

Innovative Best Practice Opportunities to Impact Workforce

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Welcome & Objectives



Jill Williams VP of Workforce Development Missouri Hospital Association



Greg Smith Virtual Health Lead Accenture Health **O1** Introduce and orient participants to Workforce Management best practices and assets available from the Missouri Hospital Association

O2 Dig deeper into proven and emerging Workforce Management opportunities that focus on nursing and the use of Generative AI

O3 Reinforce solutions that provide value to both rural and urban health organizations and may encourage new opportunities to collaborate





Jill Williams VP of Workforce Development Missouri Hospital Association



Greg Smith Virtual Health Lead Accenture Health **O1** Introductions, Purpose & Agenda

Meet our workshop leaders

02 Workforce Management

Learn about the 5 pillars in workforce management and the Missouri Hospital Association assets in support

03

Pivot: GenAI in Care Work Design and Safety/Wellness

Using nursing as an example, reimagine a different nursing care model that increases safety while also leveraging GenAI.

04 Nursing First Leveraging Generative AI

Understand Nursing First and the basics of Generative AI. Use breakouts to explore uses cases for Generative AI and the value they may bring to a new nursing care model.

05 Reflection & Debrief

Discuss how learnings can be applied to current situation

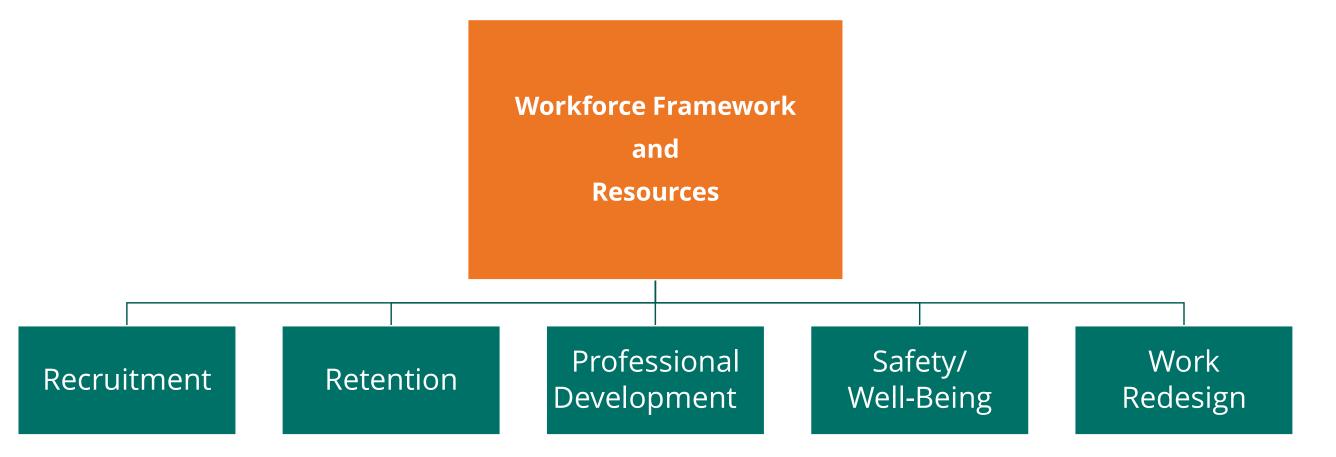


Pivot: GenAl in Work Redesign & Safety/Well-being

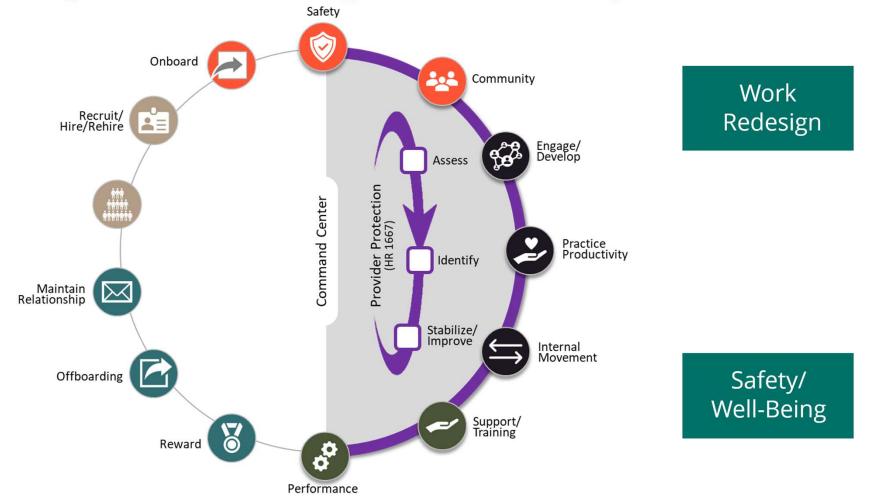
Using nursing as an example, reimagine a different nursing care model that increases safety while using GenAl



