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

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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-EMF, 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
Optimal Staffing, Scheduling & Acuity Systems

Workforce Staffing/Scheduling

Request For Proposal

Acuity/Patient Classification
Workforce Staffing and Scheduling
Staff Nurse
Charge Nurse
Nurse Manager
CNO

Planning

Scheduling

Staff Nurse
Charge Nurse
Nurse Manager
CNO

Improving

Staffing

Staff Nurse
Charge Nurse
Nurse Manager
CNO
• 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

- Assigned a project leader
- Expert and diverse team
- Clearly defined and accepted goals
- Provides business partners a clear listing of what will be required and the outcomes desired
- Use benchmarks to understand the gaps - Technical - Process
- 3-4 guiding principles among 4 categories - Operational Drivers - Technical Drivers - Patient Care Drivers - Other Factors
- Ask open-ended questions
- Make sure everything has a purpose
- Follow the committee
Making the Decision

How to process responses and choose a business partner

- Diverse evaluation team with subject matter experts
- Standardize and weight scoring
- Identify 3-4 finalists
- Let scoring be a guide, but not a definitive decision-maker
- Bring in finalists for in-person presentations
- Do not script the demo
- Follow the work of the steering committee in making selection
• Complete Deliverables
  – Paper
  – Electronic

• Disseminate Work
  – ANA channels
  – Publication
  – Presentation