Less Cost, More Value From Your Workforce

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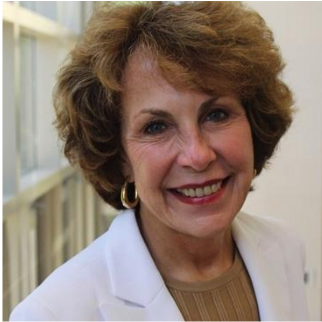
Today's Presenters



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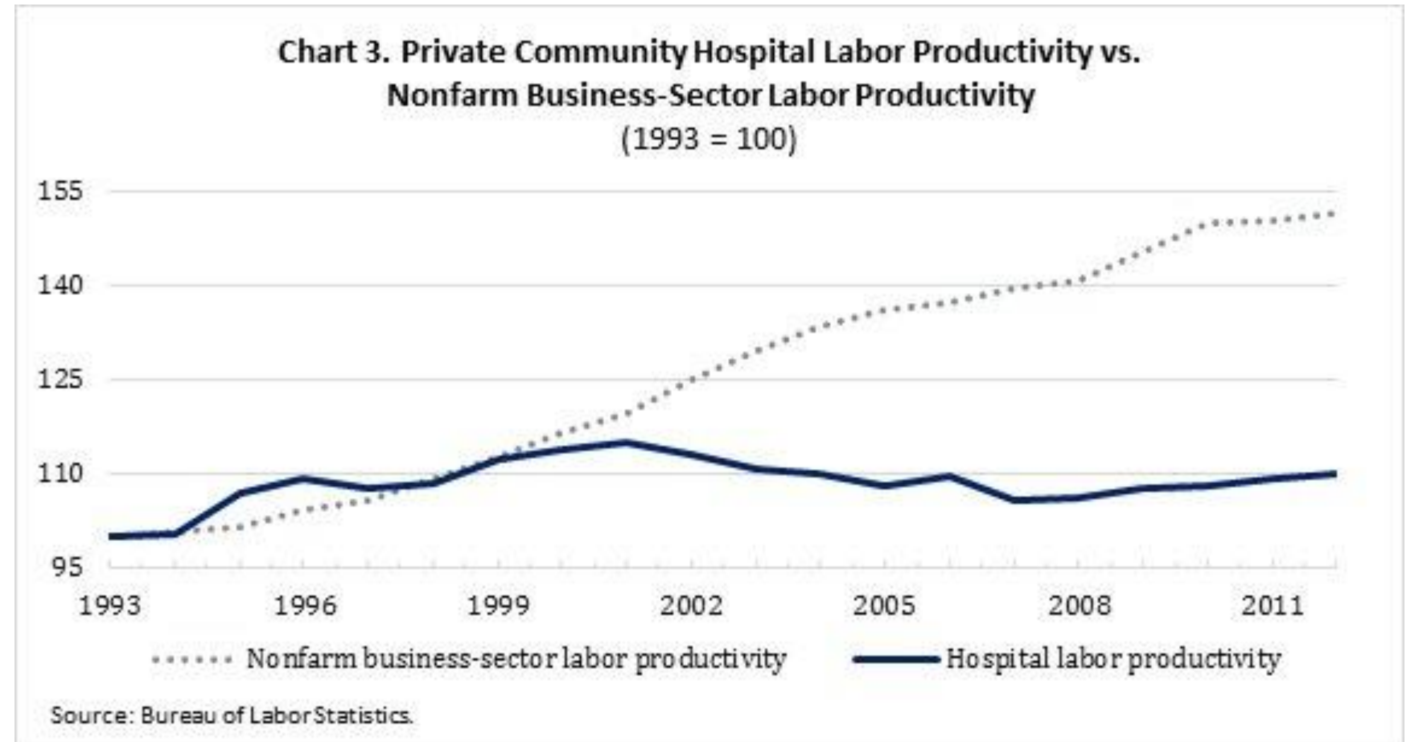
Turn Workforce Data into Better Outcomes

An Economist's Perspective

Dilemma: High & Growing Labor Costs, Flat Productivity

Most hospitals spend 50%-60% of what they make on labor



How Do I Manage Labor to Achieve Fiscal and Clinical Outcomes?

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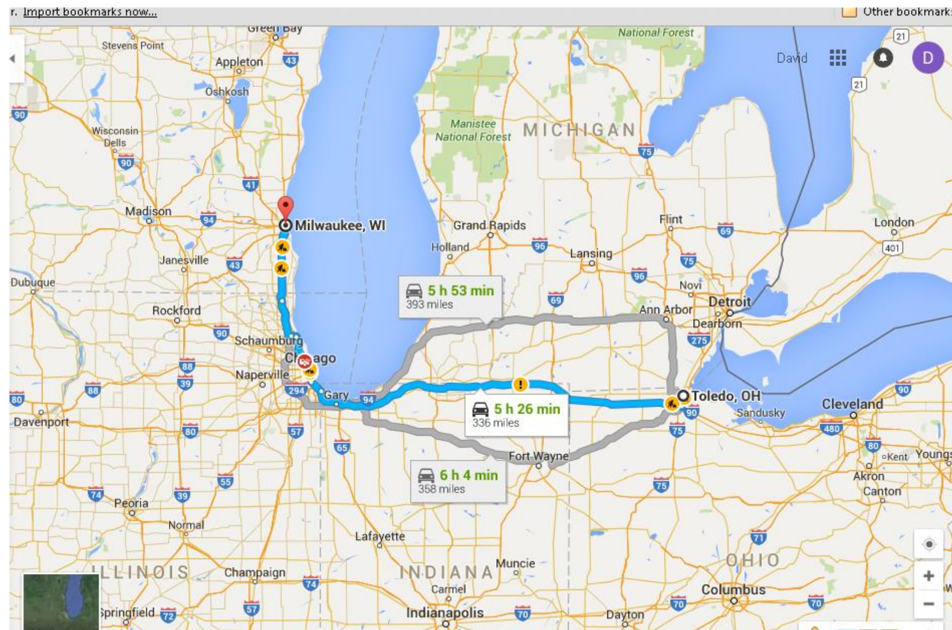
What is an Outcome?

Driving



Dieting

Leveraging Technology for Better Outcomes

Technology Enables

Using data for better outcomes.

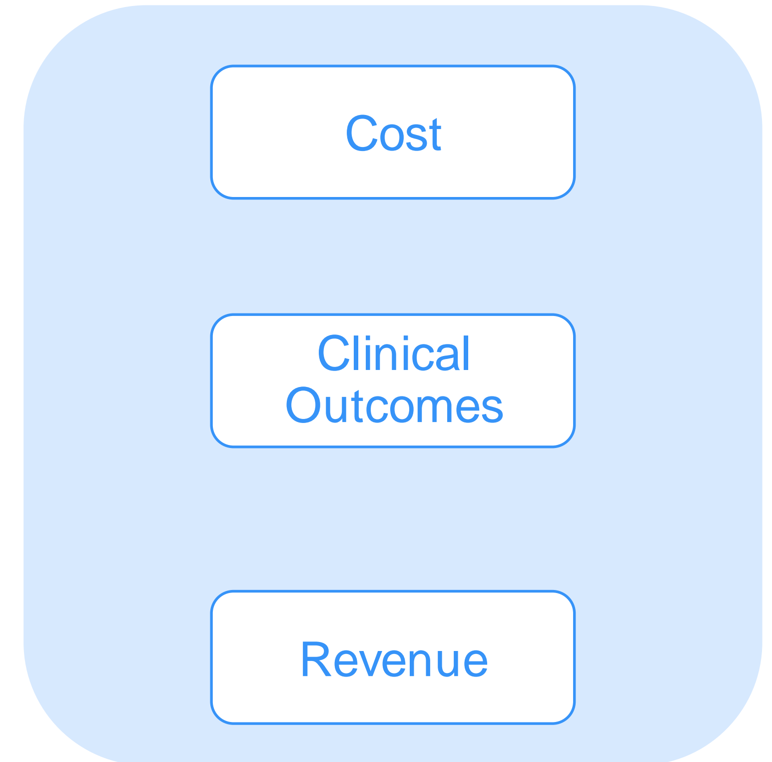
Outcome

Arriving at the final destination on time.