Recall MHA's Holistic View Of Workforce as the Foundation



Let's Pivot to the Levers in Work Redesign & Safety/Wellbeing with Nursing as an example



Goals of Workforce Redesign and Safety/Well-being (Key Moments & Impact):

- Promote joy and intellect motivating participation¹
- Ensure safety confidence²
- Leverage virtual nursing¹
- Provide flexibility to employed staff¹
- Facilitate collaboration and coordination²
- Culture of support and recognition¹
- Reduce technology burden and digital fatigue²

1. "Nursing shortage is more than a pandemic problem, says CommonSpirit's CNO Dr. Kathleen Sanford," MacKenzie Bean, Becker's Hospital Review, Nov. 8, 2021

2. "Improving Mental Health in Healthcare: Three Ways to Care for Clinicians and Staff," Commure, Saurabha Bhatnagar, MD, May 26, 2022.



Discussion:

- How are you deploying technology to ease the burden on nurses and to improve care delivery and what tech shows promise for the future?
- What have you heard about GenAl (Generative Artificial Intelligence)?

Other WFM levers (raises, bonuses, etc.) ChatGPT, virtual nursing, remote monitoring: Top digital health trends so far in '23 Giles Bruce - 21 hours ago

- 1. "Reimaging the nursing workload: Finding time to close the workforce gap," McKinsey & Company, May 26, 2023, Berlin, Bilazarian, Chang, Hammer.
- 2. "2023 NSI National Health Care Retention & RN Staffing Report," NSI Nursing Solutions, Inc.





Nursing First – Leveraging Gen Al

Understand Nursing First and the basics of Generative AI. Use breakouts to explore uses cases for Generative AI and the value they may bring to a new nursing care model



Nursing First Focuses on Creating Resilience Nurses are key to successful

care...

...and remain under stress

#1 Nurses, by a wide margin, are the most trusted profession¹



Nurses indicate they are thinking about leaving the profession^{3,4,5}

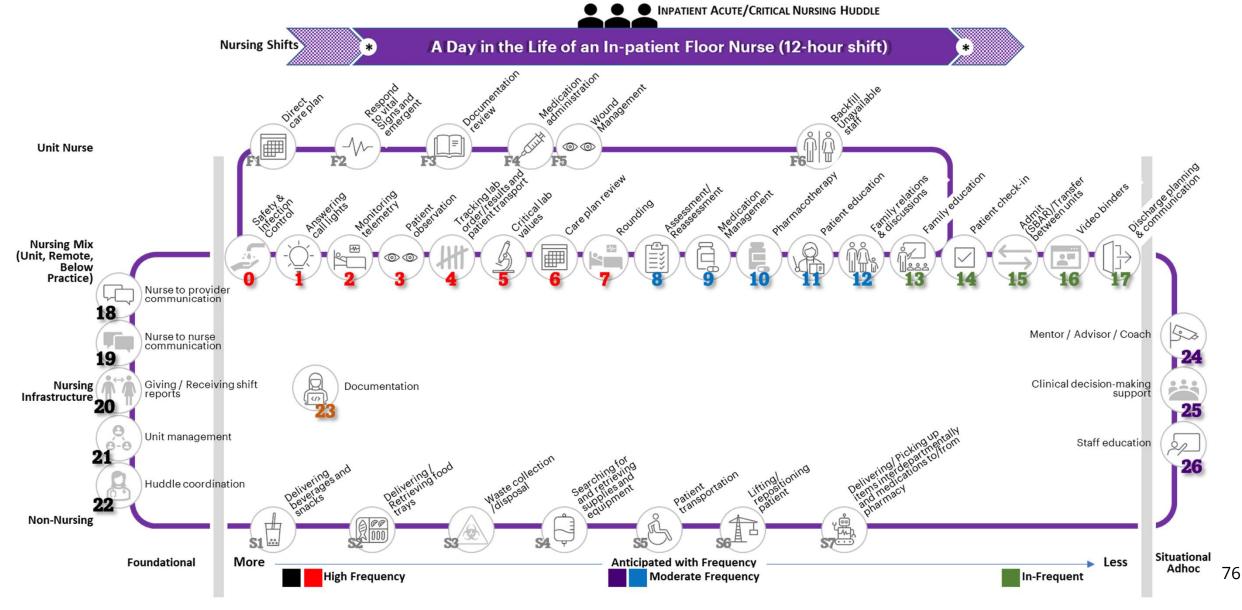
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#1 Nurses are often more than double the number of any other professional category for health systems<sup>2</sup>
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35% of Nursing staff are new

The Nursing First mindset leverages patented and proprietary clinical workflows, technology (personal command center, GenAI), and potentially people to create sustainable, resilient nursing capability



What Nurses do...



MISSOURI HOSPITAL ASSOCIATION

Work Redesign Architects the Future of Care Delivery

Provide augmented capacity through the four levers, including alternative staffing and automation. Augmented capacity substitutes tasks – not jobs – and enables nurses to focus on the patient.

