**Stryker ASC – Module 3: ABC’s of Human Resources**

**OVERVIEW**  
Human Resources (HR) performs essential functions within healthcare organizations and ambulatory surgery centers (ASCs). Regardless of the organizational structure and type of operating model, the core tenets (e.g., compensation and benefits, compliance, recruitment, training, and talent management) of a strong HR department in healthcare are the same. ASC administrators and leaders at all levels must be knowledgeable of HR components which have a huge impact on its human capital.

**OBJECTIVES**

1. Identify the principles of Human Resources (HR) in the healthcare organization.
2. Explain the role of the ambulatory surgery center leader in managing human resources.
3. Discuss current HR challenges facing the ambulatory surgery center.

**INTRODUCTION**

According the AHA’s 2022 Environmental Scan, there are promising developments in the ASC field right now, but there are also areas of serious concern, one of which is strengthening the capacity and resiliency of the ASC workforce after a difficult two years due to the Covid-19 pandemic. Many now view Covid-19 as something that will be co-existing with hospital systems for the foreseeable future. Therefore, ASCs and other health systems have begun innovating, trying, and sharing new methods like never before, which not only bodes well for the short term, but also helps with the long term as business models continue to undergo significant change to adapt. Human resource departments are agents to help implement this type of change. HR functions are also in place ensure an ASC runs smoothly, remains compliant, and has systems in place to help them readily move into the future.1

***Overview of HR Structures in Hospital and ASC Settings***Hospitals typically use a hierarchical and divisional organizational structure; one where various levels of staff are responsible for others within their respective divisions. From the top down, most organizational charts start with the Board of Directors, move to the Chief Executive Officer, and then continue through the C-suite of officers, including the Chief Human Resource Officer whose role encompasses all the innerworkings of a hospital Human Resource Department.2

Organizational structures of outpatient clinics and ambulatory surgery centers (ASCs) may vary depending on ownership-model, but most are designed to support management oversight and direct medical care, ancillary services, and administration. A typical chart may begin with the Medical Director and Practice Administrator at the top of the organizational chart.3 Human resource departments could fall under the umbrella of one of these leaders’ responsibilities or may be its own individual department. Each ASC has a unique blend of operational, financial, and clinical circumstances that its organizational structure would stem from.

**HR Department**Human resource departments are becoming invaluable in facilities throughout the healthcare industry. The healthcare industry faces many complexities, and therefore it is vital to have a strong HR team in place.4 Human resource management allows organizations to mobilize its people to accomplish strategic plans, missions, and goals. Human resource healthcare leaders must be visionaries, forward thinking, strategic, and legally adept. Strategically managing human resources involves influencing the mindset of the workforce and their behavior and competencies, while enabling employees to carry out the organization’s mission and strategy.5 HR departments are responsible for employees, and ultimately their decisions affect patients receiving care.4 They ensure the well-being of their employees while healthcare providers ensure the well-being of their patients.6

**Responsibilities and Roles**Healthcare human resources are essential to ensure the delivery of effective services. Human resource departments are responsible for many roles including, but not limited to

* recruitment;
* benefits management;
* logistics management;
* education and training;
* claims;
* compensation;
* diversity, inclusion, and equitable treatment;
* relevant trends;
* employee management;
* discipline and dispute management;
* compliance and legality; and
* patient satisfaction.4

**How ASCs May Differ**  
Depending on the ASC ownership model (hospital-owned, physician-owned, company-owned, etc.) HR departments in an ASC may not be responsible for as many employees as that of a traditional hospital system. Furthermore, in some ASC ownership models, administrators and clinical leaders may carry out many of these duties in the absence of a larger HR department. Also, they may not have some of the administrative benefits that come from being part of a larger organization.4 For example, an ASC with an HR department based in the hospital system that owns them may not have to make and manage a lot of the larger decisions, the ASC leaders may just have to implement them.

**Role of the ASC/Perioperative leader**  
Human resource personnel, perioperative leaders, and ASC administrative leaders face challenges filling open staff member and leader positions due to the nature of the perioperative setting. The perioperative setting requires more complex interventions and intense nursing care. Two staff members are routinely assigned to one patient’s care in the OR, making it even more difficult to fully staff a facility due to nursing shortages and vacancies. At a time when there is already a shortage of nurses and many perioperative staff members and leaders are moving into the retirement phase of their careers, perioperative and administrative leaders must work together and be proactive and innovative to help solve the perioperative succession crisis.7

Healthcare human resources intensely rely on their labor force and the separate professions under their umbrella, with nurse staffing being a major component. Organizational results such as clinical outcomes, nurse turnover, nurse burnout, job satisfaction, patient safety, and patient satisfaction are all associated with nurse staffing. Successful ASCs have leaders who work effectively with employees and are knowledgeable about practices and numerous systems required to assemble a motivated and skilled workforce.5 Nurse leaders should be familiar with each member of the nursing staff to determine their individual value and to help them avoid biases and misunderstandings, especially in the multigenerational nursing environment we currently find ourselves in.8 Proactive problem solving and self-initiated, anticipatory action are positive work behaviors needed in ASC leaders to ensure the quality of patient care. ASC leaders must regularly look for ways to identify approaches to improve customer service and performance and have systems in place to reward employee success.5

**HR as an Element of the Role Rather Than a Department to Outsource**Human resource management is starting to be seen as one of three principal health system inputs, the other two being consumables and physical capital. The benefits and performance a healthcare system can deliver largely depend on the skills, motivation, and knowledge of the individuals responsible for health services delivery. Human capital must be managed and handled very differently from physical capital, and the role of an HR department cannot be taken for granted.9

Several jobs fall under the human resources umbrella, but the most important tasks of the department include being responsible for organizational management and ensuring the welfare and safety of their employees. For this reason, human resource departments may best function as employees on-site at a facility instead of an outsourced department. An HR department that is on-site is able to provide the best work environment because it is one they are also a part of, and they are able to better support their employees by being more readily available to them.6

Human resource research is still mostly focused on traditional personnel functions (i.e., performance, ability, turnover, job satisfaction). This traditional viewpoint centers around the individual as the main evaluation point. Some researchers have begun to question the traditional HR model, wondering if it leads to HR activities that are too internally focused and not aligned with other roles or organizational goals and priorities. In healthcare, a strategic HR department should have an external orientation to customers’ needs (e.g., excellent patient care and patient satisfaction) and an internal commitment to employee development. Employee turnover, poorly trained staff, and negative work environments undermine patient satisfaction. To add value to their organization, human resources should ensure their employees receive professional development.5

