Innovative Solutions for Nursing Staff: Contingency Model for Nurse Staffing Solutions

Wednesday November 11, 2015: 10:30 AM - 11:30 AM

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What is UC Health – Established in 2010

- **UCMC** – 500+ bed academic medical center
- **WCH** – 179 bed community hospital
- **Drake** – 269 beds (166 Long-term acute care, 103 skilled)
- **LCOH** – 48 short-term acute beds plus residential services
UC Health – West Chester Hospital
Cincinnati, Ohio
Healthgrades® Outstanding Patient Experience Award™

- Distinguished as top 5% of hospitals nationally
- Based on patients’ responses to HCAHPS survey
Outpatient Registrations

Increased Registration Volume by 628% in 3 years

Average Daily Census

Increased Daily Inpatient Volume by 83% in 3 years

Emergency Dept Visits

Increased ED Visit Volume by 82% in 3 years

Surgeries

Increased Surgery Volume by 242% in 3 years
Staffing Growth: Total staff, MDs, RNs

Staff Growth - Total Staff, MDs, RNs

- Number of Employees
- Number of Credentialed Physicians
- Number of RNs

Graph showing the growth of total staff, MDs, and RNs from 2009 to 2015.
Triad Leadership
New Staff Utilization Guidelines – Contingency model
Charge Nurse with no assignment

Admission RN’s
Additional PCA’s
Additional Transporters
Additional Sitters

Video Sitters Vs. Physical sitters
Patient Movement Center
No pass zone

New Patient Care Delivery Model

Improving outcomes, Quality, & Safety

Patient Care Services
It won't work out
Phase I

Building a new Nursing Leadership Model focusing on the Front Line Staff

- Triad Leadership model
- New Staff Utilization Guidelines
- Charge nurse role, Charge Nurse meetings
- Admission RNs
- Protect PCAs – stop pulling PCAs for sitters
- Daily staffing reviews for all units at 4pm & 4am
- Daily safety huddles on all unit with incoming staff at 7am and 7pm
Manager vs. Triad Leadership Model

The Entire Unit
- Nurses
- STNA
- HUC
- Sitters

Nurse Manager
- Clinical Coordinator
- Educator
Why a Leadership Team?

- There is value for team approach
- Drives aligning behaviors
- Enhanced understanding
- Spreads knowledge
- Mentors other staff
- Sets expectations for increased communication
- Promotes “Owning”, not “Renting” behaviors
- Shared responsibility of some unit activities and support mechanisms
- Re-enforces consistency
- Elevates team members
Need for a new Staffing Utilization Guideline

“Out with the Old and in with the New”

- The Old nursing grid wasn’t working

- Nurses would come into work and immediately check out the census and # of RN’s working

<table>
<thead>
<tr>
<th>Patients</th>
<th>RNs</th>
<th>PC</th>
</tr>
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<tbody>
<tr>
<td>10</td>
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<td>14</td>
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<td>15</td>
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<td>16</td>
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<td>2</td>
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</table>
### Staff Utilization Guidelines

**Goal**

- Stretch
  - Level 1: RN w/1:5, CN NO Assignment
  - Level 2: RN w/1:5, CN w/1-2 pt Assignment
  - Level 3: RN w/1:5, CN w/1-2 pt Admit RN w/1-2 pt
  - Level 4: RN w/1:5, CN w/3-4 Admit RN w/2-3
  - Level 5: RN w/1:5, CN full assignment Admit RN w/3-4

**PCA Assignment Goal**

- Goal is 1:4-5 (D), 1:5-6 (N), Charge RN No Assignment
- PCA Assignment Goal is 1:8-10 (D/N) & Based on Unit Acuity

