The "Why Behind the What": Patient-Centered Scheduling

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COMMUNITY HEALTH NETWORK

Objectives

- Discover your "Why Behind the What" & provide insights for how changing when your staff works, not how hard they work, may impact your patient satisfaction, quality outcomes, and the fiscal health of your organization
- Provide examples of tools you may use to organize change
- Share examples of how to use visual management to drive your decisions
- Learn to turn the efficiencies into wins with your team

If You're Sinking in Your Seat

Is this you, your unit, or your organization?

That's ok…..

Maternity Services

- Community Hospital North is a 320 bed facility that serves Indianapolis, IN and the surrounding communities.
- CHN Maternity Services is a Level 3 OB unit with 60 LDRP beds, 4 ORs, & 7 Triage beds with 3800+ deliveries/year
  - Highest delivering facility in Indiana in 2014 and 2015
- In August 2014, had 238 team members with 1 Director, 2 Nurse Managers, and 7 Patient Care Coordinators
- Management team had been longstanding with Director of 30 years
- Many tenured staff with over 20 years of service on this unit

….and then I was hired

August 2014

"I got away with everything under the last boss and it wasn't good for me. At all. So I want guidance, I want leadership. But don't just, like, boss me around, you know? Like, lead me. Lead me…….when I'm in the mood to be led." – Ryan, The Office

Staff asked for fair and consistent leadership

It was pretty obvious

- Employee-centered scheduling and workflow
- Employees coming and going at random
- Charge RNs constantly working on assignment reallocation and phone calls to and from staff
- Short staffed, overstaffed, short staffed, short staffed, overstaffed, overstaffed
- No rules

Mayhem & Chaos

- FTE Allocations & Changes
- Mandatory Low Census Time (C-Time)
- Split Shifts
- Patient Care Coordinators VS Nurse Manager
- Shifts offered
- Schedule oversight and processes

FTEs and Shift Changes

FT (0.9)	46%
PT (0.8 – 0.1)	45%
PRN	9%

- Approved!
- Resulted in large % of PT and PRN staff
- Benchmark should be about 30% OR 70/20/10
- Created an unnecessary # of staff to do the necessary work
  - Extra workload, extra staff, extra costs to maintain certifications, poor competency when working due to lack of consistent presence
- Night shift to day shift was over 20 RNs long and first come, first serve so employees sat on the list forever even when they had no desire to move

Census Time (C-Time)

- C-Time in 4 hour increments
- Patient experiencing new nursing staff q 4 hours
  - Results in poor continuity of care for the patient
  - Patients experiencing 6-8 nurses per 24 hours
- Employee centered – based on the premise all staff should "share" opportunity for c-time each shift
  - Note: this units' culture is that c-time is a desirable and most c-time is given on a voluntary basis
- No triage for who gets c-time first (such as premium pay staff) so organization was paying a premium for some while others weren't meeting their FTE
- Some roles considered themselves fixed FTEs and therefore exempt from c-time (Lactation)
- Charge RN was spending the majority of the day with phone calls, adjusting assignments and very little time supporting the unit

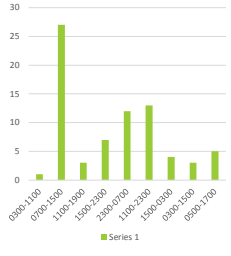
You wanna work for me?

- Can you just come from 3-7? I want to leave early….
- Staff gave away shifts or portions of their shift as desired
  - Most frequently 4 hour blocks
- Didn't meet your FTE? No worries!
- Oh, you don't have PTO? That's OK!
- Resulted in schedule manipulation to 8 hour days and extra handoffs for the patient

Patient Care Coordinator

- Organizational restructure occurred prior to 2014
  - Distinguished between Nurse Manager and Patient Care Coordinator
  - This unit failed to adopt
- Equal responsibility as Nurse Manager
  - Role confusion
  - All administrative hours
    - Total of 10 administrative nursing leaders out of staffing
  - Heavy overhead forced charge RN and bedside staff to feel inefficiencies of leadership resulting in constant need to find ways to c-time staff

