

Session C826

Evidence-Based Staffing Strategies Support Healthy Work-Life Balance

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Nurse Staffing – Core vs. Float Staff

- 30 years ago
- 20 - 10 years ago
- 5 yrs – Prior to implementation of staffing model



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Rapid Changes in Census

- Staff reductions
- Increases in extra shifts
- Increased over hours
- Increased core staff floating
- Impact on work life balance

According to the American Journal of Nursing -
*Factors such as shift work and staffing patterns
can increase stress in healthcare workers.
Adequate staffing affects us all. Patients who
are hospitalized today are sicker than ever
before, but their stay is expected to be shorter.
Nurses asked to give best possible care in the
shortest of amt of time using minimal resources*

AJN Jan. 2012 Volume 112, Issue 1 c

Implementing A New Staffing Model

Spring – Summer 2013

- Kevin Schwedhelm CNO recognized importance of work life balance and building stability yet flexibility to the work force
- Utilized business analytics to create a predictive staffing model
- Plan to minimize turbulence and place most competent staff to all areas of the hospital
- Obtained administrative approval

Implementation of New Staffing Model within Facility

1. Reduction of core staff thru attrition
2. Spring 2013 opened 32 float resource nurse positions
 - a) New hires - most new graduates
 - b) Led by Operations Director
3. Building a competent resource float pool nurse
4. Building a strong orientation program

Resource Pool Orientation Program

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To ensure a float pool nurse is able to effectively work in different units, they complete the following orientation plan:

- 3 day ACH classroom nursing orientation
- PBDS Assessment and Reassessment – orientation is then individualized according to each nurse's needs assessment

Nurses are assigned a specific preceptor for orientation on each unit

- 3 weeks on PINS
- 1 week on ICU
- 1 week on each medical surgical unit
- 3 weeks on SE
- After orientating on days, night shift nurses will orientate 1 night shift on each unit
- Extra orientation experiences are provided
- Monitor Room
- EKG Class
- Discharge Nurse / Core Measure Review
- Respiratory Therapy
- IV skills/Assessment Center
- Computer/Scorian Training
- Residency Class
- ACLS
- An Evaluation of the Preceptor and Orientee occurs after each unit experience

Nurses are deemed competent to work in variable practice settings through the evaluation of:

- PBDS Assessment
- Skills Checklists
- Preceptor Evaluations
- Competency/Skills Labs

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Clinical Assessment

- Preceptor assessment
- Clinical skills RN Self-Assessment Tool
- RN accountability to maintain clinical competence and seek learning opportunities

Nurse Self Assessment Checklist

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	1	2	3	4	5
Blood Administration					
PCA					
IV Pump with Guardrails					
Epidural					
Heparin gtts. / bolus					
Insulin gtts. / bolus					
Chest Tube					
Continuous Bladder Irrigation					
Non-Titrating Cardiac gtts.					
Stable Vent					
Bi-Pap (at night only)					
Hip / Knee Post Op					
Central Line Dressing Changes					
Doppler					
Trach/Trach Care and Suctioning					
Cardiac Monitoring / Identification of Rhythms					

Staffing Model Changes Resulted In Other Opportunities for Excellence

- Float Pool Committee
- Welcome Letter
- Assigning buddies

Challenges Post Implementation

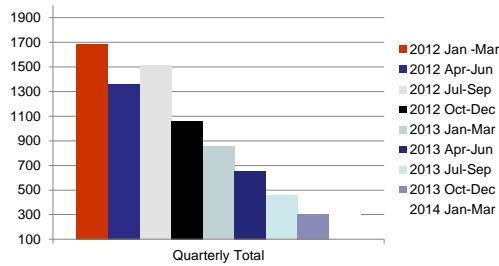
- Maintaining a strong core staff base
- Not a stagnant process; utilize business analytics to evaluate staffing targets
- Accounting for vacation, absences, FMLA
- Building and maintaining teamwork with core staff and resource float pool

Post Implementation Successes

- Placement of competent staff in variable practice settings
- Flexibility to adjust to rapid census changes
- Decrease in staff reductions
- Reduction in core staff floating
- Reduction in over hours

4 East Float Hours

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4 East Over Hours

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In Summary

- Building staff stability and flexibility
- Resilient work force
- Improve work life balance
- October 2013 ANCC Pathway to Excellence

New Strategic Plan

- Mission Critical Objectives for Staffing Effectiveness
 - Create proactive staffing and resource management strategies
 - Use of business analytics
 - Meet the fluid needs of our patient population
 - Create Efficiency and reduce waste

Staffing Excellence Strategies

Better Strategic Plan : 2013-2014

Goal:

- Provide nurses and clinical teams with the staffing resources needed to provide outstanding patient care
- Create a work environment that is challenging and yet joyful and satisfying
- Ensure frontline leaders and staff are involved in planning for staffing resources