The Relationship Between Workforce Data and Outcomes

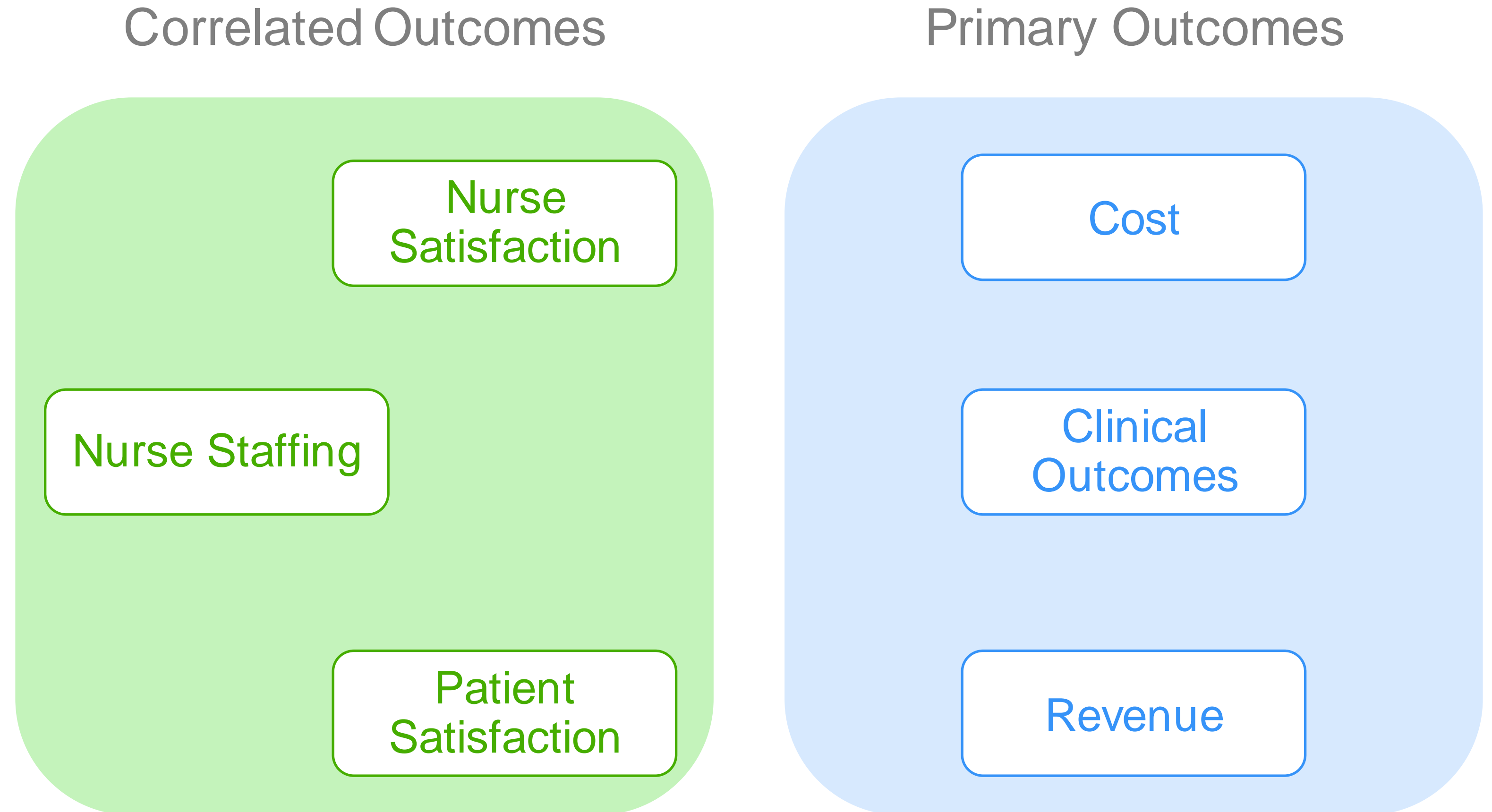
Primary Outcomes

Most hospitals want to lower costs, improve patient care and increase revenue



Correlated Outcomes

Nurse staffing, nurse satisfaction are correlated with the primary outcomes



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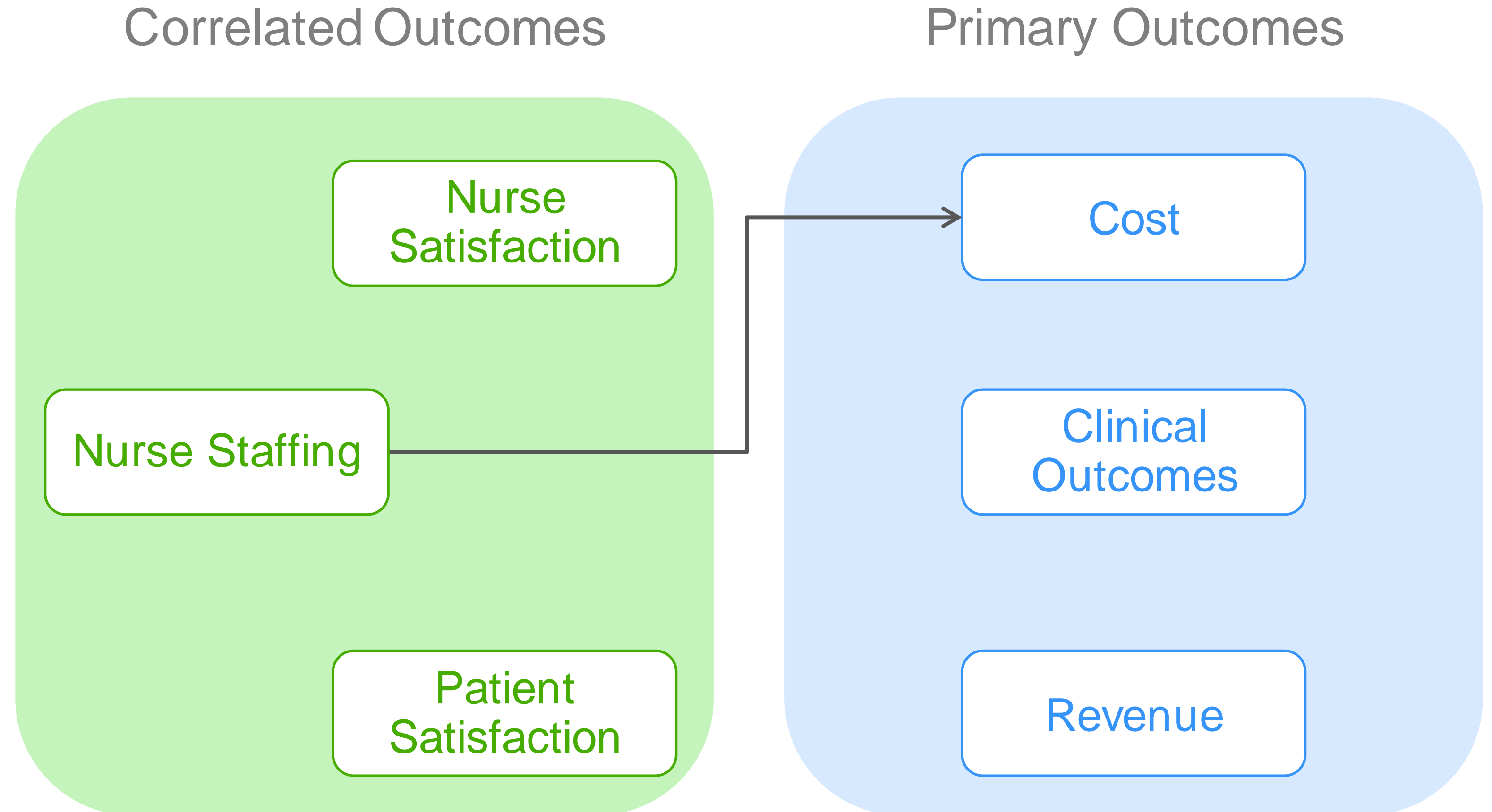
Correlated Outcomes

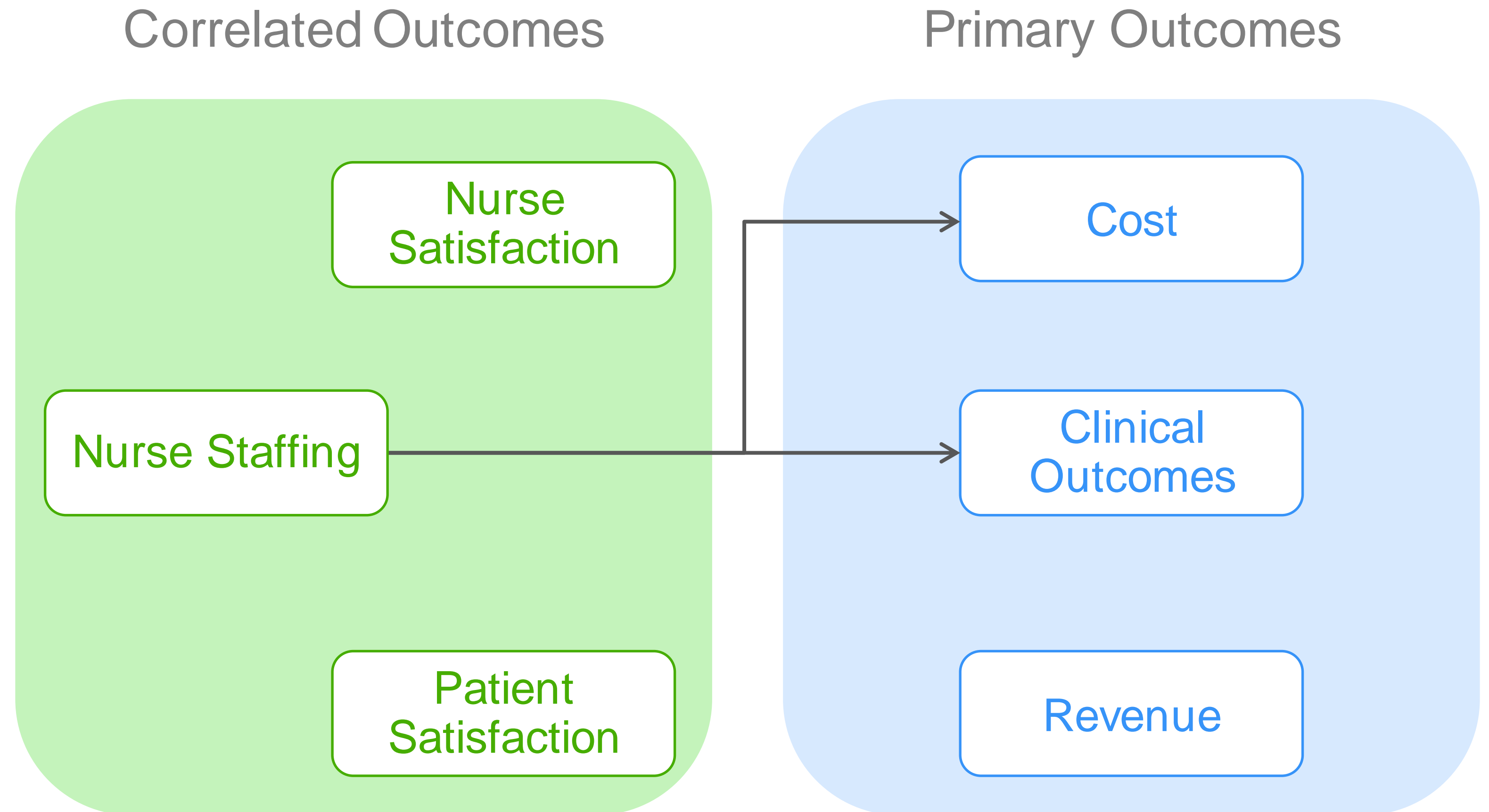
Nurse staffing directly affects costs



Correlated Outcomes

Nurse staffing directly affects clinical outcomes:

- Patient safety
- Medical errors
- Mortality and morbidity
- Readmissions



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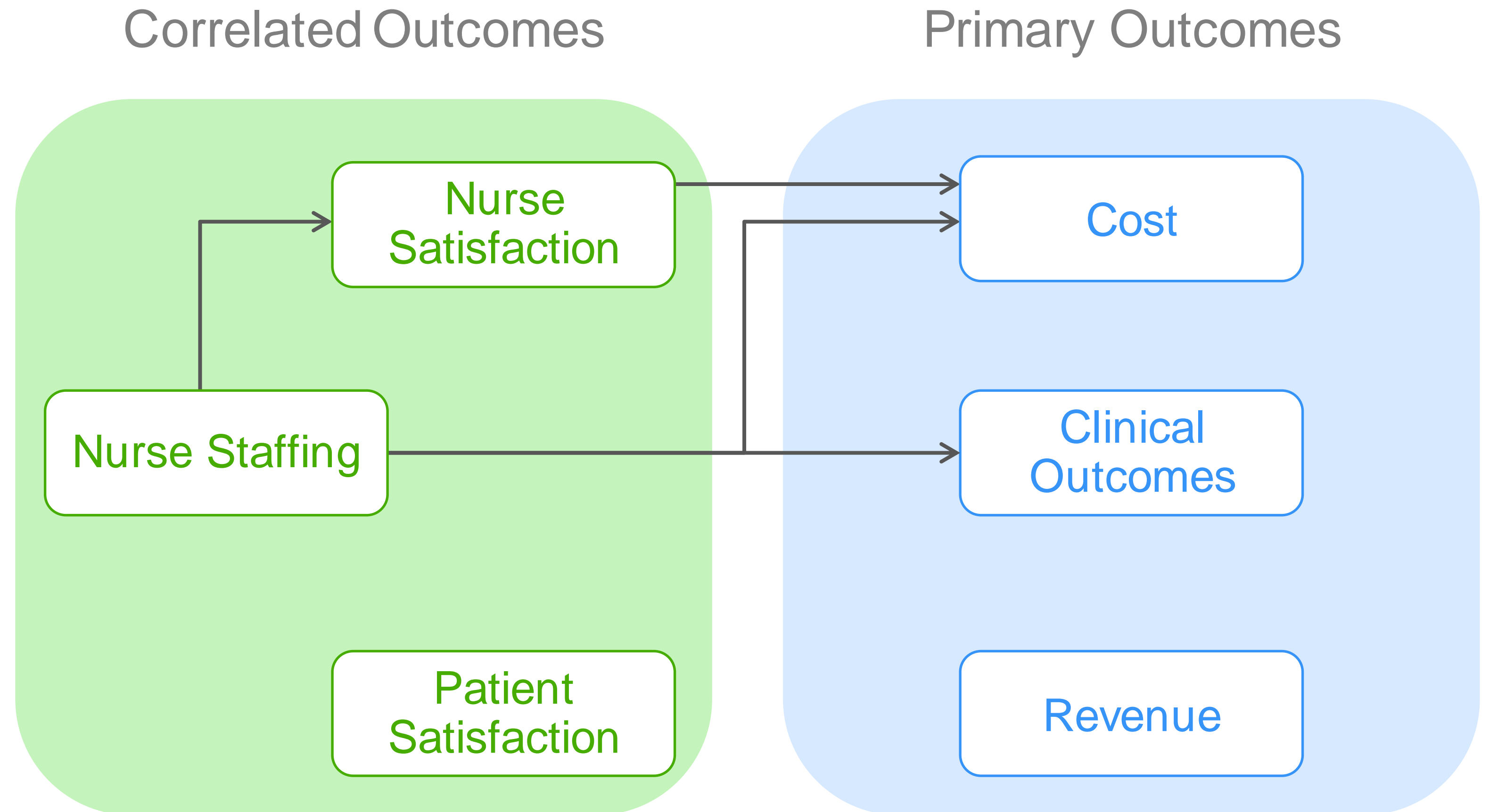
Correlated Outcomes

Nurse staffing directly affects nurse satisfaction, and nurse satisfaction affects costs



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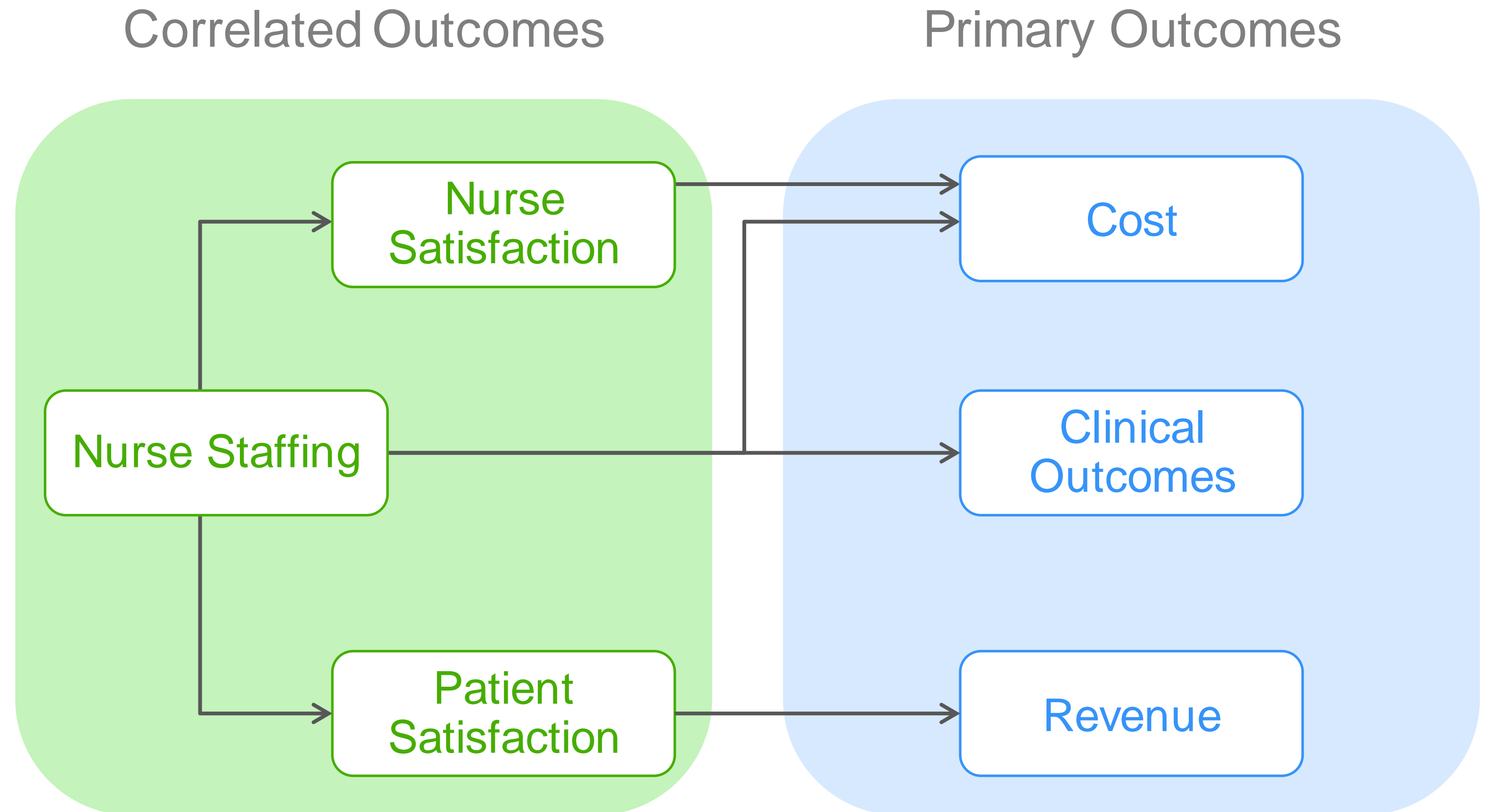
Correlated Outcomes

Nurse staffing directly affects patient satisfaction, which affects revenue through reimbursement and referrals



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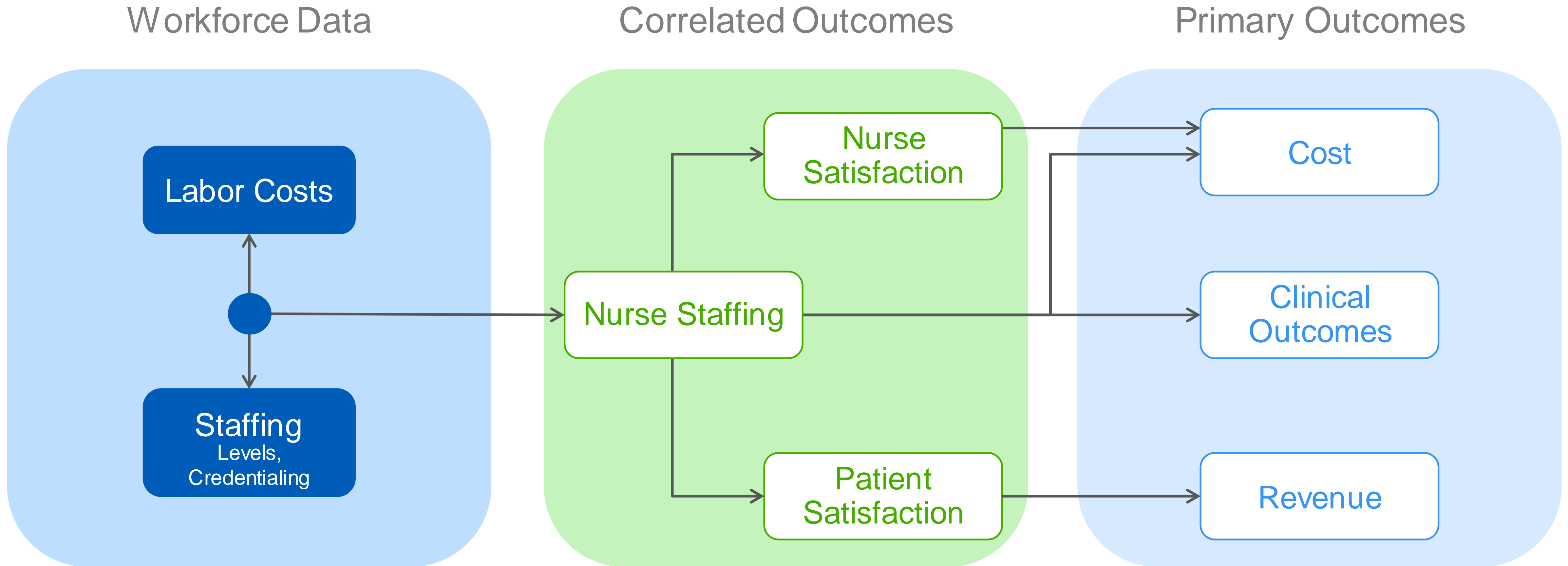
Correlated Outcomes



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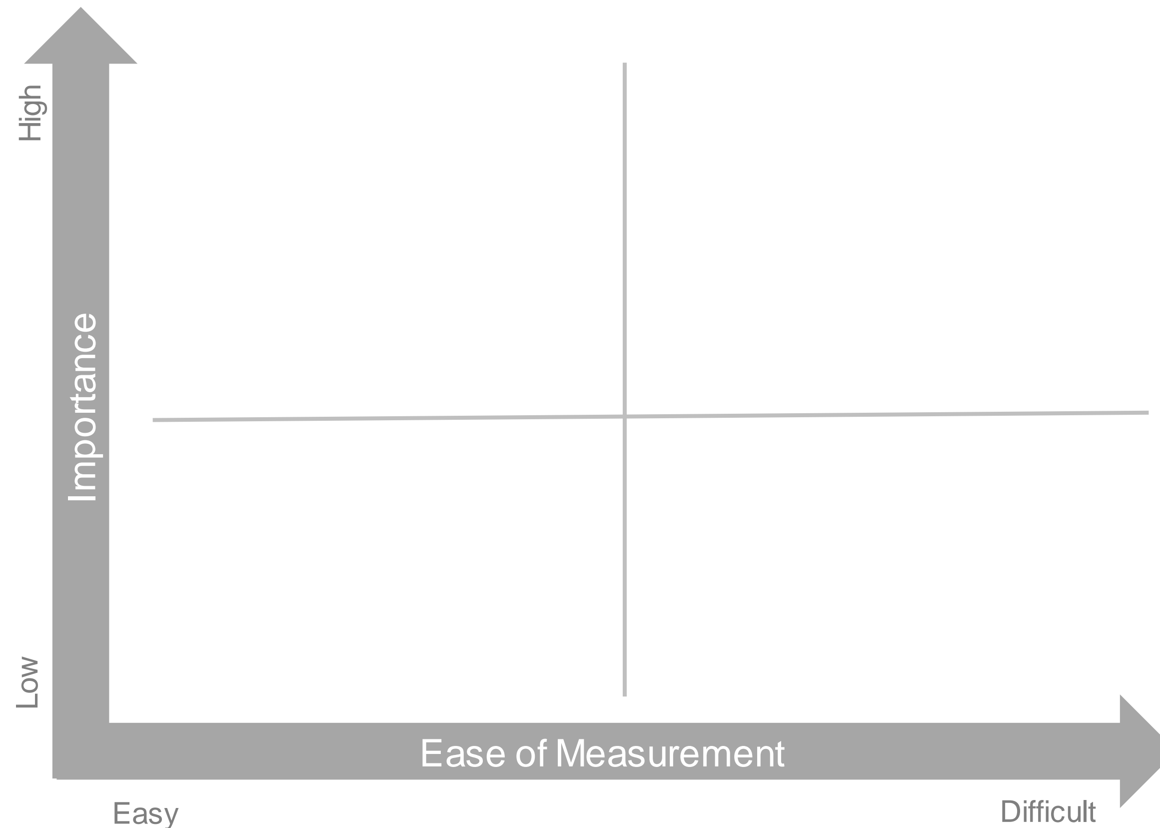
Measuring Impact at Your Hospital