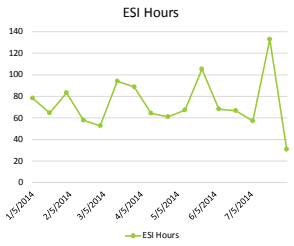
Shift Allocations (# Shifts/Week)



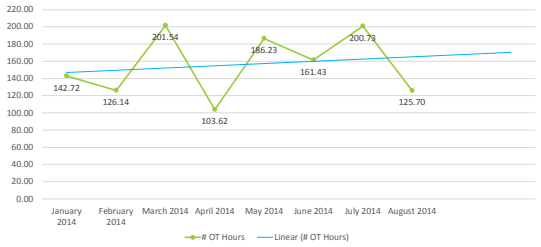
Shift	Sept 14
0300-1100	1
0700-1500	27
1100-1900	3
1500-2300	7
2300-0700	12
1100-2300	13
1500-0300	4
0300-1500	3
0500-1700	5

Premium Pay $$$

- ESI offered for any and all shifts that were posted for pickup
- Call pay shifts offered (Time and a half)
- Critical Need pay offered (Text pages day of)
- 200+ ESI shifts posted for each schedule due to imbalances in staff allocation
- $14,070 by 8/3/14



Overtime

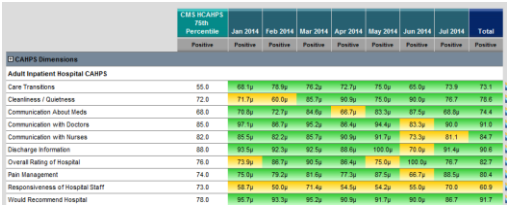


That pesky schedule….

- On paper
- 0.6 Patient Care Coordinator FTE fully committed to schedule
- Employees had “set” schedules
- PRN had first dibs
- No staff moved to balance schedule
- Utilized Resource RN consistently
- Business needs not met; therefore patient needs not met

Our “Why Behind the What”

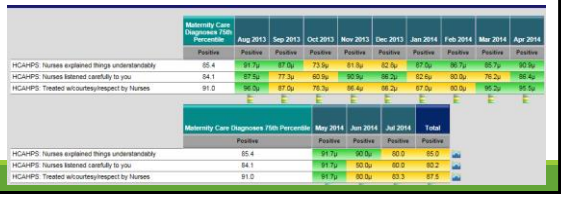
- Yellow for Responsiveness of staff all year
- Poor continuity of care resulted in poor communication and gaps in care



CMS HCAHPS 75th Percentile		Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Total
	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive
CAHPS Dimensions									
Adult Inpatient Hospital CAHPS									
Care Transitions	55.0	68.1%	78.9%	76.2%	72.7%	75.0%	65.0%	73.9	73.1
Cleanliness / Quietness	72.0	71.7%	60.0%	85.7%	90.5%	75.0%	90.0%	76.7	78.6
Communication About Meds	68.0	70.8%	72.7%	64.8%	66.7%	83.3%	87.5%	68.8%	74.4
Communication with Doctors	85.0	97.1%	88.7%	95.2%	86.4%	94.4%	83.3%	90.5	91.0
Communication with Nurses	82.0	85.5%	82.2%	85.7%	90.9%	91.7%	73.3%	81.1	84.7
Discharge Information	88.0	93.5%	92.3%	92.5%	86.6%	100.0%	70.0%	91.4%	90.6
Overall Rating of Hospital	76.0	73.9%	86.7%	90.5%	86.4%	75.0%	100.0%	76.7	82.7
Pain Management	74.0	75.0%	79.2%	81.6%	77.3%	87.5%	66.7%	88.5%	80.4
Responsiveness of Hospital Staff	73.0	58.7%	60.0%	71.4%	54.5%	54.2%	55.0%	70.0	60.9
Would Recommend Hospital	78.0	96.7%	93.3%	95.2%	90.9%	91.7%	90.0%	86.7	91.7

Patient Perception

- “I had 4 RNs in 12 hours….issue with continuity of care” – patient via discharge phone call
- Leader delivered – quit counting at 30 RNs
- 0/3 Nursing related questions



