

**2016 American Nurses  
Association Annual Conference**

Connecting **Quality, Safety**  
and **Staffing** to Improve Outcomes



# Staffing, Scheduling, and Acuity: A New Decision Tree for Nursing

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**MARCH 9-11, 2016** LAKE BUENA VISTA, FL [www.nursingworld.org/ANAcference](http://www.nursingworld.org/ANAcference)



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## ANA Convened Expert Panel:

- John Alis, Senior Consulting Sales Executive (Cerner)
- Scott Allison, Manager, Marketing & Communications, Consultant (Avantas)
- Deborah Crist-Grundman, BSN, RN, Senior Clinical Strategist (Catalyst Systems)
- Holly De Groot, PhD, RN, FAAN, Chief Executive Officer (Catalyst Systems)
- David Faller, Vice President Nursing Solutions (QuadraMed)
- Chris Flanders, Director, Healthcare (Axsium Group)
- Amy Garcia MSN, RN, Director and Chief Nursing Officer (Cerner)
- Nick Haselwander, Marketing Director (ShiftWise)
- Karlene M. Kerfoot, PhD, RN, NEA-BC, FAAN, Chief Nursing Officer (API Healthcare A GE Company)
- Michelle LaLumia, Product Marketing Manager (McKesson)
- Bre Loughlin, BSN, RN, Clinician (Epic)
- Beth Meyers RN, PhD(c), CNOR, Chief Nurse Executive & Analytics Strategy Director (Infor Healthcare)
- Danielle K. Miller PhD (c), MSN, RNC-OB, C-EFM, Chief Nursing Officer (Infor Healthcare)
- Gia Milo-Slagle, Director, Product Management: Capacity and Workforce Solutions (McKesson)
- Shane Parker, RN, Co-Founder (ShiftWizard)
- Jacob Robinson, Software Developer (Epic)
- Pam Sapienza, RN, BSN, MBA, FACHE, Director of Healthcare (Navigant)
- Gaylyn Timiney MSN, RN, Senior Clinical Operations Consultant (Kronos)
- Heather Wood, Senior Product Manager (QuadraMed)





## Objective

Develop an evaluation/selection tool for nurses in any area of practice for choosing or improving acuity and workforce staffing/scheduling systems







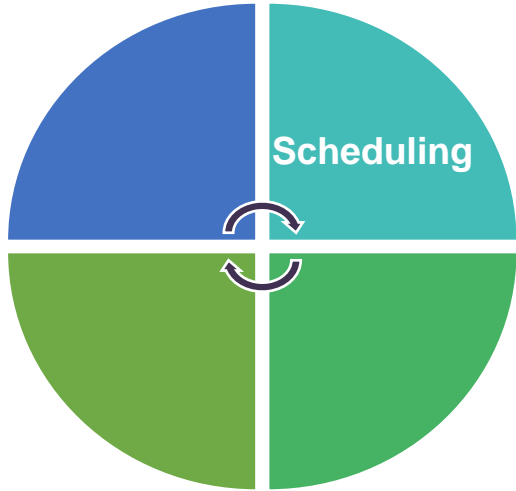
# Workforce Staffing and Scheduling





- Organizational structure and policies
- Operational variables, desired outcomes
- Evidence: organization, literature, databases
- Current and future operational requirements
- Incorporates forecasting and budgeting

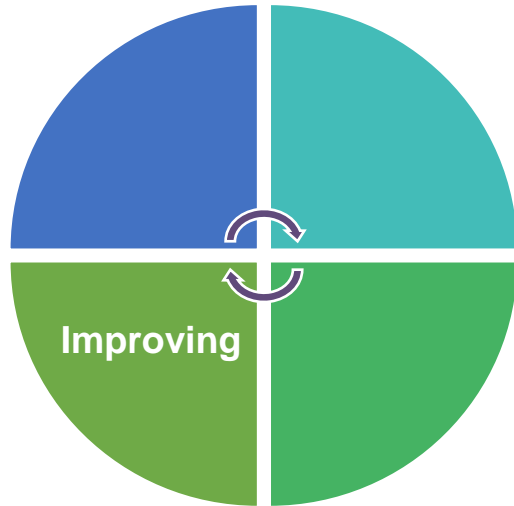




- Determining a set number and type of staff to be allocated for an anticipated workload and defined future time period
- Translates “Planning” into a tactical approach for meeting expected patient volumes, service and care requirements



- “Day-of” operations (typically 4-48 hrs out)
- Assess and determine the shift-to-shift allocation of nursing resources on units/services to ensure
  - Adequate staffing on each shift
  - Patient/family care requirements are met
  - Care quality and positive patient outcomes