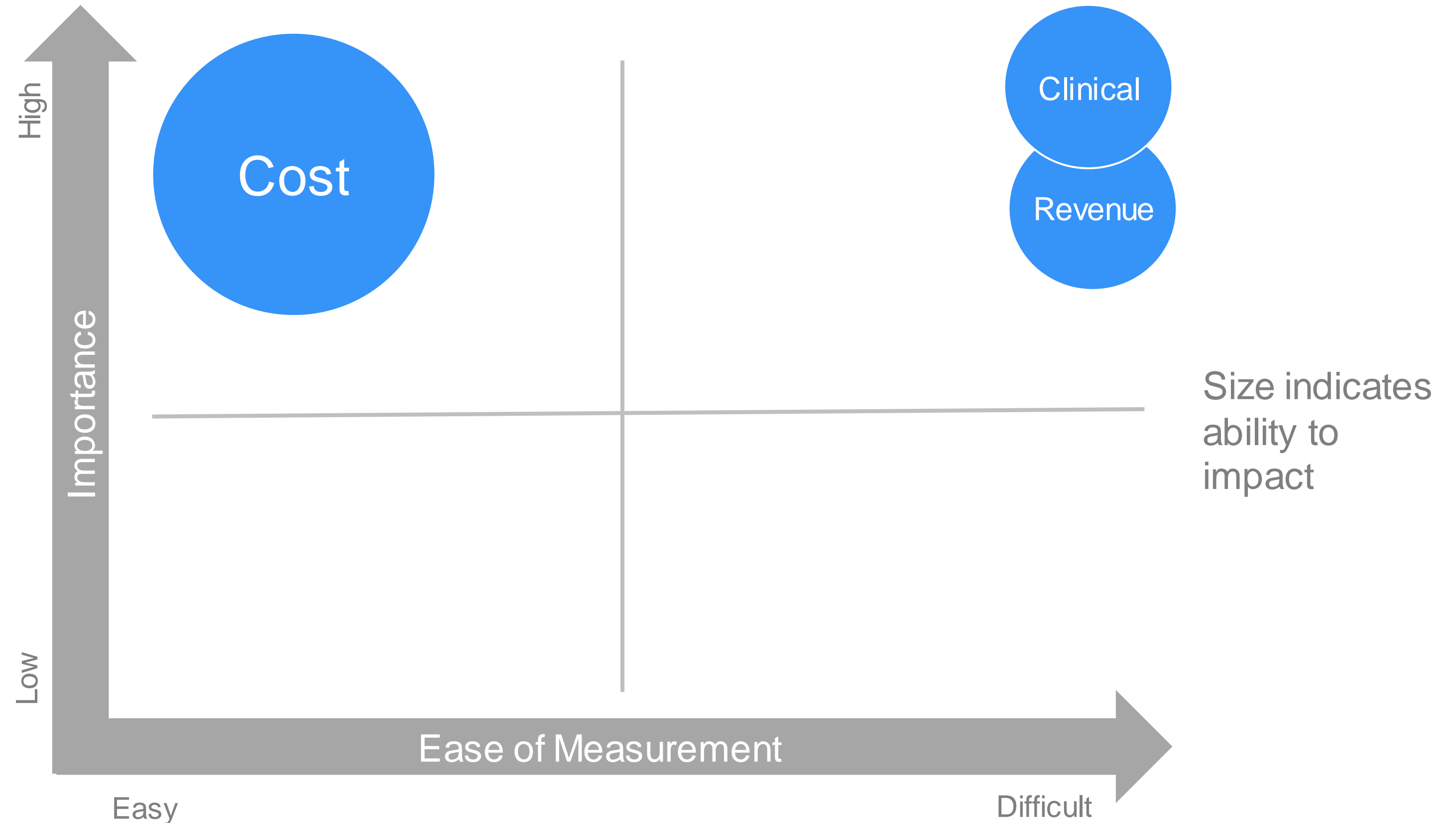
Measuring the Impact of Workforce Management Technology

Mapping importance of outcome against measurement difficulty



Measuring the Impact of Workforce Management Technology

- Cost is directly impacted by workforce decisions and is easily measured
- Clinical and revenue impacts are essentially impossible to measure at your hospital

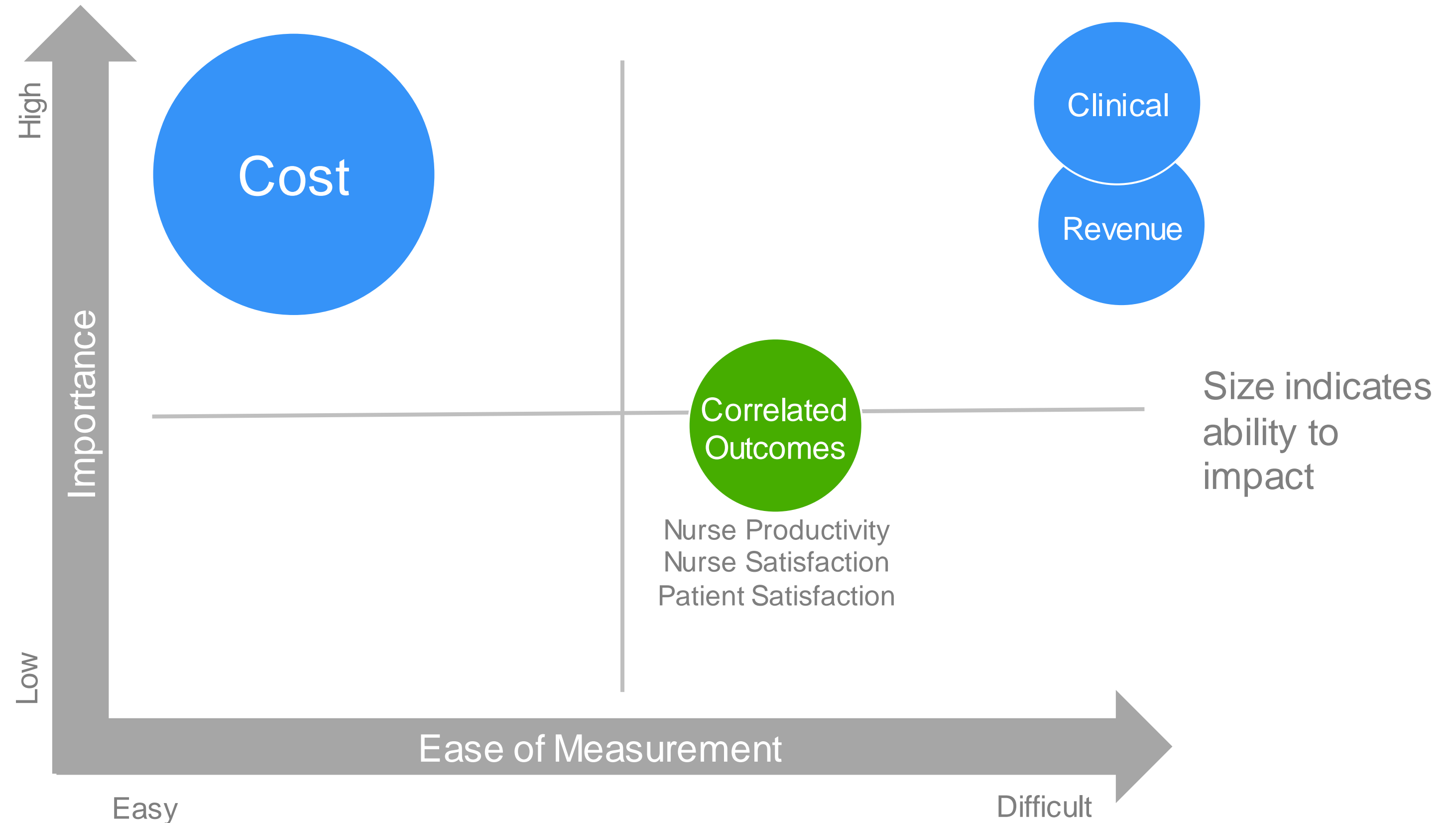


Size indicates ability to impact

Measuring the Impact of Workforce Management Technology

Correlated outcomes:

- Less important
- More difficult to measure than cost
- Less difficult to measure than clinical or revenue outcomes



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Example: Can We Credibly Monetize Patient Satisfaction?

