ACHE 2014 Congress on Healthcare Leadership – Innovation Poster
Title: Managing Staffing Expense by Monitoring Productivity

Objective:
To improve the efficient use of staffing resources through use of a shift management tool on inpatient nursing units through documentation of census and staffing every four hours and validated weekly in a productivity report.

Planning:
Focus on providing nurse managers with real-time data to improve utilization of patient care resources began with a paper-and-pencil tool in February 2012 that required documenting actual census and direct-care staff (nurses and assistive staff) on each inpatient unit every four hours. Staffing grids are used as guidelines for budgeted staffing ratios. Documentation of rationale for using more or less staff due to specific patient needs is always considered, and this documentation is used to explain any variances.

Implementation:
Our shift management tool or SMT was introduced mid-2012. It requires electronic documentation in an Excel spreadsheet of unit census and staffing at four-hour intervals around the clock. Entry of the census number into the SMT automatically populates the tool with the number and type of staff historically projected as needed for patient care. Decisions about appropriate use of resources are made, and staff is flexed up or down as necessary.

In December 2012, a productivity reporting tool was implemented. Weekly reports compare established targets for: 1) units of service (UOS) and 2) worked hours per unit of service (WHPUOS). For nursing units, the UOS is patient care days. For each inpatient nursing unit, the WHPUOS is established based on staffing requirements for the budgeted average daily census (ADC) identified in the units’ SMT in addition to budgeted hours for staffs’ orientation, education, and meeting time. Data reported through this tool is used to make decisions regarding replacement of vacancies or need for a change in budgeted FTEs. Managers monitor their daily staffing resources in the SMT to ensure reaching an acceptable productivity index which impacts their ability to hire staff.

Results:
The implementation of and compliance with using these tools have assisted managers to be active financial stewards of the Hospital’s resources and contribute to achieving and sustaining our goal to provide value through lower cost structure and enhanced efficiency of care. This achievement is demonstrated through a reduction in overtime, positive variances in salary expenses, and maintenance of nursing care hours per patient day. Nursing salary expenses improved by over $200,000 from FY2012 to FY2013, and overtime expense was reduced from 2.7% of total salary dollars in FY2012 to 2.34% in FY20123.

Author: Amy Marcotte Albano, RN, MBA, FACHE
Director of Finance, Patient Care Services
Hartford Hospital
Hartford, CT