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PROBLEM STATEMENT

On March 2, 2020, the South Carolina Department of Health and Environmental Control (DHEC) announced the restructuring of the Health Regulation deputy area, to enhance efficiencies and address future needs. While the Health Regulation deputy area played a critical role in providing invaluable services to our state's healthcare facilities as well as the patients they served, there was still an opportunity for improvement. For decades, the programs that made up Health Regulation were created with the intent to ensure statewide oversight of healthcare facilities and services. DHEC proudly recognized the accomplishments, hard work of the staff, their dedication to ensure safe quality care was provided in healthcare facilities throughout the state of South Carolina.

However, the voice of the customer has always been a priority, to better serve the citizens of South Carolina. This included routinely evaluating our business processes and placing a constant focus on customer service and continuous improvement. As a part of this process, the Leadership team worked to identify key areas of opportunity. In addition to communicating with the citizens, additional stakeholders included the Center for Medicare & Medicaid Services throughout this process.

Upon collecting feedback, in December of 2019, DHEC hired the consulting firm, Healthcare Management Solutions temporarily, to assist in identifying short- and long-term solutions, to help enhance efficiencies and streamline processes. The decision was later made to re-evaluate the current organizational structure of the Health Regulation deputy area. This resulted in a name change, to reflect the area's commitment to ensuring patients receive quality

care. No positions were eliminated, nor did employees see a reduction in their compensation as a part of the reorganization.

The restructuring was intended to eliminate redundancies, enhance efficiencies, as well as align operational practices with national best standards, and as a result, move South Carolina towards joining 47 states that had already combined both state and federal oversight of healthcare facilities. Careful consideration was taken to address employee concerns, such as how the restructuring may directly impact them, as well as healthcare facility patients and residents. Leadership assured the staff that the goal was to remain deeply committed to ensuring continued employment for staff and continuity of care and services for patients in healthcare facilities across our state. A Frequently Asked Questions document was also created, to help answer questions and provide the staff with additional information, and the transitions was slated to official take effect on March 12, 2020.

On March 10, 2020, Managers and Supervisors began receiving guidance related to COVID-19. Not only was the staff in the middle of a reorganization, which resulted in potentially reporting to different Supervisors, and being a part of a new team, but the world was now facing a pandemic. Some staff became concerned about their health, as well as their job duties, which required them to conduct inspections in various medical facilities, in addition to staying in hotels 3-4 nights each week, to complete timely inspections. This series of events ultimately led to several critical positions being left vacant.

To maintain Federal and State funding, DHEC must continue promoting and protecting the health of all South Carolinians by conducting survey inspection in various medical facilities. The chain of events ultimately resulted in 12 critical vacant positions, and a need to fill a minimum of 9, to conduct survey inspections.

I was assigned as the Project Manager for the Healthcare Quality deputy area, to oversee the process of identifying, recruiting for, hiring, and on-boarding the following critical positions, within a reasonable timeframe: Seven (7) Nurses, four (4) Managerial Leadership positions, and one (1) Executive Assistant. Because COVID-19 was a global event, the Centers for Medicare and Medicaid Services (CMS) worked closely to provide support and flexibility with all states, given that they were in a similar staffing crisis.

DATA COLLECTION

Upon following the standard hiring process, it quickly became apparent that traditional methods for hiring, would not be enough to staff the vacancies.

- The **Executive Assistant** position was filled in a timely manner, with one posting and one round of interviews.
- The (4) **Managerial Leadership** positions proved to be more challenging, resulting in number of applicants, but several unsuccessful interviews.
- The (5-7) **Nursing** positions, however, were the greatest challenge of all, often resulting in a job posting that closed, only to have zero applicants apply.

Upon receiving feedback from the hiring managers, the decision was made to meet with the Human Resources office, to seek their expertise on alternatives options for hiring. As the Project Manager, I scheduled a meeting with the Director of Human Resources and the Chief Financial Officer, along with several key project team members, in which I presented the following information of the current state:

- While a project team had been established to monitor staffing by meeting twice a month, several positions remained vacant;
- The project team had obtained Executive Leadership Team (ELT) buy-in, and a member of the ELT was present at each meeting;
- The purpose of the project team was to track staff vacancies, among other critical tasks to keep Healthcare Quality in compliance, post-COVID.

The initial meeting with the Director of the Office of Human Resources led to a series of meetings with other key areas within Human Resources which included Class and Comp, along with Recruitment and Talent Management. Several recommendations were made, which included:

- Using Find Great People (FGP) for the posting, hiring, and recruitment of the Manager positions;
- Offering more competitive salaries and retention incentives for the Nursing positions; and
- Reaching out to our local College and University partners for Nursing positions.