New Technology

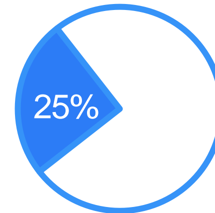
New innovation designed to improve patient experience

Patient Experience

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Communication with nurses and doctors
- Staff responsiveness
- Communication about medicines
- Cleanliness and quietness
- Discharge information
- Overall rating

Total Performance Score



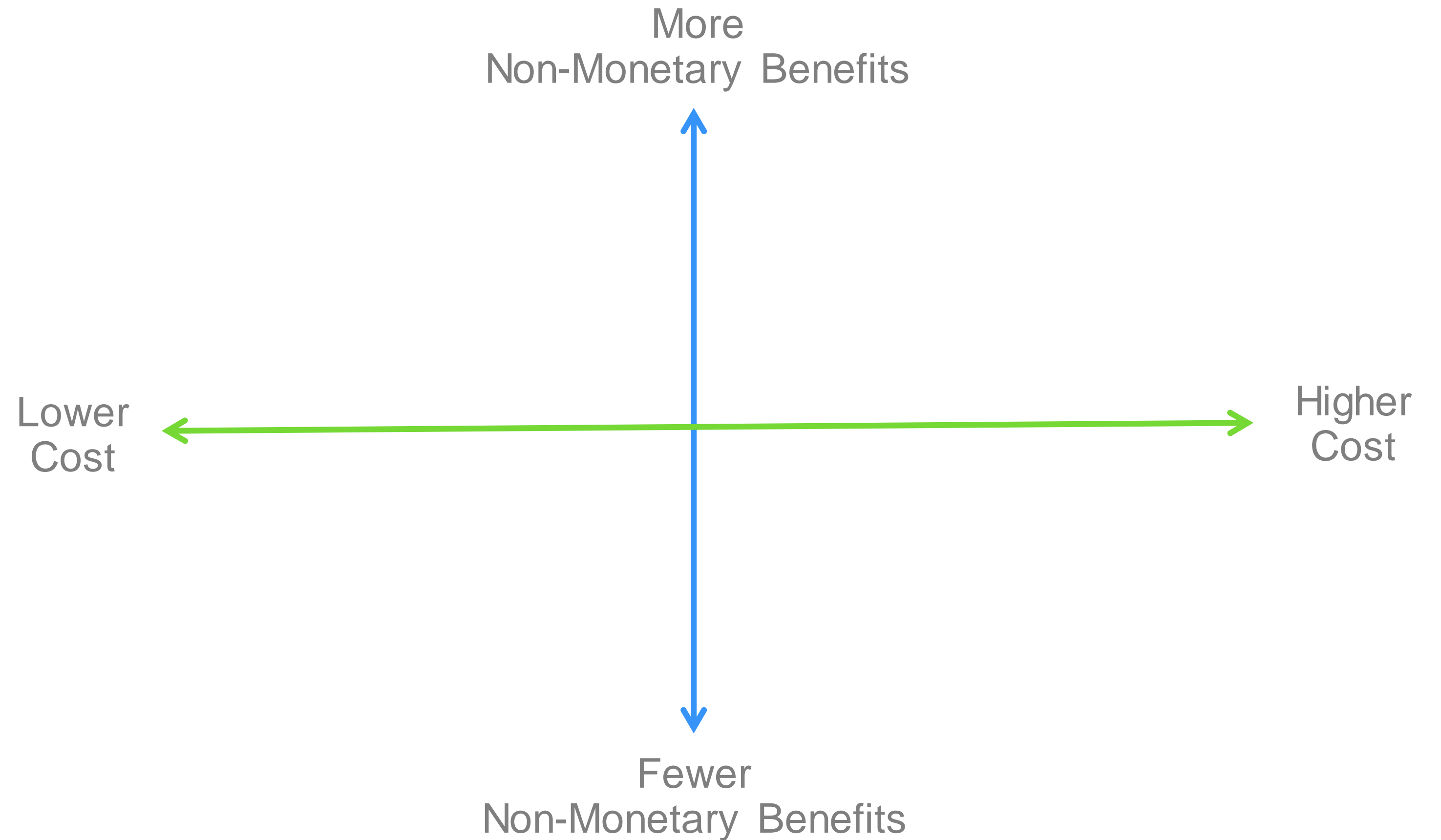
- Only 1/4th of the Total Performance Score is based patient experience.
- Other factors are Efficiency (25%), Outcomes (40%), and Process of Care (10%)
- Total score is determined by scoring (0-10) each hospital's achievement or improvement on each element of the 4 domains

Payment Calculation

- CMS withholds 1.75% of DRG payments to be re-distributed based on each hospital's "Total Performance Score"
- Total score is determined by scoring (0-10) each hospital's achievement or improvement on each element of the 4 domains

How to Assess Value

- Assessment is ultimately qualitative, not quantitative, because many benefits cannot be monetized
- This is how most decisions are made
  - Buying a home
  - Going on vacation
  - What to order from the menu



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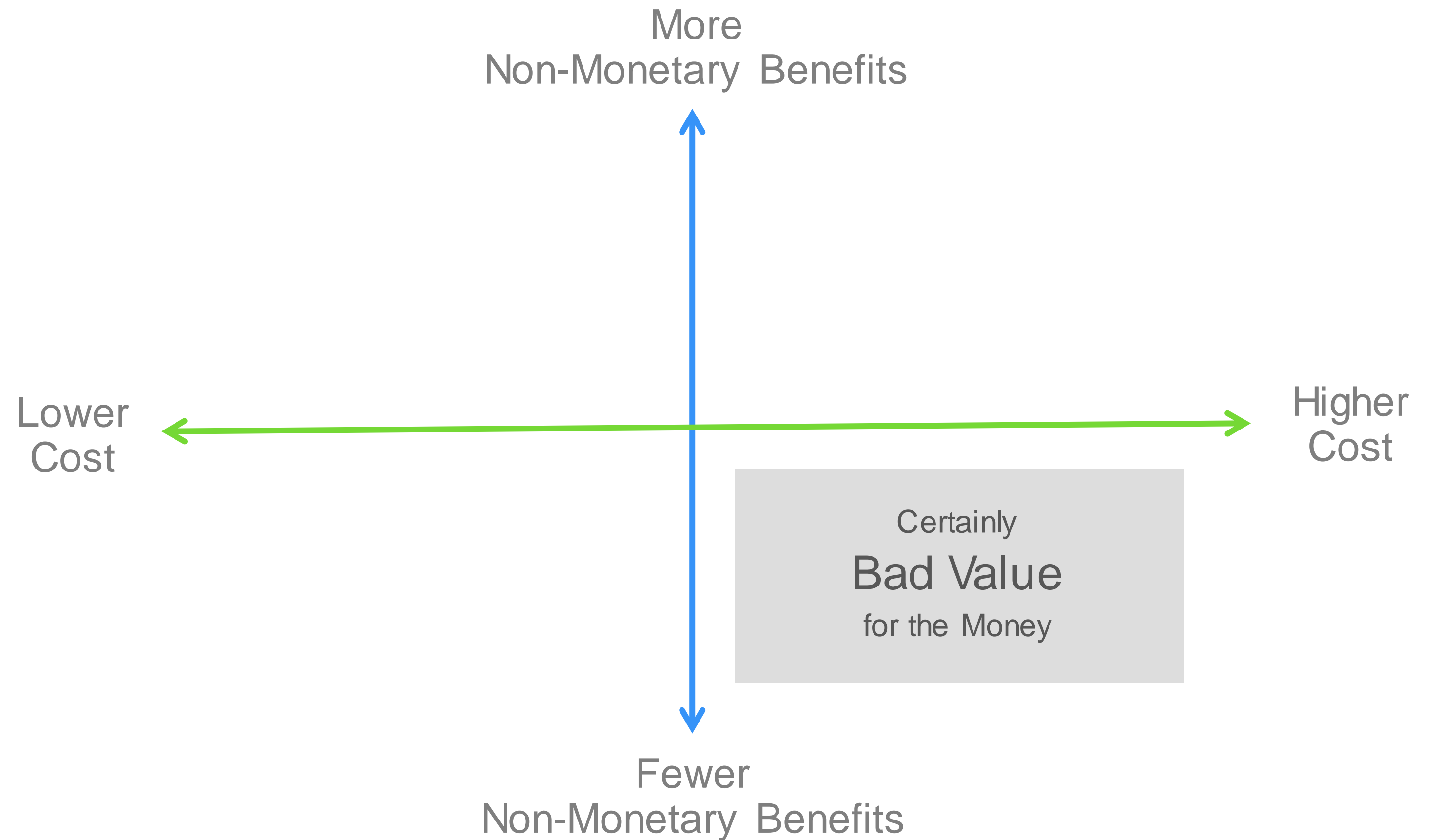

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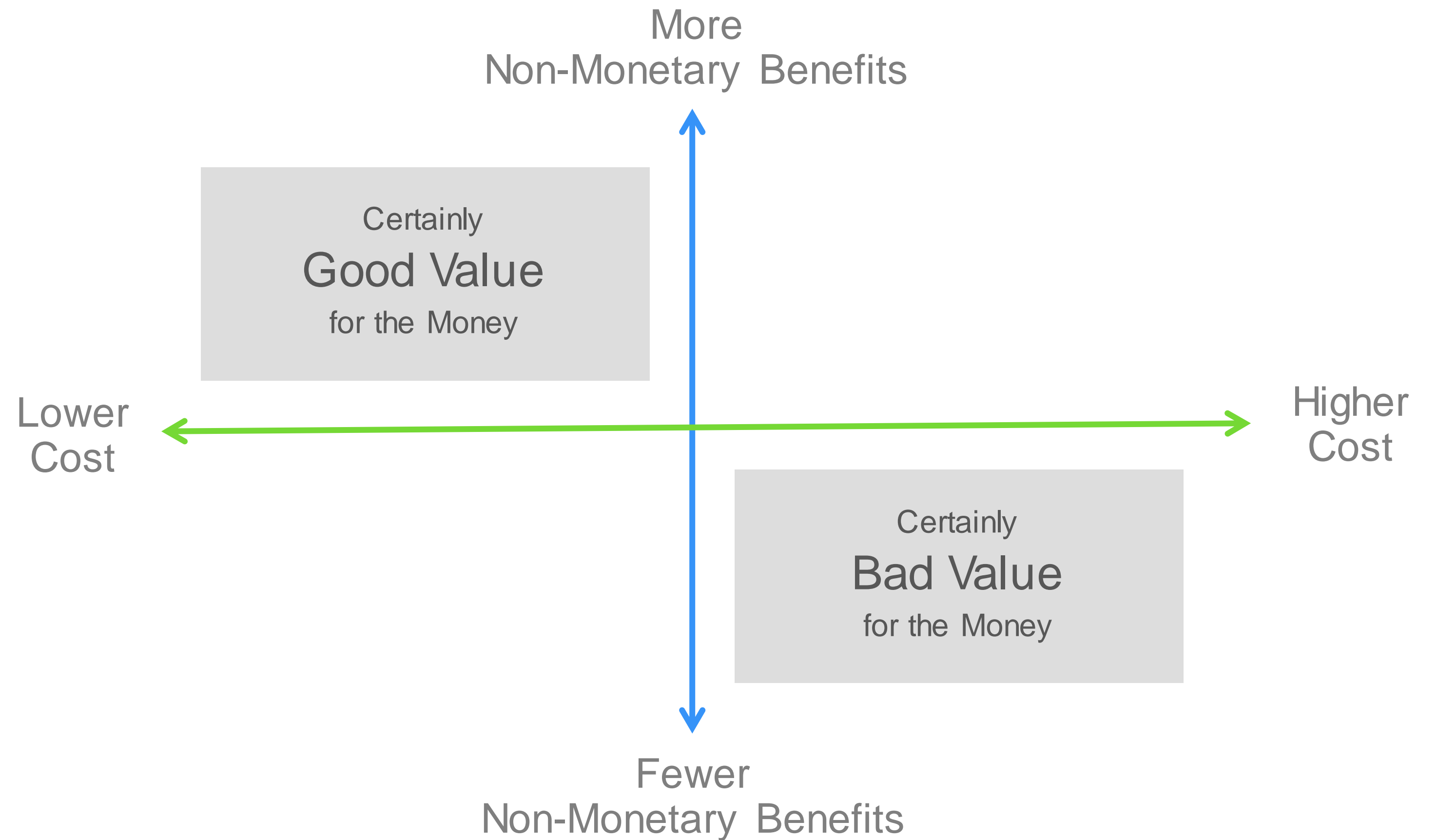

