

**The Year of the Employee: Reimagining the Employee Experience at UPMC St. Margaret
Through Strategic and Process Improvement Initiatives**

by

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Abstract

Particularly given the impact of the COVID-19 pandemic, the employee experience has become an increased area of emphasis in healthcare. UPMC St. Margaret, a 250-bed community teaching hospital in Western Pennsylvania, has recognized the importance of investing in its employees through a variety of strategic and process improvement initiatives. Addressing healthcare worker burnout and well-being has direct public health implications, as it impacts the mental and physical health of the employees and also affects their ability to provide patients with high quality care. This paper will highlight three initiatives focused on enhancing the employee experience: the relocation of a medical-surgical unit, a local recruitment initiative, and the development of manuals containing the guidelines for cleaning equipment.

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Preface

My sincerest thank you to the UPMC St. Margaret executive management group and ancillary services departments. I would like to specifically thank Rachel Hitch, MHA, Senior Director, Ancillary Services for her mentorship and guidance throughout my extended administrative residency.

1.0 Introduction

1.1 The Current State of the Healthcare Workforce in the United States

Engaging employees and promoting a higher minimum wage has been instrumental in enhancing the employee experience and empowering staff to provide high-quality patient care. With the onset of the COVID-19 pandemic, there have been many negative impacts on the workforce, which should not be understated. According to a 2022 survey of more than 1,000 healthcare workers, “48% of health care workers said their mental health worsened during the pandemic, while 34% said the same about their physical health. In addition, more than half said that their stress level and feelings of anxiety worsened, while 42% said their feelings of depression worsened” (“The Pandemic’s Impact”). Furthermore, a study conducted by the American Medical Association “found that the health care industry will likely see more staff turnover as workers experience burnout and resign...23.8% of physicians, 40% of nurses, and 33% of advanced practice providers said the likelihood of leaving their practice within the next two years was moderate, likely, or definite” (“The Pandemic’s Impact”).

Given the state of the United States’ healthcare workforce, it was imperative that UPMC St. Margaret continued to innovate the ways in which the organization supports its employees. Coined “the year of the employee,” by Rachel Hitch, senior director of ancillary services, UPMC St. Margaret dedicated itself to reimagining its employee experience in 2022.

1.2 UPMC St. Margaret Overview

Founded in 1898, with its current location having been constructed in 1980, UPMC St. Margaret is an award-winning, 250-bed acute-care teaching hospital located in Aspinwall, Pennsylvania, a suburb of Pittsburgh. UPMC St. Margaret received a CMS 5 Star Rating in both 2021 and 2022, was awarded a Leapfrog Safety Grade A for the past four consecutive years, and is accredited by the Joint Commission. The hospital's key specialties include the following: orthopedic services, family medicine, general surgery, critical care, and emergency medicine ("UPMC St. Margaret").

UPMC St. Margaret takes pride in the fact that it is a community teaching hospital. Established in 1971, UPMC St. Margaret's Family Residency Program is one of the oldest programs of its kind in the nation. The UPMC St. Margaret School of Nursing registered nurse (RN) program offers a 76-week diploma nursing program ("St. Margaret School of Nursing").

1.3 UPMC St. Margaret Magnet® Designation

Employing over 1,000 staff members and partnering with more than 800 physicians, UPMC St. Margaret is dedicated to investing in its employees. UPMC St. Margaret received its first Magnet® designation in 2009 and was awarded redesignation in 2014 and 2019. Magnet® designation is considered "the highest international recognition for nursing excellence and leadership" ("UPMC St. Margaret"). UPMC St. Margaret was the first UPMC hospital to receive Magnet® designation, and only 8.9% of hospitals nationwide have received this recognition ("Magnet Recognition Program: UPMC").

This designation speaks to UPMC St. Margaret’s commitment to nurse “education and development through every career stage...[supporting nurses] to be the very best that they can be (“Magnet Recognition Program®: ANCC”). Magnet® hospitals have consistently shown to have significantly better work environments and higher levels of nursing satisfaction than hospitals that do not have a Magnet® designation (Rodríguez-García et al.) While Magnet® primarily focuses on nurse excellence, ancillary service employees also make significant contributions to the Magnet® designation process and are an integral part of hospital operations.

1.4 The UPMC St. Margaret Employee Experience

In addition to working towards its fourth Magnet® designation, UPMC St. Margaret is constantly striving to enhance the employee experience through professional development opportunities, hospital-wide events, and strategic and process improvement initiatives. In terms of professional growth, the environmental services department has prioritized career advancement for its employees, both within and throughout the hospital. Within the past four years, the environmental services department has had ten environmental services promotions, fourteen leadership promotions, and twenty hospital-based promotions. This is just one of numerous examples of departments that have had success in terms of departmental growth; Nursing, Radiology, and Clinical Care Coordination and Discharge Planning departments each have individualized career ladders designed to support employees in continuing their education, pursuing areas of interest, and advancing their roles within the organization.

Regarding other means of fostering employee engagement, staff in the food and nutrition department can showcase their talents through the summer picnic, fall festival, and holiday meal—

all highly anticipated, hospital-wide events. UPMC St. Margaret also has a robust, interdisciplinary employee experience council, numerous employee recognition awards and events, and opportunities for frontline staff to engage and share feedback with senior leadership. Additionally, UPMC, the largest non-governmental employer in the state of Pennsylvania, has committed to achieving an \$18 an hour minimum wage for its employees by 2026 (“UPMC to Raise Minimum”). According to John Galley, UPMC senior vice president and chief human resources officer, “In 2016, we were the first health care system in Pennsylvania to announce and achieve \$15 an hour and this next step demonstrates our commitment to support our workforce and attract new talent. Once again, UPMC is the first health care employer in the state to make this commitment, and we are proud to lead the way to \$18 an hour” (UPMC to Raise Minimum”).

1.5 Portfolio Scope

This portfolio will discuss three projects that aided in enhancing the employee experience through strategic and process improvement initiatives, with each project focusing on a different stage of the employee experience. The first project highlights the importance of considering employee feedback when making operational changes, the second project discusses the significance of intentional recruitment efforts, and the third project focuses on standardizing hospital procedures to increase ease for new employees.

