

**2016 American Nurses
Association Annual Conference**

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



Innovative Staffing Practices: Case Studies in Trial and Error

Sherry Kwater, MSM, BSN
Chief Nursing Officer
Penn State Hershey Medical Center

MARCH 9-11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAcConference



Invited Speaker Sessions

Session C110

Improving EHR Usability: The Quest for Improved Patient Safety, Care Coordination, and Patient Experience

- Maureen Dailey, PhD, RN, CWOON, senior policy fellow, American Nurses Association
- Susan McBride, PhD, RN-BC, CPHIMS, professor, Texas Tech University Health Sciences Center, School of Nursing

Session C111

Make the Data Work for You: Translating Research into Practice

- Kim Glassman, PhD, RN, NEA-BC, senior vice president of patient care services and chief nursing officer, NYU Langone Medical Center; associate dean for Partnerships and Innovation and adjunct clinical assistant professor, NYU School of Nursing

Session C112

Innovative Staffing Practices: Case studies in trial and error

- Sherry Kwater, MSM, BSN, RN, chief nursing officer, Penn State Milton S. Hershey Medical Center

Session C113

Using Implementation Science to Further Evidence-Based Practice in Quality, Staffing and Safety

- Pat Quigley, PhD, MPH, ARNP, CRRN, FAAN, ACNSR/associate director, VISN 8 Patient Safety Center of Inquiry, James A. Haley, VAMC (151R)

Session C114

Innovating Standards of Excellence in Nursing and Operations: Updates from the Magnet Recognition Program

ANCC Staff



Penn State Hershey Vital Statistics

- 10,000+ employees (2,882 Nursing division)
- 1,700 students, residents, fellows
- 551 beds
- 28,654 admissions
- 1,034,663 Outpatient Clinic Visits
- 72,493 Emergency room visits
- 1,100 provider Medical Group
- 63 specialty practices at 24 clinic locations
- 173 doctors “Best Doctors in America”
- Magnet Designated
- “Sweetest Place on Earth”





Objectives

Identify:

- Incidental work time
- Strategies to reduce incidental work time
- “What-if” staffing
- Ways to reallocate staffing resources



Incidental Work Time

Better known as

Piddle, fiddle and diddle

To pass time unproductively





Causes of Incidental Work Time

- Early Arrival
- Missed Lunch
- Late Departure
- Unscheduled



"You finished your entire meal in 5 minutes. Need I remind you that you're not working at the hospital?"



Cost of Incidental Work Time

Fiscal year 2014 Clinical Nurses' Incidental Work Time Totaled 30,229 hours
14.5 FTE's

\$ 846,412 in Piddle,
Fiddle and Diddle Time



Strategies to Reduce Incidental Work Time

- Understand your current PF&D time: **EARLY ARRIVALS**
 - Review payroll – conduct 1:1 conversations with those that clock early
 - Assess the location of the clock
 - Assess which clock staff use to clock in and out
 - Progressive discipline if needed





Strategies to Reduce Incidental Work Time

- Understand your current PF&D time: **Missed Lunch**
 - Implement “Lunch Buddy” system
 - Assign lunch time within defined work area (45 min)
 - NO EXCUSES





Strategies to Reduce Incidental Work Time

- Understand your current PF&D time: **Late Departure**
 - Focus on “Power Hour” –final hour of the shift-timely, standardized handoffs
 - Mentor Charge Nurses to ensure staff are able to leave on time
 - Deliver consistent bedside shift reports
 - Use Virginia’s rule NO ONE SITS UNTIL WE ALL SIT



Strategies to Reduce Incidental Work Time

- Understand your current PF&D time: **Unscheduled**
 - Review all early in/ late out punches
 - Eliminate unscheduled worktime
 - Hold entire team accountable to outcomes





Communication

- Identify Frequent offenders and share expectations related to clocking in and out
- Inspect what you expect
- Provide updates to the staff related to the goal
- Engage shared governance councils to drive nurse involvement in the solutions
- Identify areas where savings can be applied



Savings

Fiscal Year 2014 \$167,200

Fiscal Year 2015 \$ 281,346

Fiscal Year to date \$ 301,112





“What if” Staffing

This is when we like to keep that extra person for
“What if”

Let’s say 1 extra nurse in half of the units every
day for half of the days of the year

Impact: \$1,383,480

But what happens when “what if” does not occur?



Making “What If” Staffing Meaningful

- Eliminate the waste from the unit staffing models
- Identify the cost savings
- Identify better ways to cover “what if”

Our solution: Crisis Nurse Cost: \$1.1 Million



Crisis Nurse

- Available 24/7 2 Nurses per shift
- Available for: Transports, admission surges, codes, patient condition changes, meal breaks, temporary crisis on a unit or anything else the nurse at the bedside needs.

They are the bedside nurse resource

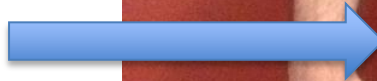
They do not take a patient assignment

The Crisis Nurse in action

Super Hero!!!

Critical Care Background

Accepts any form
of communication



Warm Smile

Ready to run

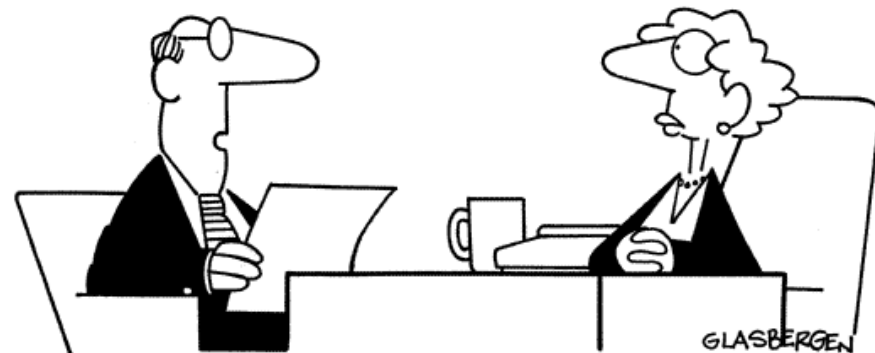




Reallocate Staffing Resources

- Negotiate with your CFO
- Try something new (eAcute)
- Put a new spin on something old
(Admission Nurse)

Copyright 2001 by Randy Glasbergen.
www.glasbergen.com



“My team is having trouble thinking outside the box. We can’t agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors.”

2016 American Nurses Association Annual Conference

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



Questions?

Contact Information
Sherry.kwater@yahoo.com

