

Internal Agency Nurses: Creating a Totally, Integrated Centralized Staffing Solution

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Introduction

Our 13 hospital system did not have a sufficient structure to share and provide staffing resources just in time. Staff could be called off in some areas, while others utilized overtime, incentive pay or agency staffing. The decentralized float pools at each hospital made it difficult to quickly react to changes in patient census across the system. Having an internal centralized staffing structure allowed for a decrease in cost-prohibitive and reactive processes.

Purpose

The purpose of this innovation was to provide the right staff, at the right time, in the right amount and at the right location through a totally integrated centralized staffing solution.

Strategy / Implementation

A central staffing office was trialed to oversee staffing and scheduling for select units in the two largest markets (greater Charlotte and greater Winston-Salem). Project deliverables included:

- consolidation of float staff and budget into a centralized staffing office
- adequate quantity of competent float staff
- effective usage and understanding of services
- creating competency and capability of flexing staff across facilities

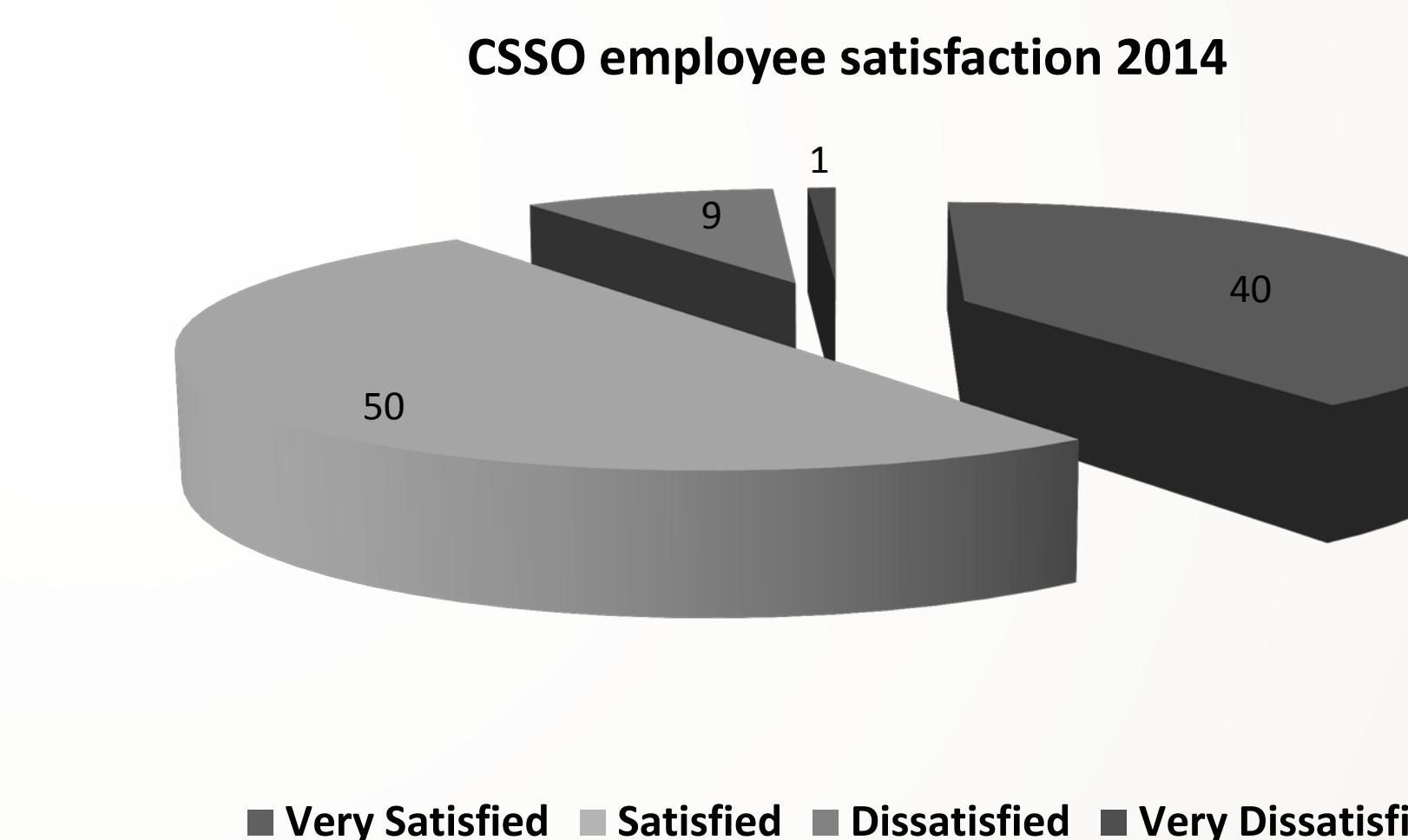
The budget was neutral, consolidating staff and dollars from local float pools into a new corporate cost center. All existing float pool staff had the opportunity to join. Only external hiring occurred for the first few months which prevented depletion of unit staff. Consultation with another health system allowed for best practice technology and creation of an allocation tool to assign staff based on volume needs to be fair and consistent.