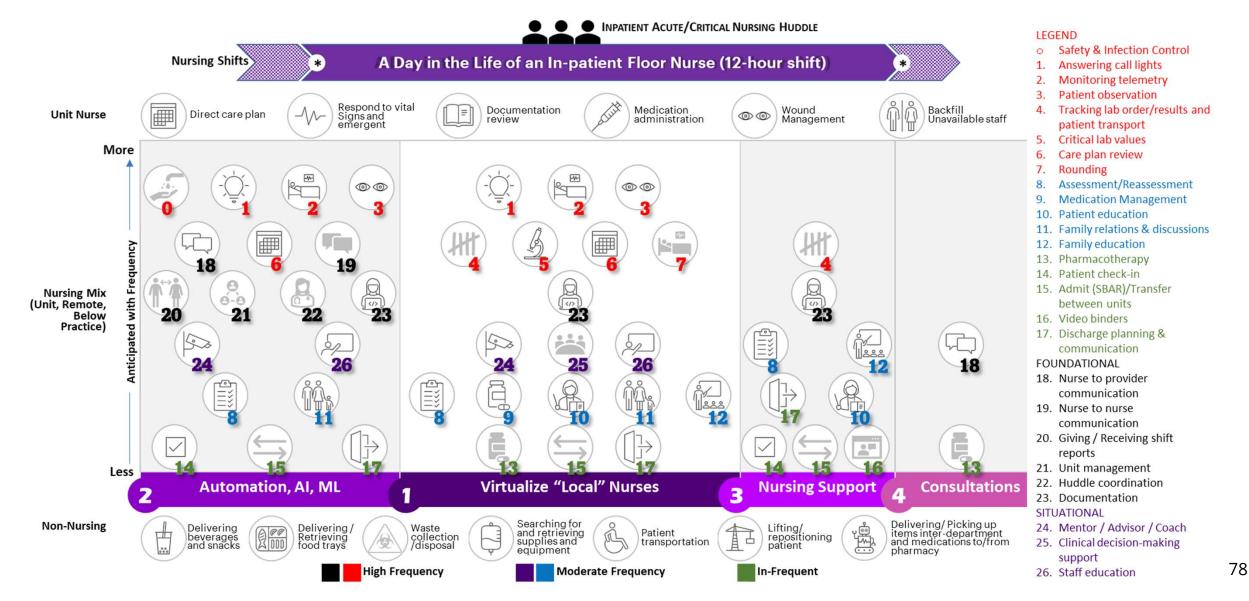
Goals:

- Permanently reduce the stress on clinical staff and the organization
- Nurses operate at the "top of the license" and focus on patients
- Focus on outcomes and value – Architect for future changes



MISSOURI HOSPITAL ASSOCIATION

Redesign results in shifting tasks as appropriate

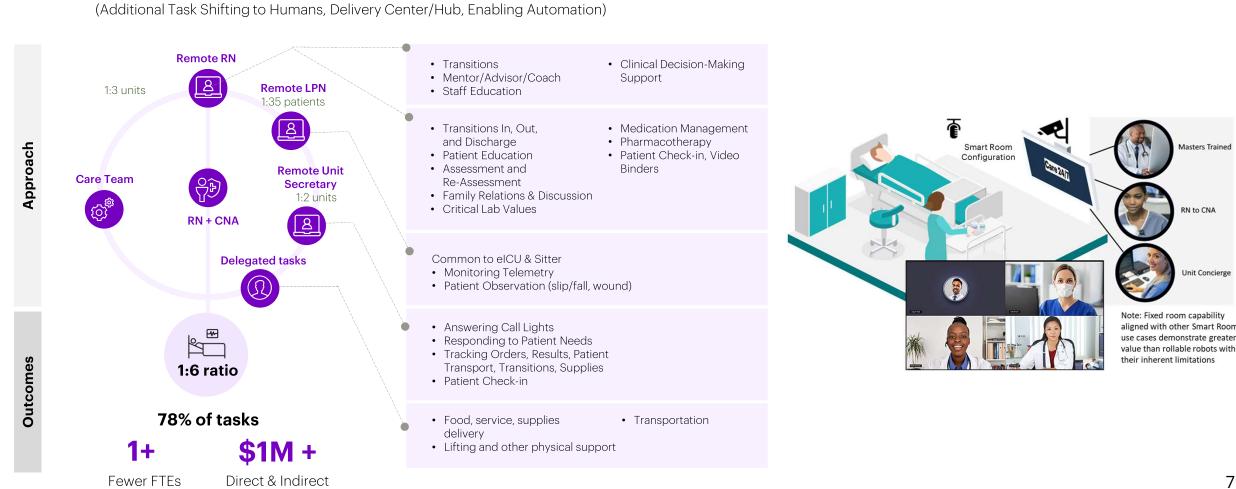




Virtual Nursing 2.0+

Next Step: Humans + Automation

Inpatient, acute task shifting to humans expands on the initial virtual nursing approach. The result is a broader scaling of nursing resources into a delivery center model and moving more tasks to remote/virtual nurses.