**Days-7a to 11p**

**Nights-11p to 7a**

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<table>
<thead>
<tr>
<th>Goal</th>
<th>Stretch</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(D) RN w/1:4-5, CN NO Assignment</td>
<td>(D) RN w/1:5, CN NO Assignment</td>
<td>RN w/1:5, CN w/1-2 pt</td>
<td>RN w/1:5, CN w/1-2 pt Admit RN w/1-2 pt</td>
<td>RN w/1:5, CN w/3-4 Admit RN w/2-3</td>
<td>RN w/1:5, CN full assignment Admit RN w/3-4</td>
<td>Consider all unit resources as acuity or unit census dictates</td>
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<tr>
<td>(N) RN w/1:5-6, CN NO Assignment</td>
<td>(N) RN w/1:6, CN NO Assignment</td>
<td>(N) RN w/1:6, CN w/1-2 pt Assignment</td>
<td>(N) RN w/1:6, CN w/3-4 pt Assignment</td>
<td><strong>Consider ON-Call</strong></td>
<td><strong>Consider ON-Call</strong></td>
<td><strong>Consider ON-Call</strong></td>
</tr>
</tbody>
</table>

Nurse Educator, Clinical Coordinator, Clinical Manager, Director
Charge Nurses
Essential to the WCH Nurse Staffing Model

- Role of the Charge Nurse at WCH
  - Leaders of the unit 24/7
  - Lead Daily safety huddles
  - Lead 4am staffing huddle with other charge nurses
  - Attend multidisciplinary rounds & assist with discharges
  - Help manager productivity / NHPPD
  - Assist with Quality, Core Measures, etc.

- Goal – no assignment

- Monthly Charge Nurse meetings with Nursing Leadership

- Special Name badge

- Closed group – must apply and be selected
Admission Nurses

- **Role of the Admission Nurse at WCH**
  - Initially stationed on every inpatient unit
  - Moved to the ER and works from there to assist at the point of entry
  - Works clinically on the inpatient one day per week
  - Big Nurse Satisfier!!
  - Can leave the admission role and take a full assignment on the inpatient unit if needed

- **Goal** – Assist the front line staff RN
Stop pulling your PCA’s to be Sitters

• Increased demand for sitter cases

• Pulled PCA/STNA’s to be sitters = left nursing staff short on PCA’s

• Nurses would get frustrated with the lack of PCA support

• Reviewed the literature and found no evidence that physical sitters reduce fall rates and/or improve outcomes

• Implemented Video sitters
  • 1 video monitor can watch 8 pts.

• Impact – More PCAs at the bedside

• Reduced Sitter hours by _____
Standard Work
Creating a culture of Safety

• Daily safety huddles on all nursing units at change of shift 7am and 7pm.

• Staffing review house wide every 12 hours
  • 4pm – Nurse managers / Triad members
  • 4am – Charge Nurses
Measurements of Success
Press Ganey Satisfaction Results

Press Ganey Patient Satisfaction - Press Ganey Beds 100 – 200 Percentile Ranking

Overall Hospitals
Overall Nursing
Linear (Overall Hospitals)
Linear (Overall Nursing)
WCH Nursing Agency Hours

WCH RN Agency Hours 2011 - 2014

Agency Cost Savings

$984,000
WCH Falls Data

WCH Falls per 1,000 Patient Days 2011 - 2014
Figure 8 – WCH Internal Nursing Satisfaction Survey Results

2013 WCH Nursing Satisfaction Survey

- New patient care services staffing model initiatives support front line RNs
- Has the Triad Leadership model improved communication
- Charge RN with no assignment has had a positive impact on my unit

Strongly Agree/Agree
Disagree
WCH External Nursing Satisfaction
NDNQI Survey Results

NDNQI RN Satisfaction Survey Overall WCH
2014 vs. 2015

- Adequate Staffing
- Hospital Affairs Participation
- Mean PES
- Foundation of QC
- Mgr Leadership
- RN-MD Relationship

Hospital 2014
Hospital 2015
Mean 2015
Support for the staffing model

- **Weekly inpatient Triad meetings**
  - Attendance is expected (all triad members)
  - Inpatient weekly dashboard reviewed
  - Staffing at a glance
    - Updated daily
    - Posted on all inpatient units – daily
Staffing At-A-Glance 0700