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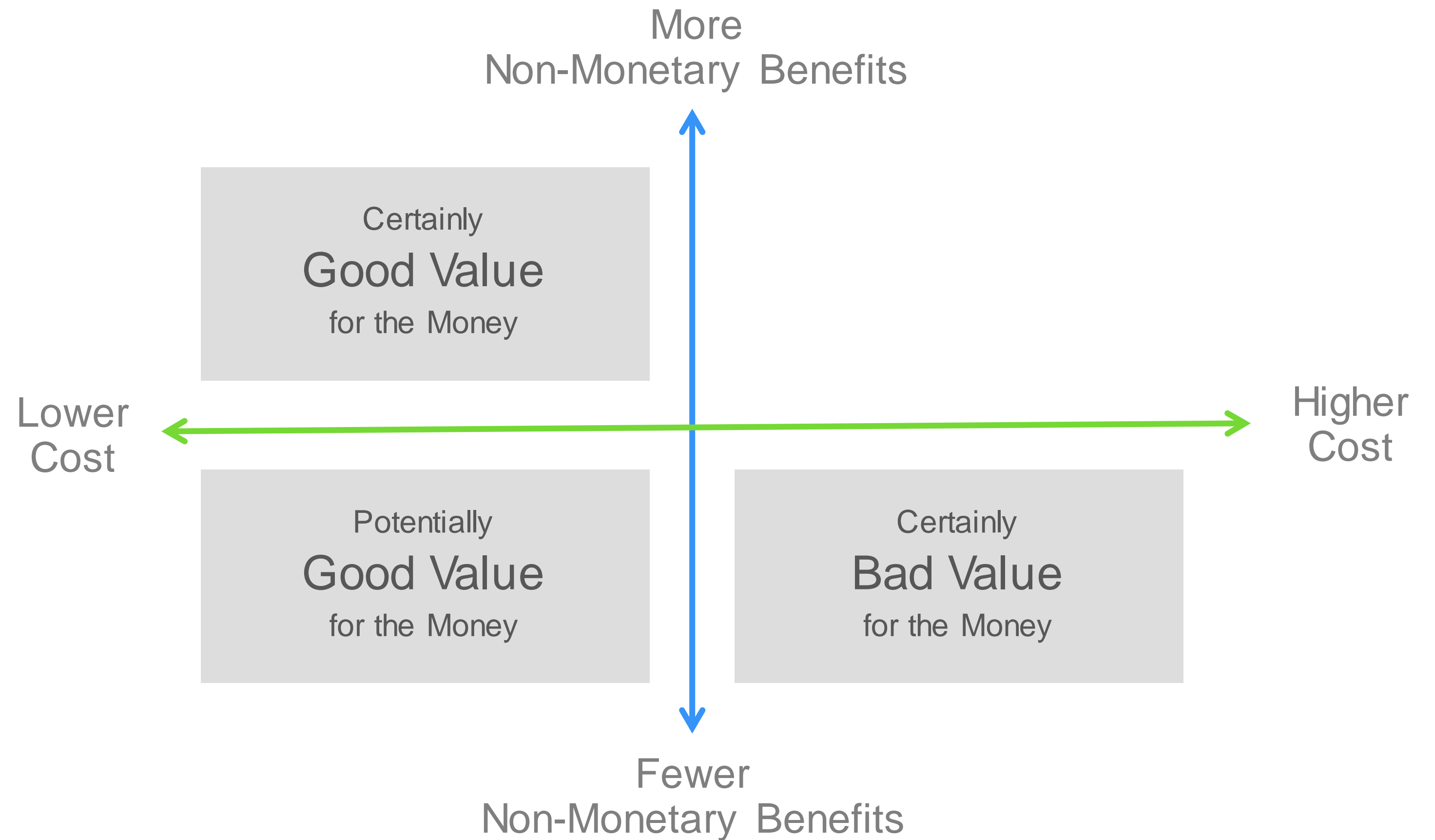

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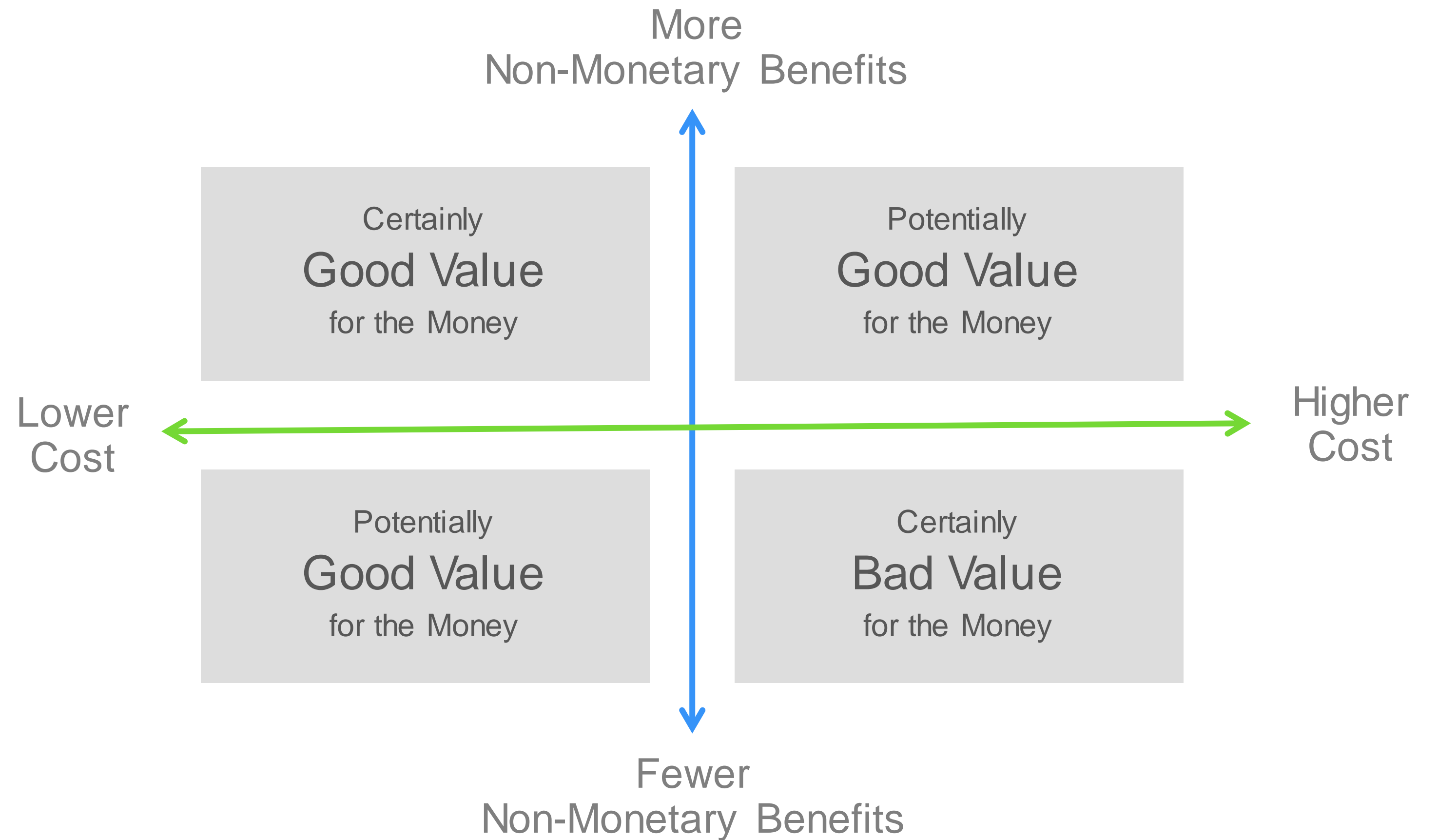

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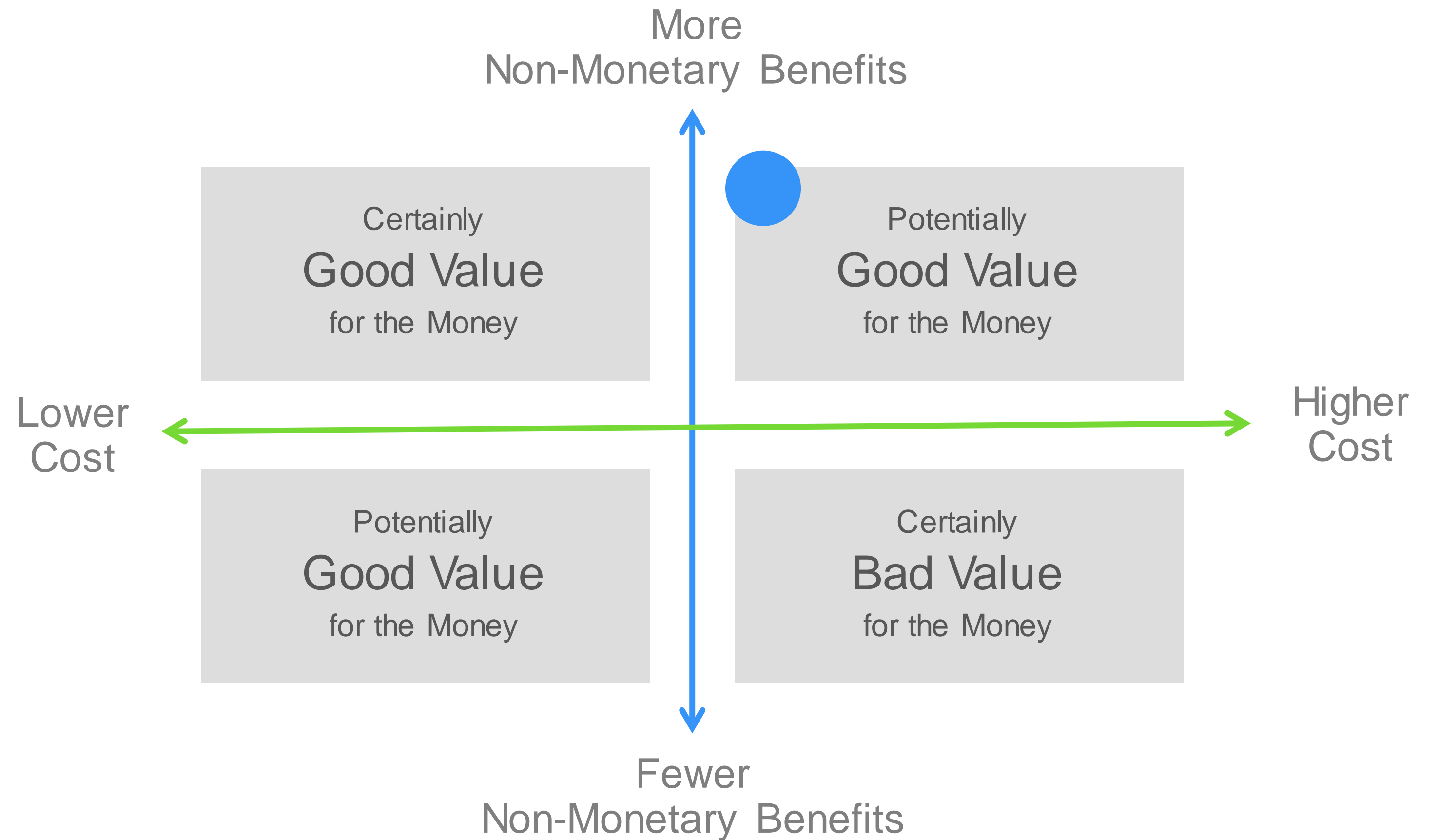

