

**2016 American Nurses
Association Annual Conference**

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



Pre-Conference Staffing Workshop Afternoon Session

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





- 551-bed Academic/Quaternary Care Medical Center in central Pennsylvania
- The Medical Center campus also includes:
 - Penn State College of Medicine
 - Penn State Hershey Cancer Institute
 - Penn State Hershey Children's Hospital



PennState Health
Milton S. Hershey Medical Center





Penn State Hershey Vital Statistics

- 1,700 students, residents and fellows
- \$98 million in funded research
- 423 adult beds
- 128 pediatric beds
- 96 psychiatric beds
- 98 rehabilitation beds
- 28,654 hospital admissions
- 1,034,663 outpatient clinic visits
- 72,493 emergency room visits
- 10,000+ employees (2200 Nurses)
- 1,100-provider Medical Group
- 63 specialty practices at 24 clinic locations
- 173 doctors “Best Doctors in America”





Welcome

- Overview of afternoon session
- Review Learning Objectives
 - **Session Objective One:** Describe the advantages of implementing a strategic labor plan for a Department of Nursing
 - **Session Objective Two:** Identify strategies for implementing standardized workflows associated with staffing adequacy
- Housekeeping Items



Business of Healthcare

Demand Drivers



Economics

- Improving US Employment = Insured
- Increased Utilization of Healthcare
- Fewer Charity and Uninsured



Healthcare Employment

- Reemergence of Part Time
- Increased Retirements and Job Changes
- Shift to Non-Acute



ACA Coverage

- 16.4 million newly insure



What is the Highest Percentage of Cost impacting hospital operating expenses?

- Nursing Labor
Resources and associated costs

*Nurse Salaries & Benefits account for 60 % of PSHs expenses



National Landscape: Impacts to Nursing Workforce

- Forthcoming wave of retirements
- Shift to part-time work among older nurses within the next few years
- 4 Generation Workforce
- Health System Integration
- Telehealth
- Bargain Unit Challenges
- Very strong interest in education and training among nurses, including for emerging roles and advanced practice nursing



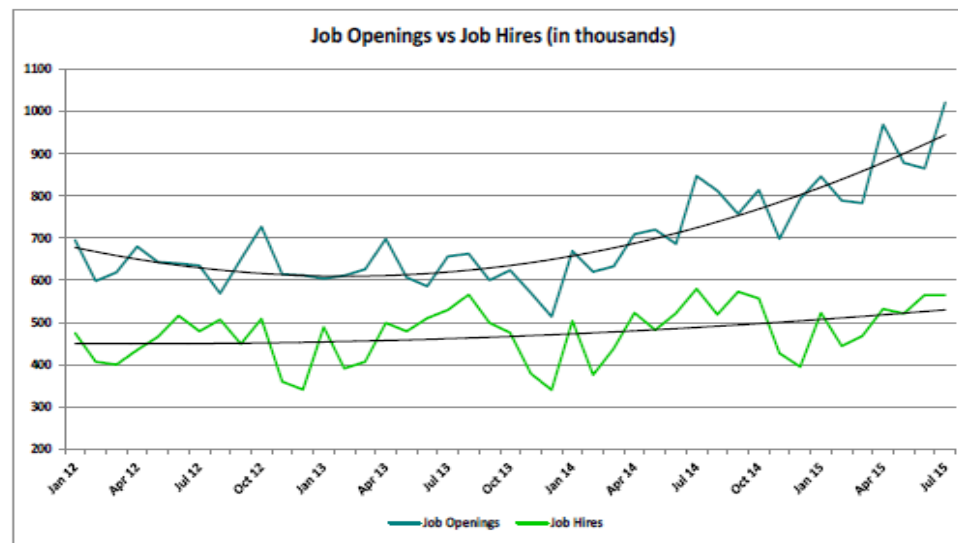
National Landscape: Impacts to Nursing Workforce

- HC Spend 17% of GDP
- 2015 Tremendous Spike in 2015- 467 vs 231 in 2014 (increase utilization)
- 1/3 of job growth from 2012-2022 5 million HC Jobs
- 20% RN employment growth expected
- Unprecedented demand- non longer business as usual, services line expansion(Urgent care, retail care, Telehealth, Home Health)



