

Performance Strategies



Empower Nurse Staff with Workforce Management Tools

Vol. 2, Issue 1, 2008

Sharp HealthCare Reduces Costs, Improves Care with Centralized Staffing



By Anne Davis
Vice President, Workforce Support Services
Sharp HealthCare

Optimize Staffing Resources

The struggle to maintain adequate staffing ratios without exceeding the budget is a balancing act for any hospital, regardless of size. With four acute-care and three specialty hospitals, the balance was especially difficult to achieve at [Sharp HealthCare](#), San Diego's largest integrated regional healthcare system. By using a centralized staffing office with automated staffing, we are optimizing our resources so effectively that we have been able to decrease our usage of agency staff in the highly competitive San Diego market.

Decrease Staffing Costs

In the old days, our units and hospitals rarely communicated for last-minute staffing changes. The decentralized staff scheduling systems deployed at each hospital made it difficult for staff managers to quickly react to changes in patient demand across the enterprise. When our seven hospitals merged under the Sharp HealthCare name in the mid-1990s, we recognized the need for a complete, automated solution that could effectively manage, allocate and share staff at the enterprise level.

In 1996, we began using [ANSOS One-Staff™](#), McKesson's enterprise productivity management solution to provide Sharp's centralized staffing office with a bird's eye view of current conditions across the enterprise. Based in Human Resources, our centralized office functions as a sort of neutral zone between Sharp's seven hospitals and three medical groups. According to current needs, the staffing office pulls staff from areas with excess staff members and reassigns them to the units that need them most.

By optimizing our float pool of 1,100 employees (we have 350 nurses in the float pool, and the rest are other skills), we ensure that our staff is deployed in the most cost-effective manner possible. During our first year of centralized automated staffing, we saved \$3.5 million by avoiding overtime costs and the use of outside registry personnel. Those savings have only continued to rise. In the last three years, Sharp HealthCare has avoided \$16.5 million in costs by using our own employees rather than contractors. Our patient care has also benefited, because we are able to ensure patients receive continuity of care by using hospital caregivers instead of external agency staff.

Improve your Patient Care

In the highly regulated environment of southern California, Sharp must maintain strict compliance with nurse-to-patient ratio laws. Our comprehensive staffing system enables us to achieve the correct mix of daily staffing, ensuring that all staff members have the necessary credentials for their areas. In order to meet staffing ratios and provide the highest quality of patient care, we assigned nursing resources to float between units, filling holes and providing consistent coverage for their colleagues' break times.

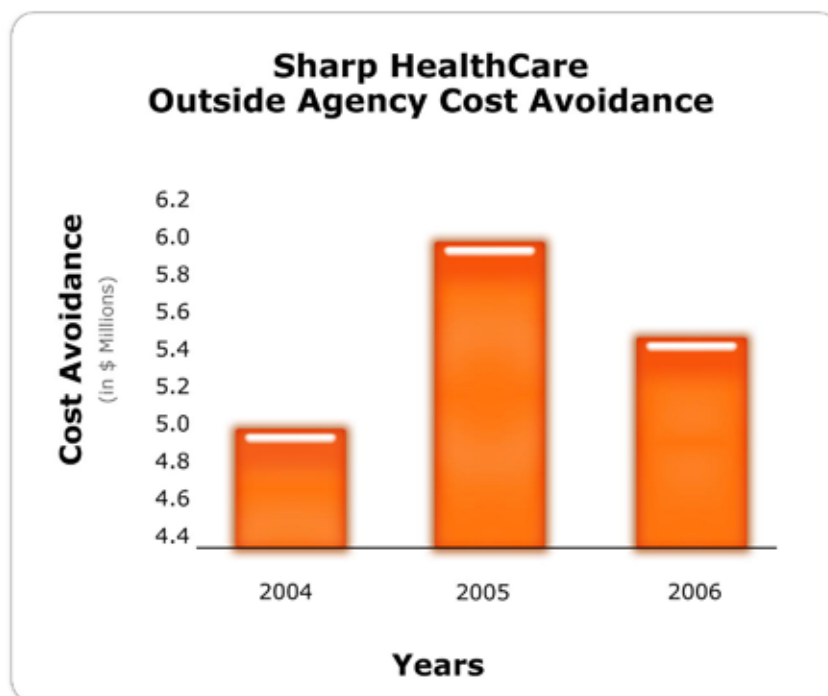
With the exception of a few outlying areas, Sharp schedules the entire nursing enterprise via ANSOS One-Staff – which consists of 3,600 nurses, all 1100 float pool staff and several ancillary departments – from the centralized staffing office. Managers use the system to pull reports for performance appraisals and unit monitoring, as well as for trending analysis and future planning. But our managers are most pleased with being freed from the long hours and tedium of scheduling. After witnessing success in nursing and ancillary areas such as Pharmacy and Radiology, other ancillary areas are clamoring to get on board.