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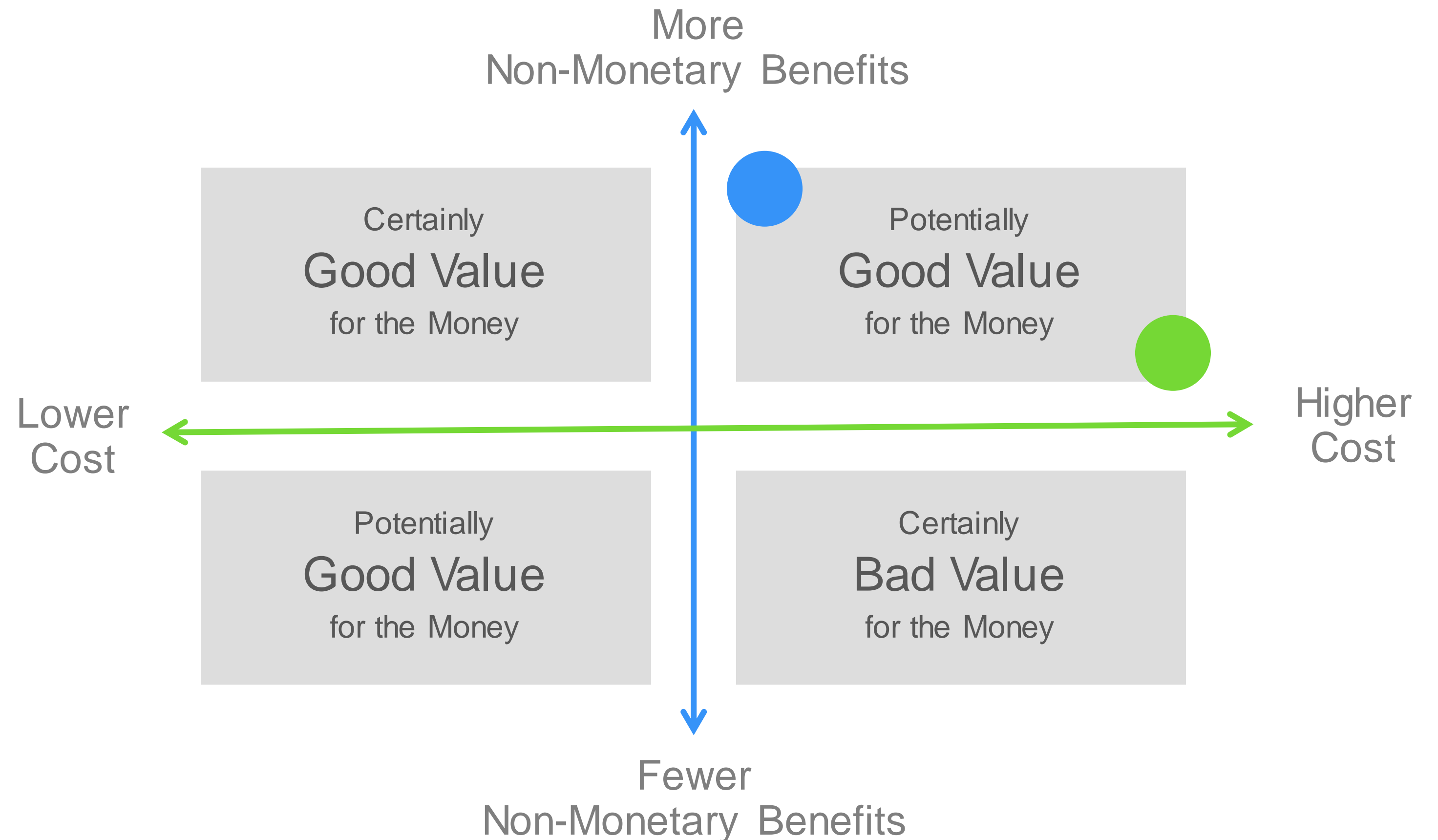

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Summary

High costs and flat productivity makes careful management of nursing essential

- Little room for error

Using workforce data to manage nursing staffs has direct and indirect impact on key hospital outcomes

- Direct: Staffing levels
- Indirect: Nurse satisfaction & patient satisfaction

Measuring outcomes at your hospital is extremely difficult

Return on investment should qualitatively compare benefits with costs

- Trying to monetize intangible benefits leads to a false sense of security and bad decisions

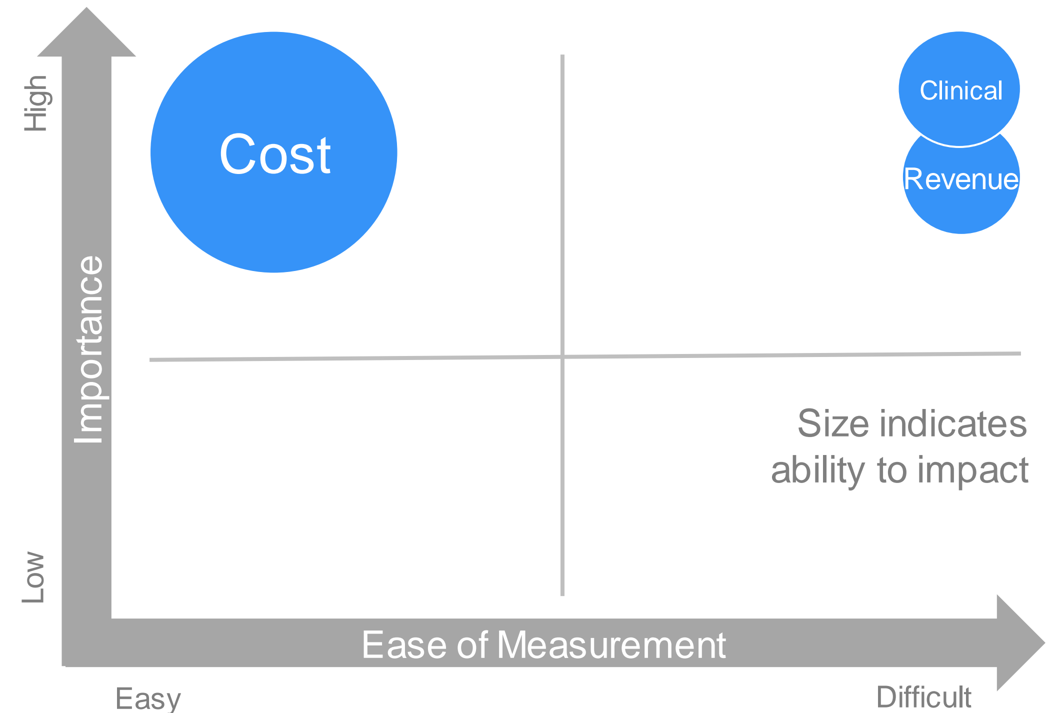
Workforce Management Strategy that Balances Cost and Value

Primary Outcome: Labor Cost Containment

- Managing overtime
- Flexing staff up and down based on patient need

What About Clinical Outcomes and Revenue?

- Hard to measure monetary impact
- Impacted by many initiatives, hard to know the impact of a single initiative
- BUT, very important to make the connection between data-driven staffing and clinical outcomes
- Also need to recognize the link between data-driven staffing, patient satisfaction and revenue



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Recognize the Value of the Workforce

A CFO's Perspective

About Kaiser Sunnyside Medical Center

Overview

- Tertiary
- 329 licensed beds
- Largest hospital in Clackamas County, OR
- Suburb of Portland
- 2,100 employees

Care Delivery 2015

- 98,206 inpatients
- 57,234 ED visits
- 718 cardiac surgeries
- 2,381 babies delivered

About Kaiser Sunnyside Medical Center

Accolades

- National Committee on Quality Assurance (NCQA): highest ratings
- HCAHPS 4 out of 5 summary rating by CMS -- only 37% of hospitals across the country have earned 4 or more Summary Stars
- Medicare: 5 stars
- U.S. News & World Report: Best Hospitals for Common Care
- Society of Thoracic Surgeons (STS): Three stars (highest rating) for adult valve replacement and heart bypass surgeries for the sixth year in a row
- American Heart Association / American Stroke Association: Gold Plus Award

No One Walks Alone (NOWA)

Patient Falls

- 1 million falls occur each year in U.S. hospitals resulting in patient injuries, staff injuries, and indirect and direct costs
- Patients may THINK it is safe for them to walk alone, but they are in:
  - An unfamiliar environment
  - Surrounded by tubes and wires
  - Taking medications that may cause dizziness
- May cause longer hospital stay, transfer to a care facility, or even death

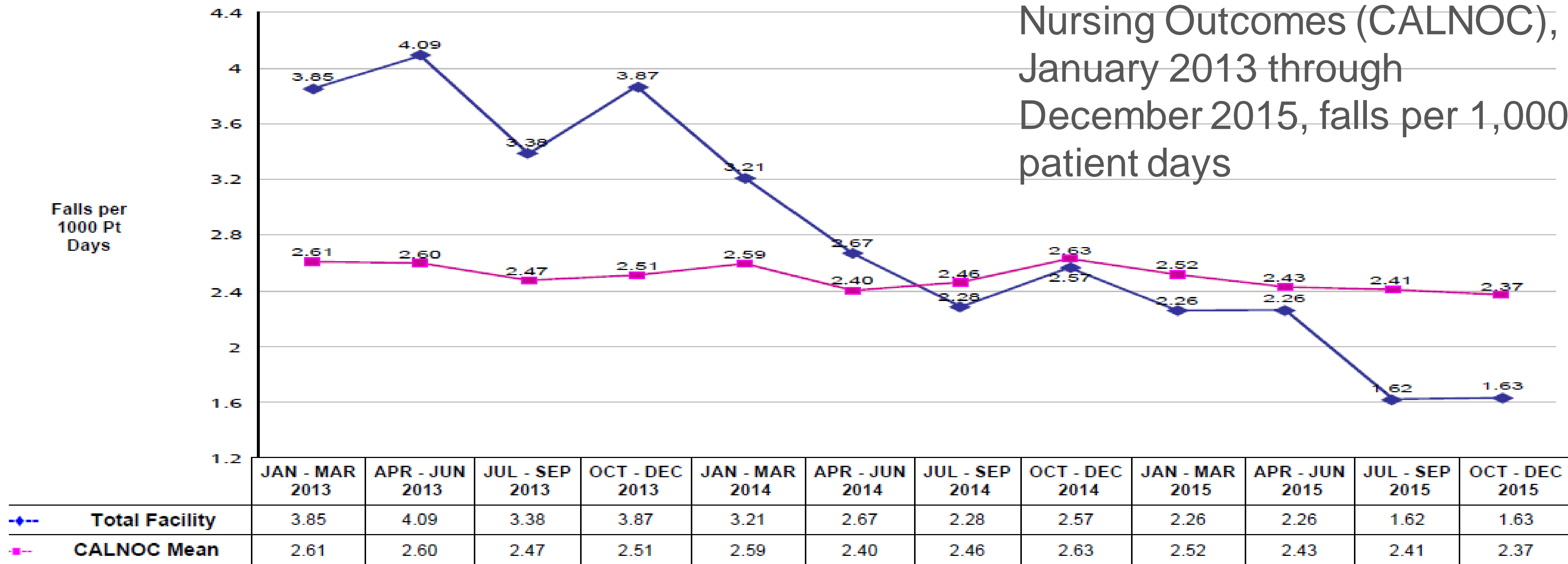
No One Walks Alone (NOWA)