Maternity Care Diagnoses 75th Percentile		Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014
	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive
HCAHPS: Nurses explained things understandably	85.4	91.7%	87.0%	73.9%	81.5%	82.6%	87.5%	96.7%	85.7%	90.9%
HCAHPS: Nurses listened carefully to you	84.1	87.5%	77.3%	60.9%	90.9%	86.2%	62.5%	80.0%	76.2%	86.4%
HCAHPS: Treated w/courtesy/respect by Nurses	91.0	96.0%	87.0%	78.3%	86.4%	86.2%	87.0%	80.0%	95.2%	95.5%

Maternity Care Diagnoses 75th Percentile		May 2014	Jun 2014	Jul 2014	Total
	Positive	Positive	Positive	Positive	Positive
HCAHPS: Nurses explained things understandably	85.4	91.7%	90.0%	80.0	85.0
HCAHPS: Nurses listened carefully to you	84.1	91.7%	50.0%	80.0	80.2
HCAHPS: Treated w/courtesy/respect by Nurses	91.0	91.7%	80.0%	83.3	87.5

I really didn’t want to have to….

I MEAN I REALLY, REALLY, REALLY DIDN’T WANT TO ADDRESS THIS!

Benefits to the Future

- **Patient** is the center of our decisions
- **Patient** experiences enhanced continuity of care
- Charge RN free to mentor, assist, facilitate unit happenings and assist in **patient** care
- Build a rapport with your **patient**
  - Enhance trust
  - Enhance communication
  - Decrease risk of errors r/t patient safety
- Utilize efficiencies gained from decreased handoffs to give back to our staff and **patient**

September Brings a Month of Improvements

RETROSPECTIVELY I REALIZE THIS IS 30 DAYS AFTER HIRE…

Institute Standardized Change Request Form

Change Request	
Employee Name	
Date Paperwork Submitted	
Fill out requests below, as applicable	
Current FTE	
Requested FTE	
Requested start date of new FTE	
Current hourly shift (12/8 or days/nights)	
Requested hourly shift	
Requested start date of new shift	
Community Seniority (filled out by NM)	

Implement Standardized Request Process

- Standard, formal request for schedule or FTE changes
- Kept in binder in administrative area so all staff were able to access
- Identified what type of seniority was used to determine changes (Network versus RN)
  - Movement to Day shift based on Network RN
- Provided clear communication and documentation regarding employees requests and timelines requested

FTE Change Requests and/or 12→ 8 hr

- Increase FTE's ad hoc from PT to FT
- Post only 0.9 FT positions
  - Posting 0.6 positions only for experienced LDRP RN
- Eliminated low FTEs (0.1-0.4) and transitioned to PRN status
- FTE Change Requests – Submit paperwork in the binder
- Change Requests looked at Jan & June and decided based on **business needs**
- Short term personal FTE change requests will not be accommodated

FT/PT/PRN & Shift Changes

- Cannot apply for PRN unless on the unit 2 years
  - Patient Safety, Competency
- PRN could utilize seniority to acquire day shift FTE based on 0.75 seniority acquired during PRN tenure
- PRN not meeting hour commitment were tracked and held to commitment
- Night shift to day shift based on seniority
  - Employees aware of place in line
  - Goal: decrease waiting list down to manageable size so those in line can see "the light at the end of the tunnel"

C-Time

Contact staff scheduled for mandatory C-Time in the following order:

- On Call
- ESI
- Resource
- Extra

C-Time is given in 4 hour repetitive blocks to the same employee

- i.e. if you are given c-time the first portion of your shift, you may continue to stay home the rest of your shift based on unit needs.
- **This allows continuity of care for our patients by preventing multiple assignment changes**

Remember all those leaders?