**Facility size/ownership structure differences**  
Different ASC ownership models include

* sole proprietor/surgeon owned;
* joint venture with hospitals, physician groups, or companies;
* hospital/integrated delivery network owned; and
* physician owned.10

There are pros and cons to each ownership model, including size limitations, staff workload, payer negotiation capabilities, facility maintenance, contracting options, compliance benefits or challenges, and more. For example, in a small facility, staff members and resources may be limited and therefore more staff members may need to wear multiple hats.10

Human resource tasks like job rotations and scheduling often depend on the size of a facility. Large healthcare facilities may make hundreds of different rotations for nurses, doctors, visiting physicians, etc, while smaller facilities may not need as many. No matter the size of the facility, one of the roles of the HR department is to ensure schedules and shifts are readily accessible, flexible to change, and easily communicated.4

Payroll structures are also often dependent on the size and organizational structure of the facility. Some healthcare workers (e.g., surgeons, anesthesiologists, etc.) may only get paid when they work with a patient, while others may get paid a salary and have bonus incentives built into their contracts. HR departments are responsible for finding solutions that can manage these different scenarios.4

**COMPENSATION**

In 2021, AORN conducted a survey to determine the status of perioperative nursing compensation in the U.S. Respondents included a mix of staff nurses, managers, high-level managers, educators, charge nurses, first assistants, nurse specialists, and administrators. Responses included information from nurses who worked in acute care hospitals (73%), freestanding ASCs (16%), hospital outpatient departments (6%), and physicians’ offices (0.4%). The remaining 1% worked in industry, nursing schools, system headquarters, mobile surgical units, or as independent consultants. Facilities were categorized as small or large based on a median split of the number of ORs reported. Small was defined as 10 or fewer, and large was more than 10 ORs. Multiple regression was used as the primary analytical tool in the study due to the variables involved in factors that can affect compensation. Differences in job title were linked to differences in base compensation.11

**Figure 1 – 2021 AORN Salary and Compensation Survey11**

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Nurses in freestanding ASCs were shown to receive $8,500 less in base compensation than nurses in acute care hospitals or hospital outpatient departments. Nurses in general/community hospitals earned $5,200 less than nurses in other types of hospitals. Nurses working in government-owned, nonfederal facilities earned $5,500 less than nurses working in facilities with other ownership structures. Nurses working in private, for-profit facilities earned $4,500 less than nurses working in facilities with other ownership structures. More than 69% of survey respondents worked in facilities that were part of a larger network. These nurses earned $5,600 more per year than non-network facility nurses. Compensation was also found to be influenced by facility location. Nurses in rural settings earned approximately $9,300 less than nurses in urban or suburban settings.11

The survey indicated that nurse managers had higher salaries the more time they spent on managerial tasks. The average manager earned $262 more in annual compensation for each 10% increase in time spent on managerial tasks. The survey also indicated that nurses early in their careers were more likely to see large increases in compensation related to experience, but smaller increases later in their careers. Nurses paid using a salary model earned $2,100 more on average than nurses paid on an hourly basis. Nurses with diploma’s earned $6,500 less than other nurses, those with master’s degrees earned $4,200 more than other nurses, and nurses with doctorate degrees earned $7,000 more.11

***Wage Competition***ASCs are struggling to recruit and retain nurses due to the current bonuses offered by hospitals and skyrocketing travel nurse pay options. There is a wage war due to the healthcare worker shortage. Healthcare workers can get paid nearly quadruple to work as a traveler in their own communities. ASCs may not always have the resources to increase wages enough to compete. Offering a better work-life balance, more flexible schedules, and additional education (e.g., training all RNs to first-assist during surgery) may motivate staff members in a way that compensation cannot.12

**ASC vs. Hospital**  
Though the gap is narrowing, there is sometimes still a reimbursement parity between ASCs and hospitals.5 And while reimbursement rates are important to running an ASC, wage considerations are also something that HR departments must be knowledgeable of to remain competitive. According to 2021 U.S. bureau of Labor Statistics data, registered nurses, nurse practitioners, physicians’ assistants, and surgical techs make more money on average in the outpatient arena when compared to hospitals. The number of RNs employed by hospitals are 1,729,200, with an hourly mean wage of $39.27 and an annual mean wage of $81,680. The number of RNs employed by outpatient centers are 150,380, with an hourly mean wage of $42.93 and an annual mean wage of $89,300.13 Other research estimates compensation to be a bit higher and approximates ASC nurse salaries to be around $108,093 per year, including an average base pay of $94,145 per year, which is about $45 per hour. Most surgery centers budgeted three percent raises for staff in 2021, but those still may not be enough to compete with current hospital bonuses and travel nurse agencies.14

**On-call**  
Sixty percent of the AORN wage compensation survey respondents reported working on-call. For nurses who received dollar-per-hour pay, median pay was reported to be $3.50 per hour. If called in, 59% received time-and-a-half pay, 14% received straight-time pay if they worked less than 40 hours that week and time-and-a-half pay if they worked more than 40 hours. Ten percent received no additional compensation beyond base pay for being on standby call, and 3% received compensation time instead of pay.11

**Benefits**There are many ways an ASC HR department can be financially savvy and still provide robust benefits to their employees, including

* understanding the aim of the benefit (i.e., Is the benefit being offered to compete with local hospitals for talent or to encourage retention?);
* regularly reviewing their benefits package offerings and their employees benefit usage;
* clearly define the benefits (i.e., full-time employee benefits vs part-time employee benefits) and consistently apply them (i.e., paid time off based on set organizational policies vs. negotiating based on the amount of time a previous employer offered);
* consider ways to control spending (e.g., higher deductibles if need be, IRS- sanctioned health reimbursement arrangements, health savings accounts, new insurers, etc.);
* connect benefits to work needs (e.g., advanced cardiac life support classes, ergonomic assessments, free scrubs, etc.); and
* consider unusual benefits (e.g., courtesy discounts on services provided by the facility, long-term sickness programs, provide snacks and other treats).15

Nurses value traditional benefits, but in addition they value workplace factors such as control and autonomy over their work environment, collaborative relationships with physicians, and the ability to initiate and sustain therapeutic relationships with their patients.16 A human resource department that can find a way to provide an environment that prioritizes these things, as well as the following benefits, is one that has a greater chance of recruiting and retaining the best employees.