2.0 Project Portfolio

2.1 Considering Employee Feedback When Making Operational Changes: Relocation of a Medical-Surgical Unit

2.1.1 Problem Statement

Prior to COVID-19, one of UPMC St. Margaret's medical-surgical units had been converted into a flex unit due to lower census and changes in the needs of the patient population. This flex unit was undergoing aesthetic upgrades when the COVID-19 lockdowns began in Pittsburgh, so it was then converted into a COVID unit. This new COVID medical-surgical unit was in addition to eight bed COVID intensive care unit (ICU). This ICU took the space of the dialysis unit within the hospital, prompting displacement into the COVID unit, with six beds specifically dedicated to dialysis patients. Moving the dialysis unit from its original location on the third floor near the hospital's ICU and step-down unit, to the sixth floor near the medical-surgical unit, required the displacement of the dialysis team, as well as all their dialysis-specific supplies and equipment. Dialysis patients account for 1-9% of all ICU admissions, and the previous location of the dialysis unit allowed for minimal transport of patients between the ICU and the dialysis unit (Thompson and Pannu). Relocating the dialysis unit to the sixth floor required patients to be transported further distances, placing additional burden on nurses, patient care technicians, and patient transporters.

Once the census of COVID patients decreased and there was no longer a need for the COVID medical-surgical_unit and the COVID ICU, the aesthetic upgrades were resumed and

completed on the now-closed unit. Both the dialysis team and the medical-surgical unit staff expressed a desire for their units to return to their original locations, as these units were better set-up for their workflow, particularly in terms of the nurses' station. This feedback was obtained through senior leader rounding, one-on-one meetings with the unit director, and through the unit stoplight report. The stoplight report is a means of communicating ideas and concerns that have been gathered through rounding. These ideas are categorized into issues that have been resolved successfully, issues that are currently being addressed, and issues that have been closed but were unable to be resolved. The medical-surgical unit's initial placement facilitated better patient visibility through its large, centrally located nurses' station and increased provider space for enhanced communication among residents and the unit nurse leaders. As for the dialysis unit, its physical location was better adept to higher acuity patients and transport across units like the ICU, promoting better workflow and decreased patient wait times for transfers and discharge.

2.1.2 Purpose Statement

The purpose of returning the medical-surgical unit to where it had been housed prior to COVID is twofold. The updates completed within the prior space will allow patients to utilize the newly updated rooms, hopefully leading to increased patient satisfaction through patient perception of cleanliness and the hospital environment and improved HCAHPS scores. Additionally, as was determined through senior leader rounding and stoplight reports, the medical-surgical unit staff wanted to return to their original location, particularly due to the size and location of the nurses' station. With the space utilized during the pandemic, the staff experienced dissatisfaction related to delayed communication and inhibited collaborative effort due to limited provider space due to the social distancing protocols and smaller nurses' station on this unit. The

relocation necessitated collaboration from the following departments: Facilities, Environmental Services, Clinical Informatics, Nursing, Biomedical Engineering, Information Technology, Patient Experience, Pharmacy, Supply Chain, Quality, and Finance. The stakeholders involved in the unit relocation from these departments first conferred in March 2022, with a goal of completing the relocation by June 5th, 2022.

2.1.3 Introduction and Background

When one thinks of the “work environment,” intangible aspects such as interpersonal and organizational dynamics often come to mind. However, the physical work space itself also often plays an important role in impacting employee satisfaction and employee engagement. The physical work environment is heavily tied to nurse satisfaction; according to an article published in *The Journal of Nursing Administration*, “Nurses employed in hospitals with better working conditions are more likely to be satisfied with their jobs, which may lead them to exhibit higher levels of work engagement which in turn should lead to more satisfied patients” (Bacon and Mark). Other studies echo this sentiment, citing how “the greatest impact on unit design on nurses’ job satisfaction is potentially through its ability to improve interaction with patients and coworkers” and specifically mentioning how “nurses’ stations help create camaraderie and teamwork as the key location in which social interaction among staff members occurs” (Copeland and Chambers 34). The physical space in which staff works can impact the employees’ ability to communicate with one another and interact with patients, thus effecting the daily work experience.

Therefore, when UPMC St. Margaret nurse leadership were made aware of the dialysis and medical-surgical unit staff’s dissatisfaction regarding their current locations, they prioritized achieving this operational change as renovations resumed. Utilizing staff feedback to inform

decision making aligns well with a study published in *Evidence-Based Nursing Research*, which suggests that “more behavioral job involvement [is needed] for increasing participation of nursing staff in work design, problem-solving...and organizational-decision making” (Mahfouz and Mahdy 46).

The fact that the proposed location for the move was better suited for workflow, and patient visibility especially in terms of the location of the nurses’ station, was a key factor in deciding to pursue the relocation. One study estimates that an average of one-million dollars is wasted annually per medical surgical unit “because of nursing time spent on nonvalue-added tasks,” defined as “operational failures, obstacles, waste, or glitches” (Copeland and Chambers 23). These operational inefficiencies, often largely based on the physical set-up of the unit, “contribute to nurses’ negative perceptions of their work environment and affect nurses’ job satisfaction and retention” (Copeland and Chambers 24).

2.1.4 Methods

My role in this project was as project manager for the unit relocation, and I was responsible for many tasks throughout the project timeline. I developed the overarching project charter, organized and lead meetings with all departments involved in the relocation, ensured each department completed their action items in a timely manner, and assisted the unit staff as needed the day of the move. The project charter was utilized to make certain that each team involved with the project was aligned in the relocation. The charter tracked each action item, the department and person(s) responsible for completing that item, and the status of each pending task. Given the number of moving parts that comprised this project, facilitating communication among the relevant

parties and stakeholders was key. This was achieved through regularly scheduled meetings, direct communication with each department, and spending time on the unit.