- PCCs aligned with current role summary
- Out on the floor in what was known as the charge RN capacity
- Able to mentor, lead in real-time
- Created mass efficiencies in staffing

$194,463

Let's address the peaks and valleys

AND EAT LUNCH ALONE FOR A VERY LONG TIME

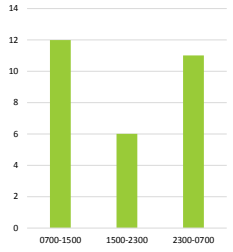
Shift Allocation

- Determined impact with Managers – looked at seniority and stopped where we felt the unit could tolerate impact
- 1:1 conversations with employees impacted to explain WBTW
- All employees offered 1-2 options
  - All employees offered day or night shift position of their choice
- Employees moved from 7a-3p "premium" shift based on seniority and asked to work 12 hour shifts or 3p or 11p
  - PRN employees not offered 7a-3p shifts
- Runway time 6-8 weeks
- Multiple RNs increased FTE as a result to work 12 hour shifts
- After conversations were completed, staff meeting held to explain WBTW to all employees
- Employees ALL knew this conversation was coming, but had difficulty accepting the change

Priceless

Look at your handoffs now

- Shifts Offered
  - 7a-7p
  - 7p-7a
  - 7a-3p – new employees moved to this shift must "apply" and is based on seniority
  - 3p-11p
  - 11p-7a
- Prevents peaks and valleys and enhances continuity of care
- Decreases # of handoffs
- Efficiencies gained from decreased handoffs



Priceless

Electronic Self-Scheduling

- Go-Live November 2014 with schedule starting Jan 2015
- Set schedules no longer offered
- "Schedule" workgroup started
  - Designed unit guidelines
  - Decided on groups (A is 1.0-0.9, B is 0.8-0.1, C is PRN)
  - Mon/Fri commitment for day shift
  - Sun commitment for night shift
- Cannot split your shift unless emergency and approved by NM (can no longer give away 4 hours)
- Timekeeping/Scheduling transitioned from PCC to Administrative Support

That's a lot of restructure

SO I TOOK A BREAK AND HAD A BABY

THANKFULLY STAFF TOOK PITY ON ME AND VOLUNTEERED TO TAKE CARE OF ME

FTE Allocation

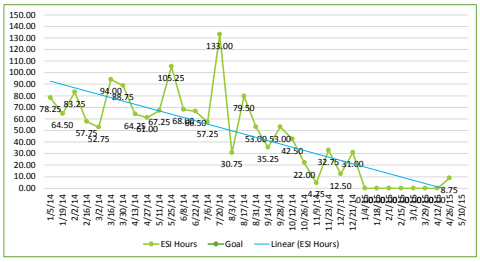
	Sept 14	Nov 14	Feb 2015	May 2015	Sept 2016	% Change
FT RN	46%	47%	47%	51%	57%	↑ 11%
PT RN	45%	44%	46%	43%	34.5%	↓ 10.5%
PRN RN	9%	9%	6%	5%	8.5%	
# Team Members	228	219	215	213	195 * Holding due to volume changes	

Cost to the organization for benefits is about 25% of their wage

By reducing 15 team members potentially reduced costs by $225,000

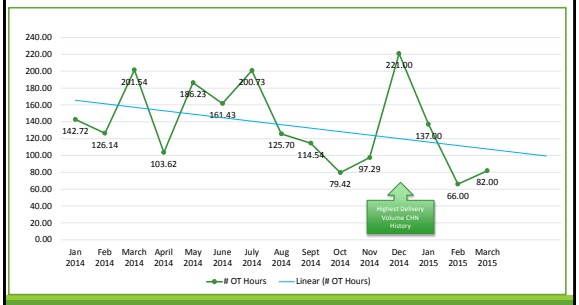
$225,000

ESI

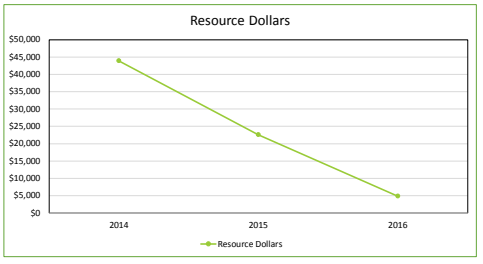


$19,253

Overtime



Resource Utilization



$39,182

Let's Build our Team

Asked for staff input regarding extra hours reallocated to patient care

- Did not want to c-time extra RN each shift
- Wanted efficiencies to be realized at the bedside and reconnect to purpose