National Landscape: Impacts to Nursing Workforce

Over One Million Job Openings In Healthcare



Source: Bureau of Labor Statistics, JOLTS Data Healthcare and Social Assistance Jobs

- Job Openings up 21% Year over Year
- But Hiring Up only 3% YOY



Top 10-Most Difficult Positions to fill in US 2016

- **Registered Nurse**

- Bureau of Labor Statistics projects a 19 percent growth rate by 2022, but it also estimates that 525,000 currently working registered nurses will have to be replaced due to retirements, which puts the total number of new hires anticipated at 1.05 million over the next seven years. In addition, the average age of working nurses is expected to rise to 44.6 from the current 42.7.

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Table Activity- 10 Minutes

Let's hear from the experts:

1. **What are your greatest staffing and scheduling challenges?**
 - ❖ Discuss fixed vs variable staffing models
2. **What is working well related to staffing and scheduling?**
3. **Highlight one innovation related to staffing or scheduling from your organization**

Text your table's best response to 22333
Report Out Activity- 10 Minutes



“Staffing for an Awesome Day”

- https://youtu.be/yNhml1G_f3g



- ✓ Labor Standards & Workload Indicators
- ✓ Build Optimal Cyclic Patterns
- ✓ Identify, Develop and Maintain Consistent Policies & Strategies

- ✓ Schedule Staff to FTE
- ✓ Produce Balanced Schedules

- ✓ Manage PTO and Trades Effectively
- ✓ Maintain Recommended Core to Contingency Ratio

- ✓ Communicate Any Last-Minute Changes or Needs
- ✓ Provide latest Census and Acuity Information
- ✓ Finalize Resource Plan

- ✓ Improve Resource Plans Based on Outcome Data

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15 Minute Refreshment Break



Using Business Intelligence to Evaluate the Strategic Labor Plan

Financial

- Discuss tactics to reduce overtime
 - ❖ Decrease incidental worked time
- Eliminate FTE leakage
- Determine the appropriate blend of core to contingency staffing resources
 - ❖ Use of premium labor and associated budgetary impacts
- Evaluate non-productive time-Impacts to schedule and the budget

Operational

- Assess strategies within your organization to reduces healthcare worker fatigue
- Monitor RN fill rate (Real-time & Trends)
 - ❖ Review data relative to clinical nurse hours in charge versus patient assignment time
- Develop forecasting strategies to plan for future staffing needs
- Developing links to C Suite/Finance/Nurse Recruitment

Monitoring ROI & “Sustaining the Gains”





Financial: Discuss tactics to reduce overtime & Decrease incidental worked time

What is Overtime?

- Federal law requires **overtime pay** to any ***non-exempt*** employee after 40 hours of work during a workweek.
 - *Overtime pay can not be less than a rate of one and a half times an employee's regular rate of pay.*

Group Discussion

- What is your organization's policy and/or contract language regarding payment of Overtime?





Successful OT Management Strategies:

- Constant focus and attention
- Establishing base level OT goals
 - Understanding that **all overtime can't be eliminated**
- Evaluate the mix of full-time, part-time and PRN staff and adjust mix accordingly
 - Bargaining unit considerations if unionized
- Monitor the regularity of schedule overtime shifts and review how you are scheduling employees





Tactics to Reduce Overtime

- Educate – on scheduling policies and OT guidelines
- Collaborate - amongst units or areas to balance staffing needs
- Pre-approval - requirement by management for all OT
- Check-in - daily with staff
- Transparency - post reminders and usage trends
- Celebrate sustained reductions





Overtime Management Reports

- Goal is to insure appropriate controls and management of OT
- Hold managers accountable for OT within their span of control
- Current OT management tools include:
 - Projected Overtime Report
 - Overtime Report – Current Pay-period
 - Overtime Report – Prior Pay-period (20Hrs OT in week)

Leverage data in your time and attendance system





Managing Incidental worked time (IWT)

Unscheduled

- Review early in/late out punches within the time and attendance system.