**Retirement accounts**  
A 401(k)-retirement program is one of the most frequently offered benefits.11 Individual facilities can offer these as part of their overall benefits package through their benefits managers, or they may choose to partner with a larger professional organization to offer these benefits. In 2021, the Ambulatory Surgery Center Association (ASCA) launched a member association retirement plan program to help participating facilities reduce their administrative burden, offload fiduciary liability, and streamline benefit offerings. This plan allows for group pricing that may be attractive to employees looking to save for retirement.17

**Insurance**  
Health (92%), dental (90%), vision (84%) and life (80%) insurance are four of the most frequently received benefits, according to the 2021 AORN wage compensation survey.11 These benefits are basic, yet important parts of any benefits package.

**Fringe benefits**  
Thirteen percent of AORN compensation survey respondents noted receiving fringe benefits such as hiring bonuses ranging from $1,000 to $2,499 (10%), $2,500 to $4,999 (16%), and $5,000 to $7,499 (26%). Some nurses also reported receiving differentials ranging from $2.50 per hour or 7% of their base pay for working afternoon/evening shifts and $3.00 per hour or 10% of their base pay for working weekends.11   
  
Some compensation survey respondents also noted receiving benefits such as cell phones, laptops, or tablets, an increase relative to the 2018 to 2020 period (+10%), 401(k) contributions and crisis/hazard pay (+5%), and COVID-19 bonuses (+4%). Tuition reimbursement and reimbursement for membership fees to professional association were also noted as valued benefits to nurses. As for paid time off (PTO) as a benefit, the median number of PTO days (excluding national holidays) was unchanged from the past four years at 20 days.11

**COMPLIANCE**

***Regulatory Expectations***  
The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) accreditation program requires 100% compliance with each ASC Standard for a facility to remain accredited. ASC Standards:

* state that policies and procedures must be established by the governing body for any practitioners other than physicians who have patient care responsibilities to oversee and evaluate their clinical activities.
* require all personnel to be provided with a code of ethics or behavior which governs their conduct when communicating with fellow staff or the public.
* establish all credentialing, licensing, and certification requirements for medical directors.
* determine policies, licensing, credentialing, and privileging requirements for surgeons/proceduralists/anesthesia providers, and other medical specialists, who are granted clinical privileges.
* determines facility and nurse staffing requirements.18

Another critical role of ASC human resources is credentialing, the process that ensures that independent practitioners (e.g., nurses, physicians, PAs, anesthesiologists, etc.) are qualified and licensed. This process protects patients and the ASC by minimizing medical errors by unqualified providers. Credential verification and privileging information must be clearly defined in an ASCs policies and procedures, as should information on denying privileges and reappointments. This process requires oversight from the Medical Director, Medical Executive Committee, and the Governing Board. Most practitioner appointments are for a one-to-two-year period and are reviewed and renewed at the time of reappointment.5

ASCs may have less well-developed credentialing and privileging policies. In a 2007 survey of 139 freestanding ASCs with two or more specialty services, only 54% of physicians were board certified during their tenure. HR leaders should follow the extensive credentialing and privileging requirements put in place by The Accreditation Association for Ambulatory Healthcare (AAAHC) and the Joint Commission. The standards that define performance expectations to evaluate ASCs are included in the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC). These standards delineate processes that need to be in place to provide safe, high-quality patient care. They provide the information needed to establish and verify staff qualifications, provide them with appropriate training, and orient staff members.5

**Equal Employment Opportunity Commission (EEOC) Guidelines**Human resources must ensure an ASC is compliant with EEOC guidelines. These laws forbid discrimination in every aspect of employment, include that it is illegal to discriminate against someone (applicant or employee) because of their race, color, religion, sex (including gender identify, sexual orientation, and pregnancy), national origin, age (40 or older), disability, or genetic information.19

**FMLA**Compliance is also required with the Family and Medical Leave Act (FMLA). The U.S. Department of Labor requires covered employers be provided up to 12 weeks of job-protected, unpaid leave during a 12-month leave year for specified family and medical reasons if requested. Employees using their FMLA benefit are entitled to the continuation of group health insurance coverage under the same terms that existed before they took their FMLA leave. Employees eligible for FMLA must have worked for their employer for at least 12 months, have worked at least 1,250 hours during the previous 12 months, and worked at a location where at least 50 employees are employed by the employer within 75 miles.20

**Employee records**  
AAAASF standards detail requirements for personnel manuals, record keeping, and training.18 The Joint Commission also requires organizations to verify and document:

* provider credentials using a primary source when licensure, certification, or registration is required law. Secondary source is acceptable when licensure, certification, or registration are not required by law.
* verification of the employee’s education and experience as required by the job responsibilities.
* criminal background checks as required by law and regulation or organizational policy.
* health screenings as required by law and regulation or organizational policy.
* that independent practitioners who provide care have the same qualifications and competencies required by employed individuals who perform the same or similar function.
* That technologists who perform computed tomography (CT) have advanced-level certifications by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in computed tomography or state licensure, registration in ARRT and documented training, or certification in nuclear medicine by AART or NMTCB and documented training to perform the procedure.21

Surveyors expect HR files to contain a high degree of complete and updated information. If there is insufficient staff to handle the workload, a reliable outsourced credentialing partner may be a cost-effective and efficient solution to help an ASC’s credentialing staff navigate the process.5

**HR management software**  
Human Resource Information Systems (HRIS), also known as Human Resource Management Systems, are online solutions or software that facilitate HR needs for data entry, tracking, and information processing. By facilitating workforce planning, financial and operational administration, and staffing, these systems can improve organizational effectiveness and efficiency. Proper HRIS implementation can empower managers and employees, improve operational efficiencies, and lead to improvements in service delivery, standardization, and compliance with regulatory requirements. These systems allow HR departments to have all necessary information readily accessible. An ASC can track payroll data, timekeeping, upcoming recertification dates, and more. Some systems also incorporate online training tracking in one place, making it easier to monitor.5

Homegrown systems may achieve better quality of patient care than outsourced systems. An interdisciplinary team should be convened and actively focus on HR information improvement initiatives.5

Most studies describing HRIS implementation are not specific to the healthcare industry,5 but the right technology can lighten the workload for administrators, providers (e.g., automate transactional work, dictation, scheduling, improve data and analytics), and as a result improve patient care.22

**Record keeping requirements**  
The Joint Commission notes that state and federal laws determine requirements for how long medical records must be kept. Clarifications to this standard include that

* legal and risk management leadership determine state-specific medical record retention requirements.
* records not considered part of the permanent patient record may be subject to state and/or federal retention requirements.
* temperature monitoring logs, employee file documents, meeting agendas and minutes, and crash cart daily checks are examples of documents not considered part of a patient’s medical record.
* compliance with local, state, and federal requirements are expected by surveyors, and organizations are required to have records dating back to the last full survey available.23