Work group proposed

- 2nd Circulator for Baby for C/S to meet AORN and AWHONN guidelines for staffing
- 2nd Triage RN when patient census >3 patients per AWHONN guidelines
- No double c-time same shift
- C-time in four hour blocks, hold at 11am/pm

$0

Building our Team

- Added 3rd Nurse Manager Dec 2014
- Added 2 0.9 CTSs for Night Shift 2015
- Added 2.0 Birth Records Clerks 2015
- Added 2 PCC Positions – Q2 2015 – 8 internal applications
- Added Perinatal CNS Nov 2015
- Added OB Educator Jan 2016
- Added 3 more PCC positions – 12 internal applications

$0

Overall Efficiencies

Estimated $353,793 AFTER Paying for new roles

2015 Annual Report

- 110% Salaries/Productive Volume
- 105.2% Prod Hrs/Prod Volume
- $655,368 under budget

Did we impact our "Why Behind the What"?

USING VISUAL MANAGEMENT

	Jan 2014– July 2014	Aug 2014 – March 2015
HCAHPS 75th CMS	7/8	8/8
HCAHPS 90th CMS	5/8	6/8
# Months All Green	0	3
Responsiveness of Staff	60.9	73.5

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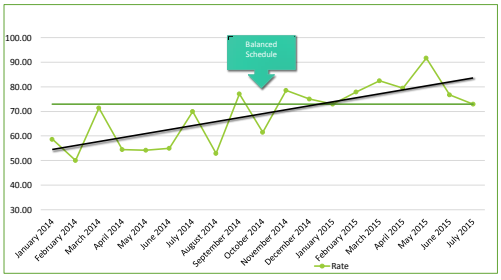
Communication About Meds	66.0	83.3μ	62.5μ	57.5μ	88.9μ	72.2μ	77.5μ	77.1μ	82.1μ	75.0
Communication with Doctors	85.0	86.3μ	83.3μ	92.3μ	96.0μ	81.5μ	93.3μ	93.1	98.3μ	90.9
Communication with Nurses	82.0	82.4μ	83.3μ	82.1μ	88.9μ	81.5μ	90.7μ	88.2	95.0μ	87.8
Discharge Information	89.0	94.1μ	87.0μ	87.5μ	92.9μ	83.3μ	84.8μ	90.9	94.7μ	89.5
Overall Rating of Hospital	76.0	82.4μ	87.0μ	76.9μ	85.7μ	83.3μ	92.0μ	88.2	95.0μ	87.1
Pain Management	74.0	71.9μ	91.3μ	84.6μ	92.1μ	90.0μ	87.0μ	85.3	85.3μ	86.3
Responsiveness of Hospital Staff	73.0	52.9μ	77.1μ	61.5μ	78.6μ	75.0μ	72.9μ	77.9	81.6μ	73.5
Would Recommend Hospital	78.0	88.2μ	91.7μ	92.3μ	95.2μ	88.9μ	96.0μ	91.2	95.0μ	92.4

Nurse Responsiveness from 38th % to 80th%



HCAHPS Nursing 3/3 75th%

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HCAHPS: Nurses listened carefully to you	84.7	70.6μ	79.2μ	61.5μ	81.0μ	83.3μ	92.0μ	87.9	90.5μ	86.4μ
HCAHPS: Treated w/courtesy/respect by Nurses	91.5	94.1μ	83.3μ	92.3μ	95.2μ	83.3μ	96.0μ	91.2	100.0μ	90.9μ

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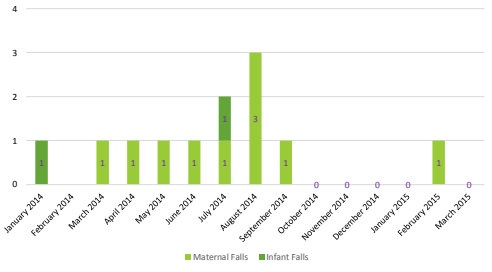
HCAHPS: Treated w/courtesy/respect by Nurses	91.5	94.4μ	100.0μ	87.5μ	100.0μ	92.8