Early Arrival

- Evaluate placement of time clocks within units to impact early in and late out punches.
- One manager commented that “All of my early-ins are because staff worry they will forget to clock in and have to walk back out to the elevator.”
- Review when closing out payroll, conduct 1:1 conversations .

Missed Lunch

- Implement “lunch buddy” system.
- Assign lunch time within defined work area (45 min.)

Late Departure

- Mentor Charge Nurses to ensure staff are able to leave on time.
- Focus on “Power Hour” – final hour of the shift – timely, standardized handoffs.
- Deliver consistent bedside shift reports.





Leverage Staff Bulletin Boards

Late out swipes update

The hours continue to decrease – remember, our goal is to get you out of work by 7:30 a/p and home to your families!

| Payroll Period | # of Unjustified swipes (no reason noted) | Hours of late swipes (total) | # of Staff who swiped out late |
|----------------|---|------------------------------|--------------------------------|
| 4/6 – 4/19 | 30 swipes | 39 hours | 35/45 |
| 4/20 – 5/3 | 18 swipes | 28 hours | 28/45 |
| 5/4 – 5/17 | 23 swipes | 24 hours | 29/45 |
| 5/18 – 5/31 | 13 swipes | 25 hours | 24/45 |





QUESTIONS RELATED TO OT/IWT?



IMPROVE

Use Real-Time
Business
Intelligence



Financial: Eliminate FTE Leakage

| Sun 2/21 | Mon 2/22 | Tue 2/23 | Wed 2/24 | Thu 2/25 | Fri 2/26 | Sat 2/27 | Wk/1 | Sun 2/28 | Mon 2/29 | Tue 3/1 | Wed 3/2 | Thu 3/3 | Fri 3/4 | Sat 3/5 | Wk/2 |
|----------|----------|----------|----------|----------|----------|----------|-------|----------|-------------|---------|---------|--------------|---------|---------|----------|
| | 7a-7p | 7a-7p | | | REQ | | 24 36 | | | | | Council-Unit | | 7a-7p | 24 36 |
| | | | | | | | 0 36 | | | | | | | | 0 36 |
| | | | | | | | 0 36 | | | | | | | | 0 36 |
| Sun 2/21 | Mon 2/22 | Tue 2/23 | Wed 2/24 | Thu 2/25 | Fri 2/26 | Sat 2/27 | Wk/1 | Sun 2/28 | Mon 2/29 | Tue 3/1 | Wed 3/2 | Thu 3/3 | Fri 3/4 | Sat 3/5 | Wk/2 |
| | | | | | | | 0 36 | | | | | | | | 0 36 |
| | 7a-7p | | | | 7a-7p | 7a-7p | 36 40 | 7a-7p | EDU EDUM | | | 7a-7p | 7a-7p | | 39.75 40 |
| | | | | | | | 24 36 | | | | | 7p-7a | 7p-7a | 7p-7a | 36 36 |
| | 7p-7a | | | | 7p-7a | | 0 36 | | | | | | | | 0 36 |
| Sun 2/21 | Mon 2/22 | Tue 2/23 | Wed 2/24 | Thu 2/25 | Fri 2/26 | Sat 2/27 | Wk/1 | Sun 2/28 | Mon 2/29 | Tue 3/1 | Wed 3/2 | Thu 3/3 | Fri 3/4 | Sat 3/5 | Wk/2 |
| | | | | | 7p-7a | 7p-7a | 24 24 | | | | | | | | 0 24 |
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| | | | | | | | 0 24 | | | | | | | | 0 24 |
| | | | | | REQ | | 0 36 | | | | | | | | 0 36 |

IMPROVE
 Use Real-Time
 Business
 Intelligence



Financial

- Determine the appropriate blend of core to contingency staffing resources

❖ Use of premium labor and associated budgetary impacts





What is the Right Mix of Core & Contingency?

