

BACKGROUND

The American Nurses Association (ANA) states that staffing of any nursing unit should always take three things into consideration:

- the achievement of meeting quality patient outcomes
- creating a manageable workload per nurse that supports quality lifestyle and positive work environment
- being fiscally responsible to the organization

No money – No mission

- Healthcare is a business
- Payment involves insurance, government agencies, and private pay patients
- Uncompensated care
 - Costs that are never paid
 - Uninsured / underinsured
- Vanderbilt University Medical Center provides the largest share in the region
 - More than all of the middle TN hospitals combined
- Over 500 million per year at last report



Reimbursement Challenges

- Payment reimbursement / incentives outcomes focused
 - Clinical
 - Patient satisfaction
- “Never” events
 - Events that shouldn’t happen during hospital stay
 - Pressure ulcers, falls, hospital-acquired infections
- Revenue
 - Payers vary (in type and amount)
 - By diagnosis (DRG) and procedures
 - By patient day

Why focus on labor expenses?

- Wages and benefits account for **56.7%** of total hospital costs
 - Salary, OT, shift differentials, orientation, in-service, vacations, medical leaves, benefits
- RN salaries account for largest share of those costs
- Over budget = no replacement or new positions

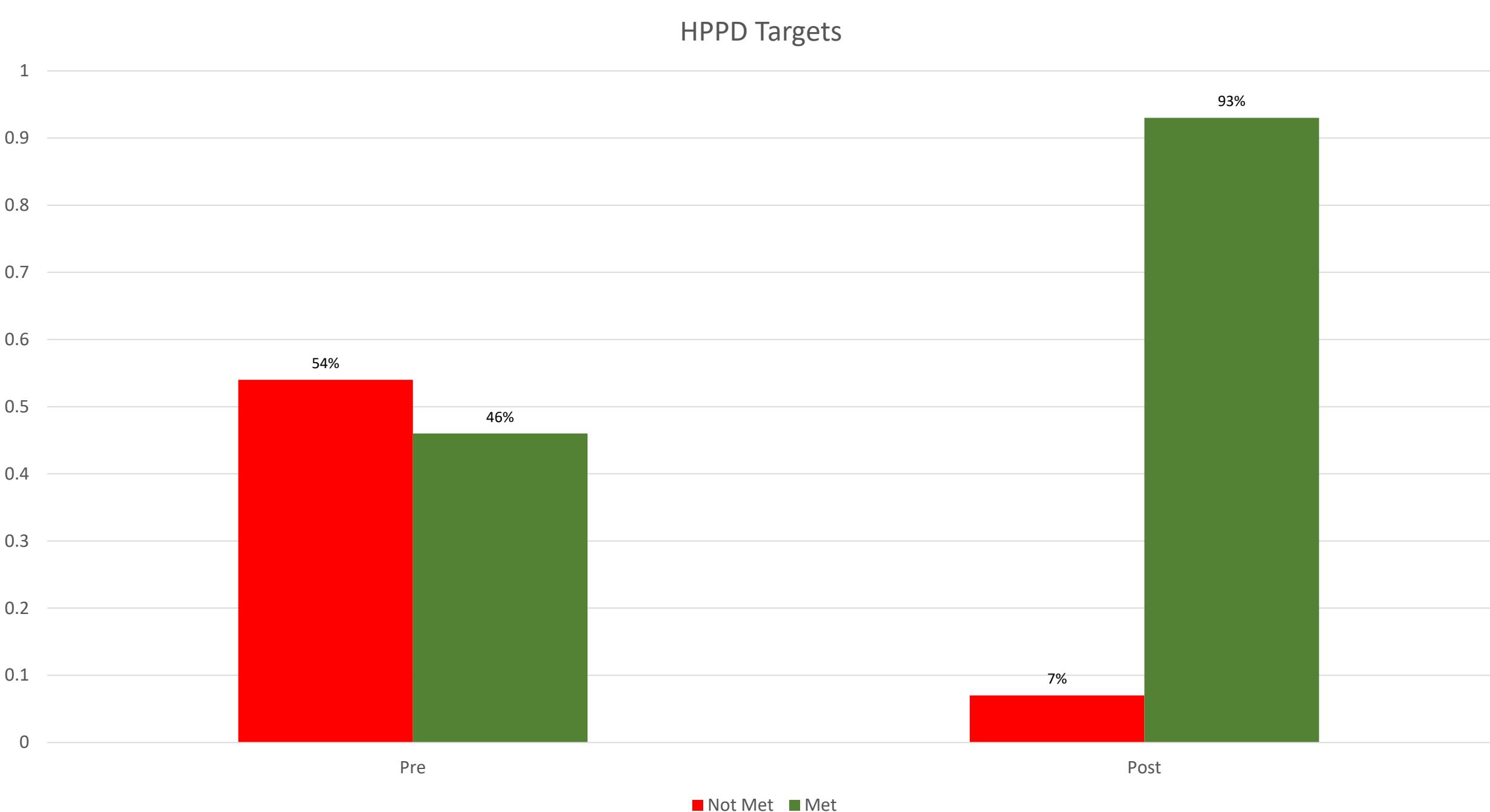
AIM

To educate Neonatal Intensive Care Unit (NICU) Shift Leaders on budgetary impact of staffing decisions and to implement the use of shift management tools to reach targets.

DEFINITIONS

- Hours per Patient Day (HPPD)
 - Care intensity or time of care given
 - Can be RN, LPN, CP, MR hours measured
 - # of hours worked in the 24 hour period divided by midnight census
- Cost per unit of service
 - Measures costs in relation to volume
 - Total costs (wages, supplies, etc) divided by patient days

TABLES / FIGURES



CENTER/UNIT - Direct Hrs PPD - MCJCH					
	Budget	MTD Direct Hrs PPD	Productivity %	FYTD Direct Hrs PPD	FYTD Productivity %
TOTAL *	12.6	13.6	93%	13.6	93%
6A Myelosuppression	11.7	13.2	89%	13.2	89%
7A Cardiology	12.3	12.7	97%	12.7	97%
Newborn Nursery (NBN)	7.9	9.2	86%	9.2	86%
Nursery ICU (NICU)	13.1	14.1	93%	14.1	93%
PCICU	22.9	24.7	93%	24.7	93%
PICU	22.5	24.5	92%	24.5	92%
PMAC	9.4	10.1	93%	10.1	93%
STAM	9.9	12.1	82%	12.1	82%