**HUMAN CAPITAL**

***Recruitment***Recruitment is one of the largest roles of any human resource department. Facilities compete to recruit and retain the best employees and compensating the employees they hire with competitive and attractive benefit packages leads to higher retention. Finding adequately trained employees is a challenge, especially given the current high turnover rates and baby boomers in the healthcare field nearing retirement age. As the healthcare industry continues to change and grow, new jobs will become available, and they will be in high demand due to the shortage they will need to fill.6

Finding quality candidates for a lot of healthcare positions, especially leadership positions, is difficult. Many variables can limit the pipeline, including shortages, expanding role requirements, and candidates’ geographic barriers. Today’s workplace climate needs aggressive recruiting using all available tools. Traditional recruiting efforts may need to be supplemented with actions such as leveraging interim leaders to allow time to conduct extensive searches and minimize organizational disruption, shaping a meaningful employment brand to overcome any geographic constraints, potentially looking outside the industry to find leadership from other sectors who can use their experience from other sectors relevant to the fast-changing and competitive healthcare market.1

Collaborations with local or regional educational institutions may help fill the long-term workforce gap.22 Educational programs may need rotation and clinical partners, and if an ASC can get their foot in the door in this market it could help.

Healthcare worker migration is an issue both locally and globally. Imbalances created by workforce mobility require better workforce planning, improved overall management, and attention to topics such as compensation and other rewards. Some developing countries offer benefits such as housing, job rotation opportunities, and infrastructure options in addition to salary incentives.16 While all of these may not be feasible in the U.S., a version of these creative solutions may be worth considering to recruit and retain healthcare professionals (i.e., a housing allowance rather than a housing, public transportation and/or toll road discounts/passes as infrastructure options, job rotations on a planned scheduled for those who are interested, etc.)16

**Marketing Strategies**ASC HR leaders can use marketing as a tool to bolster their facility’s success. Understanding consumers and communication are both important to developing a successful marketing strategy. Open houses, advertising, and an active online presence can boost an ASCs reputation. To ensure the best outcomes, an ASC should focus on the consumer, understand the dynamic of the healthcare market, use multiple channels to reach consumers, understand marketing terminology, and partner with a marketing agency.24

**Hiring Process**One of the main roles for any HR department is hiring, and this is often more difficult in healthcare because of specializations and the limited number of candidates based on geography and ability.4

An organization can be positioned for the best results by following industry best practices and optimizing key aspects of the hiring process. Effective human resource management involves determining the requirements of each position, recruiting and selecting qualified people, training and developing employees to meet future needs, evaluating job performance, and providing the best rewards to attract and retain top performers.5

**Effective interviewing**  
The hiring process is often a challenging one in an ASC environment, but when an interview goes well the reward can be a satisfied, long-term employee. While an ASC HR department may be off-site and not readily available or an ASC administrator may double as an HR manager, no matter the HR department model there are some common threads that can help with effective interviewing.25

Interviewers often talk first and talk too much; this is a common mistake. When an interviewer explains the facility and the job first to a candidate, they’ve already given the candidate the answers. Instead of asking for a yes or no answer when asking if a candidate knows how to perform a procedure, they should be asked to explain the steps to a procedure.25

Discussing the current work culture, both positive and negative, are also important elements. Behavioral interviewing, a technique that relies on the concept that and employees past performance indicates their future performance, may be most effective. These types of questions give a candidate example of various situations and elicit descriptions of specific behaviors in response. After an employee has been on the job for a month or so, it might be good to check in and see if the job matches what they heard in the interview to help fine-tune the interview process.25

**Onboarding**  
Onboarding and orientation give an organization the opportunity to inform employees about its culture and procedures. It’s important that employees begin their time with an organization with an understanding of how their jobs contribute to patient safety and care, treatment, and other services. Employees should be oriented fully on topics such as infection prevention and control, cultural diversity sensitivity, and patient rights. The Joint Commission Ambulatory HR Orientation Standard require organizations to orient staff and independent practitioners on:

* key safety content,
* relevant policies and procedures,
* job duties,
* cultural diversity sensitivity, and
* patient rights including ethical treatment.

Orientation completion must be documented.21

**Training Programs**  
HR departments are solely responsible for ensuring all employees have had enough training to follow the necessary standards of care. When employees are properly trained to standard practices, organizations see improvement in the competency and efficiency of their employees and their staff morale, which may lead to less turnover.6

Human resource leaders should consider the composition of a facility’s employees in terms of both training levels and skill categories. Proper education and in-service training ensure employees are prepared to meet a facility’s present and future needs, and this is essential to a successful healthcare facility.16

The difference between poorly trained and well-trained staff members is often the difference between life and death. Training is an essential component for a HR department. Training programs must teach new employees their schedules, responsibilities, and expectations to prepare them for their day-to-day tasks. But training is not just for new employees, it is an ongoing task for all employees to ensure they are current with necessary licenses, certifications, and training.4

Education and training help maintain a competent workforce. The Joint Commission recommends organizations require staff members to participate in ongoing education and training to maintain or increase their competency and when staff responsibilities change. They also recommend ambulatory facilities include the following in their education and training programs:

* performance improvement initiative results that point to the need for education and training;
* competency assessments or performance evaluations that identify staff needs;
* patient safety topics; and
* technology or practice changes.21

***Logistics Management***

**Staffing Schedules**Maintaining proper staffing ratios has been a topic of debate in healthcare for several years, but proper staffing ratios are another way HR departments can care for their employees. When employees feel cared for, they demonstrate better results on the job, and an engaged workforce reflects on the quality of an HR department.6

The Joint Commission requires that healthcare organizations assess their staffing effectiveness through continuous screening of issues that could arise because of inadequate staffing. Effective staffing is defined as the number, competency, and skill mix of staff members needed for the provision of care. The Joint Commission focuses on the link between organizational outcomes (i.e., clinical outcomes) and HR strategy implementation (i.e., adequate staffing). It is crucial that ASC HR departments and managers understand these standards and provide the highest level of performance and service to their patients in order to receive Joint Commission accreditation.5

**Payroll**Payroll is another major HR responsibility. An HR department may perform payroll duties in house, may outsource to a payroll specialty company, or may perform it in house with a payroll specialty company partner’s tool. Payroll software seems to be the current trend because it allows HR departments to continue to participate in payroll administration, but eases the burden of doing it manually, figuring out tax structures, and tracking time off/attendance.

