A Flexible Staffing Model Driven by the Bedside Nurse

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Background

- Using QuadraMed for quarterly measures to track acuity and range for nursing care hours
- Benchmark to NACHRI productivity system for setting annual budget
- Benchmarks drove budget process but not daily staffing
- Initial work on Synergy Model fostered thinking about matching patient needs with nursing resource
- Embarking on Magnet designation submission
- Addressing staff dissatisfaction and turnover

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Goals for the Work

- Change the "conversation"
- Create the "blended acuity" unit
- Create a "flex" view of the day versus fixed staffing to average HPPD
- Establish a method to:
  - Create a common language across units
  - Effectively benchmark
  - Link to productivity system
  - Create ownership at staff nurse level

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Outcomes

- Accurate budget based on objective criteria that is patient centered

- Higher nurse satisfaction with resources and staffing

- Justifiable use of variable resources per day

- Revenue driven by acuity level on med/surg floors

- Recognized by Magnet as achieving high levels of involvement with resource assignment and budget planning

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Description of the Methodology

- Using InterQual criteria to identify intensity of service and severity of illness to code patients on a daily basis
- Attaching HPPD values to each level of care using benchmarks; tested these at the unit level
- Developing historical data based on coding over a period of time
- Developing the blended HPPD per unit to reflect percentages of patient days to reflect each code category
- Building the budget and linking to the finance productivity system

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Implementation

Challenges
- Selling Finance on the model
- Creating an objective daily staffing tool
- Guidelines for making daily assignments
- Improving physician documentation

Stakeholders
- Care management
- Billing and coding
- Corporate compliance

Training
- Interpreting what is in the record
- Creating some organizationally defined parameters for progressive and critical
- Inter-rater reliability
- Ongoing maintenance

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Measures of Success

Day 2

rect Sta	RN	RN Trav or Agenc y	RN PRN or Float	LPN	CNA/PC	SNE		Staff Hours	Acute Censu s	Floor PCU Censu s	PCU Censu s	Crit. Care Censu s	Censu s or Unit of Servic e	Direct Hours per shift	Flex Target HPPD per shift	Direct Budget ed Hrs/U OS	Actual HPPD	Flex Target HPPD	1:1 Critica I Care Censu s
7A-11A	2		2					16	3			5	8	2.00	1.84		12.00	11.53	
11A-3P	2		2					16	8			4	12	1.33	1.70		8.00	10.62	
3-7P	3		3					24	11			4	15	1.60	1.67		9.60	10.41	
7-11P	6		1					28	13			4	17	1.65	1.65		9.88	10.31	
11P-7A	6		1					56	16			4	20	2.80	3.37		8.40	10.20	
Total H	100	0	40	0	0	0		140	16	0	0	4	20	7.00	10.23	10.94		10.20	

Based on an 9.38

ized Sta	CM	PCCS/US	Shift Coord Office	Orient	Ed	Unit Sitter	Float/ RCtr Sitter	OTHE R	Hours			Fixed Hrs/U OS	Flex Target Prod. Hrs/U OS	Budget ed Prod. Hrs/U OS
7A-3P	1	1						1	24			3.00		
3-7P	0	1						1	8			0.53		
7-11P	0	1		1					8			0.47		
11P-7A	0			1					8			0.40		
Total H	8	16	0	12	0	0	0	12	48			2.40		2.40

| Total Productive | | | | | | | | | 188 | | | 9.40 | 12.60 | 13.34 |

Flex HPPD with Actual Mix of Patients

Direct Ca	10.20
Productiv	12.60

Shift Co

7A-11A No rounder, no CPCA from S.G. Two RNs from Infant to orient. Staffed up. Taking direct admit for 3A PGI patient.