2.1.5 Results and Discussion

The relocation was overall completed within the scheduled timeline, with the official shift completed on Sunday June 5th, 2022. Strategic timing for the official move was integral to limiting the number of patients who required shifts to new rooms and locations. Scheduling this move for a Sunday, when patient census is lower than it is during the week, allowed for minimal disruption to patient care. Success in terms of physically relocating patients, transferring the unit's cost center and IT hub, and reorienting staff to the location was facilitated through thoughtful integration of stakeholders throughout the processes and changes made. Our patient experience department helped communicate the changes to volunteers who were patient facing and could provide updates and information to keep them involved with their care and if delays would be experienced because of this bigger project. This helped limit patient and visitor dissatisfaction related to room changes during their stay, as they were kept involved with expected changes and delays in their placement.

Following the implementation, to ensure that there were no issues related with the shift, I was in regular communication with the medical-surgical unit director and the facilities, supply chain, and informatics departments to address miscellaneous action items that arose as the unit staff became acclimated to working in a different physical environment. This helped address concerns and feedback in a timely fashion, allowing for continued throughput rather than just implementation and disengagement. We wanted to see the direct outcomes and feedback related to this project, rather than simply following up in a six-month timeline. Additionally, when our 2023 MyVoice survey, a voluntary annual survey that measures employee engagement and allows

for open-ended feedback, opens in late-April, unit leadership will be able to further assess employee feedback related to the unit relocation.

Some limitations existed related to a few of the smaller tasks within the project timeline. Not all of these tasks were not finalized according to the original schedule, due to lack of regular communication among departments. Areas of improvement for future relocation projects could be related to more thorough observation through spending more time physically walking the unit in the months and weeks leading up to the move. In the week prior to the unit relocation, I discovered that my team was behind schedule in completing maintenance work in the patient rooms, which had not been initially communicated. Had I spent time rounding this space earlier, I could have helped my team avoid working under tight deadlines towards the end of the project. Utilizing our Gantt chart, as seen in *Figure 3.1.2*, better highlights each department's action items and the percentage of each task that was completed by the targeted date. If this document was used more formally for collaboration among the departments, and the checklists were more tightly monitored, communication around deficiencies in the process could have been caught in a more timely fashion.

According to the Centers for Medicare & Medicaid Services, the Hospital CAHPS (HCAHPS) survey “is a 29-item instrument and data collection methodology for measuring patients’ perceptions of their hospital experience” (“Hospital CAHPS”). The survey “captures the patient’s experience of communication with doctors and nurses, responsiveness of hospital staff, communication about medicines, cleanliness and quietness of the hospital, discharge information, transition to post-hospital care and overall rating of the hospital (“Hospital CAHPS”). Patient feedback helps evaluate effectiveness, using a scale of measurement for satisfaction (scores ranging from zero to ten); scores of nine and ten are considered “top box” scores. In 2022, the

average monthly top-box score for this unit prior to the unit relocation was 75.4%, and the average top-box score after the unit relocation was 76.0%, indicating that the relocation had a positive impact on patients as well as staff. For January through March of 2023, the average top-box score for the unit was 78.3%, indicating that the relocation had a positive impact on patients as well as staff. These top box scores will continue to be evaluated on a monthly basis.

2.1.6 Recommendations

In the future, to assess the success of future unit relocations, it is recommended that a pre- and post-relocation survey be conducted to collect qualitative data related to unit staff satisfaction and quantitative data regarding changes in the number of steps taken per shift by staff in the new location compared to the former location. Data from the pre-location survey could be used to help inform decisions regarding the physical layout and organization of the new location. The post-relocation survey would then be utilized to verify whether the relocation achieved the intended results regarding increasing efficiency and enhancing the employee experience.

Additional recommendations for future unit relocations or other projects of similar scope are to conduct a meeting with all the involved departments after the relocation occurs. Since there were still a few miscellaneous, outstanding tasks related to the relocation that needed to be completed after the move, a meeting involving all parties would be beneficial to further enhance communication and to ensure timely completion of these action items. It is also important to make certain that the location that had previously housed the medical-surgical unit, the now “closed” unit is checked on, cleaned, and maintained on a regular basis. This has proven useful as the closed unit can be converted into overnight accommodations for staff in the event of inclement weather. Related to the limitations noted above, making the project exist as a collaborative document that

had specific deadlines that were ensured by each department for completion, may have limited the miscellaneous outstanding tasks and increased accountability on involved parties.

2.1.7 Competency Development

This project strengthened numerous competencies, particularly since it was my first experience serving as the project manager for a project of this scope. This experience enhanced my communication skills, as I gained a better understanding of the importance related to communication flow from the project manager to the stakeholders, which helps better identify nuances related to each departments' tasks. I also strengthened my time management skills by working to ensure that each step of the project occurred in a logical order and in a timely manner.

As referenced in the "*Results and Discussion*" portion of this project, it would have been beneficial for my team had I spent more time walking the unit in the weeks prior to the move. Spending more time on the unit would have allowed me to discover that my team was behind schedule in completing several actions related to the physical condition of the patient rooms, in accordance to regulatory standards. I strengthened my analytical thinking skills by better understanding the importance of task management and configuration to better identify obstacles within steps within the project timeline. For example, during a walkthrough of the space approximately a week prior to the move, I noticed that our team was behind schedule on maintenance-related tasks that needed to be completed prior to the EVS department conducting their final walkthrough. Identifying this obstacle allowed me to dedicate more resources to supporting the maintenance team, thus allowing them to address these tasks immediately.

My competencies related to accountability were also strengthened by this project as I learned how to better communicate my expectations to each department that contributed to the unit

relocation. Shortly following the relocation, I met with UPMC St. Margaret's Director of Capacity Management to discuss these takeaways. She recommended keeping a written list of lessons learned anytime I complete a substantial project, and this is something I have implemented moving forward. Through this interaction, I was able to work on my self-development by seeking feedback from others and appreciating the opportunity to learn and grow.