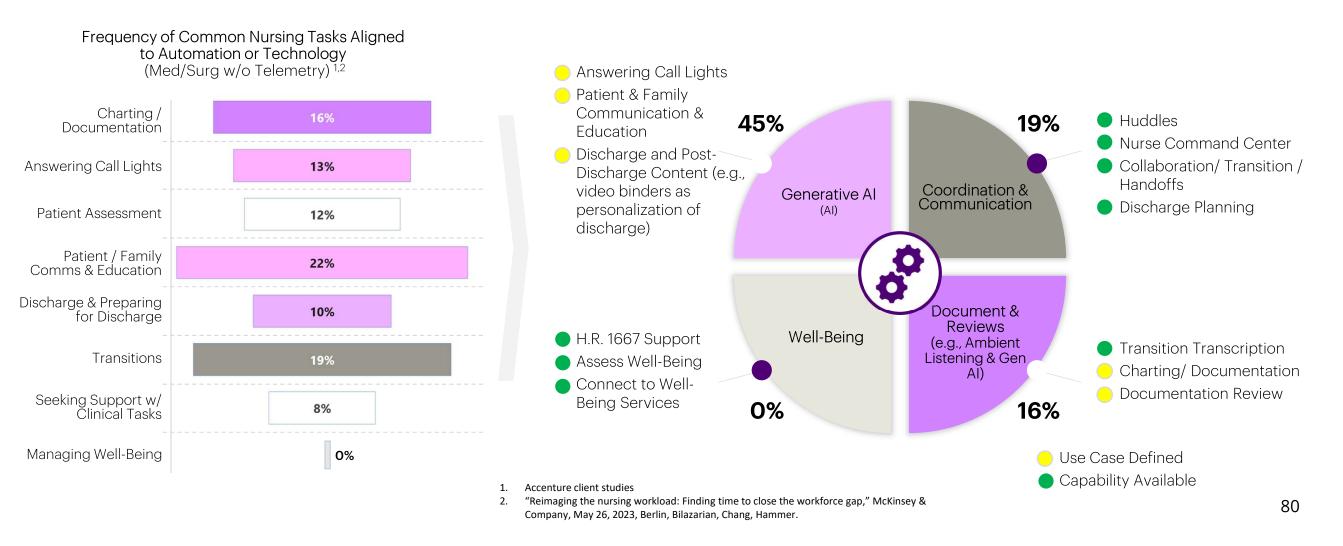


Benefit Annually



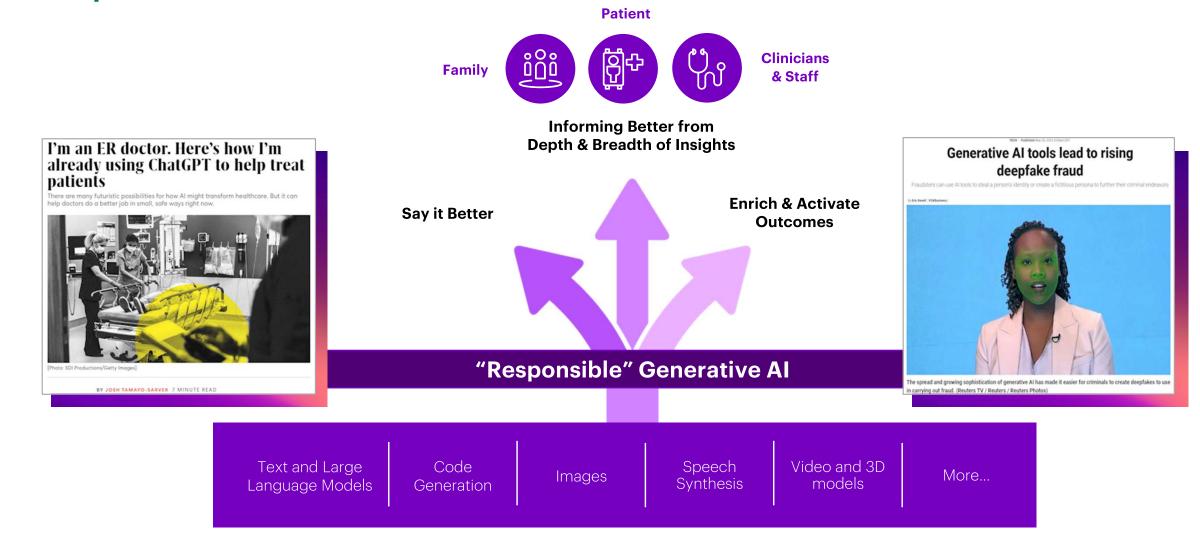
Let's Explore Automation and Gen Al

Accenture and partners bring differentiated automation and technology capabilities that encourage the shifting of inpatient tasks.