Background

- Reactive Staffing Model
- 85/15 Rule
- Multiple incentive Models
- Float Pool Decimation
- Average Daily Census
- Benchmark Variability
- Very Inefficient and Expensive

Staffing Excellence Strategies

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Took Actions to Improve

- Advisory Board, national education session on effective staffing models, Spring 2011
- Staffing Excellence DA's, 2012
 - Leadership, self-review of current practices
- Improve leadership and staff competency in staffing strategies

Staffing Excellence Strategies

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Staffing Excellence Team

- CNE sponsor,
- members include (all campuses represented):
- Nursing
- HR business partners
- HR Recruitment team
- Finance
- Avantas business partners for central staffing, Noll pool and business intelligence
- Meets at least quarterly

Staffing Excellence Strategies

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Key Components of effective staffing strategies:

- CHI/ACH Mission aligned
- CHI/ACH Vision aligned
- Core Values aligned
- Guiding Principles followed
- Nursing leadership and frontline nurses competent in staffing excellence
- Nursing leadership and frontline nurses share responsibility in staffing excellence
- Key care processes identified, valued, required and implemented

Staffing Excellence Strategies

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Guiding principles

- **Effective leadership** is the foundation to best practice resource management and necessary to produce outstanding results and memorable patient-family centered care. Nurse leaders use a **common language** for staffing effectiveness and **integrate** for excellence in all situations.
- **Global and local ("G-local") thinking** is required to achieve organizational goals: practice area staffing and boundary expanding efforts to support all patients/families everywhere at Alegent Creighton Health. "If one of us fails, we all fail", we are in this together.
- **Resilient teams** and **effective management of shift hours** are necessary to effective workplaces and clinical outcomes. Resilient leaders make better decisions as poor decisions are made in stress.

Staffing Excellence Strategies

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Guiding principles

- **Communication** is necessary to achieving outcomes and all nurses are accountable for seeking and receiving information through written and verbal methods: RCR, Huddles, employee forums, emails, staff meetings.
- **Care Bundle** deliverables are key to effective and efficient (LEAN) care...the *care bundle* includes: daily nurse leader rounding; hand-off reporting; care rounding; daily check-in huddles (hospital and unit); coordinated discharge and follow-up. All provided within the AIDET manner of caring.
- House Supervisor team and resource team are the responsibility of the identified leader to develop the right size team and ensure best practices and **reports directly** to the CNE.

Staffing Excellence Strategies

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Guiding Principles

- Understand **care ratios** as an aspect of staffing consideration along with key factors of experience and skill, critical reasoning/judgments, teamwork, effective care processes are just as important.
- Strong **nursing practice governance** is key to effective care and to creating an environment where nurses want to practice. UPCs, PPCs, PACs, Cross PACs, committees, councils and defined work teams' results.
- **Resource (contingency) team members** are valued for their experience, expertise and recognized in salary structures and staffing processes. Understanding use of key support resources such as Patient Safety Advocates or "sitters" and their evidence-based use and outcomes.

Staffing Excellence Strategies

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Guiding principles

- **Acuity and caregiver skill** is always considered with assignments. (patient acuity, documented indicators, LACE score, 1:1 care...) with experience, education and clinical judgment important considerations. Setting BSN goals for 2020.
- Nurse leaders and nursing colleagues are **responsible** and **accountable for all staff** that provides care on their unit/dept...Agency, travelers, float/resource team, floated core staff from other units.
- Effective and speedy **recruitment** processes and leader response to recruitment requests are crucial to achieving the best recruits and timely hiring.

Staffing Excellence Strategies

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Guiding principles

- Providing an positive clinical space for **all students and learners** (including nursing) is necessary for development of the next generation of clinicians and is the responsibility of all.
- **Balanced schedules** per unit, per campus and per system are key to staffing excellence. Staffing to appropriate **core and contingency levels** is critical to safe effective care that is affordable.
- **Team building and teamwork** is key to successful staffing resource management.

Staffing Excellence Strategies

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Guiding Principles

- Nurse leaders and their teams are owners, not victims and understand and deploy the concepts of the *Oz Principle* and other like-lessons in **accountability**. Are experts in **change management** and understand the principles listed in *Switch* to include the concepts of the *Rider, the Elephant, Shrink the change, and Shape the path...*
- Nurse leaders and their teams ensure resilient performance in an age of uncertainty and **manage the unexpected** better than most organizations such as described in *Managing the Unexpected*.
- Commitment to **business analytics** to drive resources decisions is key to **effective capacity**. Nurse leaders and frontline staff have access to and understand data to drive effective decisions.

Staffing Excellence Strategies

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Plans in place and evolving...