2.2 Helping Prospective Employees 'Find Their Future' at UPMC St. Margaret: Local Recruitment Initiative

2.2.1 Problem Statement

Staffing has been a challenge for several departments across UPMC St. Margaret, including food and nutrition, environmental services, maintenance, and nursing. The COVID pandemic has exacerbated employee burnout, leading to higher turnover rates and higher utilization of agency staff. In 2022, overall turnover was at 27% across clinical and ancillary staff, with greater rates existing among key ancillary staff across the hospital, such as environmental services and dietary. The healthcare landscape of the greater Pittsburgh area has impacted UPMC St. Margaret's ability to recruit and onboard new employees, due to saturation within the market. UPMC has 12 hospitals located in Southwest Pennsylvania, and Allegheny Health Network (AHN), UPMC's primary competitor, has 10 hospitals located in this geographic area. As a result, UPMC St. Margaret often finds itself competing with AHN, as well as other UPMC locations, for the same prospective employees, prompting a need for more strategic recruitment tactics to be employed for this academic and community-based hospital.

2.2.2 Purpose Statement

As the cost of college tuition continues to rise across the United States, many high school students are considering alternative education and career growth options. This includes, but is not limited to, enrolling in career and technical education (CTE) programs or entering the workforce directly after high school. According to the National Center for Education Statistics (NCES), 21% of adults in the United States have completed a work experience program, such as an internship or apprenticeship program (Hudson). The 2016 Adult Education and Training Survey (AETS), conducted by the NCES, found that both “work credentials and work experience programs are particularly common in the health care field” (Hudson). According to the AETS, “health care was the most common field in which both licenses and certifications were held...and the most common field in which adults had completed a work experience program” (Hudson).

Given the importance of both work experience programs within the healthcare sector and the benefits these experiences provide for students, UPMC St. Margaret would be well positioned to develop partnerships with local schools for recruitment pipeline generation. UPMC St. Margaret is a community teaching hospital, and the spirit of learning is engrained in the hospital culture, making it an ideal environment for students. Through this program, UPMC St. Margaret will recruit high schoolers and recent graduates to a variety of volunteer and paid positions within the hospital. This aligns with Pennsylvania Governor Tom Wolf’s statewide goal to “equip high school graduates with the knowledge, skills, and experiences they need to succeed in the workforce...whether their plans include higher education, workforce training, paid employment, or another career pathway” (“K-12 Education”). These students and recent graduates will gain exposure to the healthcare industry and hopefully have the opportunity to utilize the various career ladders that UPMC offers.

2.2.3 Introduction and Background

Human resource management and workforce planning are crucial to the operational and strategic success of a healthcare organization. According to an article published in *The Journal of Healthcare Administration*, “[the healthcare industry’s] success in dealing with the COVID-19 pandemic from 2019 until now cannot be separated from the existing human resources” (Gunawan). Nuances exist within workforce planning as it can be observed as both a “science (analysis) and an art (execution)” (Parsons). In developing this local recruitment initiative, UPMC St. Margaret will need to focus on both the science of analyzing which schools are best to target first and on the art of developing a program that will effectively fit the needs of the hospital and the schools.

“Applications to medical and nursing schools have risen during the pandemic,” indicating an increased interest in the healthcare sector from the next generation of students and young professionals (Yong). Additionally, since “the increase in healthcare jobs is expected to outpace growth in all other fields and industries, recruitment and retention will be matters of special interest to all healthcare leaders during the next several years” (Parsons). Therefore, it is an optimal time to develop a program that will target individuals who may be interested in pursuing a career in healthcare. In addition to the clinical careers of which students are often familiar, such as nursing and social work, there are a wide variety of other career paths that exist within healthcare. This includes opportunities in ancillary services, such as dietary services and transport, which students may not have previously considered. The local recruitment initiative at UPMC St. Margaret will introduce students to the following departments: Nursing, Radiology, Central Sterile Processing, Surgical Services, Food and Nutrition, Environmental Services, Patient Transport, Maintenance, and Volunteer Services.

2.2.4 Methods

The UPMC St. Margaret human resources department will collaborate with local high schools and technical schools to educate students on the variety of careers that are available within healthcare, and specifically at UPMC St. Margaret. UPMC St. Margaret will provide school administrators and students with information regarding various employment opportunities, a stationary engineer apprenticeship program, and volunteer and shadowing opportunities. Prior to development of the program, we utilized existing personal connections with schools to get the word out about job opportunities, allowing for initial engagement to occur early on in the project. In order to strategically choose which schools to with first, I created a tiered ranking system based on the following criteria: proximity to UPMC St. Margaret, whether UPMC St. Margaret already has an established connection with the school, the school's current programming for students, and the number of current UPMC St. Margaret employees who live within the same zip code as the school. I categorized schools that met all these criteria as "tier one" schools, schools that met three of the four criteria as "tier two," and schools that met two of the four criteria as "tier three." *Figure 3.1.4* depicts UPMC St. Margaret's location in relation to the tier one through tier three schools.

2.2.5 Results and Discussion

After identifying the 12 schools UPMC St. Margaret should prioritize partnering with as part of the local recruitment initiative, hospital senior leadership, the human resources department, and I collaborated to organize a luncheon with administrators from the identified school districts, to inform them of the available opportunities for their students. The luncheon included a

presentation from various department leaders explaining the opportunities for students within their specific departments, a question-and-answer session, and a tour of the hospital. Representatives from 11 high schools and one vocational school attended the luncheon. We provided the administrators with informational packets explaining in detail each of the volunteer and employment offerings for students. Additionally, we made administrators aware of our 'Find Your Future' concierge job application service for students. Using this service, students scan a QR code, provide their contact information, and a recruiter will call them and find out what types of jobs would be the best fit for them. This personalized approach will help students and young graduates navigate what is likely one of their experiences applying for jobs.

As the luncheon was held on January 26th, 2022, we have gained traction related to some job positions from upcoming graduates and administrators on behalf of their students. We have hired four students into jobs within the food and nutrition services department, two students are interviewing for jobs within the patient transport department, and one student has been hired as a specimen processor in the laboratory. Additionally, seven students have participated in job shadowing experiences, and two students have become hospital volunteers. This spring, we will be having more in-person events directly connecting with students, allowing for direct relationships to be developed and for interest to be gauged more clearly. Thus far, members of our human resources department have attended events at three high schools. The recruitment initiative is intended to have a long-term impact; while some students have been immediately hired as a result of our program, the enduring goal of the project is to develop a pipeline of high school students in the Pittsburgh area who are interested in pursuing careers in healthcare and careers at UPMC St. Margaret specifically.