Registered Nurses and Certified Nursing Assistants were in-scope for phase 1, covering Critical Care, Medical/Surgical and Behavioral Health units. Emergency services and patient safety attendants were added in later phases the following year.

Results

2014 outcomes:

- Reduction in the number of in-scope unit travelers from 73 to 4
- 92% of our leader customers would recommend our services
- 68% of the unit RN requests were filled
- Quality misses dropped from 14 to 1
- Serious safety event involvement dropped from 4 to 1
- Overall employee satisfaction was 90%



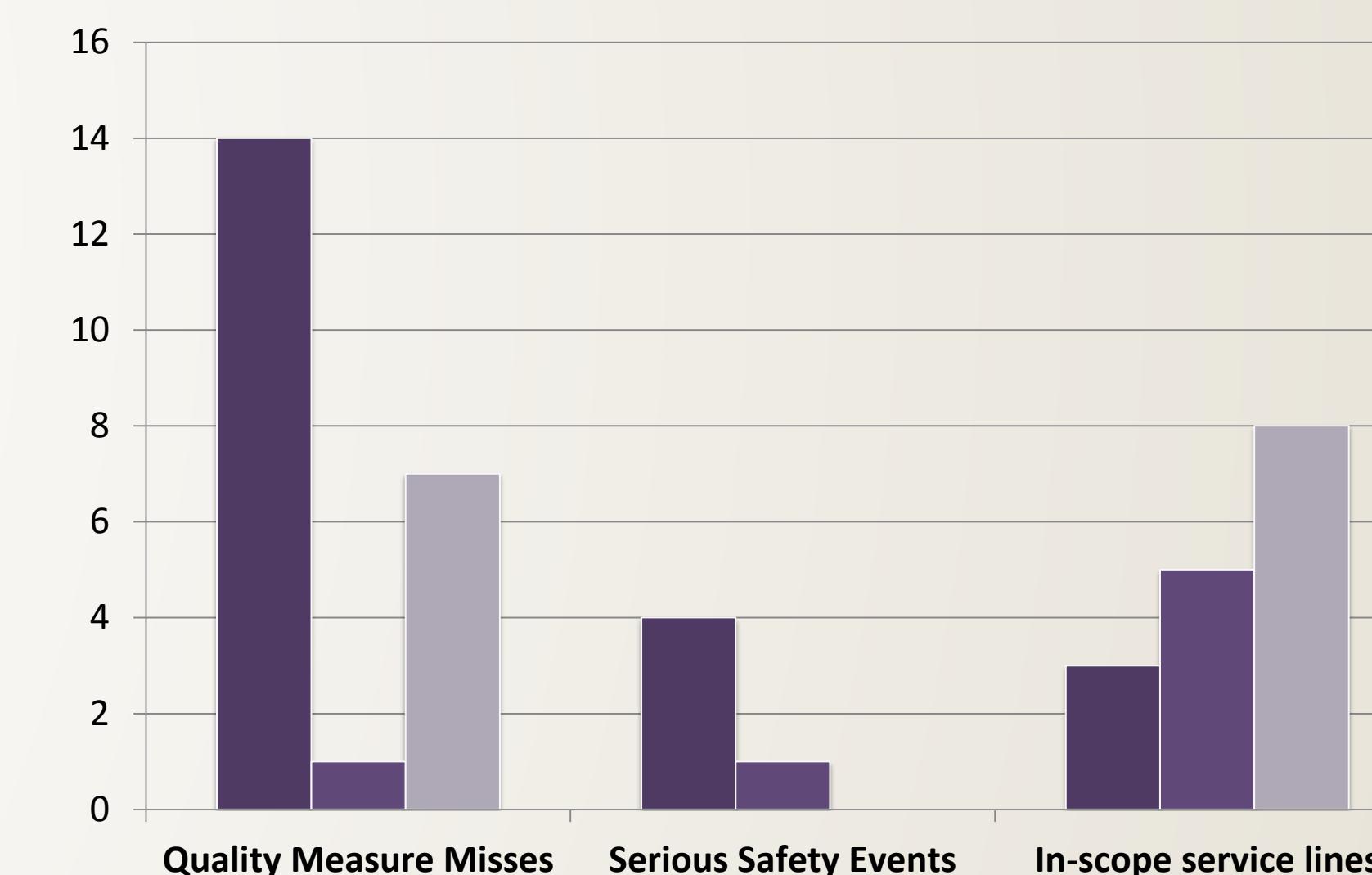
2015 outcomes:

- Expanded into radiology, women's and perioperative services (phase 4)
- Right-sized our positions by shift and skill set based on recommendations around plans for unit surges above and beyond budgeted average daily census
- 85% of our leader customers would recommend our services
- Zero serious safety event involvement
- Expanded into an additional market (northern Virginia)

Conclusion

Implications for practice by creating a centralized staffing and scheduling office solution include optimization of staffing resources, reduction of time spent searching for adequate staffing coverage, deployment of safe, competent, flexible float staff, and the flexibility to float our own internal staff to create a safe, high-quality experience for nurses and patients.

■ 2013 ■ 2014 ■ 2015



Contact Information

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