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Sharp HealthCare Reduces Costs, Improves Care with Centralized Staffing (Cont.)

Having a standardized source of data proved invaluable during the application process for our latest accolade — the prestigious [Malcolm Baldrige National Quality Award](#). Sharp is one of five organizations to receive the nation's highest Presidential honor for quality and organizational performance excellence in 2007. Our commitment to equitable staffing and our ability to streamline staffing processes on such a large scale were instrumental in winning this award. As we continue to incorporate additional ancillary areas into our integrated system, our focus will remain on achieving the highest quality of patient care — through the highest quality of operational performance.

Anne Davis, RN, is vice president of Workforce Support Services at Sharp HealthCare in San Diego, Calif. With a background in critical care nursing, Anne Davis joined Sharp in 1980 and has held various leadership positions throughout her career at Sharp. Workforce Support Services encompasses Sharp's Staffing Resource Network, Employee Health, Safety, Security and Workers' Compensation departments.



Learn More

[AHRQ Report on Nurse Staffing and Quality of Patient Care](#)

[AONE Policy Statement on Mandated Staffing Ratios](#)

[IOM: Crossing the Quality Chasm, Keeping Patients Safe](#)

[ANA Principles for Nursing Delegation](#)

[Spartanburg Reduces Agency Usage by 88%](#)

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Marlborough: Finance and Nursing Partner to Improve Productivity



*By Candra Szymanski, RN, MS
Chief Operating Officer
Marlborough Hospital*



Our Productivity Problem

[Marlborough Hospital](#), a member of **UMass Memorial Health Care**, is a small community facility of 700 FTEs. For years, we faced a serious productivity issue on Friday afternoons and Monday mornings as we struggled to get payroll done. For at least four hours apiece, 35 managers across all departments – eight of them nurse managers – would huddle in their offices punching calculators. This translated to about 105 hours of management time each week, a staggering 5,460 hours per year — the equivalent of 2.6 FTEs.

With a growth in inpatient volume in recent years, we soon outgrew our manual systems. Because productivity data was only available retrospectively at the end of the month, managers couldn't accurately adjust staff to meet patient care demands and often found themselves defending their decisions without the necessary data.

Nursing and Finance Forge a Partnership

Prior to our tenure at Marlborough, the CFO and I both worked at facilities that tied the data from their automated staff scheduling and productivity application into the payroll system. We both recognized the value of an integrated system and worked together to find synergies between our departments that would enable us to build a successful collaboration.

From the financial perspective, the benefits included position control and workflow improvements as well as the ability to electronically generate reports. On the clinical side of the house, I wanted to automatically build schedules based on department-specific metrics and patient volume and decrease the time managers spent manually creating schedules to staff their units. Both Finance and Nursing hoped to realize a financial benefit by reducing our expense in agency staff through better utilization of our own per diem staff.

We also wanted a system that would help us meet reporting requirements such as the Massachusetts Hospital Association (MHA) Patients First initiative. Patients First is designed to provide transparency on staffing levels. It uses the staffing guidelines proposed by MHA and the Massachusetts Organization of Nurse Executives (MONE) to ensure that appropriately credentialed care providers are available for all patients.