2.2.6 Recommendations

The school recruitment luncheon was successful in generating awareness of the wide variety of opportunities that are available at UPMC St. Margaret by allowing school administrators to better understand the employee culture at the hospital. Numerous administrators remarked that they learned about many career options in healthcare that they had not previously considered, showing a need for initiatives like this to continue to be developed in the future. Multiple administrators also inquired about the possibility of creating a virtual job shadowing program. Virtual shadowing opportunities would benefit the schools as they could be integrated into the schools' already existing virtual programs. Furthermore, these opportunities would benefit the hospital as it would expand the capacity for students to shadow, as opposed to only offering in-person shadowing opportunities. For future events that will be hosted, we will make a virtual option available and will record to allow for follow-up and broader reach for more student awareness. Recordings can also help drive awareness in younger students to begin career planning and awareness to foster connections early for successful career planning post-graduation.

Next steps in continuing to develop the program involve creating the virtual programs and informational video that the schools have inquired about and sending UPMC St. Margaret employees to each school to speak with students directly. Our team feels that one of the keys to the success of this program is avoiding a one-size-fits-all approach with the schools and the students, through promoting personalized relationships and ability for shadowing prior to committing to a career path. Catering to the specific needs and interests of each student will help ensure that we are maximizing the opportunities for their personal goals, while enhancing the staff to minimize existing shortfalls within the hospital.

From a data perspective, it is currently difficult to capture the number of applicants and new hires we are acquiring as a direct result of this recruitment initiative. Unless students apply by scanning the QR code as part of the 'Find Your Future' concierge job application service, our human resources team is unable to distinguish student applications from all other applications. The only ways for our team to determine which employees were hired through this initiative are through the 'Find Your Future' QR code or through conversations with the employee. In the future, building a space into the application for students to indicate their involvement in the recruitment initiative would allow us to better track these applications through the entirety of the recruitment and hiring process.

2.2.7 Competency Development

The recruitment initiative strengthened my analytical skills, particularly my ability to separate a situation into smaller parts and to seek out information that is relevant to a situation. It was initially a daunting task to research each high school and career center that was local to the area and to select the institutions we should prioritize, especially since I am not a Pittsburgh native. This project provided me with ample opportunities, to gather and analyze relevant information and to divide the situation into manageable, actionable steps.

I had the opportunity to enhance my professionalism through my involvement in preparing the informational luncheon in which UPMC St. Margaret hosted for school administrators in the area. I invited administrators from select local schools to learn about the hospital's career and volunteer opportunities for students. By collaborating with members of the UPMC St. Margaret human resources department, I gained a stronger understanding of the importance of aligning these functions when working towards an organizational strategic initiative. Since this initiative

involved significant collaboration with local school districts, I was able to strengthen my “community orientation” competencies, especially my understanding of collaborative planning to better improve community relations with our hospital.

2.3 Standardizing Hospital Procedures to Increase Ease for New Employees: Manufacturer Instructions For Use

2.3.1 Problem Statement

Due to the onset of the pandemic, there were many shifts in the staffing engagement and retention, creating an opportunity to bolster appropriate training and maintenance protocols for unit equipment. Having lower rates of experienced preceptors created issues in appropriate training protocols, with further exacerbation occurring with the use of locum and agency staff who had short experiences with the hospital and associated departments and were not as familiar with policies surrounding cleaning and disinfection. In addition, the unique placement of the Manufacturer’s Instructions For Use (MIFUs) which would provide clearer instructions for appropriate management, were not readily accessible for staff to reference when cleaning equipment in UPMC St. Margaret’s inpatient units and the Emergency Department. Following the MIFU for cleaning and disinfection procedures is both a best practice and a Joint Commission standard. According to the Joint Commission, “it is important to understand that each patient care item has its own IFUs for cleaning and disinfection and the expectation is that the organization will follow these instructions. Failure to follow such instructions or misuse creates significant risk to safe, quality care” (“Manufacturers Instructions For Use”).

In the months leading up to our Joint Commission survey, our internal regulatory team conducted multiple mock surveys and recorded observations of anything that could be considered a “finding” by the Joint Commission. During the mock survey that was conducted in May 2022, surveyed staff were not aware of the process for cleaning glucometers that aligned with the Manufacturer’s Instructions for Use, failing to meet Joint Commission standards for infection control. Similarly, in a September 2022 mock survey, dust was found on top of Omnicell medication dispensing systems and inside spotlights. As a result, we needed to adjust our protocols and make the MIFUs accessible to frontline staff in order to enhance the training and knowledge of our staff.

2.3.2 Purpose Statement

This project will ensure that the MIFUs for the equipment that staff is responsible for cleaning within the inpatient units and in the Emergency Department is readily accessible for all staff to reference when needed. Equipment that is referenced within the MIFUs spans patient room equipment, glucometers, blood pressure cuffs, and the workstations on wheels. Since staff turnover has been high, particularly in patient-facing positions with overall staff turnover at 27% during 2022, having these cleaning guidelines on hand helps ensure that all employees are knowledgeable about the proper cleaning procedures. As UPMC St. Margaret prepares for its 2022 Joint Commission survey, the staff have a heightened awareness of environment of care standards. Although generic protocols were already in existence, staff-facing and accessible resources were not readily available for referencing and training purposes. Therefore, it is an opportune time to introduce structured and well-positioned MIFU manuals to the staff. Adhering to the MIFUs aligns

with both UPMC St. Margaret hospital policy and Joint Commission standards. Additionally, following the MIFUs helps mitigate infection risks and can lengthen the lifespan of the product.

2.3.3 Introduction and Background

According to the *American Journal of Infection Control*, “the complexity of medical devices has increased over the past 10 years, and outbreaks of infections due to contaminated devices have focused attention on the need to adequately clean medical devices in order to ensure the adequacy of disinfection and sterilization” (Alfa). In alignment with this heightened focus on the cleaning and disinfection of medical equipment, the Joint Commission “requires organizations to provide access to information needed to support the Infection Prevention and Control program” (“Manufacturers Instructions For Use”).