- Core = FT and PT staff
- Contingency = Float Pool, PRN, Extra Time, Overtime and Agency
- **What is your Target?**





Layers of Contingency Resources

- **Enterprise Float Pool:** If you have two or more facilities within 30 minutes normal driving time, an enterprise float pool is a wise strategy.
- **Site-based Scheduled Float Pool:** A small segment of nursing generalists ready for rapid deployment and redeployment based upon your organization's emerging needs.
- **Site-based PRN Pool:** In many situations, the largest segment of your contingency resources will come from those who work a fluctuating schedule based upon the match between your organization's needs and the individual's availability.
- **Unit-based PRN Pool:** Consider this the right strategy only in heavily specialized units. Examples are burn or neonatal intensive care departments.





Layers of Contingency Resources

- **Core staff in extra shifts and overtime:** Regrettably this is far too often the primary source of healthcare contingency staff. To prevent burnout and erosion to morale, this should be your rarely used, never over-used, go-to strategy during times of extraordinary need.
- **The RIGHT Agency Partnership:** Previously considered the absolute WRONG strategy,
 - Carefully choosing and nurturing relationships with one or two high-quality local agencies.
- **Travelers:** In the past, some organizations over used this strategy giving it a well-deserved bad reputation. When a comprehensive, multi-layer contingency plan is in place, carefully planned, well-timed traveler assignments may become the final piece to the puzzle.





Short Term Assignments

- After analyzing staffing levels for a patient care unit and determining appropriate levels of staffing can't be met:
- Nurse Manager discusses options to ensure staffing adequacy with their affiliated director.
 - This review should include current and/or projected operational RN vacancy rate, census variability, non-productive impacts, other premium labor expense (OT, PRN, RN bonus).
 - After approval to request a short term assignment by the Director, the Nurse Manager initiates the request form for a Short Term Assignment to the Central Staffing Office.
 - Communicate to the Central Staffing Office and to all PRN RNs working on the unit to alert them to the availability of Short Term Assignments.

Length of Assignments:

Assignments will be 2 or 4 weeks long following the pay period or scheduling period. Nurse Managers have the accountability to determine the number of hours and shifts the PRN RN will work during the Short Term Assignment.





To: **"Insert NM Name"**,
Nurse Manager, 3 South West

From Rita Barry, RN, BSN
Nurse Manager, Central Staffing

Date: **"Insert Date"**

Listed below are the details for the 4 week assignment for **"Insert RN Name"**, RN

Start Date: **"Insert Date Contract will begin"**

End Date: **"Insert Date Contract will end"**

Specialty: **"Insert Specialty Area"** :Med/Surg, Critical Care, Maternal Child (Select one)

Shift: **"Insert defined shift(s)"**

Special Arrangements: The contracted employee will work 3 12hr. night shifts. If the RN calls-off during the contract period, the shift or shifts must be made up in order for the Short Term Assignment Bonus to be paid out. The following dates are agreed upon: **"Insert Dates"**

"Insert RN Name", RN, Signature: _____

Rita Barry, Central Staffing Office Nurse Manager: _____

"Insert NM Name", Nurse Manager: _____





Needs List & Incentive Eligible Shifts

| NSICU Needs | | | | | | |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| *BONUS ELIGIBILITY MAY CHANGE BASED ON RECALCULATION OF VACANCY RATE* | | | | | | |
| 8-31-14 7a-11a # RNs Needed | 9-1-14 7a-11a # RNs Needed | 9-2-14 7a-11a # RNs Needed | 9-3-14 7a-11a # RNs Needed | 9-4-14 7a-11a # RNs Needed | 9-5-14 7a-11a # RNs Needed | 9-6-14 7a-11a # RNs Needed |
| | | | | | ober | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11a-3p # RNs Needed | 11a-3p # RNs Needed | 11a-3p # RNs Needed | 11a-3p # RNs Needed | 11a-3p # RNs Needed | 11a-3p # RNs Needed | 11a-3p # RNs Needed |
| | | | | | ober | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

IMPROVE

Use Real-Time Business Intelligence



Financial

- Evaluate non-productive time:
 - Impacts to schedule and the budget





Non Productive Report

WT_PSHMC Replacement Factor Report MTD - Lawson Report Viewer - Windows Internet Explorer