After the CFO and I agreed on these mutual goals, we used a joint top-down approach to show the importance of the project at the executive level. To ensure there was consistency with the UMass Health Care System, Marlborough implemented McKesson's [ANSOS One-Staff™](#) enterprise productivity management solution.

Improved Visibility Decreases Staffing Costs

As you might expect, automating the scheduling process was incredibly valuable. Eliminating the transcription of hardcopy schedules probably saves each nurse manager 5-6 hours weekly. With the integration of the scheduling and payroll systems, the payroll clerk's data entry has been reduced from 3 days a week to about 4 hours. Now she can focus on charge entry work, which has expedited our A/R.

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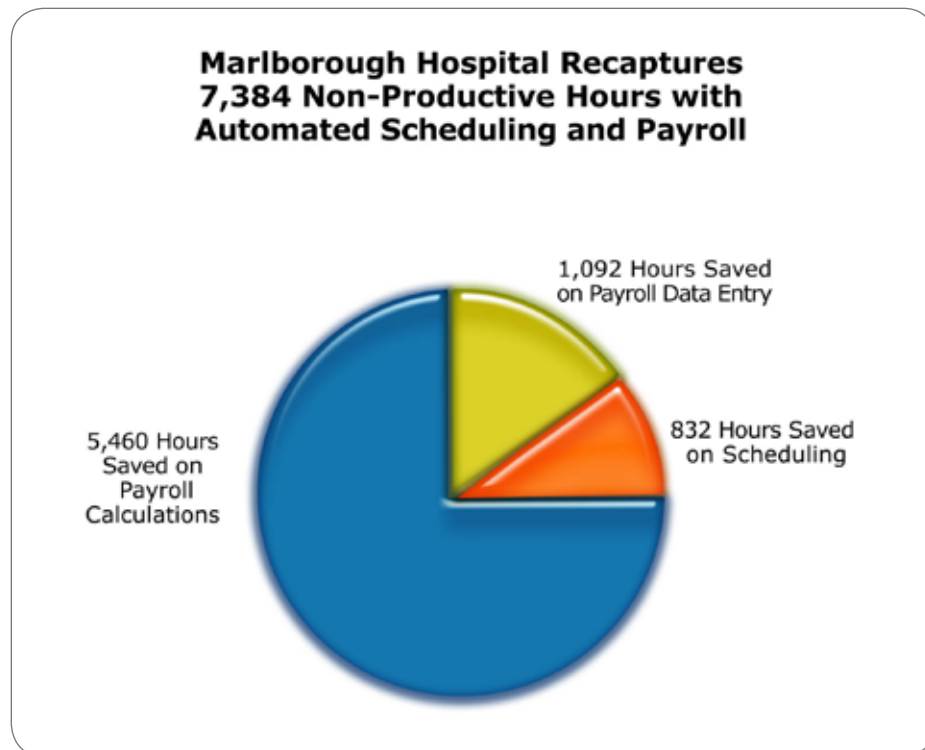
Marlborough: Finance and Nursing Partner to Improve Productivity (Cont.)

Now that the system is automated, managers are able to identify holes in the schedule and fill them with per diem staff or regular staff ahead of time. Since existing staff – even those on overtime – are cheaper than agency staff, it works well for our employees, for patient care continuity and for our bottom line.

All departments at Marlborough now are using the ANSOS One-Staff system for scheduling and productivity management. Many of these departments weren't using any productivity tools before, and the process has opened their eyes to the impact that their staffing decisions have on productivity.

Our managers are now empowered to make staffing decisions based on real-time data. And our new-found ability to differentiate between productive and non-productive time enables managers to justify their staffing decisions in support of patient care — a huge benefit. Seeing the immediate impact of leadership decisions is really rewarding.

Candra Szymanski, RN, MS, joined the UMass Memorial Health Care system as an Emergency Department staff nurse in 1981 and later became Director for Emergency Services at the facility. Candra joined Marlborough in 1999 as the Vice President of Patient Care and in 2005 moved into the COO position responsible for Patient Care and Facilities Services.



Learn More

[Americans for Nursing Shortage Relief Consensus Document](#)

[Better Position Control Saves Lee Memorial \\$1M](#)

[AHA Workforce Healthcare Web site](#)

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Do You Drive a 4- or 6-Cylinder Staffing Engine?