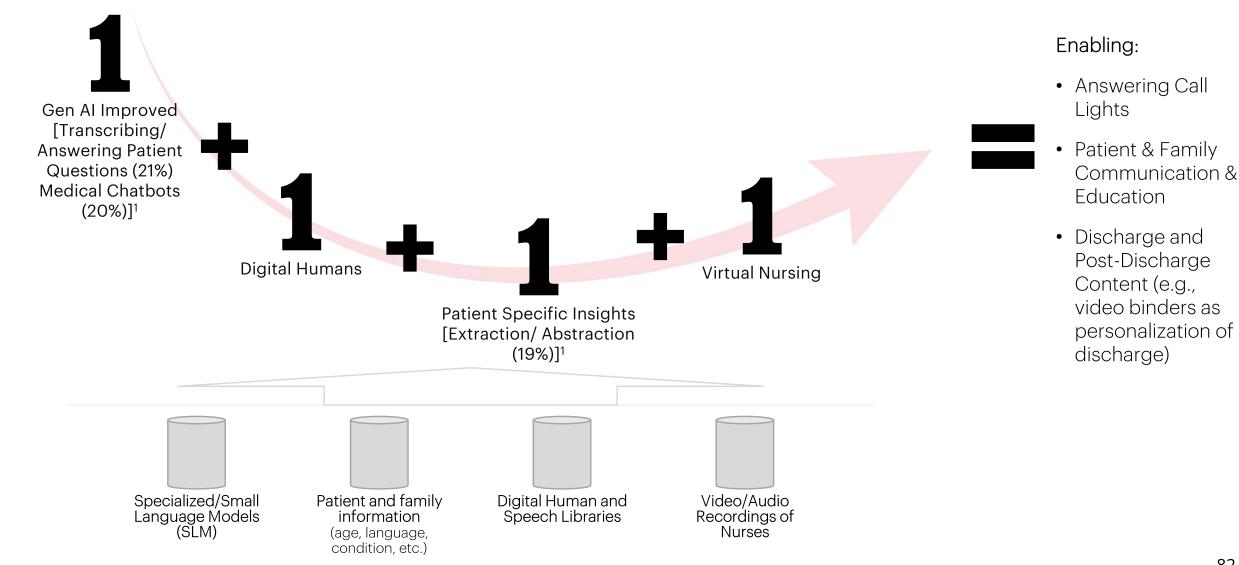
"Responsible" Gen Al Holds Promise to Enable Care







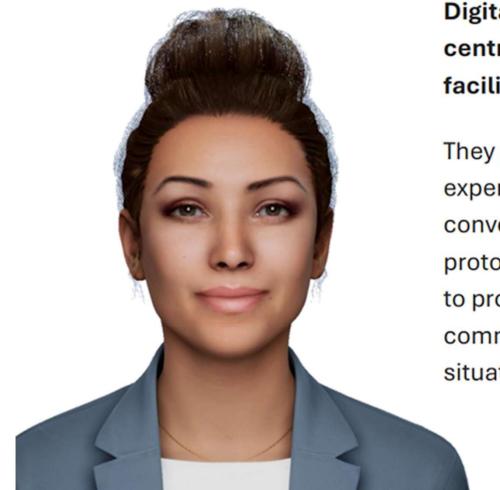
Leveraging Gen AI: Building Blocks



1. "Despite adoption hurdles, healthcare is all-in on Generative AI," CIO, David Talby, July 1, 2024.



What are Digital Humans?



Digital humans are convenient, usercentric, accessible interfaces that facilitate interaction.

They provide a compelling, empathetic experience over a wide range of conversational situations. We are prototyping them in healthcare settings to provide always-on alternatives to common health and medicine situations.



Of executives say that making technology more human will greatly increase opportunities across all industries and sectors.

Digital Humans are a key component of the shift towards augmentation.

Source: Accenture Research



Benefits of Digital Humans

2.

6.

Versatile

Digital humans can be selected, dressed according to need, positioned on the screen according to content, and generated from scratch.

Always-on

A digital human is an always-on resource, available to answer questions, provide training, guide people through demonstrations, etc., up to 24 hours a day.

3. Multilingual

Digital humans adapt to the language and dialect needs of the audience, even translating between languages as needed to facilitate the conversation.

Expressive

4.

Digital humans can be directed to show human-like expressions, a key aspect of creating an empathetic bond with the consumer.

5.

Interactive

With speech to text technology the digital human experience is interactive, effectively mimicking the normal flow of human conversation. Assets on screen can also be interacted with by the consumer, combining static and dynamic interfaces to content.

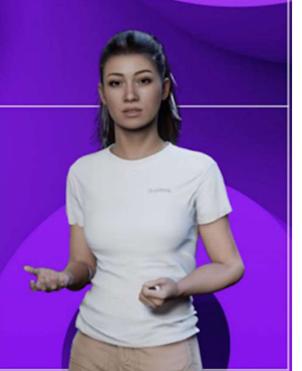
Familiar

People interact more effectively with familiar interfaces. Digital humans provide a familiar but not overwhelming interface to information that people enjoy working with.¹

Effective

7.