In addition to impacting patient care and infection prevention measures, best practices for cleaning and disinfecting medical equipment has a significant impact on healthcare employees. An article published in the *Journal of Hospital Infection* maintains that healthcare workers and environmental services staff need guidance in terms of best practices for “risk assessment, cleaning processes, disinfectants, equipment and staffing aspects (e.g., training, monitoring, feedback and communication)” regarding routine environmental cleaning and disinfection (Assadian et al.). Furthermore, the Researching Effective Approaches to Cleaning in Hospitals (REACH) trial demonstrated that an equipment cleaning and disinfection process “consisting of component training, technique, product, audit, and communication...improved the performance, knowledge, and attitude of the environmental services staff (Assadian et al.).

Although many cleaning and disinfection tasks are completed by environmental services staff, other types of employees, such as nurses and patient care technicians, are also responsible

for cleaning much of the equipment that they utilize in their roles. A study published in the *American Journal of Industrial Medicine* found “a large variation in the frequency (% of shifts) and duration (minutes per shift) of cleaning and disinfection tasks among 14 hospital occupations” (Saito et al.). Discrepancies exist among occupations such as environmental services, where there were “observed to have a higher frequency and longer duration of these tasks,” while “occupations that require performing multiple tasks as part of their jobs (e.g., nurses) also performed cleaning and disinfecting tasks albeit with lower frequency and for shorter durations” (Saito et al.). Given that cleaning and disinfection procedures impact staff from a variety of departments and occupations throughout the hospital, it is particularly important to have clear, effective procedures in place.

2.3.4 Methods

Joint Commission standard IC.02.02.01 “requires organizations to reduce the risk of infections associated with medical equipment, devices, and supplies” (“Improperly Sterilized”). The Joint Commission “found that from 2013-2016, immediate threat to life (ITL) declarations directly related to improperly sterilized or [high level disinfected] HLD equipment increased significantly. In 2016, 74 percent of all ITLs were related to improperly sterilized or HLD equipment” (“Improperly Sterilized”). Furthermore, the Joint Commission’s Office of Quality and Patient Safety cites the following being among the most common findings of noncompliance related to this standard: “staff lack the knowledge or training required to properly sterilize or HLD equipment,” “staff don’t have access to or lack knowledge of evidence-based guidelines,” lack of leadership oversight,” and “sterilization or HLD of equipment becomes a low priority within the

organization” (“Improperly Sterilized”). This project seeks to address these common Joint Commission findings of noncompliance with standard IC.02.02.01.

The Joint Commission Division of Healthcare improvement has made the following recommendations to accredited organizations in regards to addressing sterilization and HLD deficiencies (“Improperly Sterilized”):

- “Manufacturer’s instructions for use: Assure staff have access to both the manufacturer instructions for use on instruments, equipment and supplies used to HLD or sterilize.”
- “Evidence-based guidelines: Assure staff have access to and knowledge of evidence-based guidelines specific to HLD and sterilization.”

In alignment with these recommendations, this project will aim to improve staff knowledge of sterilization and HLD guidelines by ensuring that staff have access to the MIFUs and the corresponding supplies and equipment needed to follow the MIFUs. Within this project, my role was to take the already existing instructions put in place by the manufacturers of equipment, and better consolidate information per unit to address exactly which equipment needed to be cleaned in a certain way. By creating a more accessible and condensed MIFU manual per department, staff are better equipped with the knowledge needed to assure the hospital’s quality standards are being rigorously upheld.

2.3.5 Results and Discussion

Although there are more than 1,800 Joint Commission standards, UPMC St. Margaret had a mere 31 findings overall, which positions us well regarding upholding these standards in our practice. Additionally, 75% of organizations have one or more high-level findings, and UPMC St. Margaret did not have any findings in their 2022 survey categorized as “high” or as “immediate

threat to life” findings, as best detailed in Figure 3.1.5. As it pertains specifically to infection prevention and this MIFU project, UPMC St. Margaret’s only three Joint Commission 2022 Survey findings in the infection control category were as follows:

- IC.02.02.01 EP1- Cleaning of the Alaris pumps
- IC.02.02.01 EP4- Expired items
- IC.02.02.01 EP2- Disinfection process of ultrasound probe

The first and third findings, IC.02.02.01 EP1 and IC.02.02.01 EP2 respectively, directly relate to the Manufacturer Instructions For Use. Although EP1 found staff initially using the incorrect disinfectant to clean the Alaris pump, because the MIFU with the proper cleaning instructions was readily available, this finding was able to be corrected on-site prior to the final day of the survey. Regarding EP2 and the process for disinfecting the ultrasound probe, having the MIFU easily accessible allowed for prompt staff re-education on the correct process. Since proper implementation of the MIFUs on the units, we have created a Microsoft Teams page, involving over 120 of our clinical and ancillary staff, which informs them whenever there are updates related to location, protocol, and expectations surrounding MIFUs and equipment on the units.

2.3.6 Recommendations

Moving forward, it will be important to maintain the vigilance regarding the way medical equipment is cleaned throughout the hospital that the 2022 Joint Commission survey elicited. Continued collaboration with the hospital’s biomedical engineering department will be crucial in order to ensure that the lists of equipment and their corresponding MIFUs are kept up to date. Additionally, we should work to develop a more robust system to access whether staff are continuing to clean equipment according to the MIFUs. As is evidenced by the findings related to

infection control in the 2022 Joint Commission survey, it is important not only that staff have access to the MIFUs, but also that they utilize these instructions in everyday practice. To promote additional structure and adherence to MIFU protocols, it is recommended to add verification of MIFU use to senior leader rounding checklists and evaluations. During leadership rounding, department leaders currently validate key behaviors such as bedside shift report, hand hygiene, and environmental scans of a patient room, so it would be feasible to incorporate MIFU validation into this process. Recording whether the MIFUs are being utilized in the daily cleaning of equipment would help promote accountability year-round, and not just during Joint Commission accreditation. This would allow our team to determine the rate at which the MIFUs are being utilized and to further assess the success of this project.