5PCT Daily Staffing At-A-Glance

5PCT GOAL

Inpatient Daily Staffing At-A-Glance

<table>
<thead>
<tr>
<th>Unit</th>
<th>Level</th>
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<tbody>
<tr>
<td>1PCT</td>
<td>Goal</td>
</tr>
<tr>
<td>ICU</td>
<td>Goal</td>
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<tr>
<td>Step Down</td>
<td>Goal</td>
</tr>
<tr>
<td>4PCT</td>
<td>Stretch</td>
</tr>
</tbody>
</table>

Admit RN: PMC Clinical Lead/Phone #: 555-5555
Shift: Staffing Coordinator/Phone #: 555-5556

<table>
<thead>
<tr>
<th>Stretch</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(D) RN w/1:5, CN NO Assignment</td>
<td>RN w/1:5, CN w/1-2 pt</td>
<td>RN w/1:5, CN w/3 pt</td>
<td>RN w/1:5, CN w/4</td>
<td>RN w/1:5, CN full assignment</td>
<td>Consider all unit resources as acuity or unit census dictates Nurse Educator Clinical Coordinator Clinical Manager Director Consider ON-Call</td>
</tr>
<tr>
<td>(N) RN w/1:6, CN NO Assignment</td>
<td>(N) RN w/1:6, CN w/1-2 pt Assignment</td>
<td>(N) RN w/1:6, CN w/3-4 pt Assignment</td>
<td>(N) RN w/1:6, CN w/5-6 pt Assignment</td>
<td>Consider ON-Call</td>
<td>Consider ON-Call</td>
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5PCT Staffing Week in Review

<table>
<thead>
<tr>
<th>5PCT Previous Week's Census</th>
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<tbody>
<tr>
<td>31-May</td>
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<tr>
<td>27</td>
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</table>

5PCT % At Goal

- 5PCT RN at Stretch
- 5PCT Goal RN
- 5PCT Goal PCA

Inpatient Nursing % At Goal

- IP RN at Stretch
- IP Goal RN
- IP Goal PCA

*Staffing at Start of Shift
### Staffing

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Source</th>
<th>1PCT</th>
<th>ICU</th>
<th>4PCT</th>
<th>SPECT</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Midnight ADC</td>
<td>Average Unit census at Midnight</td>
<td>Epic Clarity Report</td>
<td>28</td>
<td>7</td>
<td>12</td>
<td>25</td>
<td>30</td>
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<tr>
<td>Noon ADC</td>
<td>Average Unit census at Noon</td>
<td>Epic Clarity Report</td>
<td>31</td>
<td>8</td>
<td>13</td>
<td>27</td>
<td>32</td>
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<tr>
<td>RN % at Goal 0700</td>
<td>% Change in No Assigned at 0700</td>
<td>Separation Report</td>
<td>86%</td>
<td>71%</td>
<td>86%</td>
<td>86%</td>
<td>71%</td>
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<tr>
<td>RN % at Goal 1900</td>
<td>% Change in No Assigned at 1900</td>
<td>Separation Report</td>
<td>86%</td>
<td>100%</td>
<td>57%</td>
<td>71%</td>
<td>86%</td>
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<tr>
<td>RN % at Goal 2300</td>
<td>% Change in No Assigned at 2300</td>
<td>Separation Report</td>
<td>100%</td>
<td>71%</td>
<td>100%</td>
<td>86%</td>
<td>100%</td>
</tr>
<tr>
<td>PCA % at Goal 0700</td>
<td>% PCA at 1:10 ratio at 0700</td>
<td>Separation Report</td>
<td>86%</td>
<td>57%</td>
<td>43%</td>
<td>71%</td>
<td>100%</td>
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<tr>
<td>PCA % at Goal 1900</td>
<td>% PCA at 1:10 ratio at 1900</td>
<td>Separation Report</td>
<td>57%</td>
<td>43%</td>
<td>86%</td>
<td>71%</td>
<td>43%</td>
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### Staffing Opportunities