*0.2 over in every unit equals 1.8 million dollars annually

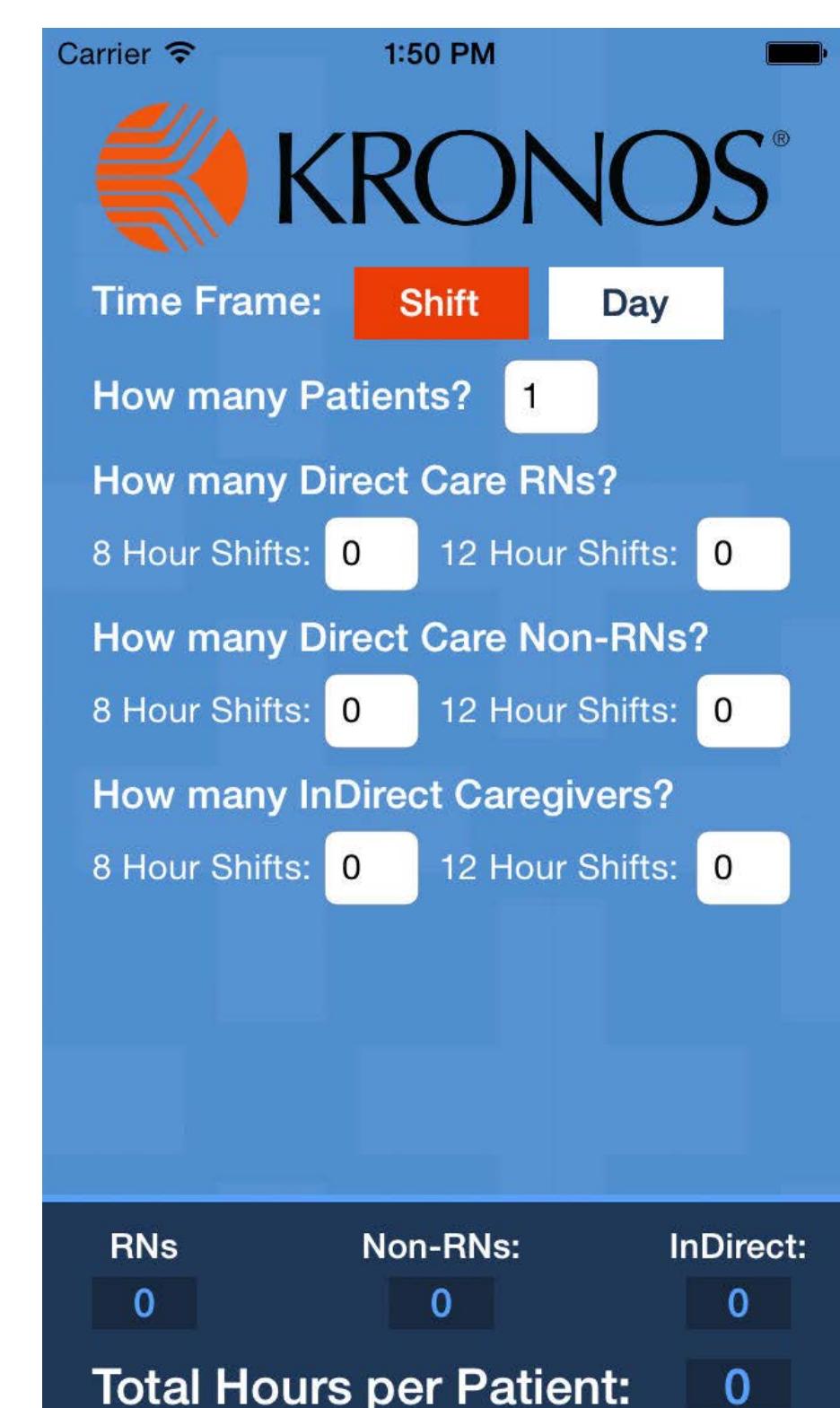
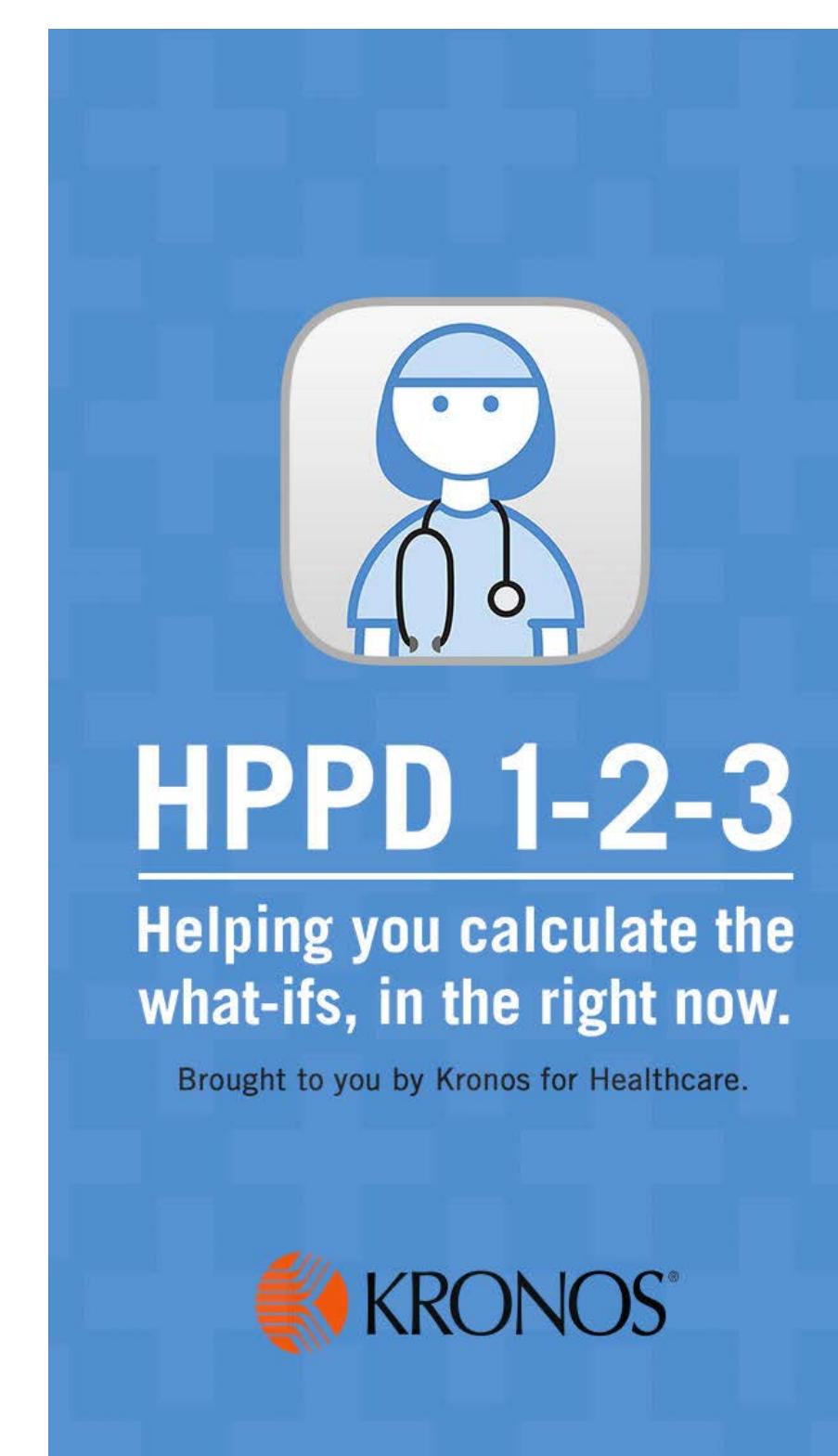
Daily Direct Hours PPD - Nursery ICU (NICU)							
Last 7 days	07/19 SUN	07/20 MON	07/21 TUE	07/15 WED	07/16 THUR	07/17 FRI	07/18 SAT
Actual Direct Hrs	1,044.4	1,117.5	1,112.5	1,108.8	1,248.2	1,143.1	1,073.3
Patient Volume	73	74	73	79	80	78	76
Direct Hrs PPD	14.3	15.1	15.2	14.0	15.6	14.7	14.1
Budget Direct Hrs PPD	12.9	13.3	13.3	13.2	13.3	13.3	12.9
Variance	-1.4	-1.8	-1.9	-0.8	-2.3	-1.4	-1.2
Rolling 4 Week Avg Direct Hrs PPD	14.1	14.6	14.3	13.8	14.5	14.1	13.6