- Monitoring, analyzing and evaluating staffing actions and variance to plan
  - real-time, near-time, retrospective
- Identifying trends and patterns that inform and refine Scheduling and Planning processes



# Acuity/Patient Classification



## Clarifying Terminology

- Acuity vs Patient Classification Systems
- Called Patient Classification System in US nursing literature until recently. In the UK, Patient Dependency is the equivalent term
- Although “Acuity” started out as a medical term that meant “severity of illness”, it is concise and convenient, and will be used here to represent those systems purporting to measure patient/family care requirements for nursing



## Acuity System Considerations

- Features and functions
- Reporting capabilities
- Implementation and training
- Ongoing professional and technical support



## Features and Functions Examples

- Established validity and reliability
- Provides relevant data for different patient populations (i.e. ICU, Med Surg, OB, NICU, ED)
- Accounts for admission, discharge and transfer activity
- Influences how patient assignments are made
- Chosen by nursing and supported by IT



## Reporting Capabilities

- Summarizes Acuity data and trends by shift, pay period, quarter, YTD, etc.
- Generates productivity reports per unit (hourly, daily, weekly, monthly or specified range) with Acuity data
- General and customizable reporting abilities



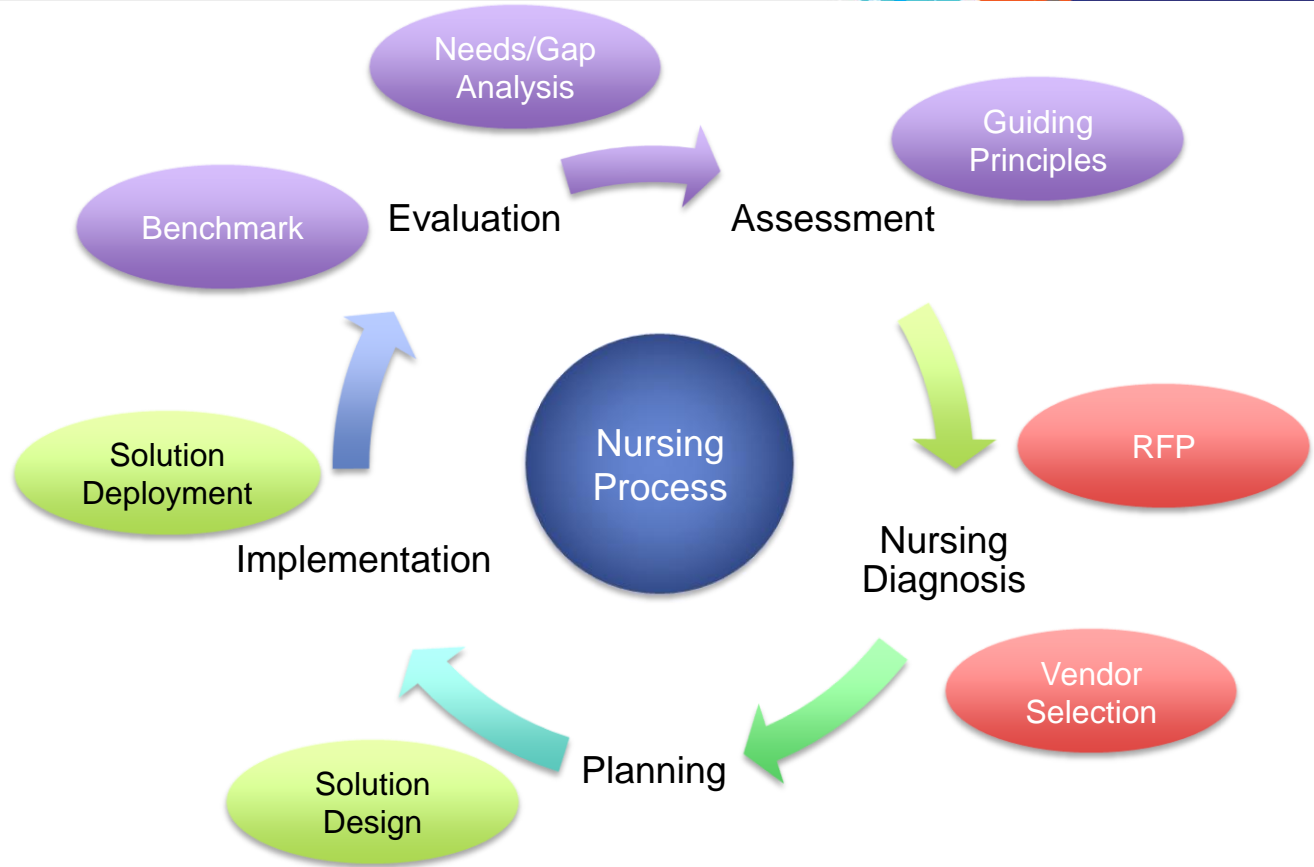


## Implementation and Training

- Generic project plan can be initiated and reviewed as the initial step in the implementation process, with the ability to customize based on organizational needs
- Software training and methodology education are provided in a centralized location
- The business partner lead is an RN who attends all on-site visits during the implementation and serves as the client contact post implementation in addition to technical support staff
- Annual/semiannual onsite visits by RN business partner lead