47 of 133 | 100% | SAP CRYSTAL REPORTS*

Run Time: 1/21/2015 12:31:34PM

PSHMC Replacement Factor Report MTD
 For The Period: 12/1/2014 to 12/31/2014

| Cost Center | Cost Center Name | Job | Prod Hours | Scheduled | | | | Unscheduled | | | | FMLA | | | Low Census | | | Education | | | Miscellaneous | | | Total Non-Prod (Paid) | % Non-Prod | % FMLA (Paid) | | | | | | | | | | |
|---------------------------------------|--------------------------------|-----|------------|-----------|-----|-----|-----|-------------|-------|-----|-----|------|-----|------|------------|-----|-----|-----------|-----|------|---------------|-----|------|-----------------------|------------|---------------|-------|-----|-----|-----|------|-------|------|-------|------|-----|
| | | | | PTO | HLP | FSB | HOL | Unpd | Total | PTO | EIB | HLP | FSB | Unpd | Total | PTO | HLP | FSB | Edu | Mand | Opti | Sch | Ortn | | | | Total | Adm | Com | Mil | Brv | Jury | Unio | Total | | |
| Life Lion Crit Care Transp-Air | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 155370030 | Admin Secretary | | 162 | 1 | 13 | 0 | 8 | 0 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 11.8 | 0.0 | | | |
| 155370030 | Aircraft Techn | | 437 | 48 | 20 | 0 | 24 | 0 | 93 | 0 | 17 | 0 | 0 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 118 | 21.2 | 0.0 | | | |
| 155370030 | Anesth Techn | | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | | | |
| 155370030 | Asst Supv CC Paramed & Comms | | 182 | 45 | 0 | 0 | 12 | 0 | 57 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 57 | 23.9 | 0.0 | | | | |
| 155370030 | Chf Pilot | | 451 | 32 | 0 | 0 | 0 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 48 | 0 | 0 | 0 | 0 | 0 | 0 | 80 | 34.6 | 0.0 | | | | |
| 155370030 | EMT Prehospital | | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | | | | |
| 155370030 | Mgr Critcl Care Trnsprt Svcs | | 168 | 8 | 0 | 0 | 8 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 8.7 | 0.0 | | | | |
| 155370030 | Mgr Flight Mntnce | | 126 | 8 | 40 | 0 | 8 | 0 | 56 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 13 | 69 | 35.4 | 0.0 | | | | |
| 155370030 | Mgr Flight Ops | | 159 | 24 | 0 | 0 | 0 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 13.1 | 0.0 | | | | |
| 155370030 | Paramed Critcl Care Trnsprt II | | 427 | 62 | 0 | 0 | 0 | 0 | 62 | 20 | 0 | 0 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 86 | 16.8 | 0.0 | | | | |
| 155370030 | Paramed Critcl Care Trnspt | | 1,832 | 108 | 12 | 0 | 0 | 0 | 120 | 25 | 0 | 0 | 0 | 0 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 | 2 | 149 | 7.5 | 0.0 | | | | |
| 155370030 | Pilot | | 1,227 | 64 | 8 | 0 | 0 | 0 | 72 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 72 | 5.5 | 0.0 | | | |
| 155370030 | SUPV LL CRTCL CARE TRNSPRT SVC | | 149 | 29 | 0 | 0 | 12 | 0 | 41 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 41 | 21.7 | 0.0 | | | | |
| 155370030 | Spec Aeromedl Comms | | 1,166 | 136 | 8 | 0 | 0 | 0 | 144 | 36 | 0 | 0 | 0 | 0 | 36 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 180 | 13.4 | 0.0 | | | |
| 155370030 | Stf Nrs PRN | | 81 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | | | |
| 155370030 | Transpt Nrs | | 2,068 | 88 | 0 | 0 | 0 | 0 | 88 | 48 | 0 | 0 | 0 | 0 | 48 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 8 | 3 | 24 | 171 | 7.6 | 0.0 | | | |
| Life Lion Crit Care Transp-Air | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 8,397 | 653 | 102 | 0 | 72 | 0 | 827 | 129 | 17 | 0 | 0 | 0 | 146 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 59 | 0 | 0 | 0 | 0 | 59 | 16 | 9 | 24 | 0 | 54 | 1,085 | 11.4 | 0.0 |
| Life Lion EMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 155370070 | Admin Secretary | | 155 | 22 | 0 | 0 | 8 | 0 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30 | 16.1 | 0.0 | | | |
| 155370070 | EMT Prehospital | | 3,844 | 316 | 32 | 0 | 36 | 0 | 384 | 46 | 12 | 0 | 0 | 0 | 58 | 101 | 295 | 0 | 396 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 838 | 17.9 | 8.5 | | |
| 155370070 | EMT Prehospital PT | | 689 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 4 | 0.6 | 0.0 | | |
| 155370070 | Mgr Life Lion EMS | | 128 | 0 | 48 | 0 | 8 | 0 | 56 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 56 | 30.4 | 0.0 | | | | |
| 155370070 | Paramed Critcl Care Trnsprt II | | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | | |
| 155370070 | Paramed Prehospital | | 3,513 | 80 | 0 | 0 | 0 | 0 | 80 | 42 | 0 | 0 | 0 | 47 | 89 | 12 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 134 | 3.7 | 0.3 | | | |
| 155370070 | Paramed Prehospital II | | 632 | 132 | 0 | 0 | 8 | 0 | 140 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 150 | 19.2 | 1.3 | | | |
| 155370070 | Prgm Mgr Qlty & Ptnt Saf Outcm | | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | | |
| 155370070 | Spec Aeromedl Comms | | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | | | |
| 155370070 | Supv Life Lion EMS | | 854 | 48 | 28 | 0 | 20 | 0 | 96 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 96 | 10.1 | 0.0 | | | | |
| Life Lion EMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 9,870 | 597 | 108 | 0 | 80 | 1 | 786 | 88 | 12 | 0 | 0 | 50 | 151 | 124 | 295 | 0 | 418 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 1,308 | 11.7 | 3.7 | | |



