Our Expedition Everest Conquering the Staffing and Scheduling Yeti

Session # C647, 3:30-4:30PM
Thursday October 3, 2013

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Penn State Hershey Medical Center

- 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
PSHMC Registered Nurses

- Total = 2,210
  - 1,937 Clinical Nurses
  - 90 Advanced Practice Nurses
  - 30 Nurse Anesthetists
  - 3 Midwives
  - 150 Specialty Coordinators, Clinical Trials and Patient Logistics Nurses
PSHMC Nurses: Highest Earned Degree

- Formal Education
  - ASN = 25.9%
  - Diploma = 14.8%
  - BSN/BS = 57.6%
  - MSN/PhD = 1.7%
Nursing Certifications = 42%

- Critical Care
- Emergency
- Medical-Surgical
- Oncology
- Pediatrics
- Perioperative
- Ambulatory
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.
Exemplary Professional Practice:

**Staffing Scheduling and Budgeting Processes**

**EP9:**
Nurses are involved in staffing and scheduling based on established guidelines, such as ANA’s Principles, to ensure that RN assignments meet the needs of the patient population.

**EP10:**
Nurses use trended data in budgeting process, with clinical nurse input, to redistribute existing nursing resources or obtain additional nursing resources.

**EP11EO:**
Nurses participate in recruitment and retention assessment planning activities.
Care Delivery System

- We Care
  - Interdisciplinary Care
  - Communication & Teamwork
  - Staffing & Scheduling

- Patient & Family Centered Care
- Quality & Safety
- Integrated Technology

- We Commit
- We Partner
- We Innovate
- We Empower
Conquering Staffing and Scheduling
Business of Healthcare

- Health Care Reform
- Federal/State Budget Cuts
- Quality Mandates
- Value Based Purchasing
- Increasing Competition
- Shifts in Payer Mix
- Publically Reported Data
- Consumers Have a Choice
Reducing the per capita cost of health care

- What is the Highest Percentage of Cost impacting hospital operating expenses?
- Nursing Labor
- Resources and associated costs

Goal:
Decrease 4-6% of current labor spend

What is labor costing you?

Robot
Nurse

[Image of labor cost comparison between a robot and a nurse]
A Day in the Life...
Frantic in the moment staffing
“It’s a Small World”
Misaligned Resources
The Dreaded Grid...

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Abundant Agency & Overtime
Staffing Imbalances
Poorly Executed Plan
The Strategic Labor Plan

- Conducted comprehensive workforce analysis and workflow assessment.
- Standardized workflows, policies, and practices.
- Implemented state-of-the-art technology solution.
- Integrated evidence-based practice work strategies.
- Implemented centralized resource management center.
- Created Nurse Manager of scheduling and staff deployment.
Workforce Analysis and Assessment

- Inpatient Nursing Units = 22

- Ancillary & Procedure Units = 6
  - Operating Room
  - Peri Anesthesia
  - Emergency Department
  - Dialysis
  - Endoscopy
  - Respiratory Care

- Medical Group Practice Sites = 49
Streamlined and Automated End to End Process

**PLAN**
- Develop Resource Goals

**SCHEDULE**
- Maximize Core Staff Resources

**STAFF**
- Proactively Fill Open Shifts

**DEPLOY**
- Strategically Allocate Resources Across System

**IMPROVE**
- Use Real-Time Business Intelligence

- 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
Participation and Involvement

- **Executive Leadership**
  - CFO
  - Chief Human Resources Officer
  - Chief Nursing Officer
  - CIO
  - COO

- **Key Stakeholders**
  - Directors of Nursing
  - Department of Nursing Leaders
  - Clinical Nurses
  - Nursing Financial Liaison
  - Collective Bargaining Unit
  - Payroll
Implementation Teams

- Resource Management Center Team
- Process Team
- Education/Communication Team
- IT Team
The Staffing & Scheduling Plan

- Develop resource goals
  - Budget (Staffing Grids/Workload Metrics)
- **Define Weekend Cyclic Rotation**
- Assess the long-term vacation request process
- Evaluate requests for PTO, Education time, Council time
  - Process in advance of the operational schedule
Processes for Scheduling

- Cyclic Scheduling: Use repeatable patterns
- Self-Scheduling: Select shifts to build core schedule
- Pre-Posting: Post open shifts requiring manager approval
- Open Shift Management: Automated incentive program
- On-Call Scheduling: Supports pre-scheduled needs, including self-scheduling
 Processes for Staffing

- Proactively fill open shifts
- Proactive recruitment – Incentive Shifts
- Advanced “Critical Staffing” alerts
- Staff shift change requests
- Staff absence calls
Processes for Deployment

- Allocate resources strategically
- Automate deployment of resources throughout the day
- Align to census and workload
- Execute requested staffing adjustments
- Review deployable staff and staffing plans
- Refine and analyze payroll processes
Improve Staffing & Scheduling

- Review data real-time
- Examine worked shift punches versus scheduled shifts
- Evaluate hours and costs of resources against financial targets
- Analyze hours and costs of time worked above scheduled shifts
- Analyze FTEs against budget and volume trends
Education Plan

- Training
  - Super user
  - End User
  - Staff
- Continuing Education
  - Nurses at all levels
  - New Hires
Ongoing Communication Plan

- Provided manager updates weekly
- Developed tip sheets
- Created project website
- Instituted email support
- Conducted Nurse Leader trainings and meetings
Monitoring of Outcomes

Financial
- Reduce overtime
- Decrease incidental worked time
- Cut FTE leakage
- Right size core to contingency staffing

Operational
- Increase RN/ PCA shift fill rate
- Ensure Smart Square adoption rate by nurse leaders
- Increase RN staff satisfaction
- Manage time spent on scheduling and staffing
- Review data relative to clinical nurse hours in charge versus patient assignment time
Outcomes and Impacts: RN Fill Rate

RN Fill Rate

94.00% 102.4% 98.4% 99.5% 102.5% 101.8% 100.6%

Nov 12 Dec 12 Jan 13 Feb 13 Mar 13 Apr 13 May 13 June 13 July 13 Aug 13
Outcomes and Impacts: PCA Fill Rate

PCA Fill Rate

- PCA
- PCA goal

Nov 12  Dec 12  Jan 13  Feb 13  Mar 13  Apr 13  May 13  June 13  July 13  Aug 13

78.00%  82.9%  84.8%  83.4%  86.3%  85.1%  86.50%
Outcomes and Impacts

- Reduction in Overtime

![Graph showing reduction in overtime](graph.png)

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Outcomes and Impacts

- Reduction in Incidental Worked Time: Early In
Outcomes and Impacts

- Reduction in FTE leakage
Summary/Key Points

- Comprehensive nursing workforce analysis and workflow assessment enhances staffing resources for consistent delivery of patient and family centered care.

- Development of strategic labor plan and standardized workflows through implementation of a state-of-the-art technology solution (Smart Square) has resulted in:
  - Consistent practices and business rules
  - Automated core scheduling and staffing practices
  - Enhancement of our operational efficiencies
  - Sharing of flexible resources
  - Daily productivity reporting (Business Intelligence)
QUESTIONS?
References


Optilink: A Division of the Advisory Board Company. 2445 M Street, NW. Washington, DC 20037. www.advisory.com

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