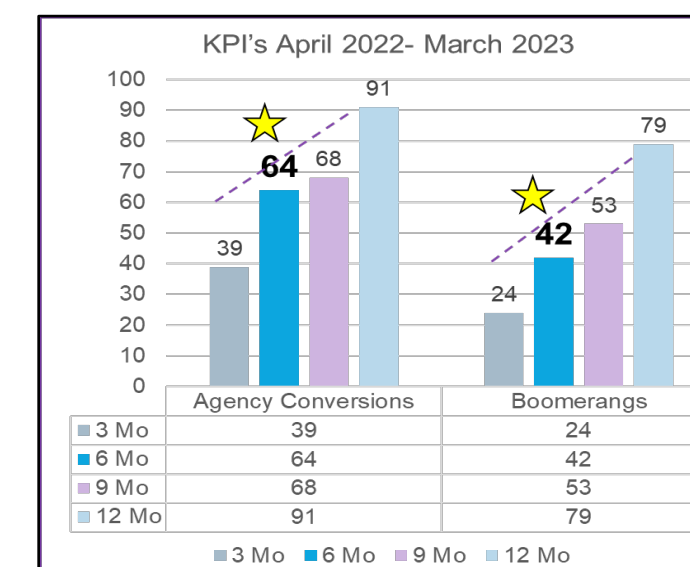
We covered our overhead cost through cost avoidance based on IA utilization vs. the cost of contract labor and special pay incentives. However, we still had over 200 traditional agency clinicians within the system, but we think of every travel nurse as a potential candidate for hire.

Learning Objectives

1. Describe the effectiveness of adding an additional tier of contingency staff.
2. Discuss successful outcomes attributed to a new staffing model to alleviate post-pandemic vacancies.

Key Performance Indicators

- **Agency conversions:** 60 candidates will transition from traditional agency in 3 months to IA
- **Boomerang:** IA will attract back 40 previous team members who left Wellstar to travel within three months.



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No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

What does the future hold?

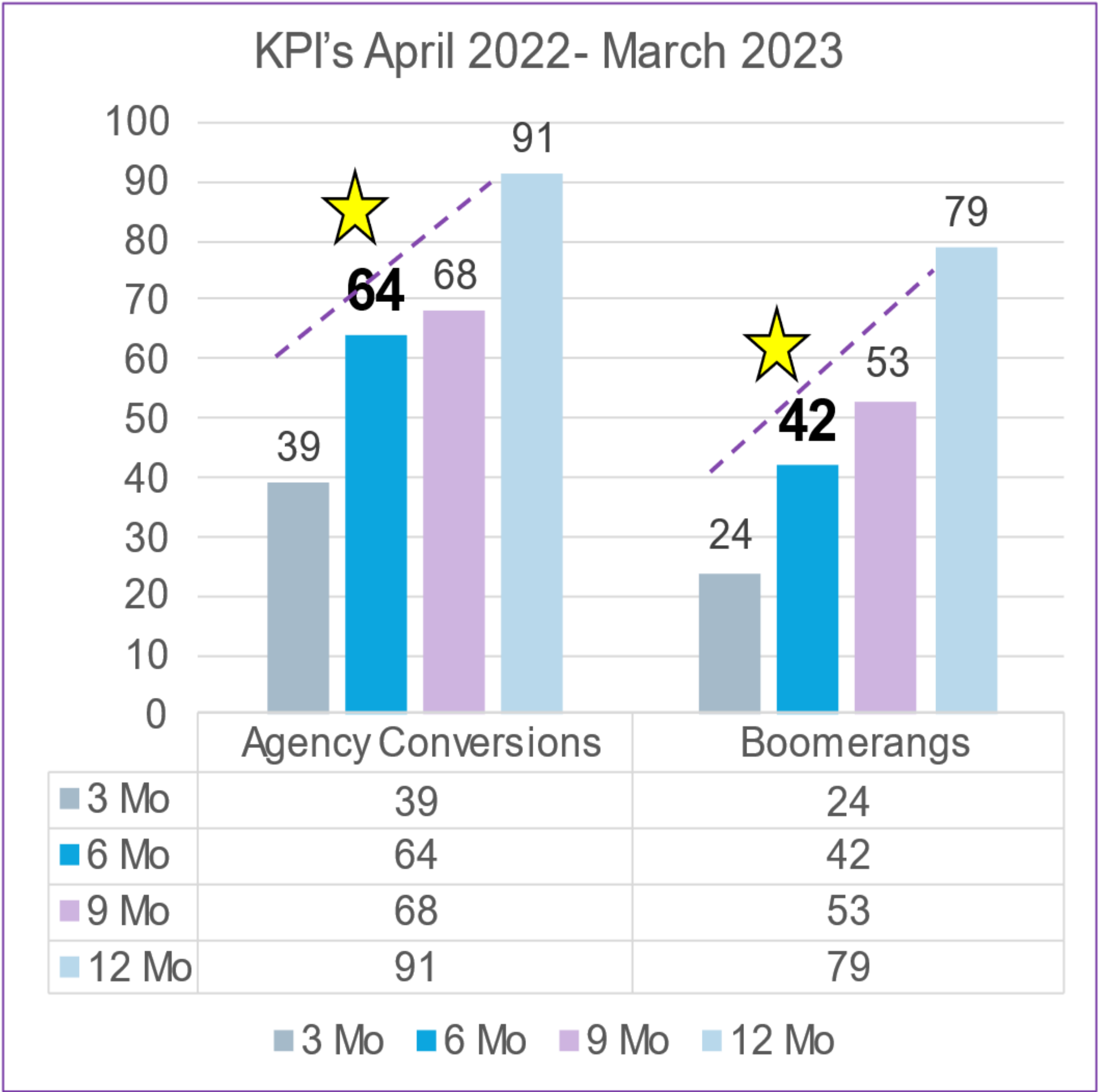
Goal: To decrease all traditional agency utilization and replace them with IA. Expanding across additional service lines, providing new strategies to create more flexibility (Immediate need contract), and cross-training seasoned nurses to areas identified as “hard to fill.”