IMPLEMENTATION

- Reviewed HPPD data for fiscal year and determined need to create staffing resources
- Developed shift goals to reach daily target
- Met with Managers and Clinical Staff Leaders (CSL) to develop reporting tools for staffing utilized and to explain variances
- CSL team trialed tools for 2 weeks
- Educated NICU Shift Leaders on budget targets and tools
 - Explained the “why”
 - Equated savings to unit needs (additional staff and equipment)
- Utilized HPPD formula and “app” to track targets

HPPD Formula

- $$\frac{\text{direct care staff hours}}{\text{census}} = \text{HPPD}$$
- $$\frac{(RN\# * 12) + (RN\# * 8) + (CP\# * 12)}{\text{census}} = \text{HPPD}$$



CONCLUSIONS

- Shift Leaders utilize tools and track staffing decisions
- Managers monitor each shift and Shift Leader performance
- Shift Leaders want to make the best staffing decisions for patients and the organization
- Educating Shift Leaders and empowering them to be fiscally responsible supports them to grow as operational leaders
- Share the wins
- Prior to implementation – HPPD target met 46%
- After implementation – HPPD target met 93%
- Achieved savings of over a million dollars
- Cost and Quality NOT Cost versus Quality
- Sustainment requires including HPPD in new SL onboarding
- NO increase in readmissions or safety events

CONTACT INFORMATION