By Dr. Sandra Shelley
Sandra Shelley Associates

The engine of any nursing unit is the staffing infrastructure that provides the right caregivers, in the right numbers, at the right time to achieve the right patient care outcomes. Nurse leaders, management engineers, financial experts and others have traditionally focused on a “4-cylinder” engine to drive staffing effectiveness. Their emphasis has been on formulating more precise (1) staffing plans and budgets; (2) position control rosters (which list the approved positions); (3) master schedules; and (4) pools of flexible staffing resources. However, obtaining more “horsepower” from the staffing enterprise will also require attention to two often forgotten factors of staffing infrastructure: (5) care assignments and (6) shift reporting.



Staffing plans, budgets, and position control rosters all focus on managing the supply of patient caregivers. Accurate allocation of staff is most often the result of a precise master schedule and a well-developed pool of flexible staff. Conventional wisdom implies that mastery over the supply and allocation of nursing personnel intrinsically leads to effective staff utilization. Contemporary thinking is that effective staff utilization must also include care assignments and shift reporting to create a more powerful “6-cylinder” engine to drive staffing effectiveness. Developing shift leader competency in the following areas of care assignments greases the fifth cylinder of the staffing engine:

- **Shift leadership:** The priorities of those in charge of a given shift must be clearly aligned with the performance outcomes expected from their work unit. In particular, shift leaders must be cognizant of productivity targets, staff development goals and clinical benchmarks when making assignments.
- **Caregiver configurations:** Shift leaders must have insight into the best options for combining the various types of caregivers on their shift into integrated teams of registered nurses and assistive personnel. This integrated approach attains optimal patient and operational outcomes.
- **Care team case loads:** The arithmetic approach to patient assignments (wherein every staff nurse on the shift is assigned the same number of patients) is insensitive to both patient acuity and staff development. The number of patients assigned to a team should vary based upon the unique circumstances of the patients and the caregivers.
- **Care coordination:** In many settings, the staff nurse and shift leader, focused on completion of tasks, make care assignments at the beginning of the shift. In a high-performance work environment, making assignments is a dynamic process of care coordination that requires critical thinking throughout the shift.

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Do You Drive a 4- or 6-Cylinder Staffing Engine? (Cont.)

To “fire” on all six cylinders of staffing, shift reporting must focus caregivers on the progress being made toward expected patient outcomes. The following tools and techniques foster outcome-focused shift reporting:

- **Integrated, evidence-based care plan:** Staff utilization is optimized by focusing caregivers on the same set of patient outcomes, with a clear delineation of each caregiver’s responsibilities. Integrated care plans are most effective when they are based on recognized best practices, rather than the preferences of an individual caregiver.
- **Face-to-face, exception-based reporting:** All too often, patient information is shared through recorded reports that replay demographic data, routine interventions and other information that could be retrieved from other sources. Utilization is enhanced when the staff gets streamlined face-to-face reports of exceptions and focus on outcomes in the integrated plan of care. This enables staff to immediately clarify issues and eliminate any missing information — minimizing downtime, redundancy and errors.
- **Walking rounds:** Caregiver utilization takes on new meaning when shift reporting is moved out of the lounge and closer to the patient’s room. Not only can the outgoing shift show first hand the condition of the patient, but ideally, the patients themselves can participate in managing their plan of care.

Expert care assignments and proficient shift reporting requires critical thinking on the part of caregivers to organize themselves for effective staff utilization. By engaging staff in “state-of-the art” utilization practices, nurse leaders can cruise along with a high-performance, 6-cylinder staffing engine.

Dr. Sandra Shelley, the founder of [Sandra Shelley & Associates, Inc.](#), has published and lectured extensively on the topics of transformed work environments, change management and leadership development. In her consulting practice, she specializes in organizational effectiveness, patient care delivery, clinical resource management and general hospital operations. She has held several senior administrative nursing positions in both tertiary and community hospitals and has a Master of Science in Nursing from Boston University and a Doctorate in Behavioral Science from Rush University in Chicago. She is an advanced certified nurse administrator.