- Scheduling based on comparative benchmarks and analytics: mode census, core and contingency ratios, incidental worked time, leakage, floating, cancellations, skill mix, staff availability...
- Resource Team development
 - Premium Plus pay plan
 - Scheduled contingency staff
 - New grad residency/orientation
- Staffing/Bed Huddles, frequency based on need
- Leadership and teams embrace guiding principles

Staffing Excellence Strategies

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Current Results and Recommendations

- Quarterly Staffing Analysis

Occupied Core Staff and Demand Quarterly Trends

	2Q FY13			3Q FY13			4Q FY13			1Q FY14			2Q FY14		
	UC	UNUC	Total	UC	UNUC	Total	UC	UNUC	Total	UC	UNUC	Total	UC	UNUC	Total
Budget	83.3	18.9	100.2	81.2	18.9	100.1	81.2	18.9	100.1	81.9	20.3	102.2	81.9	25.6	106.5
Occupied Core	86.4	12.8	99.2	84.1	14.6	98.7	80.3	16.1	96.4	72.3	17.8	90.1	81.0	25.0	106.0
Actual	-75.8	-19.2	-95.0	-87.2	-21.2	-108.4	-75.6	-20.8	-96.4	-78.4	-19.9	-98.3	-82.2	-28.7	-110.9
Census	-2.4	-3.7	-6.1	-2.6	-3.1	-5.7	-1.2	-3.5	-4.7	-0.4	-6.0	-6.4	-3.0	-2.5	-5.4
Based															
Demand															
Total	-78.2	-22.9	-101.1	-89.8	-24.3	-114.1	-76.8	-24.3	-101.1	-78.8	-25.9	-104.7	-85.2	-31.2	-116.3
(Vacancy) / Surplus	8.2	(10.1)	(1.9)	(5.7)	(9.7)	(15.4)	3.5	(8.2)	(4.7)	(6.5)	(8.1)	(14.6)	(4.2)	(6.2)	(10.3)
ETO	-8.4	-0.6	-9.0	-7.5	-1.8	-9.3	-10.0	-3.5	-13.5	-8.5	-1.9	-10.4	-8.7	-2.8	-11.4
Staff															
Unavailable															
Other	-8.5	-0.2	-8.8	-6.6	-0.1	-6.7	-6.9	-0.1	-7.0	-7.2	-0.1	-7.4	-14.0	0.0	-14.0
Total	-19.5	-1.7	-21.2	-16.6	-1.6	-18.1	-18.7	-5.0	-23.7	-27.2	-2.6	-29.8	-26.5	-4.4	-30.8
Contingency (Need)	(11.3)	(11.8)	(23.1)	(22.3)	(13.3)	(35.6)	(15.2)	(13.2)	(28.4)	(23.7)	(10.7)	(34.5)	(30.7)	(10.5)	(41.2)

Contingency Utilization Quarterly Trends

	2Q FY13			3Q FY13			4Q FY13			1Q FY14			2Q FY14		
	UK	UNLIC	Total	UK	UNLIC	Total	UK	UNLIC	Total	UK	UNLIC	Total	UK	UNLIC	Total
Contingency Need	(11.3)	(11.8)	(23.1)	(22.3)	(13.3)	(35.6)	(15.2)	(13.2)	(28.4)	(23.7)	(10.7)	(34.5)	(30.7)	(10.5)	(41.2)
Resource															
FTE'd	0.3	1.7	2.0	1.0	2.2	3.1	3.4	4.7	8.1	6.3	3.6	9.9	8.1	2.9	11.0
Team															
Premium Plus	0.0	1.3	1.4	0.8	2.3	3.1	2.9	2.6	5.5	7.2	2.8	10.0	9.3	2.4	11.7
Unit PN	0.6	0.1	0.7	1.0	0.1	1.1	0.2	0.0	0.2	0.8	0.2	1.0	0.0	0.0	0.0
Not Pool	3.8	4.0	7.7	4.1	4.2	8.2	2.8	2.2	5.1	3.7	2.3	6.0	5.4	2.1	7.5
Core as Contingency															
Extra	1.7	0.8	2.5	0.8	0.6	1.5	1.9	0.9	2.9	2.0	0.8	2.8	1.5	0.6	2.2
Overtime	1.8	0.7	2.5	1.2	0.8	2.1	1.8	0.5	2.3	1.2	0.9	2.0	1.3	0.7	2.0
Agency	2.0	0.4	2.4	1.1	0.3	1.4	0.3	0.2	0.5	0.4	0.2	0.6	0.8	0.2	0.9
Utilization Total	10.2	9.1	19.2	10.0	10.5	20.5	13.3	11.1	24.4	21.4	10.8	32.2	26.4	9.0	35.4
(Unmet Need) / Surplus	(1.1)	(2.8)	(3.9)	(12.3)	(2.8)	(15.1)	(1.9)	(2.1)	(4.0)	(2.3)	0.1	(2.2)	(4.3)	(1.6)	(5.8)