**Talent Management**  
HR departments must securely manage and track employee data in a manner so that it is available whenever audits or questions arise. Successful employee management includes employee development, which entails more than an annual performance review. Employees need access to regular meetings that give them a space to discuss challenges and receive feedback. Having a program in place that includes regular meetings with employees fosters a healthy workplace culture and helps employees feel heard.4

**Organizational Structure**  
Employee management also involves organizational structure decisions, including staffing needs. Healthcare HR departments must maintain proper staffing to ensure their facility is operating efficiently. The ability to reorganize and restructure as needed to meet the needs of the facility are critical roles human resources must be prepared for. HR leaders must also seek guidance and be knowledgeable about compliance and legalities to help enforce the rules and regulations put in place by governing authorities that ultimately ensure patient safety.4

**Development**During this era of healthcare transformation, HR departments need to identify and develop employee talent. A 2018 LinkedIn survey indicated that 94% of respondents would stay with their organization longer if it invested in their career. Finding talent is often prioritized, however identifying existing talent and developing a successful talent development program requires a significant time investment and financial resources. Often these programs focus on those previously identified as high performers, however, that limited viewpoint may not be producing the right returns. Organizations may need to do more to uncover hidden talent in current employees.26

For employees to feel connected to an organization and engage more fully, talent development should be an integral part of an organization’s vision, mission, and values. Talent development programs should include education to support leaders to ensure they understand how to recognize and advance talent in their employees. Talent development requires a holistic approach that includes fostering a passion for development in leaders and employees that can lead to more engaged employees and better employee retention.26

**Creating clarity**Clarity has been defined as the alignment between people and tasks to achieve team goals. Clarity allows teams to be more effective and it’s up to leaders to clearly define roles and responsibilities. Leaders often assume employees understand their roles and responsibilities, but they don’t always factor in changes (e.g., team growth, company changes, personal biases, etc.) that could affect their understanding. Without clarity, team members often work in different directions because there is no alignment or may work on the same tasks and projects. Paid employees often waste time wondering what to work on and which direction they should go in when roles are unclear. Basic steps to providing clarity include:

* clearly defining employee roles;
* creating alignment; and
* promoting transparency.27

Human resource departments that promote clarity in their own department and train managers to do the same help ensure improved culture, collaboration, and performance. Team members are more apt to be fully functional and productive with well-defined roles, allowing the facility and team to thrive.27

**Employee Engagement**In 2015, the Veteran Administration’s (VA) annual employee survey, which indicated some employees did not feel engaged or encouraged to try new things at work. In response, they launched an Innovators Network (iNet). This network determined that employees needed resources to help them frame their day-to-day challenges and design solutions, part of which included being encouraged and recognized as individuals and unique contributors to the VA healthcare mission. This program provides site-specific idea competitions, educational opportunities, and programming opportunities for employee innovators. Each site has an innovation specialist who facilitates the local program to connect employees to the knowledge and resources they need. Programs like this and other creative options may help human resource leaders engage and empower their employees, which in turns will help improve their caregiving culture.28

**Shared governance**Nurses face multifaceted challenges, including workforce shortages, increased workloads, increased rules that decrease patient bedside time, and more. These challenges have all increased their responsibilities and accountability but have not given nurses increased power or authority to affect change. Shared governance is a concept that has been present in hospitals since the 1970. It empowers nurses to share in the decision-making process, resulting in collective accountability and decentralized management. Shared governance as an official program should give nurses the right to control their practice and extend their governance to different tasks like scheduling, evaluating personnel, budgeting, and other tasks historically controlled by managers. It is a model in which decision making is shared between healthcare workforce members and centered around the principles of partnership, accountability, ownership, and equity. This model of governance may empower nurses, which can increase their confidence, develop skills, grow their professional profile, and enhance the provision of quality care and clinical effectiveness.29

**Performance Reviews**Performance feedback is useful to staff whenever an opportunity arises. The Joint Commission recommends that performance evaluations focus on employee’s competence and include any other expectations established for each staff member (e.g., expectations for education and training, how they carry out their job responsibilities and manage their time, etc.) Performance evaluations should occur at least once every three years, however most organizations complete annually. Additionally, there is increasing evidence suggesting periodic evaluations throughout each year, as a means to connect with individuals on a regular basis Some organizations may choose to combine performance reviews and competency assessments while others may do them separately. If combined, performance evaluations must contain specific competencies.21

**Role of the leader**ASC leaders should be prepared for each performance review first by keeping good notes, providing feedback, and developing goals. Depending on the current model for performance reviews, an ASC may want to consider having all reviews in the fall instead of at the end of the year when people have heavy workloads both personally and professionally.30

Leadership should take a prepare, engage, and follow-up approach to reviews. Managers should be monitoring and recording employee performance and behaviors throughout the year. Having this information readily available and delivering it in a clear, objective manner will help encourage open communication and positive relationships. Reviewers should discuss specific events from throughout the year instead of one recent event. This helps employees feel more connected because it assures them their review is based on the entire year, not just something recent. Employees should be engaged in a manner that helps them feel heard. Discuss their strengths, areas that need improvement, and cite examples of both. It is important for leaders to follow-up with employees shortly after their review and throughout the year.30

**Effective reviews**Effective performance reviews should be constructive conversations that build employee relations and lead to growth, better employee performance, and better overall ASC performance. Year-end reviews and ratings are generally less valuable than in-the-moment coaching about upcoming goals or recent performance. Regularly checking in with employees helps foster relationships and build a more cohesive team, which improves overall ASC operations.30

**Succession Planning**New hires must undergo robust orientations, and at the same time HR should implement programs that foster leadership development and formulate succession planning pathways.5 It is difficult to fill perioperative nursing jobs. Too few nurses specialize in surgery, which leads to fewer nurses prepared to move into management. Successful succession planning requires identifying potential leaders now. ASCs have a few strategies they can follow to prevent succession problems in the future

* partner with colleges to develop perioperative electives so nursing students rotate into the operating room.
* mentor new nurses and millennials to help them develop, socialize, and adapt to the OR setting.
* work to retain staff members by determining what is important to them and providing it.
* identify engaged, high-performing employees to find the next leaders among current staff members.
* help employees develop career paths by meeting with them to determine their near- and long-term goals and offering education and professional development opportunities to help them meet those goals.
* determine what employees want from a job and provide it.
* follow-up with your employees on a quarterly basis to determine how their development program is going and help them make other plans if their original plan doesn’t work.31