Digital Humans are proving highly effective at communicating noncritical, non-diagnostic healthcare information to patients. People find the experience enjoyable and less of a "black box" than a chatbot.

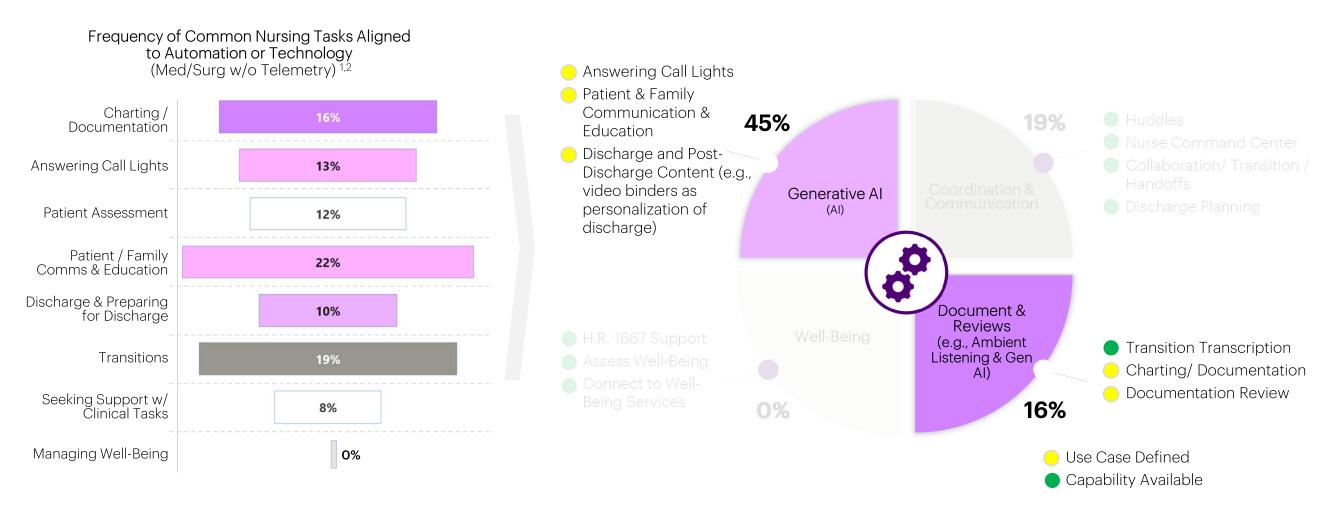




Breakout Session #1 Value Assigned to Use Cases



Gen Al Use Cases





Return in 20 mins

In the breakout group:

- Establish a timekeeper and a presenter for the debrief
- Complete the value matrix to the right for each of the following nursing activities
 - □ Transitions
 - □ Charting/ Documentation
 - Documentation Review
 - □ Answering Call Lights
 - Patient & FamilyCommunication & Education
 - Discharge and Post-Discharge
 Content (e.g., video binders as personalization of discharge)

	Time Spent	Change Required to Automate or Augment with Technology	Value to a Nursing Care Model if Automated or Augmented with Technology
Transitions	19%	High Medium Low	High Medium Low
Charting/ Documentation	16%	High Medium Low	High Medium Low
Documentation Review	5%	High Medium Low	High Medium Low
Answering Call Lights	13%	High Medium Low	High Medium Low
Patient & Family Communication & Education	22%	High Medium Low	High Medium Low
Discharge & Post- Discharge Content	10%	High Medium Low	High Medium Low

Debrief (4-5 minutes per breakout group)

Each breakout to respond to the following questions:

- What are the key approaches you identified for using Generative AI to improve how we speak to patients or family?
- What did you see as ways to provide better information from insights?
- What unique ways can Generative AI be used to enrich interactions with patients and family?
- How might nurses benefit from your ideas?



Breakout Session #2 High-Level Design of a Use Case



Return in 20 mins

In the breakout group:

- Establish a timekeeper and a presenter for the debrief
- 5 minutes rapid fire project updates
- Share one bright spot, and one hurdle you are currently facing with your project or role
- 15 minutes review the sample case assigned and think about the following questions
- **1. How might we...** use Generative AI to improve patient and family outcomes experienced from inpatient, acute care?
- 2. How might we... relieve the burden and burnout of nurses by augmenting some of their tasks with Generative AI?
- **3. How might we...** increase patient and family outcomes by enriching the information shared using Generative AI

Scenario 1

More than 20% of an inpatient nurse's time is spent in patient or family education and communication. These touchpoints are often points of frustration, confusion, and reduced HCAHPS results. Virtual nursing adds to nursing staff responsible for communicating effectively.

Scenario 2

Discharge planning, discharge, and post-discharge are key tasks (10% of a nurse's time) that lead to positive patient outcomes. Hospitals have focused on readmissions and other outcomes for discharge. Virtual nursing is often used to support discharge, but virtual nursing may create other unique opportunities to enhance patient understanding.