The Impact of Nurse Staffing on Patient, Nurse, and Financial Outcomes

Dismayed by the lack of scientific evidence identifying specific nurse-patient ratios, Lynn Unruh, associate professor at the University of Central Florida, reviews the scientific literature in the January 2008 issue of the *American Journal of Nursing*. Unruh questions why more attention hasn’t been paid to the relationship between nurse staffing and patient outcomes, despite the fact that national reports suggest that inadequate staffing is directly linked to adverse events in patient care. Evidence also suggests that a hospital’s balanced workload is linked both to its nurses’ job satisfaction and its financial performance.

In “Nurse Staffing and Patient, Nurse and Financial Outcomes,” Unruh reports that most studies find that inadequate nurse staffing and the stress of excessive workload contribute to poor job performance, which leads in turn to adverse patient events. One study found that each patient added to an average nurse’s workload produced a 7% increase in the likelihood of failure to rescue.

Studies addressing the effects of staffing levels on nurses have found that working in an imbalanced staffing environment can cause job dissatisfaction, burnout and illness — all of which are associated with higher turnover rates.

Only a few studies have investigated the relationship between nurse staffing levels and hospitals’ financial outcomes. One study found that increasing the proportion of RNs in the skill mix, without changing nursing hours per patient day, was the least costly staffing improvement hospitals could make.

Unruh concludes that although specific nurse-patient ratios haven’t been scientifically determined, nurses’ workloads should be a primary consideration for efforts to improve patient care. [Read the article](#)

Webinars

Hear More from Dr. Shelley
March 24, 2:00-3:00 p.m.

"Driving Optimal Staffing"
REGISTER and Earn 1

[See McKesson Events Calendar](#)

[McKesson™ Time and Attendance](#), March 3

[eShift™ in a Centralized Staffing Environment](#), March 12

[Web Reporting – ANSOS One-Staff™ 3.6](#), March 18

[Sneak Peak at eShift Release 2.7](#), March 18

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Use Tools to Empower Staff and Reduce Costs



*By Karl Straub, Vice President & General Manager
Workforce Management Solutions
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The graying of America (including nurses) is contributing to a shortage of healthcare providers – now critical in many areas of our country – and the impact is beginning to show in the area of patient safety. In 2006, the Agency for Healthcare Research and Quality (AHRQ) reported strong evidence linking inadequate staffing with adverse events. This and other reports suggest that appropriate staffing correlates with lower death rates and shorter hospitalizations.

I'm sure you've seen the effect of these pressures in your own organization, with increased staff vacancies and longer time to fill those spots with qualified personnel. This staff shortage results in greater use of traveling and agency health staff at greater expense to your organization. Nurse managers and department heads may experience burnout as they work longer hours to ensure they are staffing appropriately for patient needs.

As basic laws of supply and demand play out, staffing and workforce recruiting and retention are a top concern for most executives. The use of integrated workforce management tools can help you attract and retain the best staff while improving clinical outcomes for your patients.

Increase Workforce Satisfaction with Web-based Tools

Solutions that empower your staff and managers and assist with their work/life balance are in high demand today. One of these solutions is the ability to provide a Web-based self-scheduling system. The ability to offer care providers the option to manage their own work schedule can be an attractive tool for recruiting and retention.

As younger Web-savvy workers enter the workforce, they expect the flexibility and instant access to information that Web-based applications provide. Web functionality also works well for communicating with and scheduling per diem staff. By deploying Web-based technology, your organization can offer employees 24/7 access to key information, such as job postings, company and unit announcements, benefits, payroll and schedules.

Managers appreciate the convenience and increased productivity that results from using a toolset that streamlines communication and reduces the pressures associated with managing staff schedules.

Promote High-Performance Care with Clinically Relevant Shift Management

While communicating and filling open shifts is vital to your operation, other factors also contribute to a high-performing culture of care. A top staff scheduling and productivity system provides visibility into patient needs so you can provide the appropriately credentialed staff to meet current patient requirements.