**Mentoring programs**Overcoming generalizations and stereotypes of the multigenerational workforce requires focused succession plans, including retention strategies to minimize turnover and mentoring millennial nurses as proficient leaders. Mentorship programs will help develop and retain nurses and nurse leaders. Formal mentorship with senior nurses creates structured pathways for frequent feedback. Mentorship cohorts may also be beneficial, where nurses can discuss ideas, struggles, and action plans under the guidance and experience of knowledgeable leaders. Cohorts of varying generational backgrounds may allow for processing in a safe space to determine the most effective learning and communication style for all involved.8

**Internal promotion**Internal promotion processes allow for an organization to look at its existing employees as candidates for job openings. Employees that have shown themselves capable of taking on new responsibilities make good candidates for promotions. An employee’s experience, training, and skills should all be considered. Performance evaluations are often used to identify the best candidates for promotion. Promoting internal candidates allow for reduced recruitment time and costs, quicker onboarding, and fosters staff engagement. Implementing internal promotion plans involves

* defining the organizational needs;
* establishing selection criteria;
* using HR software tools to analyze candidates records;
* speaking to the candidates; and
* conducting final evaluations to choose the most suitable candidate.32

**CURRENT CHALLENGES**

With demands for efficient healthcare, healthcare system consolidations, and the rise of managed care, fewer financial resources are available. Financing healthcare services, technological advances, and organizational changes have expanded healthcare provider job opportunities — it has also led to professionals being asked to perform more tasks.5

ASC staffing is challenging in that staff members must be cross trained to manage several functions. Cross covering can be stressful for employees. Collaborative practice ASC staffing models communicated with a clear understanding of a staff member’s role on a healthcare team is essential for improved patient outcomes. Responsibilities and roles should be clarified at the time of hire and continually reinforced. ASC staff members must interact with professionals from multiple specialty areas (e.g., surgeons, anesthesiologists, physicians assistants, nurse practitioners, CRNAs, equipment company representatives, etc.) all of whom are involved in patient care but not always employed by the ASC. This is unlike a hospital model and can create somewhat complicated management situations.5

***Burnout***The percentage of nurses who said they would encourage others to become a nurse in May of 2020 was 40.4%. That number has since dropped to 33.5% in January 2021. Per the American Hospital Association (AHA), 22% of nurses are considering leaving their direct patient care positions within the next year. Burnout is one of the leading reasons nurses are deciding to leave their positions. Burnout stems from demanding/intense workloads, insufficient staffing levels, and the emotional toll of their jobs. Initiatives that could help support employee well-being include open lines of communication, more recognition, and an operating model that embeds more flexibility and breaks.1 Burnout will not magically go away after the pandemic ends. More systematic approaches must be implemented to reduce burnout and achieve optimal staffing levels.33

***Staffing shortages, turnover, COVID-19 effects***  
Even before the pandemic, understaffing, increased administrative burdens, and long hours all played a role in burnout, shortages, and staff turnover — and the pandemic just exponentially increased these issues. From January to February of 2021, healthcare executives were asked which current staff shortages are worse than one year ago. Over 69% responded that their greatest concern was nursing shortages. An overwhelming 90% of nurse leaders expect a nurse shortage post-pandemic. The average nurse vacancy rate was 10% in 2021 and the average time a hospital spent finding and hiring an experienced RN was 89 days regardless of specialty.1

According to a study by the American College of Medical quality, by 2030 there could be a shortage of 510,394 registered nurses. This could have major long-term implications. The impact of registered nurse turnover rates include:

* nurse vacancy rates higher than 7.5% in 62% of hospitals and higher than 10% in 35% of hospitals.
* an average turnover rate of 18.7%.
* an average turnover cost of $40,038 for a bedside RN.
* an annual RN turnover cost of $6.5M for an average hospital.
* for each percentage change in RN turnover, an average yearly cost/savings of $270,800.
* That the average time it takes to recruit an experienced RN is 3 months.33

Nearly a million nurses are predicted to retire by 2030, a time when the need for RNs will increase, a time when 20% of U.S. residents will be 65 or older. This is a problem because of the complex medical issues (e.g., cancer, stroke, diabetes, heart disease) older adults are known to experience. There’s no one-size-fits-all fix to solve the current and predicted shortages, however, working to reduce growing administrative burdens, changing unreasonable expectations placed on nurses, and making mental healthcare more accessible are good programmatic starts.33

One such change includes potential changes to the cognitive and documentation burdens stemming from difficult EHR systems. A potential solution to reduce stress and administrative burdens could be an investment in medical documentation specialists (MDS), tech-enabled assistants for nurses and physicians that leverage automation technologies to capture real-time provider-patient conversations and convert them into medical documentation with appropriate context. These specialists can also manage Care Gap and HCC reminders and order labs, medications, and tests using smart phones or google glass. An MDS can also work on chart backlogs, which may help reduce burnout and provide better work-life balance for healthcare providers.33

Labor costs are a critical area human resource departments must consider. In 2021, there was a 12% increase (from 18% to 30%) in staff turnover in emergency, ICU, and nursing departments. Temporary and agency labor usage increased 132% for full-time workers and 131% for part-time workers.1 Most of these numbers are a result of the Covid-19 pandemic, however, recovery from these financial concerns and a return to workforce normalcy is still a very real concern for HR departments in healthcare systems.

**OR Nursing Outlook**The outlook for OR nursing jobs is very bright. The demand for OR nurses continues to grow as the volume of surgeries in the U.S. grows. Registered nurses can find OR nursing jobs in most places around the country. Per the Association of PeriOperative Registered Nurses (AORN), the need for OR nurses is expected to grow 1% to 2% annually. This is compounded by increased surgical volume, a shortage of qualified nurses, and 20% of OR nurses expected to reach retirement age in the next five years. Nurses who obtain Certified Perioperative Nurse (CNOR) credentials may be better compensated and open the doors to roles in higher paying facilities and more responsibilities.34

**ASC Outlook**Over the past decade, the number of ASC has dramatically increased. In 2016, over 40% of outpatient surgeries were performed in ASCs.5 Healthcare offered by ASCs in 2029 is expected to rise to a patient volume of 40.1 million, an increase of 8.1 million when compared to the 32 million patient volume in 2019.1 Increased ASC patient volume means more demands for human resources to ensure staffing needs are met. Increased patient volume and increased staffing mean ASCs are trending in a positive direction.