Staffing Outcome Quarterly Trends

	2Q FY13			3Q FY13			4Q FY13			1Q FY14			2Q FY14		
	UK	UNLIC	Total	UK	UNLIC	Total	UK	UNLIC	Total	UK	UNLIC	Total	UK	UNLIC	Total
Core															
Within	5.2	3.4	8.7	3.3	3.3	6.6	6.1	6.3	12.4	5.2	1.7	6.9	4.1	2.8	6.9
Floating															
Outside	6.3	2.7	9.0	3.3	3.1	6.4	6.1	2.2	8.2	5.3	1.6	6.9	1.5	1.4	2.9
In/Outside															
Total Float	11.6	6.1	17.6	6.6	6.4	13.0	12.2	8.5	20.6	10.5	3.3	13.8	5.6	4.2	9.8
Peer Group															
SAH	2.0	0.6	2.6	0.4	0.6	1.0	2.6	1.0	3.6	2.0	0.7	2.7	0.4	0.2	0.5
Core															
VSR	1.0	0.3	1.3	0.4	0.4	0.7	1.0	0.4	1.4	0.6	0.4	1.0	1.0	0.5	1.5
Cancellation															
Total	3.1	0.9	4.0	0.7	1.0	1.7	3.6	1.4	4.9	2.6	1.1	3.7	1.4	0.7	2.0
Skill															
Variance	FTE	0.7	0.7	1.5	2.7	1.9	4.6	1.0	0.6	1.6	1.0	1.0	2.1	1.2	3.2
Core FTE															
Leakage	FTE	3.6	2.9	6.5	6.4	1.9	8.3	4.0	2.0	6.0	3.4	2.1	5.5	3.4	1.5
IWT															
Pay Period Cost	\$661	\$672	\$1,333	\$2,472	\$1,085	\$4,157	\$857	\$548	\$1,405	\$932	\$932	\$1,864	\$1,062	\$1,062	\$2,124
Core FTE															
Leakage	Pay Period Cost	\$2,446	\$1,973	\$4,419	\$4,345	\$1,285	\$5,630	\$2,730	\$1,356	\$4,086	\$2,322	\$1,431	\$3,773	\$2,156	\$1,019
IWT															
Pay Period Cost	\$6,138	\$2,742	\$8,880	\$8,036	\$2,487	\$10,523	\$8,042	\$1,858	\$9,900	\$8,781	\$758	\$9,539	\$5,748	\$721	\$6,469

Goals for 3Q FY14 ~ 2Q FY15

Source	Total			Day			Night		
	Goal	Current	Action	Goal	Current	Action	Goal	Current	Action
Core									
UK	75.0	81.0	-6.0	40.5	44.4	-3.9	34.5	36.5	-2.0
UNLIC	19.8	25.0	-5.2	15.5	15.2	-1.7	6.3	9.8	-3.5
FTE'd									
UK	8.1	8.1	0.0	4.0	4.9	-0.9	4.0	3.2	0.8
UNLIC	4.2	2.9	1.3	1.4	1.7	-0.4	1.4	1.2	0.2
Premium Plus									
UK	10.8	9.3	1.5	4.3	5.6	-1.2	6.5	3.7	2.8
UNLIC	4.2	2.4	1.8	1.0	1.4	-0.5	1.4	1.0	0.5
Unit PN									
UK	0.0	0.0	0.0						
UNLIC	0.0	0.0	0.0						
Core Floating									
UK	5.6	5.6	0.0						
UNLIC	3.8	4.7	-0.9						
Cancellations									
UK	1.5	1.7	-0.2						
UNLIC	0.5	0.7	-0.2						
Skill Variance									
UK	0.7	1.2	-0.5						
UNLIC	0.0	0.0	0.0						
Leakage									
UK	0.5	3.4	-2.9						
UNLIC	1.1	1.5	-0.4						
Incidental Worked Time (IWT)									
UK	1.0	2.6	-1.6						
UNLIC	1.1	0.6	0.0						

Core: Reduce licensed core by 6.0 FTEs. Reduce unlicensed by 5.2 FTEs.

Resource Team Pools: Maintain licensed FTE'd staff. Increase FTE'd unlicensed by 1.3 FTEs. Increase licensed Premium Plus by 1.5 FTEs and unlicensed by 1.8 FTEs.

Staffing Outcomes: Core FTE leakage remains an area with the most opportunity to improve. However, Mercy Hospital has met, exceeded or made great gains in reducing all their staffing outcomes over the past goal period.

Calculations and methodology found on page 6.