Scenario 3

Answering call lights takes about 13% of a nurse's time. It is also a contributor to increases in slips, falls, and mental stress of patients. For instance, it has been shown that if virtual sitting is connected to answering call lights, fewer incidents occur, and sitter/patient ratios increase.



Breakout Scenario #1

- 1. Establish a timekeeper and a presenter for the debrief
- 2. Review the scenario below and think about the following questions. Your presenter should be ready to debrief the whole group afterwards. (20 minutes)

Scenario 1

More than 20% of an inpatient nurse's time is spent in patient or family education and communication. These touchpoints are often points of frustration, confusion, and reduced HCAHPS results. Virtual nursing adds to nursing staff responsible for communicating effectively.

- **1. How might we...** use Generative AI to better communicate with patients or family members?
- **2. How might we...** provide better insights using Generative AI during patient and family communications?
- **3. How might we...** enrich and improve patient and family education and the resulting outcomes?

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Breakout Scenario #2

- 1. Establish a timekeeper and a presenter for the debrief
- 2. Review the scenario below and think about the following questions. Your presenter should be ready to debrief the whole group afterwards. (20 minutes)



Scenario 2

Discharge planning, discharge, and post-discharge are key tasks (10% of a nurse's time) that lead to positive patient outcomes. Hospitals have focused on readmissions and other outcomes for discharge. Virtual nursing is often used to support discharge, but virtual nursing may create other unique opportunities to enhance patient understanding.

- **1. How might we...** use Generative AI to better communicate to patients or family members discharge instructions?
- 2. How might we... provide better insights using Generative AI to ensure patients and families understand and comply with discharge instructions?
- **3. How might we...** enrich and improve patient and family understanding, retention, and access to education that reduces the potential for a readmission?

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Breakout Scenario #3

- 1. Establish a timekeeper and a presenter for the debrief
- 2. Review the scenario below and think about the following questions. Your presenter should be ready to debrief the whole group afterwards. (20 minutes)

Scenario 1

Answering call lights takes about 13% of a nurse's time. It is also a contributor to increases in slips, falls, and mental stress of patients. For instance, it has been shown that if virtual sitting is connected to answering call lights, fewer incidents occur, and sitter/patient ratios increase.

- **1.** How might we... use Generative AI to respond faster and more effectively to a patient or family member pressing the call button?
- 2. How might we... improve the quality of the response to call lights and alert others to be ready to respond?
- **3. How might we...** how might answering call lights better impact safety and satisfaction?

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Debrief (4-5 minutes per breakout group)

Each breakout to respond to the following questions:

- What are the key approaches you identified for using Generative AI to improve how we speak to patients or family?
- What did you see as ways to provide better information from insights?
- What unique ways can Generative AI be used to enrich interactions with patients and family?
- How might nurses benefit from your ideas?

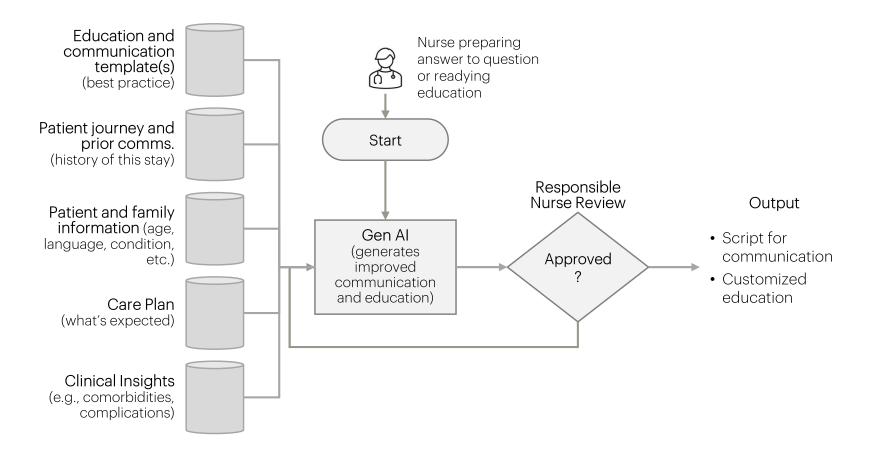
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"School Solution": Patient/Family Communication & Education

Approximately 22% of nursing time is spent communicating and educating patients and family. The quality of these interactions affect key outcomes of length of stay, satisfaction, medication understanding, and successful discharge.

Why Gen AI for Patient/Family Communication & Education

- High Frequency Activity w/ High Impact on Outcomes.^{1,2} Direct care is the highest frequency tasks and 35% of time is spent in Patient/Family Communication and Education. Improved communication and education will impact satisfaction, length of stay, and postdischarge.
- GenAl Shown to Improve Communication.^{3,4} GenAl has offered better ways to communicate and educate patients and families. Improved communication has led to calmer relationships between clinicians and patients/family. Communication and education can be adapted to better match languages, ages, and other factors that impact sharing of information and understanding
- Impact Downstream Tasks. Awareness of nursing interactions in Patient / Family Communication and Education will be used to improve discharge information.
- Automate Interpreter Services. Ease of adapting base communication and education to the language and style of the patient or family increases understanding.