In addition to meeting with HR, I also collected data to determine the reason Nurses were difficult to hire and retain. I collected this data via social media by searching for “Why I Quit My Job as a Nurse” and reviewing several videos of published content. See **Appendix A** to review the detailed Data Collection Table.

DATA ANALYSIS

The following key findings were discovered upon the conclusion of collecting data. Meetings, historical data from Human Resources, and observations from videos proved to be sufficient

methods for collecting data, which ultimately resulted in the goal of identifying alternative ways to recruit and ultimately hire, post-COVID.

After completing a series of meetings with the HR Director, Class & Compensation, and Recruitment & Talent Management, it was confirmed that there were indeed alternative methods to hiring. **FGP** was presented as an option for filling the critical Manager positions. The **pros** were that the company would post, recruit, conduct interviews, and select the candidates. This would also free up the staff from participating in the timely hiring process. The **cons** were that this would come at the hefty price of a \$1500 fee per position as well as 20% of the first year's salary per position. Also, Supervisor nor staff would be involved in the selection of the candidate.

Upon meeting with **Class & Compensation**, it was confirmed that the current salary of approximately \$51,000 was considered low for a Registered Nurse, see **Appendix C** for pay band details, and the deputy area should consider increasing the pay and /or consider offering an incentive for retention. The **pro** was that the deputy area confirmed they did indeed have additional funding in their current budget that would allow both a higher salary as well as an incentive after the candidate remained for a certain amount of time and completed the required certification. The **con** was this could potentially create low morale for the existing Nurses, unless their salaries were increased as well.

After meeting with **Recruitment & Talent Management**, it was discovered that DHEC had partnerships with local Colleges and Universities with Nursing programs. The **pros** were that this could prove to be a win, win for newly graduated students, as well as DHEC. This would allow nurses to conduct survey inspections, as opposed to direct bedside care. The **cons**

were that even newly graduated nursing students were high in demand, given the pandemic, and they possessed very little nursing experience.

The **video observations** (See Appendix A) proved to be helpful for showing trends in nursing. As the pandemic progressed, the video content provided insight into what nurses were thinking and feeling during different stages. It also proved that there were several contributing factors, not just a higher salary, that impacted retention. With this newly discovered data shared with the project team, they were now ready to take a different approach to filling the remaining critical positions, post- COVID.

IMPLEMENTATION PLAN

The decision was made to rewrite the Position Descriptions (PD's) for the remaining vacant positions. The HR Coordinator along with the Deputy Director worked together to revise the PD's to accurately reflect post-COVID job duties. The deputy area also received approval to increase pay for not only new hires, but also for existing staff who met the criteria reflected in the revised PD's.

As for the Managerial Leadership positions, the decision was made to repost, and include existing managers in the hiring process, versus using FGP. The project team decided to reduce the frequency of meetings to once per month, to allow the staff more time to conduct interviews.

A member from the Executive Leadership Team continues to attend the monthly project team meetings, to ensure that all levels of stakeholders are kept in the loop of the progress being made. The staff also continues to meet with the Centers for Medicaid and Medicare to keep them informed on the progress being made by the state of South Carolina with conducting survey inspections in medical facilities. A new Healthcare Quality Vision team has also been formed, to

complete the tasks related to the original Reorganization, which included updating and/ or creating new Standard Operating Procedures (SOP's).

EVALUATION METHOD

The original project team is scheduled to be phased out in April of 2021. Many of the tasks related to that team was reactionary. A new project team has been formed, with the intention of being proactive, and solutions driven. The newly formed Healthcare Quality (HQ) Vision Team had their first meeting in January 2021. The goal of this project team is to ensure vacancies remain filled by monitoring the Vacancy Report, trainings are developed, new IT systems are implemented, SOP's are developed, and Quality Management is established for sustainability. Managers within Healthcare Quality have been identified to serve on this team, which meets twice per month. I also serve on this team as the Project Manager.

SUMMARY AND RECOMMENDATIONS

In conclusion, several meetings and research took place to resolve the challenges presented with filling critical vacancies, post-COVID. All the Managerial Leadership positions were eventually filled, and Nursing applications began coming in, interviews were scheduled, and positions are continuing to be filled, now that the Position Descriptions have been revised. The Healthcare Quality staff are now well on their way to having processes captured, and Managers in place who can now manage staffing moving forward.