2.3.7 Competency Development

Developing these unit-specific manuals containing the MIFUs aided me in improving my performance measurement and process management skills. I learned how to better measure organizational success based on identified measures and standards, by learning how to measure organizational success by comparisons to accepted standards, in this case, from the Joint Commission. Having the opportunity to serve as a scribe during the Joint Commission's on-site survey at UPMC St. Margaret provided me with direct insight into the quality standards that Joint Commission surveyors tend to emphasize and allowed me to better understand the impact that these standards have on an organization. In the long-term, this will enhance my ability to be a strong hospital administrator and be able to address Joint Commission needs and surveys annually. The Joint Commission surveyors reiterated the notion that having MIFUs readily accessible for staff is key to mitigating infection risks and maintaining the quality of the equipment. The

surveyors also emphasized the fact that adherence to MIFUs is an apt measure of organizational performance in terms of the environment of care. By working with a variety of departments throughout the hospital to develop the MIFU manuals and prepare for the 2022 Joint Commission survey, I also strengthened my organizational awareness; namely, how to understand chain of command, positional power, rules and regulations, and policies and procedures. By considering the priorities of frontline staff, the environmental services department, and the quality department, I was able to further develop my understanding of how decisions impact multiple stakeholders.

2.4 Discussion/Conclusion

UPMC St. Margaret's investment in each stage of employee recruitment, engagement, and retention is evident in the results of our 2022 MyVoice survey. In 2022, UPMC St. Margaret boasted a 96% MyVoice participation rate, compared to UPMC's system-wide participation rate of 90%. The ways in which UPMC St. Margaret considers employee feedback feeds into operational decision-making, strategic recruitment initiatives, and standardization of hospital procedures. This promotes high contribution since staff feel heard and are seeing the impact of their feedback continuously implemented as part of hospital wide initiatives for growth and improvement.

As seen by the outcomes of the first project, our leadership should strive to continue incorporating the perspectives of both nursing and ancillary services-frontline staff for decision-making. This will further improve employee engagement and enhance the workflow and physical environment of the hospital, as it is a goal to promote retention through addressing dissatisfaction. In terms of continuing to develop our local recruitment initiative and engage more with students

and early careerists, UPMC St. Margaret looks forward to increased collaboration with local high schools and vocational programs. Since UPMC St. Margaret is a community hospital, fostering these relationships with other organizations in its community is of extra importance, to promote its presence and commitment to quality and excellence. Finally, as UPMC St. Margaret continues to utilize agency staff in several departments, it is imperative that the hospital continues to evaluate and standardize its processes, both to adhere to Joint Commission regulations, and to ease the learning process for new employees, creating a safe environment for patients and staff alike.

UPMC's values include responsibility and integrity, and UPMC St. Margaret's dedication to both strategic and process improvement initiatives reflect these values. According to *Harvard Business Review*, analyses of Press Ganey data have shown that "better employee engagement correlates with better outcomes" regarding safety, technical quality, length of stay, and readmission rates (Buhlman and Lee). As UPMC St. Margaret continues to reimagine the employee experience, every year can be considered "the year of the employee," which in turn corresponds to an improved patient experience as well.

3.0 Figures

Figure 1. Acronyms

AETS	Adult Education and Training Survey
AHN	Allegheny Health Network
AMA	American Medical Association
CMS	Centers for Medicare & Medicaid
CTE	Career and Technical Education
EVS	Environmental Services
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HLD	High-level Disinfectant
ICU	Intensive Care Unit
ITL	Immediate Threat to Life
MIFU	Manufacturer's Instructions For Use
NCES	National Center for Education Services
UPMC	University of Pittsburgh Medical Center

Figure 2. Unit Relocation Gantt Chart

TASK	ASSIGNED TO	PROGRESS	START	END
Facilities				
Check drains, showers for leaks	Dept. director, dept. manager	80%	5/1/22	5/31/22
Confirm Legionella testing has occurred	Infection Control	100%	5/1/22	5/18/22
Have electricians check loose outlets	Dept. director, dept. manager	75%	5/1/22	5/31/22
Other environment of care tasks as noted	Dept. director, dept. manager	70%	4/1/22	5/31/22
Walkthrough with unit director	Dept. director, dept. manager	100%	5/13/22	5/13/22
EVS				
Floors scrubbed and waxed	Dept. director, EVS team	90%	4/17/22	5/14/22
Ensure beds & furniture for all rooms	Dept. Director	100%	5/18/22	6/5/22
Final clean-up of 6A	Dept. director, EVS team	100%	6/2/22	6/5/22
Clinical Informatics				
Work w/ device integration to rename monitors	Dept. Director	100%	4/1/22	5/18/22
Determine if additional monitors are required	Dept. Director	100%	4/1/22	6/5/22
Biomedical Engineering				
Check medical equip. for function ability	Dept. manager	100%	4/1/22	5/18/22
Information Technology				
Reallocate Howard carts to correct location	Dept. manager	100%	4/17/22	6/2/22
Patient Experience				
Change over Press Ganey surveys	Dept. Director	100%	4/1/22	5/18/22

TASK	ASSIGNED TO	PROGRESS	START	END
Pharmacy				
Add gen surg-specific items to Acudose	Dept. Director	100%	4/1/22	6/5/22
Nursing				
ShiftSelect scheduling	Unit Director, Director of Nursing	100%	5/18/22	6/5/22
Finance				
Update ePRO mapping for supplies	Dept. manager	100%	5/18/22	6/5/22
Supply Chain				
Transfer cost center	Dept. manager	100%	5/18/22	6/5/22
Move product from unit to the next	Dept. manager	100%	5/18/22	6/2/22
IV supplies in 6A will be moved to 3A	Dept. manager, nursing	100%	6/2/22	6/5/22
Regulatory				
Walkthrough environment of care	Quality Nurse Coordinator	90%	4/1/22	6/5/22
Ensure side table & bed in each room	Quality Nurse Coordinator	100%	5/18/22	6/5/22

