



Top Workforce Management Initiatives

For Quality of Care Improvements and Labor Cost Reduction

Based on a survey conducted by HealthLeaders



Turn Workforce Data Into Better Outcomes

Today's healthcare organizations are moving towards workforce optimization by utilizing strategies that deliver both quality of care and cost containment. Those strategies require them to use workforce data in ways they've never done before. Automating workforce management processes such as time and attendance, staffing and scheduling and human resources/ payroll is not enough. Instead, forward-thinking health systems are finding new ways to tap into the power of workforce data analytics. A HealthLeaders survey* of 293 healthcare executives sheds light on strategies that are proving to be successful to health systems nationwide. Here are the top 5 workforce management initiatives that rated the highest for labor cost containment and improving care quality.

* For complete survey results, see pages 8-9



1. Productivity

Develop and monitor productivity metrics

Productivity initiatives have a proven track record of impacting both the bottom line and care quality.

The biggest challenges with a productivity initiative typically involve the data analytics. Here's how one hospital tackled the challenges around setting and measuring the metrics.

Three Tips for Developing Productivity Metrics

Anderson Regional Medical Center in Meridian, MS has made their workforce management and productivity initiative a priority. That focus yielded \$2.5 million in savings in eight months as compared to the previous year. Here are some tips from Vice President of Finance Steven Brown for developing productivity metrics that support success:

- Gain buy-in from managers and staff about why you are doing the productivity initiative, and be sure that your initiative takes both cost and quality into consideration. Then, clearly communicate the project objectives, and allow all stakeholders to share their feedback.
- Work with managers to have a clear understanding of the metric. Make sure everyone understands how and when the volumes will be measured. Be prepared for some negotiation about how the standard is being measured and calculated.
- Give decision-makers the data they need when they need it. Retrospective data is like looking in the rear-view mirror – you can see where you've been, but it's not very helpful for making decisions about what to do now. If you're going to hold unit managers accountable for productivity, you need to provide them with information for proactive decisions that can have an impact on their unit's productivity before the shift and pay period are over.



2. Acuity-based staffing

Staff based on volumes and level of acuity

Acuity-based staffing is easy to understand in theory, but can be hard to put into practice without the right analytics to support data-driven staffing decisions. Acuity-based staffing goes beyond simple nurse-to-patient ratios to make sure that not only are there enough caregivers working to meet patient needs, but that the skill sets and competencies of the nurses and support staff match each patient's unique needs.

Driving Outcomes

Healthcare system executives are moving towards acuity-based staffing to achieve the following outcomes:

- Objective staffing decisions and nurse/patient assignments: Decisions aren't made based on rules of thumb or "what we've always done." Instead, staffing decisions are driven by patient need and staff skills.
- Care equity: Patients with the same acuity deserve the same level of care, no matter where they are cared for within the healthcare system.
- Equitable nursing workloads: Nurses appreciate balanced workloads that account for how much care each patient needs.
- Account for patient churn: Admits, discharges and transfers can impact the workload, and it's important to account for that patient churn.
- Responsive to real-time changes: Decisions aren't being made retrospectively; instead, adjustments can be done proactively.
- Match nurses' experience, expertise and specialization to patient needs: Putting the right patient with the right nurse, every time.



3. Overtime

Monitor and reduce overtime pay

A systematic approach to reducing overtime has been found to be the most successful way to yield substantial cost savings. Health systems can drive down overtime costs through the reduction of projected overtime – making changes to eliminate the overtime before it happens.

Three Key Strategies for Managing Overtime

1. Stop overtime before it happens: By combining time and attendance data with scheduled hours and then applying overtime rules, project overtime and make adjustments before the overtime occurs.
2. Focus on the outliers: Often a large percentage of overtime is incurred in just a few units. Focus efforts on understanding why certain units are having more issues with overtime and pinpoint strategies to address those issues.
3. A quick win with incidental overtime – Nearly every organization can save tens or even hundreds of thousands of dollars by tackling incidental overtime; those unplanned occurrences that are less than an hour in length. With visibility into incidental overtime, you can see where adjustments to shift change processes or lunch coverage can eliminate that overtime without impacting patient care.



4. Skill levels/competencies

Adjust the mix

Better management of skill and competency analytics provides both short-term and long term benefits. In the short-term, staffing plans can be based on the optimal skill mix so that staff is deployed to the right place at the right time to balance both care needs and budget constraints while ensuring patient satisfaction.