Operational

- Assess strategies within your organization to reduce healthcare worker fatigue





The Joint Commission **Sentinel Event Alert**

A complimentary publication of Issue 48, December 14, 2011

The Joint Commission

Health care worker fatigue and patient safety

The link between health care worker fatigue and adverse events is well documented, with a substantial number of studies indicating that the practice **of extended work hours contributes to high levels of worker fatigue and reduced productivity.** These studies and others show that fatigue increases the risk of adverse events, compromises patient safety, and increases risk to personal safety and well-being.^{1,2,3,4,5} While it is acknowledged that many factors contribute to fatigue, including but not limited to insufficient staffing and excessive workloads, the purpose of this *Sentinel Event Alert* is to address the effects and risks of an extended work day and of cumulative days of extended work hours



Organizational Solutions to Prevent Fatigue and Mitigate Impact

1. Assess your organization for fatigue-related risks
 - Off-shift hours, consecutive shifts
2. Invite staff input into designing work schedules to minimize fatigue; educate staff on strategies and consequences
3. Develop policies, strategies to combat fatigue
 - Encourage physical activity, conversation, bright lighting, caffeine, short naps, conducive environment
 - Implement safer work schedules (fewer extended shifts)
 - 2004 IOM report nursing shifts none > 12hr; VHA adopted policy (max 60 hrs/wk); not widespread





Policy to Mitigate Fatigue

- Staff will be scheduled for no more than 60 hours per work week.
- Staff will be scheduled to work no more than 12 hours per day in direct patient care activities.
- Staff will have at least 10 hours off between scheduled shifts.
- Staff will not be scheduled in excess of four 12-hour shifts in a row without a day off
 - *No more than three 12 –hour shifts in a row consistent with applicable SEIU contract language.*
- Exceptions to the stated procedures can only occur with approval of the responsible Senior Management Team member.