As the need and preference for outpatient surgeries is predicted to grow, ASC administrators will play many roles, including compliance and IT roles. But an atmosphere of continued growth and opportunity is important to ensure the success of growing ASCs.10

**Trends and agency personnel**  
An HR department that understands the impact of relevant trends can provide great value to an organization. Things like remote work options, performance management, and company culture all make a difference to job satisfaction and the work environment. In healthcare, HR departments must also think about local trends that may be relevant to their facility, things like decreasing or increasing populations that may affect future staffing, age of the population being served, socioeconomic status of potential customers, the size of the geographic area being served by the facility, and whether there is competition in the same area. These types of local trends are important to determine an ASC’s potential success.4

Health sector reform is also an important trend, and human resources can play a valuable role. Efficiency, equity, and quality objectives are trends that can not only benefit a local facility, but potentially to healthcare as a whole if implemented and promoted correctly.16

Another key trend is improving efficiencies. One means of doing so may include outsourcing services to agency personnel. While controversial, outsourcing has been used to convert fixed labor expenses into variable costs. Performance contracts and internal contracting are also efficiency measures that have been employed.16 These techniques began as ideas but have since spread throughout the healthcare sector and brought about change to traditional employee models. Healthcare is delivered by people; therefore, effective human resource management plays a vital role in health sector reform.16

***Multi-generational Workforce***Millennial employees make up approximately half of current healthcare workers. A subset of older nurses work alongside these young nurses, and they are working longer and foregoing retirement, thus widening the generational workplace gap. In 2017, a National Nursing Workforce Study indicated that 50.9% of RNs are over the age of 50 and 14.6% are 65 or older. Each generation of practicing nurses brings a unique style to the nursing field, including strengths and weaknesses that should be recognized and understood. The blend of generations that currently comprise the workforce include a spectrum of styles, expectations from leadership, and communication preferences. An understanding of generational differences will directly impact staff buy-in, satisfaction, retention, and other vital nursing indicators.8

Managing multigenerational staff members can be challenging. Onboarding new, young staff members requires a balance of giving praise, encouragement, and finding roles that are important to them and useful to the surgery center. While managing older staff members may require leadership to present training opportunities in a positive manner, including reinforcing that the new employees are not being trained because the older employees are being phased out, a common fear of the older generation. Leaders should explain the benefits of additional employees and how they will allow for more flexibility in scheduling, time off opportunities, and help prepare the organization for when older workers decide to start cutting back on hours or retire.35

Offering a work-life balance is a good way to attract and retain millennial employees. Many millennial nurses prioritizing a work-life balance are drawn to non-hospital facilities due to their more favorable work hours.8 Some surgery centers are offering four-day work weeks with benefits, which attracts younger staff. And for the time they are at work, finding ways to build staff camaraderie is attractional. Activities outside of the surgery center like team sport outings and holiday parties are nice perks. A positive work environment is often a deciding factor that may even lead an employee to agree to a lower wage if it means working somewhere with a better environment than where they currently work.35

With 1 million RNs predicted to retire between 2017 and 2023, the millennial workforce will be the face of the future of nursing, both as nursing leadership and frontline staff. Promoting professional development and leadership opportunities to current nurses is important to ensure these nurses are prepared.8

***Diversity, Inclusion, and Equitable Treatment***Healthcare human resources departments should be proactive in creating accepting work environments. Fair and equitable treatment of employees is a primary tenet of a good HR department. Clear and transparent guidelines related to things like pay raises, leadership responsibilities, and career advancements will reduce the chances for discrimination against an employee due to their race, age, gender, ethnicity, sexual preference, or socioeconomic status. Regular trainings on harassment, inclusion, diversity, and similar subjects should be prioritized. Any complaints should be taken seriously. When looking for new hires, diverse candidates should be sought out. Human resources should share the responsibility with leadership to ensure each employee feels accepted and comfortable.4

***ASC Procedural Volume***

**Increasing Volume**Patients are more informed and increasingly discerning when faced with elective surgery. They have more options than ever, and ASCs are appealing to them as they become more aware of the risks of hospital-based care, particularly due to the COVID-19 pandemic. The patient volume of ASCs are steadily increasing, as they are currently handling 41% of surgeries and have continued growth projected through 2027. Patients also have more incentives and fewer barriers to pursuing ASCs as an option now that a lot of insurers and the Centers for Medicare and Medicaid Services (CMS) are approving more procedures in ASCs.36

**New Procedures and Technology**  
ASC volume is growing rapidly particularly within the orthopedic field. In 2018, only 10% of orthopedic procedures occurred in ASCs, but this is expected to grow to 68% by the mid-2020s. Orthopedic surgical teams need technology that ensure positive patient outcomes and supports efficient workflows and value-adding services. New technologies like a recently launched handheld navigation tool for positioning in partial and total knee replacements will become even more important in the futures as ASCs continue to grow and add services.36

**SUMMARY**

A human resource department’s contribution to an organization’s ability to provide safe, quality care cannot be overemphasized. Motivated and cohesive teams can handle challenges as they arise. Policies should be in place to encourage multiculturalism in the workforce. Recruiting process and retention program optimization are critical to ensure quality and safe patient care.5

The relationship between healthcare and human resource management is complex. Human resource management plays an essential role in healthcare reform, and a strong understanding of HR management issues and responsibilities is required for the success of a healthcare program. Innovative human resource initiatives are still needed, and more research should be conducted to ensure policies and procedures that will benefit staff members and patients in the healthcare industry around the globe.16

NOTE: This content has been created for Stryker by an independent, third-party medical writer. This is evidence-based research and is not intended to be legal or consulting advice.