Dimension	CMS 75th %ile	2014 Comparison Score (Percentile)	2015 YTD Score (Percentile)	
Care Transitions	56.0	72.7 (99)	74.1 (99)	
***Cleanliness / Quietness**	73.0	78.3 (90)	77.7 (88)	
***Communication About Meds**	68.0	73.1 (91)	75.1 (92)	
***Communication with Doctors**	85.0	89.7 (92)	93.4 (97)	↑
***Communication with Nurses**	82.0	84.4 (86)	88.6 (94)	↑↑
***Discharge Information**	89.0	90.0 (89)	90.6 (85)	
***Overall Rating of Hospital**	76.0	83.1 (92)	87.5 (96)	↑
***Pain Management**	74.0	83.0 (97)	86.2 (98)	
***Responsiveness of Hospital Staff**	73.0	64.8 (38)	75.4 (80)	↑↑↑
Would Recommend	78.0	91.6 (98)	94.1 (99)	
# of Dimensions		7/8	8/8	

Patient Falls



Staff Really Passionate

- Prioritize continuity of care
- Initiated checking to see who had the patient the day or days before and assigning them back
- Careful to look ahead and see potential impact to patient with staffing decisions
- We are making an impact – story after story of great catches because staff had their mom and baby multiple shifts

Patient Testimony

Countless stories from repeat patients asking what we have done differently

I ask them who their nurses were…..

I rounded on a patient this week who delivered her first baby with us a few years ago and now this being her 2nd experience with us. She absolutely raved about her nursing care and how wonderful everyone has been, both in her first experience and this time around. The day I rounded was her 2nd day post c-section, and interestingly, she commented that she's only had 2 nurses this stay so far and found that refreshing from the 12 nurses she had by this time with her last delivery. She wanted to be clear that all of her nurses have always been wonderful and nice, but it's been especially nice this time around to have the same 2 nurses (night/day) on both days so far and asked if we were doing something different. I did share briefly some of the schedule changes we've put in place to be able to provide more consistent continuity of care with our patients, and she actually thanked us for that.

https://www.youtube.com/watch?v=cd2rWeswwGw

Start at 30 sec

I didn't make many friends

- WBTW explained in staff meetings, via email and 1:1
- Understood need for changes, but couldn't accept the personal impact
- Internal struggle from employee-centered to patient-centered
- Could only see what they were losing
- Perception that it's "all about the bottom dollar"
- Lack of trust that they would see the benefits of the efficiencies
- Less charge RN shifts – perception of demotion by PCC and Charge RNs
- Turnover hit at the 1 year mark

It's been 2 years

- Unit morale recovering
- Continue to tweak unit/schedule guidelines to make it better for the staff and patients
- Added two additional roles to staffing – connected to purpose and followed-through with commitment to reallocate savings back to bedside
- Workgroups helping
- Charge RNs/PCCs comment on continuity
- HCAHPS scores and patient comments to staff
- It's been WORTH IT for the patient 100,000,000%

Recommendations for You

- Look at your unit with fresh eyes or ask for fresh eyes to help you see
- Don't be defensive – it's easy to get there
- Rip the Band-Aid off
- Don't own all the changes – let your staff make the decisions within their power and include leadership team in decisions and conversations as able
- Don't expect to be popular
  - Find a good wine and a good support person
- HR needs to be involved in the planning and impact
- If you are a senior leader and know these types of changes need to occur:
  - Use consultant (even if it's another Director) for internal leaders
  - Make sure your leadership team is "ALL IN"
  - Don't expect employee satisfaction to skyrocket so be realistic and patient
  - Consider interim if you have Director turnover

Objectives

- ❑ Discover your "Why Behind the What"
  - ✓ Patient, Quality and/or Financial implications
- ❑ Provide examples of tools you may use to organize change
  - ✓ Shift allocation form
  - ✓ Visual Management
  - ✓ Pillar Boards
  - ✓ Clear Unit Guidelines
- ❑ Share examples of how to use data to drive your decisions
  - ✓ Tracking FTEs, PT/FT/PRN, Premium Pay
  - ✓ HCAHPS Scores/Questions & Leader rounding feedback
- ❑ Learn to turn the efficiencies into wins with your team
  - ✓ Turn your efficiencies into roles/staffing that better your unit and your patient outcomes