



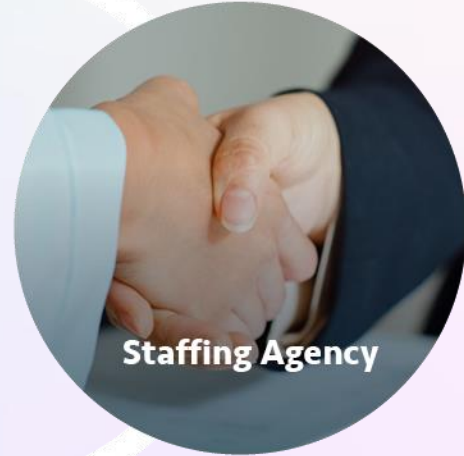
Healthcare Workforce Technology

Don't Just Outsource—Insource

The Future of Healthcare
Staffing Success

MARCH 19, 2025





20-50% markup

The never-ending cycle

Supply-Demand Imbalance – Clinician Engagement vs. Burnout -
Reliance on External Staffing - Spiraling Labor Costs



Our Speakers

Bruce and Matt have more than 50 years combined experience leading healthcare staffing strategies and workforce operations.



Bruce Cerullo
CEO
Hallmark



Matt Dane, DNP, MBA, RN
Regional Senior
Vice President
Hallmark



2020-2023

Historically Perfect (Terrible) Storm

- Demand far outstripped supply
- Staffing Agency profits tripled
- Staff burnout, Reduced engagement

2024-2025

(Finally) embracing a better way ...

- Health Systems and Clinicians seeking control AND flexibility



Harvard
Business
Review

Research: People Still
Want to Work. They
Just Want Control Over
Their Time.

The New York Times

The 9-to-5 Schedule Should Be the
Next Pillar of Work to Fall

The convergence of ...

A better staffing strategy

&

**a more flexible clinical
workforce**

GALLUP

Frontline Workers
Want Flexibility Too



Nobody Wants Their Job to
Rule Their Lives Anymore

WSJ Podcasts

Nursing Shortage?
There's an App for That

&



Hallmark's

2025 Emerging Healthcare Workforce Trends Survey

Results





There is an increased demand for flexibility

98%

Of healthcare leaders report an increased demand for gig-style work in the past 2 years.

96%

Believe gig-style work will play a significant role in their strategy in the next 5 years

67%

Cited burnout due to lack of flexibility as a critical issue

45%

Indicated that **over half of their nursing staff** would prefer flexible schedules



Outdated models jeopardize workforce morale and patient safety

Are concerned staffing shortages or ratios may impact the quality of care of patients.

95%

Have observed a correlation between staff engagement levels and patient satisfaction or outcomes.

98%

Believe providing more flexibility and autonomy in scheduling would better help nurses feel more engaged.

94%



89%

of respondents feel pressured to cut staffing costs.

“By adopting a more proactive and innovative approach to staffing, we can better manage our budget and prioritize patient care”

“It’s becoming alarming to think of the cost of recruiting staffs.”

Current Labor Costs Are Unsustainable

*“Rethinking our staffing strategy is crucial, as relying on travel and contract nurses to fill shifts is a **costly and unsustainable solution.**”*

“We're facing a budget crisis that demands innovative solutions to our staffing woes.”

*“A sobering statistic, for every shift we fill with travel or contract nurses, our labor costs balloon by 20-30%, a stark reminder that **our staffing strategy needs a serious reboot.**”*



Leaders want a more flexible workforce...

...and the technology to fuel it.

94%

Believe providing nurses with a better work-life balance would help improve the quality of care they deliver on the job.

94%

Believe their organization would benefit from technology that enables nurses to register and pick up shifts at their convenience, giving them more control over when and where they work.

92%

Are currently developing or exploring alternative staffing models to attract and retain nurses

(e.g., contingent labor models like flexible schedules, gig or local float pool roles).



But there are technical limitations with traditional scheduling technology

94%

Of respondents said they use some kind technology to manage flexible staffing.

92%

Indicated it was incredibly difficult to integrate this technology properly.

59%

Noted that scheduling technology limitations were a common issue.



The takeaway?

New workforce models are needed

Adopt new models that incorporate flexibility and cost containment.

Invest in the right technology

Don't assume core scheduling, an agency, or a DIY approach can help you fuel flexibility.

And - the right methodology

Implement a contingent labor strategy that gives you the control how you want to staff

- **internally whenever possible,**
- **externally only when necessary.**

Don't just outsource. Insource



Matt Dane, DNP, MBA, RN

- Regional Senior Vice President, Hallmark
- Former CNO



Large Health System in Southeast

Overview

- 24 hospitals in AR, MS and TN
- Sought a centralized, internal resource pool of qualified nurses that could be shared across the system
- Struggled to grow their IRP



Solution

Enable the health system to prioritize how they want to staff using

EINSTEIN II

Internally whenever possible

Enable full-time staff to raise their hands to fill current gaps; hire, onboard, and deploy new staff who work flexibly to fill current gaps



Externally only when necessary

Far fewer gaps to fill; contract labor sourced from the broadest pool at the most competitive rate



Always optimizing

For expertise, cultural fit, and cost.



Large Health System in Southeast

Results

- Massive improvements to their program's flexibility and user-friendliness
- Tripled the float pool size in just 3 mos.
- Scheduled 416 shifts and over 5K hours by month 4
- Eliminated thousands of hours of overtime and agency premium pay/month resulting in millions of dollars of annual savings



How We Do It: Methodology + Technology



ONE SEAMLESS PLATFORM



ONE SEAMLESS PLATFORM

Internally first

Internal Resource Pool

We help you build and manage an Internal Resource Pool that allows you to:

- Fill more staffing gaps with **internal** contingent talent you know and trust & decrease reliance on external staffing agencies
- Motivate, up-skill, and retain clinicians by giving them the varying levels of flexibility they're seeking
- Create a working environment that drives more job-seeking clinicians to want to work **directly** for you



ONE SEAMLESS PLATFORM

Internally first

HOW IT WORKS





**IRP can work
within a single
hospital, or across
a multi-hospital
health system**





ONE SEAMLESS PLATFORM

Externally only when necessary





ONE SEAMLESS PLATFORM

Externally only when necessary

Vendor Management Solution

And when there's a gap you can't fill internally - ours is the only VMS solution that creates an "open market" procurement approach, ensuring you have:

- **Direct** access to the deepest, widest pool of contract labor to source from (750+ vendors) - so you can quickly find the best fit candidate at the lowest rate.
- The **support** and **dedicated team** you would receive with a traditional MSP model, without the extra costs, bottleneck and lack of control
- The **visibility** to easily identify all outside talent that should be **converted** into your Internal Resource Pool



Results from Other Health Systems

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| Organization | 2023 Monthly Spend | 2024 Monthly Spend | YOY Cost Reduction |
|--|--------------------|--------------------|--------------------|
| Midwest Health System 5-hospital system | \$1.57M | \$0.34M | ▼ 78.1% |
| Large Northeast Health System 15-hospital integrated academic system | \$27.60M | \$13.12M | ▼ 52.5% |
| Large National Health System 130+ hospitals operating in 20 states | \$39.96M | \$29.71M | ▼ 19.6% |
| Large National Health System Top 15 health system operating in more than 25 states with 85+ hospitals and a strong IRP program | \$12.98M | \$11.14M | ▼ 14.1% |
| Large National Health System 40+ hospitals operating in more than 25 states | \$7.31M | \$6.29M | ▼ 14.0% |



Q & A



Appendix slides