❖ *This policy applies to non-physician Clinical Care Services: diagnostic, treatment, or rehabilitative services provided by nursing, radiology and diagnostic imaging, phlebotomy, laboratory medical services, pharmacy, and all outpatient clinic areas.*



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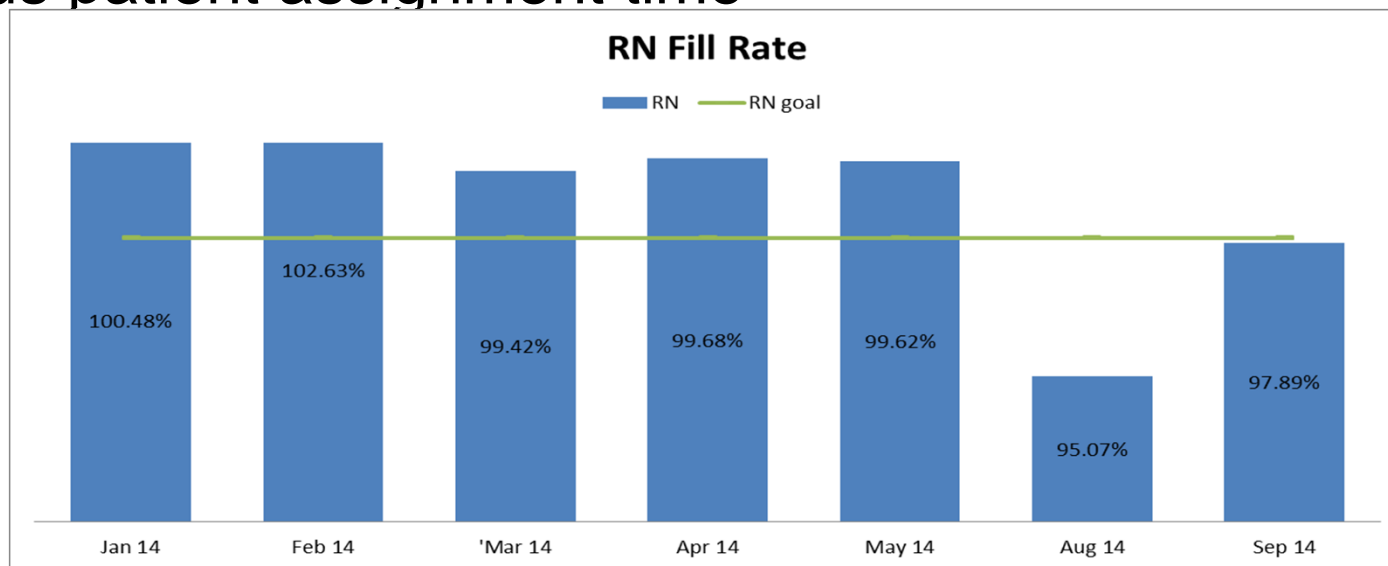


10 Minute Refreshment Break



Operational

- Monitor RN fill rate (Real-time & Trends)
- Review data relative to clinical nurse hours in charge versus patient assignment time





Operational

- Develop forecasting strategies to plan for future staffing needs





Forecasting tool

- Evaluates fulltime equivalent (FTE) changes over a 12-week period.
- Data elements consist of projected staff vacancies, turnover, leaves of absences, and retirements.
- These elements are then evaluated against staff hires, staff completing orientation, and staff returning from leaves of absences.
- This tool enables nurse leaders to have proactive conversations with nursing staff on future personal plans that may impact the schedule.