Having staffing, budget and actual hours worked in one comprehensive system enables managers to constantly monitor and adjust to changing patient and workload needs. In addition, a high-performance system should provide the opportunity to model the budgetary and productivity outcomes of staffing decisions before they're implemented.

A staff scheduling system also provides the basis for monitoring productivity and improving performance. The system can be used to measure the effect of changes so that processes can be improved and fine-tuned. In addition, leaders can monitor results using Web-based analytics tools.

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Use Tools to Empower Staff and Reduce Costs

Ensure Your System Pulls It All Together

As you evaluate the benefits of using integrated workforce management tools, here are some key questions to ask:

- How well does your payroll system communicate with your scheduling system?
- Is patient acuity considered in managing workload?
- Does the system help manage budget and financial information?
- Can the system present key metrics in an easy-to-read dashboard to help you make staffing decisions on a daily basis?

By linking scheduling and productivity information to the time and attendance and HR systems, payroll can be automatically generated, FMLA and FSLA calculations can be seamless, and even the most complicated work rules can be readily configured and deployed. A comprehensive, connected workforce management system greatly reduces data entry and manual calculations.

Today's fast-paced care delivery environment demands high-quality data from all components – data that is synchronized and readily available on demand – to ensure that you consistently have the right staff to care for the right patients at the right time. And more than ever, it's important to also equip your organization with a workforce management solution that serves the needs of those you entrust with the care of your patients.

Karl Straub is vice president and general manager of workforce management solutions for McKesson Provider Technologies. Karl re-joined McKesson in 2007, when it acquired Per-Se Technologies. At Per-Se, Karl led the resource management business for its Hospital Solutions segment. Karl has 26 years of experience in the healthcare industry.

Web-based Staffing: A Better Way for Meridian Health

Envisioning a better way to communicate with its employees, in 2006 [Meridian Health](#) began using the Web for self-scheduling and posting of extra shifts for its facilities in central New Jersey. The increased presence of generation Y in their workforce influenced the formulation of this strategy, which called for Web-based access to information, communication and scheduling around the clock. Constantly looking for ways to empower its staff and improve quality of care, this three-time ANCC Nursing Magnet®-designated health system took advantage of a new ASP technology that provides Web-based open shift management.

Employee Perspective:

Before shift scheduling became available on the Web, staff members had to come to the hospital in order to manually sign up for their schedule preferences. Those who were not on the unit when sign-up began had to drive to the hospital on their day off. Nurses who wanted to work extra shifts had to come to the hospital to sign up for open shifts and then return again to retrieve their revised schedules. Now staff can access the Web-based scheduler from patient care units throughout the hospitals as well as via a secure Internet browser from virtually anywhere.

Management Perspective:

In the manual scheduling environment, nurse managers spent countless unproductive hours calling staff to fill scheduling holes rather than focusing on quality patient care. There were also seniority issues with collective bargaining units when managing open shifts. Now, Web-based scheduling enables managers to quickly get in touch with their teams from the hospital or from home. Meridian Health has even incorporated the solution into their disaster plan — enabling managers to send messages to staff that are needed back at the hospital.

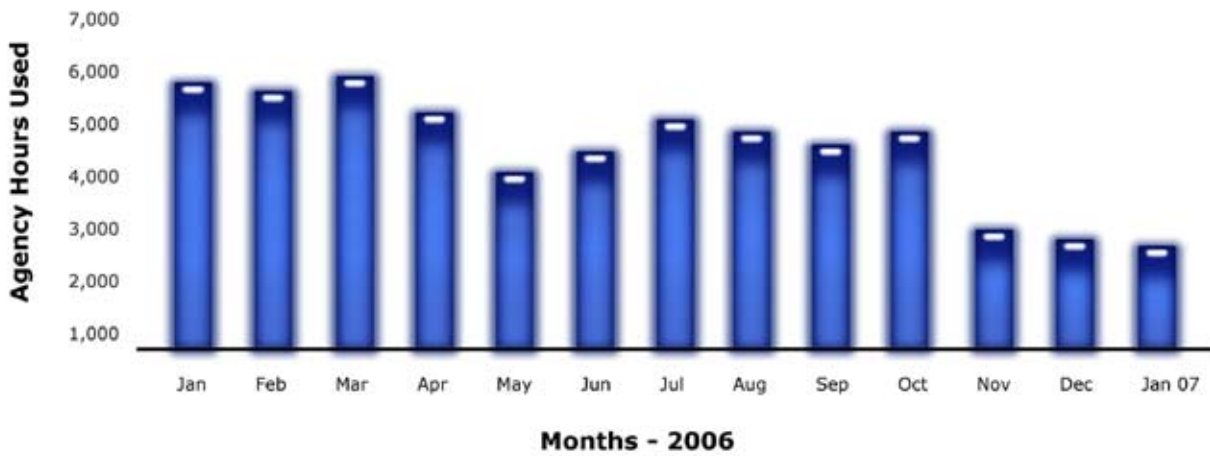
Executive Perspective:

[McKesson's e-shift™ Web-based scheduler](#) has achieved impressive results:

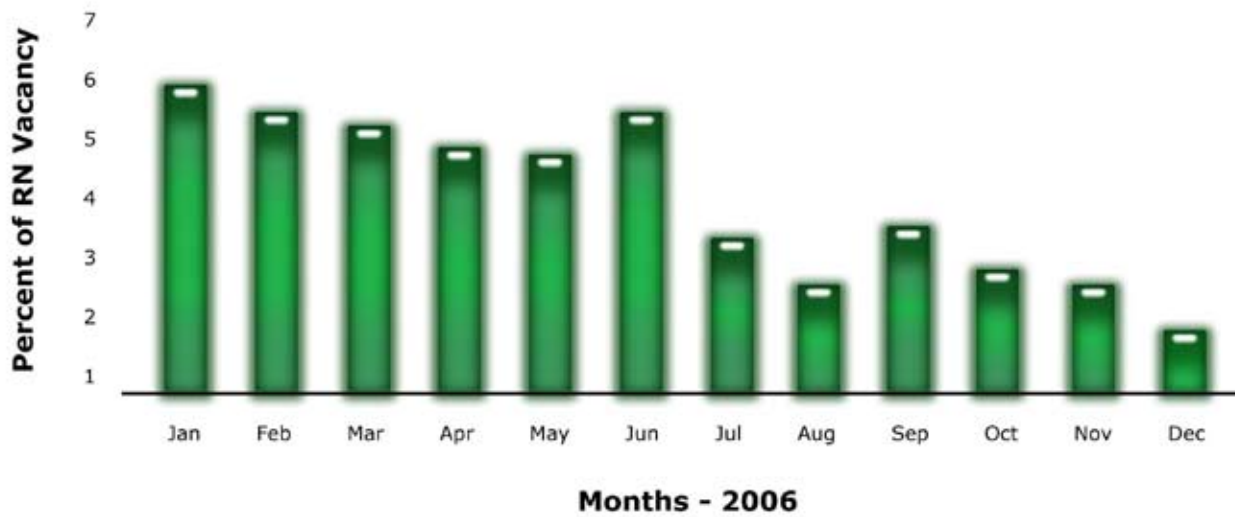
- The majority of open shifts are now filled via the Web using existing staff
- The solution enables nurse managers to focus more time and energy on patient care.
- Premium pay to agency nurses has significantly decreased, resulting in a savings of \$1.2 million during the first seven months of use.
- The nurse vacancy rate has dropped from over 6% to under 2%.

Results Scorecards

**Reduction in Agency Hours
(More Shifts filled by Per Diem & Unit Staff)**



Reduction in RN Vacancy Rate



Related Solutions

[Workforce Management Solutions](#)

[ANSOS One-Staff™](#)

[eShift™](#)

[McKesson™ Time and Attendance](#)

[Horizon Human Resource Management™](#)



[See McKesson's Workforce Solutions at Booth 3035](#)

For a private demo, call
1-800-442-6767, option 2

Other Upcoming Events

[AONE](#), April 25-29

[HFMA ANI](#), June 23-26

[ASHHRA](#), October 12-14

[ANCC Magnet](#), October 15-17