Program optimization: hearing the “Voice of the customer.” We would build/strengthen our resource pool to meet their specific need now and for future projects. In addition, we would look for program enhancements to remain competitive and to continue to attract new talent.

References
Adams, J., Kaplow, R., Dominy, J., & Stroud, B. (2015). Beyond a Band-Aid® Approach: An Internal Agency Solution to Nurse Staffing. *Nursing Economic\$, 33*(1), 51–58.
Byram, S. A. (2016). Internal agency nurses provide an integrated, centralized staffing solution. *American Nurse Today, 11*(12), 8.

Initial Program Key Performance Indicators

April 2022 – March 2023



KPIs

- Agency conversions: **60** candidates will transition from traditional agency in 3 months
- Boomerang : will attract back **40** previous team members who left Wellstar to travel within 3 months

Achievement:

- **6-month** headcount 64 agency conversions and 42 boomerangs
- **12-month** headcount 91 agency conversions and 79 boomerangs

Future Program KPIs

- Predictive Headcount
- Decrease Turnover

Internal Agency- Wins



Allowed team members to maintain a similar travel life while having dedicated leadership invested in their growth and development

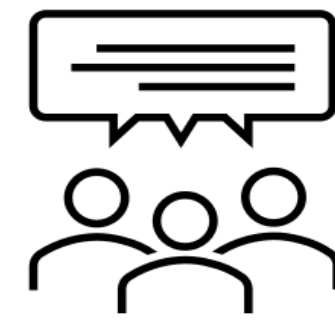


Program interest generated by word of mouth from clinicians satisfied with the program



Supported systemwide critical staffing needs

8251+ shifts filled expanding multiple service lines
Resulted in cost avoidance of traditional agency



Team members feeling valued & connected to leaders

Team member WOW recognition by unit leaders
Building trusting relationships with unit/facility leaders

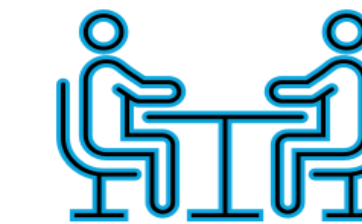


Developed Immediate Need Contracts (INC)

ICU RNs without placement supporting EDs at KH, CH, & NF with ICU/IMCU holds



Ten IA team members converted to core team members YTD



Hiring Events – January 19th & May 4th with a combined 45 offers made and 39 offers accepted



Supported Employee Health's need to cover short term LOAs



Onboarded **8** WMG LPNs in Jan/Feb with 1 more to onboard in June

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