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| Schedule Period | Week # | Vacancy/FTE-shift/reason/recruit strategy | FTEs out | Additions/Agency/short term contract | FTE In | Orientees/FTE-shift | Weekly FTE Change | %Fill (budget 82.4) |
|-----------------|--------|---|----------|--|--------|--|-------------------|---------------------|
| Previous | | | | | | | 75.7 | |
| 6/14/15-7/11/15 | 1 | K McLellan FMLA (P), Emily Kislak (PRN) (A) | -1.50 | Deibert (P) | 0.9 | Hart (7/11); McHale(7/11) | 75.10 | 91.14% |
| | 2 | C Talik (P) and M Sowers (P) contract ends, Serrado | -2.70 | x | | Volz, Shetrompf, Phipot, Bouligny (7/4) | 72.40 | 87.86% |
| | 3 | Jamie Smith resign (Seattle)(P) | -0.90 | Volz, Shetrompf, Philpot, Bouligny (all P) | 3.6 | Campos (8/8) | 75.10 | 91.14% |
| | 4 | Casey Voelmle (PACU) (P) | -0.60 | Amy Jones-traveler (A) | 0.9 | DeArmitt (8/28), Nyguen (8/28) | 75.40 | 91.50% |
| 7/12/15-8/8/15 | 1 | Keil to CHN position (P), R Phillips FMLA (A) | -1.80 | Hart (P), McHale (P) | 1.8 | Campos (8/8) Hagy | 75.40 | 91.50% |
| | 2 | Caitlyn Craig (FMLA) (A) | -0.90 | Robin McKendrick (agency) (A) | 0.9 | DeArmitt (8/28), Nyguen (8/28) | 75.40 | 91.50% |
| | 3 | Deb Kreiger decreasing FTE to 0.5 (A), Kim Guay decreasing FTE to 0.4 (P) | -0.30 | x | | Keil, Moraes, Koons (12/13 GNs) | 75.10 | 91.14% |
| | 4 | Zimmerman (P) and Butts (P) contract ends | -1.80 | x | | x | 73.30 | 88.96% |
| 8/9/15-9/5/15 | 1 | Lauren Sweigert FMLA (not returning)(P), Renoll (FMLA)(P) | -1.80 | Campos (8/8) (eve) | | Keil, Moraes, Koons (12/13 GNs), Macurak, Hagy | 72.50 | 87.99% |
| | 2 | Costa to CHN position (P) | -0.90 | x | | DeArmitt (8/28), Nyguen (8/28) | 71.60 | 86.89% |
| | 3 | Planken to PRN (P), Steklikts (P) | -1.80 | | | Campos (8/8) | 69.80 | 84.71% |
| | 4 | Fulk to Fishburn (P), LoBianco (LOA)-P | -1.80 | McLellan returns (A) | 0.9 | x | 68.90 | 83.62% |



Operational

- Developing links to achieve outcomes
 - ❖ C Suite
 - ❖ Finance
 - ❖ Nurse Recruitment





Using Business Intelligence to Evaluate the Strategic Labor Plan Monitoring ROI & “Sustaining the Gains”

Summary ROI

| BENEFITS | |
|--------------------|--|
| | Reduced costs Reduction in OT Reduction in IWT Reduction in RN FTE Leakage Reduction in Agency Annual total |
| INVESTMENTS | |
| | One time investment Ongoing investment Ongoing Internal Cost Annual Total |
| NET VALUE | |
| | Annual total Cumulative total <i>Net return</i> <i>Breakeven point</i> <i>ROI</i> |





Case Study 3: Implementation of Sound Business Processes Matching Labor Supply to Patient Demand Across an Integrated Healthcare System

Nurse Staffing Outcomes: Standardized and automated policies and practices across inpatient nursing and medical group practice sites; implementation of a variable staffing model in medical group practice sites; development of appropriate workload indicators, benchmarks, and productivity standards across all departments; institution of automated business rules within scheduling software to ensure sustainable results; empowerment of nurses with timely, actionable metrics and dashboards; and implementation of self-scheduling, pre-posting, and open shift management tools within inpatient nursing. Direct cost savings following program implementation are summarized below.

| Institution | Recognized cost savings to institution following staffing changes |
|----------------------------------|---|
| Milton S. Hershey Medical Center | \$2.1M two-year savings |
| Medical Group (Affiliated) | \$517K savings in year two |





Improve – Using Business Intelligence

Analyze productivity and cost associated with actual staffing resources

- Review productivity which is derived from your staffing demand hours divided by your actual worked hours.
- Review worked hours and costs, recognizing whether they are over or under budgeted targets.
- Review the breakdown of staffing costs by skill to recognize the financial impact of contingency resources, overtime and shift differential.





QUESTIONS?





References





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