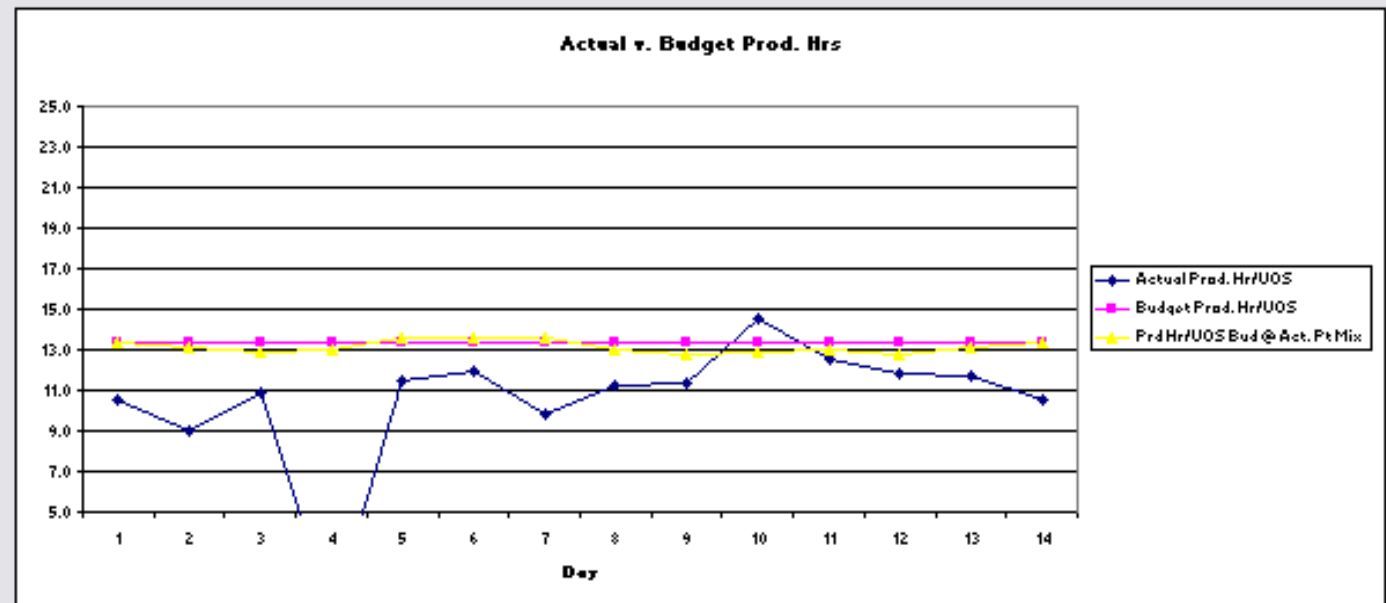11A-3P

3-7P

Measures of Success

Direct Staff	RN	RN Trav or Agency	RN PRN or Float	LPN	CNA/PCA	SNE		Staff Hours	Acute Census	Floor PCU Census	PCU Census	Crit. Care Census	Census of Unit of Service	Direct Hours per shift	Flex Target Hours per shift	Direct Budgeted Hrs/UOS	Actual HPPD	Flex Target HPPD	1:1 Critical Care Census
Day 4 Wednesday, October 13, 2010																			
7A-11A	4		2					24	15			4	19	1.26	1.64		7.58	10.24	
11A-3P	4		2					24	15			4	19	1.26	1.64		7.58	10.24	
3-7P	4		2	1				28	12			7	19	1.47	1.72		8.84	10.73	
7-11P	4		2					24	9			5	14	1.71	1.71		10.29	10.69	
11P-7A	4		2					48	11			5	16	3.00	3.48		9.00	10.56	
Total Hours (/Midnight Census)	96	0	48	0	4	0		148	11	0	0	5	16	9.25	10.19	10.94		10.56	
Based on an "Average" Daily Census														8.71					

Fixed Staff	CM	PCC S/US	Shift Coord Office	Orient	Ed	Unit Sitter	Float/RCtr Sitter	OTHER	Hours		Fixed Hrs/UOS	Flex Target Prod. Hrs/UOS	Budgeted Prod. Hrs/UOS
7A-3P	1	1						1	24		1.26		
3-7P	0	1						1	8		0.42		
7-11P	0	1							4		0.29		
11P-7A	0								0		0.00		
Total Hours	8	16	0	0	0	0	0	12	36		2.25		2.40
Total Productive									184		11.50	12.96	13.34

Measures of Success

Actual v. Budget Prod. Hrs

Pay Period 20 Date	Sun 9/12/10	Mon 9/13/10	Tue 9/14/10	Wed 9/15/10	Thu 9/16/10	Fri 9/17/10	Sat 9/18/10	Sun 9/19/10	Mon 9/20/10	Tue 9/21/10	Wed 9/22/10	Thu 9/23/10	Fri 9/24/10	Sat 9/25/10
7A-11A														
Acute	8	6	8	10	9	8	8	7	10	11	10	10	12	10
Floor PCU	0	0	3	1	2	0	0	0	0	0	0	0	0	0
PCU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Critical	5	5	5	4	5	8	8	8	6	4	4	5	5	6
Total 7A Census	13	11	16	15	16	16	16	15	16	15	14	15	17	16
11A-3P														
Acute	8	7	8	10	8	7	8	7	10	11	10	11	12	10
Floor PCU	0	0	3	1	1	0	0	0	0	0	0	0	0	0
PCU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Critical	5	5	5	6	6	9	8	8	6	4	4	5	5	5
Total 11A Census	13	12	16	17	15	16	16	15	16	15	14	16	17	15
3-7P														
Acute	8	7	10	10	7	7	7	10	10	9	8	12	11	10
Floor PCU	0	3	0	2	0	0	0	0	0	0	0	0	0	0
PCU	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Critical	5	5	4	5	8	9	8	6	7	4	5	5	6	5
Total 3P Census	13	15	14	17	15	16	15	16	17	13	13	17	17	15

Measures of Success

- Med/surg cost centers "on budget" for the past 3 years
- Turnover down to 7% from 12-13%
- Staff satisfaction above 75th percentile for this cluster of units on most recent NDNQI PES survey
- Staff perception of safety culture indicates "strongly agree" relative to not being asked to work short
- Have improved our ability to plan for unit level and pool resources

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Questions?

Thank you for your time & attention.