In the long-term, decisions can be made to determine how to recruit, retain and develop a workforce with the right competencies and skills to meet both current and future demands.

Using Skills and Competencies Data for Better Outcomes

Roper St. Francis has developed a system for better tracking of skill and competency data, enabling them to achieve better workforce outcomes. According to Carolyn Donohue, Vice President of Nursing and Chief Nursing Officer at Roper St. Francis Healthcare, “We can track degrees, certifications and skills in our staffing and scheduling system. That helps us to better balance out the experience, the skills and the competencies of our staff. With easy access to this information, we can more easily fill our staffing needs from within our own system, not having to always engage in premium labor. That has reduced our need for travelers and agency nurses while providing our staff with opportunities to use their skills in our other hospitals.”

Pennie Peralta, Vice President of Nursing and Chief Nursing Officer at Roper St. Francis Healthcare adds, “We encourage our nurses to gain new skill sets, and they appreciate opportunities to put those new skills to use. Nurses are lifelong learners, and many of our nurses find it attractive to be able to function in multiple areas. That mindset and ability to embrace change enables us to flex our staff across the entire organization.”



5. Internal supplemental staff

Utilize part-time, float pool and per diem staff

Developing an internal resource pool can be a cost-effective strategy for using internal resources to fill open shifts in a way that does not compromise the quality of patient care. To achieve the most success, this initiative should focus on analyzing data that reflects patient care needs and staffing holes across the entire enterprise.

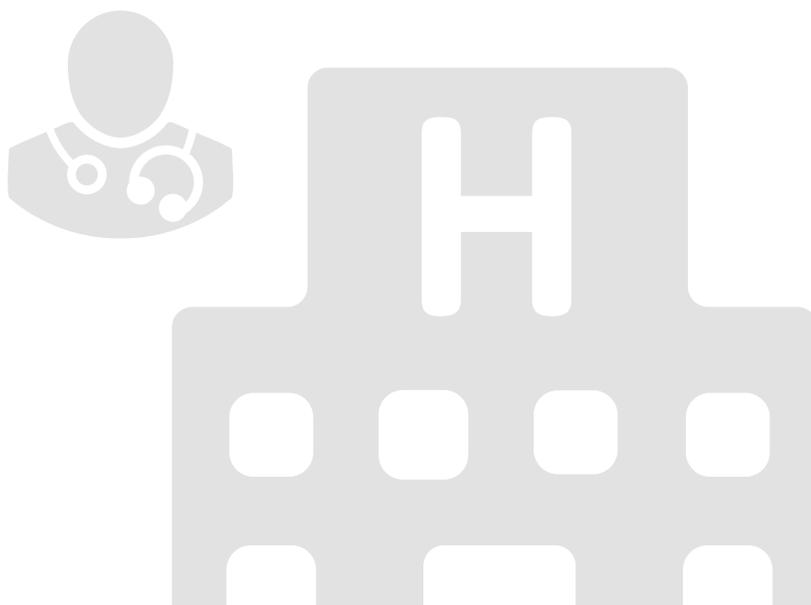
Better Analytics = Better Staffing Strategies

A world-class health care network, Duke University Health System offers a full network of health services and includes three highly regarded Magnet® hospitals: Duke University Hospital, Duke Regional Hospital and Duke Raleigh Hospital. With almost 20,000 employees and about 1,450 beds, Duke University Health System is dedicated to providing efficient, outstanding, and effective patient care.

Managing a regional float pool that provided services for three hospital facilities and 37 physician practice groups required a new way of thinking and technology that provided the data analytics to support a more sophisticated staffing strategy.

By using self-scheduling technology to feed schedules for all three cost centers into one master schedule, now unit assignments better represent patient needs. Organization-wide there is more cost effective scheduling, reduced incidental overtime, improved employee morale, and consistent scheduling processes across the entire health system.

Julia Bambach, Duke University Health System Strategic Services Associate, explains, “We were looking for a new approach to centralized staffing that would enable us to better utilize our float pool resources. Now, our team in the central staffing office can see staffing needs across the whole organization. That allows us to assign staff to the shift that best fits their availability and qualifications.”