6B to 6A Unit Relocation

UPMC St. Margaret

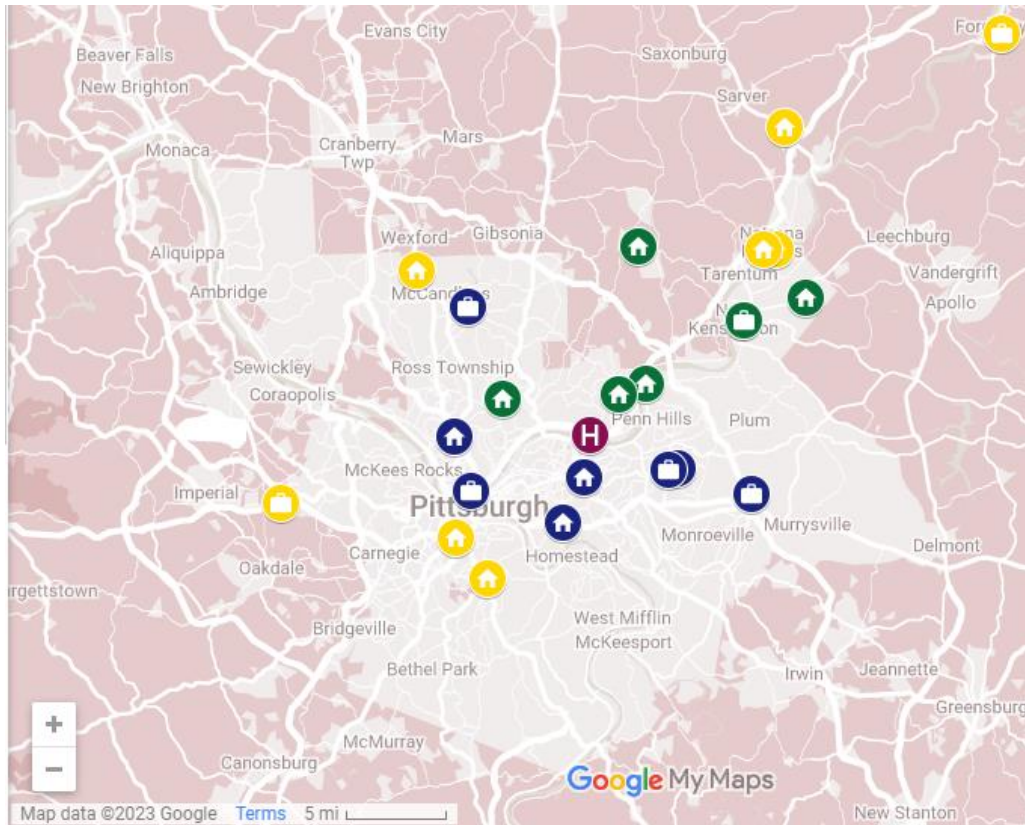
Project Start: Friday, April 1st, 2022; Progress reflects completion at June 5th 2022

Figure 3. School Prioritization Criteria

Criteria
Proximity to UPMC St. Margaret
Whether UPMC St. Margaret has an established connection with the school
The school's current programming for students
Number of current UPMC St. Margaret employees who live within the school's zip code

Tier 1: Meet 4/4 Criteria	Tier 2: Meet 3/4 Criteria	Tier 3: Meet 2/4 Criteria
New Kensington- Arnold Valley High School	Penn Hills High School	North Allegheny Senior High School
Burrell High School	Allderice High School	Highlands Senior High School
Northern Westmoreland Career and Tech Center	Perry High School	Allegheny Valley School
Deer Lakes High School	Westinghouse Academy 6-12	Carrick High School
Riverview High School	Northwest Phlebotomy School	Brashear High School
Shaler Area High School	Institute of Medical & Business Careers	Freeport Area High School
Fox Chapel Area High School	A.W. Beattie Career Center	Parkway West Career & Technology Center
	Forbes Road Career & Technology Center	Lenape Technical School of Armstrong County

Figure 4. Target Schools for Recruitment in Western Pennsylvania



Key	
	UPMC St. Margaret
Tier 1	
	New Kensington-Arnold School District
	Burrell High School
	Northern Westmoreland Area Vocational-Technical School
	Deer Lakes High School
	Riverview Senior High School
	Shaler Area High School
	Fox Chapel Area High School
Tier 2	
	Penn Hills High School
	Allerdice High School
	Westinghouse Academy
	Northwest Phlebotomy School
	Perry High School
	Institute of Medical and Business Careers - Pittsburgh Campus
	A.W. Beattie Career Center
	Forbes Road CTC
Tier 3	
	North Allegheny Senior High School
	Highlands High School
	Allegheny Valley Hospital
	Carrick High School
	Brashear High School
	Freeport Area Senior High School
	Parkway West Career & Tech Center
	Lenape Technical School

Figure 5. UPMC St. Margaret 2022 Joint Commission Tracer

Likelihood to harm a Patient / Visitor / Staff	ITHS	No Immediate Threat to Life Findings		
	High	No High/Limited Findings	No High/Pattern Findings	No High/Widespread Findings
	Moderate	EC.02.02.01 EP 6 IC.02.02.01 EP 2 PC.01.02.07 EP 1 PC.01.02.07 EP 7 PC.02.01.01 EP 15 PC.02.01.11 EP 2	IC.02.02.01 EP 1 IC.02.02.01 EP 4	No Moderate/Widespread Findings
	Low	EC.02.02.01 EP 5 EC.02.05.01 EP 9 EC.02.05.01 EP 16 EC.02.05.05 EP 6 EC.02.05.05 EP 8 EC.02.05.07 EP 4 EC.02.06.01 EP 1 EC.02.06.01 EP 20 LS.02.01.10 EP 11 LS.02.01.10 EP 14 LS.02.01.30 EP 13 LS.02.01.30 EP 19 LS.02.01.30 EP 20 LS.02.01.35 EP 14 RI.01.03.01 EP 1	EC.02.03.05 EP 12 EC.02.03.05 EP 13 EC.02.05.01 EP 23 LS.02.01.20 EP 40 LS.02.01.35 EP 4 LS.02.01.35 EP 5 LS.02.01.70 EP 6	No Low/Widespread Findings
		Limited	Pattern	Widespread

UPMC St. Margaret Location

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