**REFERENCES**

1. American Hospital Association. 2022 Environmental Scan. <https://www.aha.org/environmentalscan>. Accessed April 17, 2022.
2. Hospital Org Chart Examples. <http://www.orgcharting.com/hospital-org-chart-examples/>. Accessed April 15, 2022.
3. Lucas K. An outpatient clinic’s organizational structure. *Chron*. <https://smallbusiness.chron.com/set-up-diabetic-clinic-15764.html>. Accessed April 20, 2022.
4. Eddy. The role of human resources in healthcare. January 22, 2021. <https://eddy.com/the-role-of-human-resources-in-healthcare/>. Accessed April 16, 2022.
5. Brennan M, Rajan N. HR Issues: Sexual harassment, workplace diversity, cultural sensitivity, privileging, credentialing, denying privileges, difficult conversations. In: Manual of Practice Management for Ambulatory Surgery Centers. 2020. 239-251. DOI:[10.1007/978-3-030-19171-9\_16](http://dx.doi.org/10.1007/978-3-030-19171-9_16).
6. Hospital Careers. The importance of healthcare human resource jobs. <https://www.hospitalcareers.com/blog/healthcare-human-resource-jobs/>. Accessed April 14, 2020.
7. Beitz J. Addressing the perioperative nursing shortage through education: a perioperative imperative. *AORN J*. 2019;110(3):403-414.
8. Bitner A. Mentoring millennials for nursing leadership. *Nursing2019*. 2019; 49(10):53-56.
9. Kabene S, Orchard C, Howard J, Soriano M, Leduc R. The importance of human resources management in healthcare: a global context. *Human Resources for Health*. 2006;4(20). <https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-4-20>. Accessed April 15, 2022.
10. Bethel A. Hats on! How ASC administrators manage multiple roles. *OR Manager*. 2019. 28-31.
11. Bacon D, Stewart K. Results of the 2021 AORN salary and compensation survey. *AORN J*. 2021;114(6):543-560.
12. Newitt P. Behind the ‘wage war’ between ASCs and travel nurses. February 18, 2022. <https://www.beckersasc.com/asc-news/behind-the-wage-war-between-ascs-and-travel-nurses.html>. Accessed April 23, 2022.
13. Robertson M. Outpatient centers vs. hospitals: who pays medical staff better? November 22, 2021. <https://www.beckersasc.com/benchmarking/ascs-vs-hospitals-who-pays-medical-staff-better.html>. Accessed April 15, 2022.
14. Dyrda L. ASC nurse pay flatlines. February 17, 2022. <https://www.beckersasc.com/asc-news/asc-nurse-pay-flatlines.html>. Accessed April 22, 2022.
15. Staff Writer. 6 ways to provide robust benefits to surgery center employees. June 2, 2011. <https://www.beckershospitalreview.com/asc-turnarounds/6-ways-to-provide-robust-benefits-to-surgery-center-employees.html>. Accessed April 18, 2022.
16. Human Resources for Health. 2006;4(20). <https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-4-20>. Accessed April 15, 2022.
17. Ambulatory Surgery Center Association. ASCA launches member association retirement plan program. March 8, 2021. <https://www.ascassociation.org/asca/aboutus/latestnews/newsarchive/newsarchive2021/march2021/member-retirement-plan-announcement>. Accessed April 20, 2022.
18. The American Association for Accreditation of Ambulatory Surgery Facilities. Medicare Ambulatory Surgical Center (ASC) Accreditation Standards Manual. Version 8.0. Effective October 18, 2021.
19. EEOC. Prohibited employment policies/practices. <https://www.eeoc.gov/prohibited-employment-policiespractices>. Accessed April 15, 2022.
20. U.S. Department of Labor. Pandemic flu and the family and medical leave act: questions and answers. <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/flu_FMLA.pdf>. Accessed April 21, 2022.
21. The Joint Commission. Ambulatory Program: Human Resource Chapter. January 1, 2022.
22. Becker’s Healthcare. The healthcare talent crisis: 6 takeaways from an executive advisory call. <https://assets.asccommunications.com/whitepapers/huron-wp-march-2022.pdf>. Accessed April 13, 2022.
23. Becker’s ASC Review. The Joint Commission clarifies record retention requirements – 4 clarifications. March 1, 2018. <https://www.beckersasc.com/asc-accreditation-and-patient-safety/the-joint-commission-clarifies-record-retention-requirements-4-clarifications.html>. Accessed April 20, 2022.
24. Popa R. 3 things to know about ASC marketing-strategies, trends & more. February 18, 2019. <https://www.beckersasc.com/asc-news/3-things-to-know-about-asc-marketing-strategies-trends-more.html>. Accessed April 20, 2022.
25. Saver C. Tips for a successful hire in your ASC. *OR Manager*. 2007. <https://www.ormanager.com/wp-content/uploads/pdfx/ORMVol23No12ASCsuccessfulHireTips.pdf>. Accessed April 22, 2022.
26. Johnson M. A high-yield approach to talent development. *Journal of Healthcare Management*. 2020;65(2):80-84.
27. 3 crucial steps to create role clarity within your team. Birkman. <https://blog.birkman.com/3-steps-to-create-role-clarity-within-your-team>. Accessed April 22, 2022.
28. Amrhein A. Investing in the front line: leading a cultural innovation revolution. *Journal of Healthcare Management*. 2021;66(5):332-335.
29. Kaddourah b, Al-tannir M, Kakish S, AlFayyad I. Perception of shared governance among registred nurses in ambulatory care center at a tertiary care hospital in Saudi Arabia. Cureus. 2020;12(6):e8736. Doi:10.7759/cureus.8736. <https://www.cureus.com/articles/24566-perception-of-shared-governance-among-registered-nurses-in-ambulatory-care-center-at-a-tertiary-care-hospital-in-saudi-arabia>. Accessed April 18, 2022.
30. Regent Surgical Health. Employee reviews: opportunities for growth in the ASC. <https://regentsurgicalhealth.com/employee-reviews-opportunities-for-growth-in-the-asc/>. Accessed April 23, 2022.
31. Relias Media. How to succeed at succession planning. March 1, 2018. <https://www.reliasmedia.com/articles/142175-how-to-succeed-at-succession-planning>. Accessed April 22, 2022.
32. Kenjo. A guide to developing an internal promotion plan for your company. <https://blog.kenjo.io/developing-internal-promotion-plan-guide>. Accessed April 22, 2022.
33. Augmedix. What hospitals and health systems can do today to mitigate staffing shortages. <https://augmedix.com/page/8/?m=content&c=index&a=lists&catid=2>. Accessed April 16, 2022.
34. Wong A. Demand for OR nurses driving strong job market. TravelNursing.com. <https://www.travelnursing.com/news/nurse-news/growth-in-or-nurse-jobs/>. Accessed April 18, 2022.
35. Relias. Balancing needs of multigenerational staff challenging for ASC directors. December 4, 2017. [www.ahcmedia.com/articles/141855-balancing-needs-of-multigenerational-staff-challenging-for-ascdirectors](http://www.ahcmedia.com/articles/141855-balancing-needs-of-multigenerational-staff-challenging-for-ascdirectors). Accessed April 19, 2022.
36. Becker’s ASC Review. As the ASC market grows, surgical technologies are evolving to meet their needs. February 1, 2022. <https://www.beckersasc.com/as-the-asc-market-grows-surgical-technologies-are-evolving-to-meet-their-needs.html>. Accessed April 20, 2022.