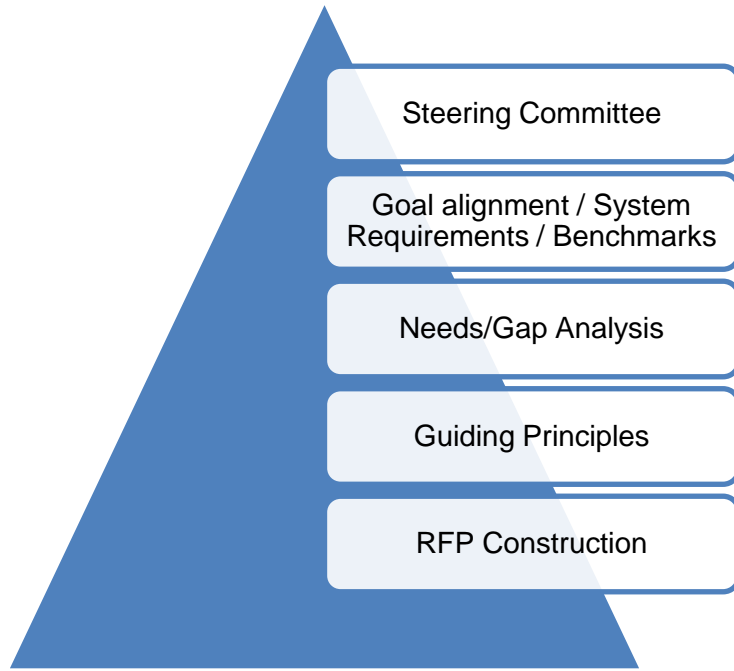
# Request for Proposal (RFP)





# Building the RFP

*Getting the RFP to the market*



Steering Committee

Goal alignment / System  
Requirements / Benchmarks

Needs/Gap Analysis

Guiding Principles

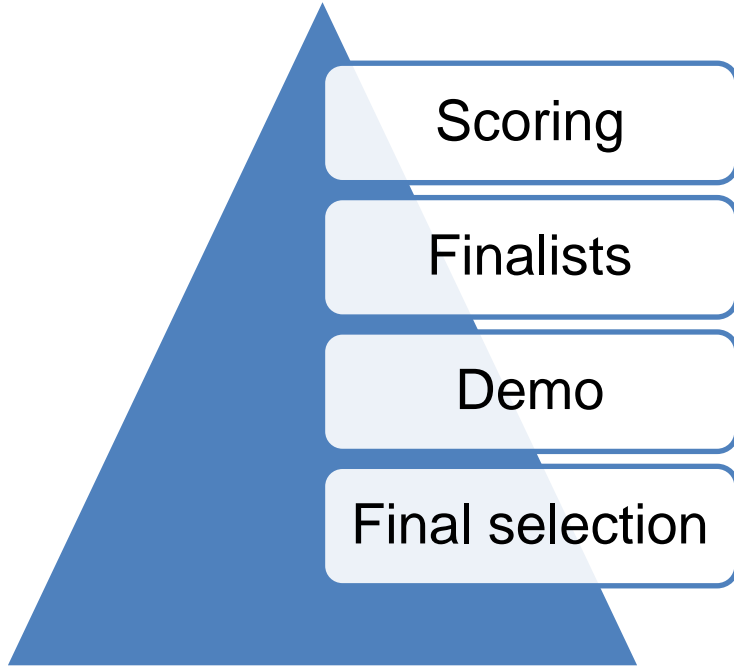
RFP Construction

- **Designing principles**
- **Empowering the project team**
- **Providing leadership as part of the process**
- **Working with the committee & other stakeholders**



## Making the Decision

*How to process responses and choose a business partner*



- Eliminate candidates for the same
- Interview finalists, assess subject matter, and
- Demonstrate selection demo
- Standardize and weight scoring





- Complete Deliverables
  - Paper
  - Electronic
- Disseminate Work
  - ANA channels
  - Publication
  - Presentation





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