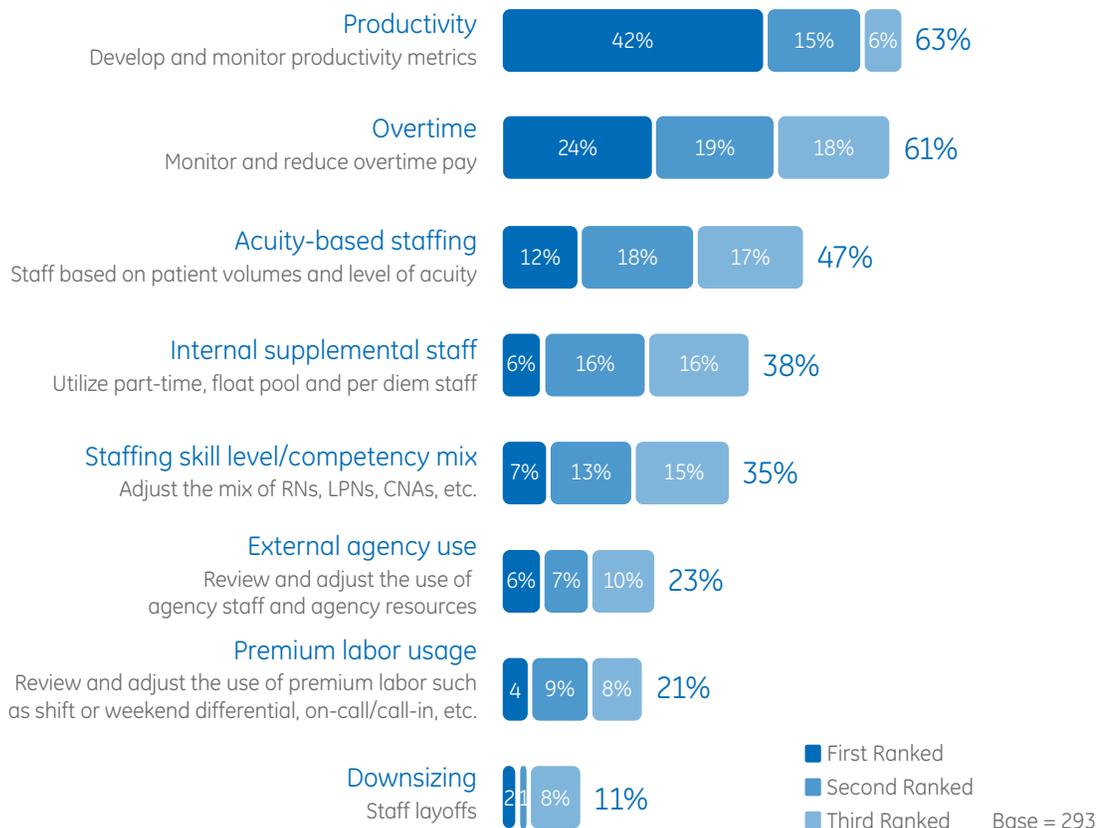


Harnessing Data to Deliver Results

The healthcare workforce is the critical component that links the entire organization’s clinical and financial imperatives. The HealthLeaders survey found that many of the most effective workforce management initiatives could be used to drive both labor cost reductions and quality of care improvements.

