

COVID-19 transformed traditional staffing practices:

Why you shouldn't revert to old ways



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COVID exposed so many cracks in the American healthcare system, but nowhere were those cracks wider than in nurse staffing.

Now post COVID we find ourselves at an interesting inflection point as to whether the facilities will return to the old ways of staffing utilizing the legacy MSP and VMS platforms or will they continue to consider embracing tech-enabled healthcare staffing platforms in a new and expanded way.

There is an opportunity for facilities to rethink the relationship they have with a supplemental staffing company and embrace them more as a true staffing partner abandoning the old client-vendor relationship for a new staffing paradigm.

Central to this partnership is the use of technology.

Software that can facilitate the way nurses are on boarded into a platform and potentially into the hospital or long-term care facility itself. The right partner would be a company that has software with a user experience for a clinician maybe that's nurses or any health care provider where they can easily onboard and be matched or offered shifts that are matched to a clinician's degree, specialty, and competency by acuity. This matching algorithm between the clinicians and the open jobs or shifts at the facility in a tech enabled expedited fashion facilitates the labor marketplace for both sides: clinicians as well as the facility.

So what might the future of healthcare staffing look like? **Partnership not client-vendor.** Technology-led relationships that also emphasize customer service and accountability to the facility and their needs.

Hospitals and long-term care facilities want a partner that **decreases their dependency on supplemental staffing using technology** that will allow them to manage an internal float pool and help them attract clinicians into their internal float pool.

A partner that will lean in and transform their internal staffing and only provide external staffing when necessary.