Summary

- Launched NOWA in 2014
  - Patients and family members are encouraged to use the call button to contact nurse for assistance. This applies to walking between bed and chair, and in the bathroom
  - Low beds and alarms on beds and chairs
  - Moving toward video monitoring
- A layered approach to education: Video and written communication upon admission, and teach-back (invite them to repeat what they learned about NOWA)

No One Walks Alone (NOWA)

Collaborative Alliance for Nursing Outcomes (CALNOC), January 2013 through December 2015, falls per 1,000 patient days



	JAN - MAR 2013	APR - JUN 2013	JUL - SEP 2013	OCT - DEC 2013	JAN - MAR 2014	APR - JUN 2014	JUL - SEP 2014	OCT - DEC 2014	JAN - MAR 2015	APR - JUN 2015	JUL - SEP 2015	OCT - DEC 2015
Total Facility	3.85	4.09	3.38	3.87	3.21	2.67	2.28	2.57	2.26	2.26	1.62	1.63
CALNOC Mean	2.61	2.60	2.47	2.51	2.59	2.40	2.46	2.63	2.52	2.43	2.41	2.37

Outperforms the benchmark for 6 of 12 quarters

Unit Based Teams (UBTs)

- A group of frontline workers, physicians, and managers who solve problems and enhance quality for tangible results
- Labor Management Partnership (LMP)
- UBTs work together to:
  - Set goals
  - Review and evaluate performance
  - Identify and solve problems
  - Contribute to decisions on budget, staffing, and scheduling

Unit Based Teams (UBTs)

A Success Story

- UBT conducted a rapid improvement project in one nursing unit and found supplies that were:
  - overstocked, no longer used, or expired
- Results:
  - Save costs by ordering just what we need
  - Better organization of supply areas leads to more efficient ordering

Categories	Savings
Medical products – to be redistributed	$1,000
Coffee, food, and snacks	$200
PAR reductions - definite	$300
PAR reductions - potential	$5,000 to $10,000
Low range of savings	$5,000
Top range of savings	10,000

Unit Based Teams (UBTs)

Projects / Initiatives

	Affordable	Best Place to Work	Best Quality	Best Service
Number of projects on target	266	228	185	434
% to green	56	48	39	91
Target sustained for at least 6 months	10	9	12	24

Glycemic Control

Why This is Important

- Approximately 278,000 adults with diabetes in Oregon
- Nearly 48,000 hospitalizations were due to diabetes, heart disease, and stroke in 2011, costing nearly $1.5 billion
  - Source: Oregon Health Department, data 2000 to 2011

Glycemic Control

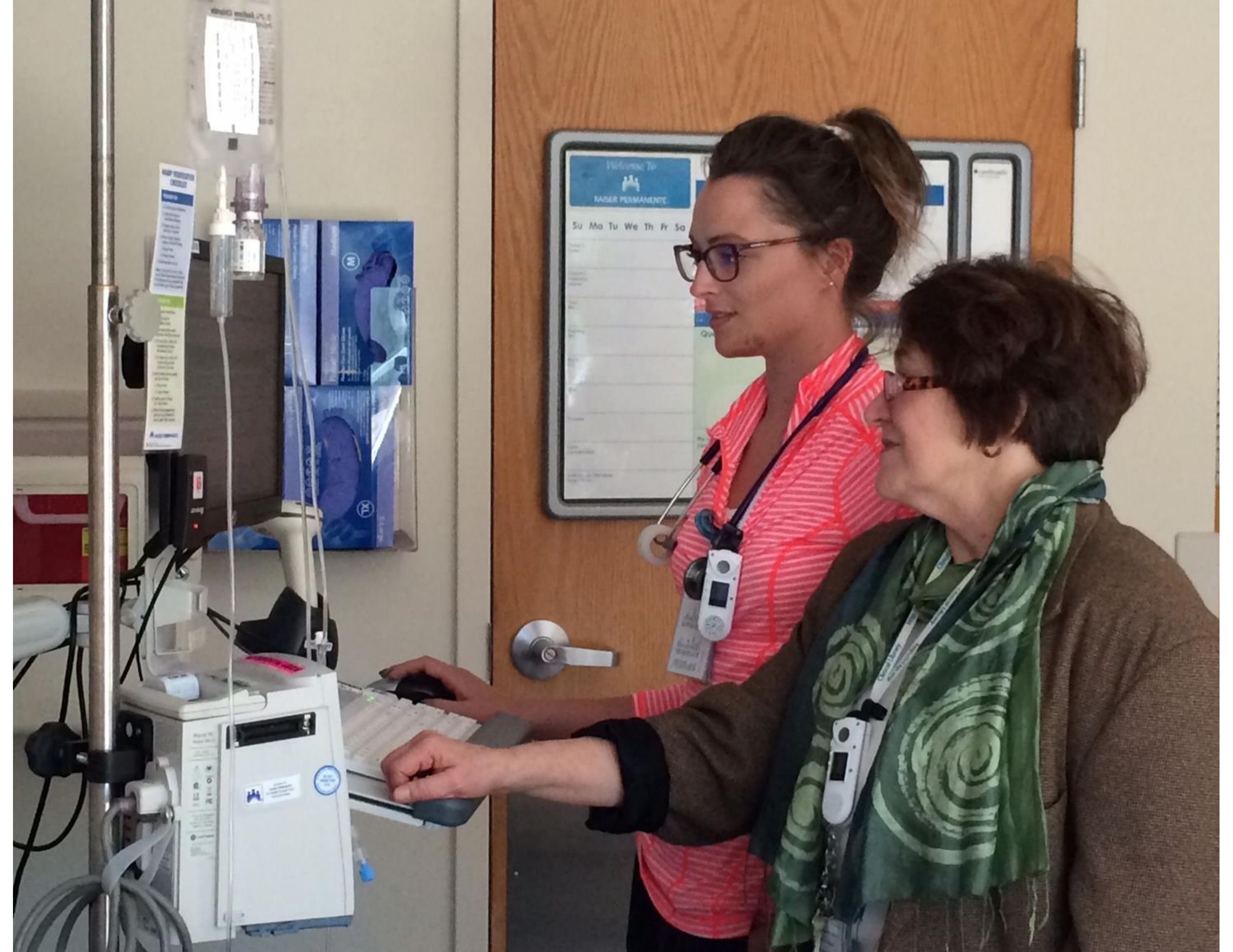
What We're Doing

- Glycemic pharmacists, specialists in glycemic work, are reducing the burden on hospitalist physicians and cardiovascular surgeons
- A team of inpatient diabetes specialists and outpatient diabetes specialists are working together to assure good communication about complex diabetes regimes at discharge

Glycemic Control

What We're Doing

- Led by an RN, a team of KP employees developed and continue to refine Auto*Cal,* an automated intravenous insulin calculator that allows patients to be admitted safely to a medical / surgical unit, rather than to a most costly intensive care unit
- Annual savings: $4.32 million



Situational Awareness (SA)

What We're Doing

- 2012 – Researched literature and visited Cincinnati Children's Hospital
- 2013 – Shift, safety, and daily systems huddles began. Charge Nurses brought written reports of watchers, high-risk patients, communications concerns, and family concerns. Engaged the Rapid Response Team (RRT) to develop daily lists of high-risk patients, recent ICU transfers, recent RRT calls, and coded patients.
- 2014 – Launched a new SA tool in HealthConnect, KP's electronic medical record
- 2015 – Began a 90-day pilot
- 2016 – Pilot ends; ready for release to all KP regions

Situational Awareness (SA)

Mode: Expanded View All
5m 30m 1h 2h 4h 8h 24h Based On: 0700 Reset Now

Zzip, Md, MD

	12/15/15 1202	2/26/16 1235	Last Filed Value
DOPAMINE			
Rate (ml/hr)			
Concentration			
Dopamine Volume (+ml)			
Situational Awareness			
SA Concern	Safety Concern ...		
Concerns			
Safety Concerns			
RRT Surveillance			
Plan			
Team Members Aware			
Expected Outcome			

12/15/15 1202
Safety Concern
Select Multiple

Selection Form
- Fall Program Opt-Out
- Behavioral Health
- BMI Concern
- Delirious, Impulsive, Demented (DID)

Accept Cancel

Situational Awareness (SA)

Benefits

- Increased emphasis on utilizing the SA tool to replace written reports at morning safety huddle
- Movement toward utilization of electronic wall display of SA list during huddle
- RRT spends time focusing on the listed patients instead of populating the list
- Proper use of SA tools guides everyone involved (RRT RNs, primary RNs, respiratory therapists, hospital administrative supervisors (HAS), security, and physicians with a clear mitigation plan with timelines and goals in place
- Bedside and charge RNs are able to distinguish RRT surveillance list and SA list criteria and chart with ease

Situational Awareness (SA)

More Benefits

- SA tool gives the care team a quick and efficient way to identify, call attention to, and generate actions on a wide variety of patient situations. As a result:
- Numerous codes averted by RRT surveillance early detection of patient decline and non-emergent transfer to ICU and timely initial of care
- Numerous codes averted by RRT and MD collaboration with care planners and social workers, leading to change of code status on SA patients with irreversible end-of-life conditions

Situational Awareness (SA)

More Benefits

- Nursing and care team injuries avoided by SA safety mitigation plans being followed on violent or potentially violent patients
- Infant abduction avoidance enhanced by NICU use of the SA tool to identify potentially violent or criminal family members who have made threats
- RRT calls and codes reduced

Choosing a Workforce Management Partner

Purchase Decision-Making Process

- Detail
- Detail

ROI Analysis

- Did you do this? Any tips for others? How did you balance consideration of quantitative and qualitative outcomes

Q&A