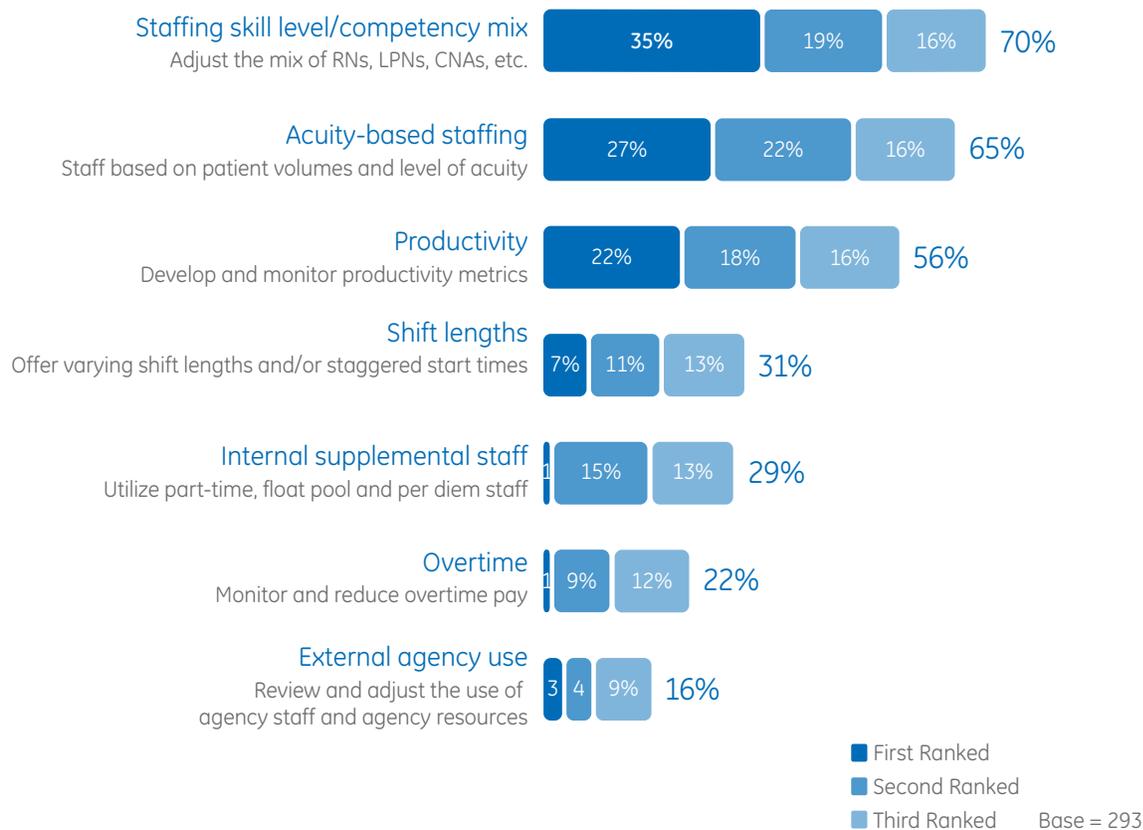
Top Workforce Management Initiatives for Labor Cost Reduction

“Regarding labor cost reduction, please rank the top three workforce management initiatives your organization has found to be most successful”

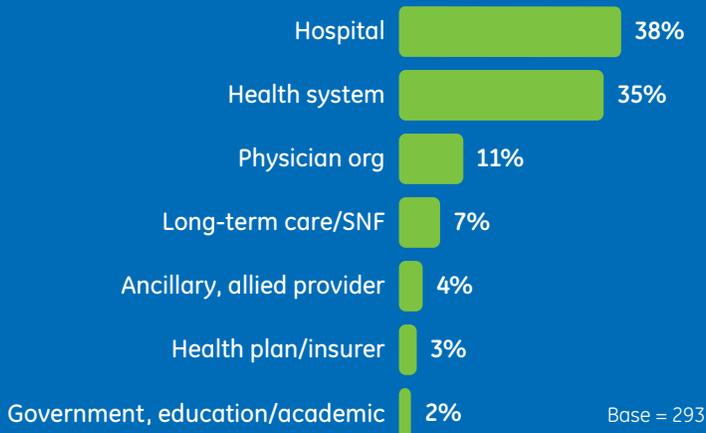


Top Workforce Management Initiatives for Quality of Care Improvements

“Regarding quality of care improvements, please rank the top three workforce management initiatives your organization has found to be most successful”



Respondent Profile - Employment



Respondent Profile - Title



Better Workforce Outcomes

The HealthLeaders survey shows that developing strategies around workforce data is important to gaining success for a healthcare organization. As the connecting point between quality of care and cost containment, the healthcare workforce is one of the largest drivers of both clinical and financial success. Tracking, managing and analyzing the often disparate reams of data regarding healthcare workers requires a sophisticated analytics strategy to drive both labor cost containment and quality of care improvement. The most effective strategies make it possible to use workforce analytics to ensure that the best decision for the organization is easy for decision-makers to determine and act upon. With accurate, timely, actionable data available at all levels of the organization, data-driven workforce management decisions can be made throughout the organization, from front-line staff and managers to the executive team.





Imagination at work

www.gehealthcare.com/workforce-management

GE Healthcare, LLC is a subsidiary of the General Electric Company. The GE brand, logo, and Lumination are trademarks of the General Electric Company. © 2017 GE Healthcare, LLC. The USG brand & Logix are trademarks of USG Interiors, LLC. Information provided is subject to change without notice. All values are design or typical values when measured under laboratory conditions.

JB46649XU