APPENDIX A

DATA COLLECTION TABLE DETAILING REASONS NURSES HAVE QUIT THEIR JOBS POST COVID-19

SOURCES:

<https://www.youtube.com/watch?v=AtTg-D3hJaM>

<https://www.youtube.com/watch?v=u3NxmFaXrOO>

<https://www.youtube.com/watch?v=8WKclkOH22A>

<https://www.youtube.com/watch?v=wa-HMeTXxXc>

<https://www.youtube.com/watch?v=zCPfHr-nArM>

<https://www.youtube.com/watch?v=r2h6PxJURtM>

Published Videos	Published	Length of video	Reasons
I quit my nursing job	January 31, 2021	6:23	<ul style="list-style-type: none"> • Several nursing opportunities • Wanted to pursue dream of becoming a travel nurse • Can quadruple pay as a travel nurse
I quit my job as a Registered Nurse	January 1, 2021	12:12	<ul style="list-style-type: none"> • Denied time off • Denied Holidays off • Cried going to work • Depression • Anxiety • Required to commute to work in all types of weather
Why I quit my job as a Registered Nurse after 2 years	December 31, 2020	5:42	<ul style="list-style-type: none"> • Loss compassion • Became judgmental of patients • Working at night • Stressful work environment • Taking a toll on physical health • Co-worker committed suicide due to being burned out • Burnout rates for healthcare workers continued to increase • Feeling a sense of blame for losing a patient
I just quit my job as a Nurse Practitioner on the COVID Vaccine Trial	December 8, 2020	10:07	<ul style="list-style-type: none"> • Problems with Supervisor • Not allowed to ask questions • Not able to handle the number of patients • Not paid for over-time • Issues with political climate • No longer allowed to request holidays off • Stressed • Anxiety driving to work • Depression • Taking a toll on Mental health
I quit my job as a Registered Nurse	September 1, 2020	26:38	<ul style="list-style-type: none"> • Extremely stressful • Not properly trained • Constantly told they're not doing procedures correctly • Feeling miserable at work each day • Scared • Required to float to different Units • Missed the spontaneity of nursing
Why I quit my job as a nurse	June 18, 2020	22:27	<ul style="list-style-type: none"> • Watched too many people die • A lot of misinformation • Feeling like healthcare had become a business • Feeling like a cure was not the priority • Experiencing mistreatment of patients, due to limited time • Not following best practices • No longer aligned with personal beliefs • Afraid to lose their job for speaking out against a treatment

APPENDIX B

GLOSSARY OF TERMS

SOURCES: [Wikipedia](#) and [Dictionary.com](#)

Anxiety- Intense, excessive, and persistent worry and fear about everyday situations. A feeling of nervousness, or unease, typically about an imminent event or something with an uncertain outcome.

Bedside Nurse- direct patient care that takes place in a range of clinical settings, such as hospitals, homes, and residential care facilities. Bedside nursing is a common route that students take after graduating with nursing diplomas or degrees.

Class and Comp- Services to provide and monitor a competitive and fair compensation system and maintain a standardize and equitable classification system which defines the scope and nature of job assignments.

Depression- A state of low mood and aversion to activity. It can affect a person's thoughts, behavior, motivation, feelings, and sense of well-being.

Find Great People- A recruiting firm that works to place top talent throughout the country.

Mental Health- A person's condition with regard to their psychological and emotional well-being.

Pay band – Used to define the range of compensation given for certain roles and is a part of an organized salary compensation plan, program, or system.

Political Climate- the aggregate mood and opinions of a political society at a particular time.

Reorganization- the action or process of changing the way in which something is organized.

Talent Management- An organization's commitment to recruit, hire, retain, and develop the most talented and superior employees available in the job market.

APPENDIX C

Nursing Pay Bands with Salary Ranges

SOURCE: Department of Administration WWW.ADMIN.SC.GOV

Nurses	<ul style="list-style-type: none"> Salary Range
<p>LPN Pay Band 04</p>	<ul style="list-style-type: none"> • \$27,527- Minimum • \$39,228- Midpoint • \$50,930- Maximum
<p>LPN II Pay Band 05</p>	<ul style="list-style-type: none"> • \$33,494- Minimum • \$47,734 - Midpoint • \$61,975 - Maximum
<p>Registered Nurse I Pay Band 06</p>	<ul style="list-style-type: none"> • \$40,759- Minimum • \$58,086- Midpoint • \$75,413- Maximum
<p>Registered Nurse II Pay Band 07</p>	<ul style="list-style-type: none"> • \$49,594- Minimum • \$70,674- Midpoint • \$91,755- Maximum