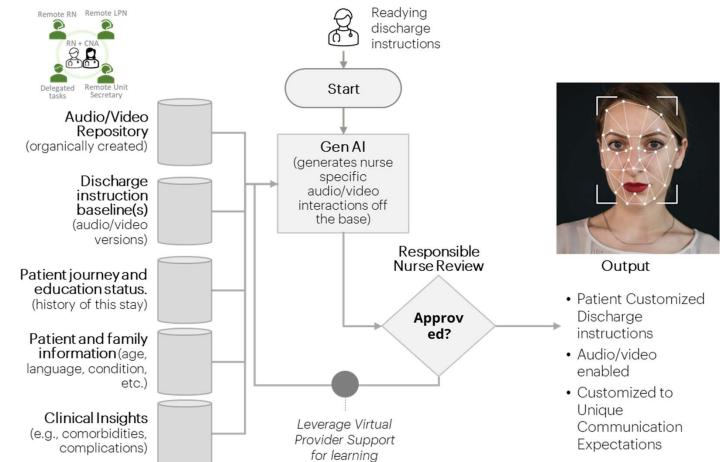
- 1. Accenture client studies
- 2. "Reimaging the nursing workload: Finding time to close the workforce gap," McKinsey & Company, May 26, 2023, Berlin, Bilazarian, Chang, Hammer.
- 3. "I'm an ER doctor. Here's how I'm already using ChatGPT to help treat patients, Fastcompany.com, May, 15, 23.
- 4. Doctors are using ChatGPT to improve their awkward bedside manner and sound more human to their patients," Fortune, Prarthana Prakash, June 15, 2023.

"School Solution": Discharge Instructions

Discharge effectiveness impacts health outcomes (e.g., readmissions, compliance). Generative AI provides an opportunity to improve effectiveness and support the 10% of time "readying" discharge and completing discharge from an inpatient stay.

Why Gen AI for Discharge Instructions

- Common Use Case. Discharge instructions are increasingly identified as a generative AI use case.
- Video Increases Effectiveness. Discharge instructions that are video based are more effective¹ create better understanding by the patient and are easier to demonstrate expectations of the patient
- Trust and Familiarity. More than 40% of patients feel discharge information is incomplete or not understandable.^{2,3} People learn and understand better from those individuals that they have a relationship with and trust.⁴
- Leverage Interaction Insights. Unique opportunity to provide a differentiated patient and family engagement by personalizing to the most common or most "liked" clinical relationship.
- Flip Negative to a Positive. Much has been said about the potential harm to deep fakes.⁵ Using AI generated audio/video is an example of the good that come from the capability.
- Self-Populating Audio/Video Repository. Virtual nursing is about leveraging remote nursing and clinical resources, often in dialog with patients and the care team. These interactions become natural, "cleaned" repositories to support customization.
- **Demonstrated Success.** Generative AI already demonstrates value by increasing the effectiveness of patient and family communication.



- Utilization of Educational Videos to Improve Communication and Discharge Instructions," Western Journal of Emergency Medicine, Wray, et.al., Apr. 27, 2021, <u>link</u>
- 2. "5 Things You Need Now to Improve Discharge Planning," Sentrics, November 24, 2020, link
- 3. Impact Act, CMMS, Sept. 30, 2019, link
- 4. "Trust In Health Care: Insights From Ongoing Research," Health Affairs, Cope, et.al., Jan. 11, 2022, link
- 5. "Google CEO warns about AI deepfake videos," INQUIRER.NET, Arasa, July 12, 2023, <u>link</u>

"School Solution": Answering Call Lights

Responding to call lights is unplanned, unpredictable, and unclear. 16% of nursing time is spent addressing call lights and often at the expense of another activity. Responding effectively is paramount to patient safety.

Why Gen AI for Answering Call Lights

- Not Applicable to Sitter or Intense Care. A call light use case is not intended to replace the intensity expected of sitter, eICU, or emergent care.
- "Respond Smartly". Responding in an inpatient or acute setting highlights the need to consistently focus on patient safety. Generative Al capabilities can assist in responding intelligently, in a timelier manner, while also enhancing or ensuring a focus on patient safety.
- New Use Case. While Mayo and others are experimenting with Alexa-type use cases,^{1,2} using Generative AI to respond to a call button needs to be guided by an emphasis on patient safety.
- Impact Satisfaction. Responding to patient and family needs or questions effects patient and family satisfaction as well as clinician satisfaction.^{3,4} There are negative consequences to clinician interruptions as well as delays responding to patient/family needs.⁵
- Endpoint Near Call Device. Some type of audio/video endpoint is needed near the call light to initiate actions to answer a call light.