<table>
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<tr>
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<th>Definition</th>
<th>Source</th>
<th>1PCT</th>
<th>ICU</th>
<th>4PCT</th>
<th>SPECT</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>RN Call Outs</td>
<td>Call Outs by shift</td>
<td>Staffing Office</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>2</td>
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<tr>
<td>RN Vacancy</td>
<td>Number (#) of positions</td>
<td>Position Control</td>
<td>4.5</td>
<td>0.6</td>
<td>0</td>
<td>1.2</td>
<td>6</td>
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<tr>
<td>PCA Vacancy</td>
<td>Number (#) of positions</td>
<td>Position Control</td>
<td>6</td>
<td>0.6</td>
<td>1.2</td>
<td>0.9</td>
<td>7.5</td>
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<tr>
<td>Vacancy %</td>
<td>Open positions/total RN FTE RN</td>
<td>RN</td>
<td>18%</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
<td>25%</td>
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<tr>
<td>Total Hours Triad “pulled to staffing”</td>
<td>When scheduled OU the Triad member is pulled into staffing as a DCN (in hours)</td>
<td>CNM</td>
<td>16</td>
<td>0</td>
<td>8</td>
<td>16</td>
<td>40</td>
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### Scheduling Opportunities

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<tr>
<th>Metric</th>
<th>Definition</th>
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<th>1PCT</th>
<th>ICU</th>
<th>4PCT</th>
<th>SPECT</th>
<th>Total</th>
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<tbody>
<tr>
<td>RN On-Call Shifts (n)</td>
<td>Total n of call shifts</td>
<td>Epic Clarity Report</td>
<td>28</td>
<td>26</td>
<td>28</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>RN Shifts On-Call Shifts “called in”</td>
<td>Total n of call shifts which RN actually worked</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>21</td>
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<tr>
<td>% On-Call “called in”</td>
<td>Call Shifts in Staffing</td>
<td>Total On-Call Shifts</td>
<td>25%</td>
<td>0%</td>
<td>4%</td>
<td>25%</td>
<td>21%</td>
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### Non-Productive Hours

<table>
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<tr>
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<th>4PCT</th>
<th>SPECT</th>
<th>Total</th>
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<tbody>
<tr>
<td>RN Orientation/Education Hours</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>386</td>
<td>471</td>
<td>471</td>
<td>159</td>
<td>408</td>
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<tr>
<td>PCA Orientation/Education Hours</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>0</td>
<td>108</td>
<td>84</td>
<td>0</td>
<td>8</td>
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<tr>
<td>PCA FMLA</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>31</td>
<td>0</td>
<td>0</td>
<td>127</td>
<td>0</td>
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<tr>
<td>PCA FMLA</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>255</td>
<td>140</td>
<td>24</td>
<td>134</td>
<td>143</td>
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### Productive Hours

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<th>ICU</th>
<th>4PCT</th>
<th>SPECT</th>
<th>Total</th>
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<tbody>
<tr>
<td>RN Worked Hours</td>
<td>Hours floated to Cost Center</td>
<td>AP1</td>
<td>2308.1</td>
<td>1549</td>
<td>1597</td>
<td>2175.5</td>
<td>2385</td>
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<td>PCA Worked Hours</td>
<td>Hours floated to Cost Center</td>
<td>AP1</td>
<td>812.32</td>
<td>40</td>
<td>226</td>
<td>758</td>
<td>771</td>
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<tr>
<td>Unit of Service</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>396</td>
<td>99</td>
<td>172</td>
<td>349</td>
<td>443</td>
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<tr>
<td>(RN + PCA) Worked Hours/UOS</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>7.88</td>
<td>16.05</td>
<td>10.60</td>
<td>8.41</td>
<td>7.12</td>
</tr>
<tr>
<td>(RN + PCA + HUC + CMN) Hours/UOS</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>8.67</td>
<td>18.38</td>
<td>11.65</td>
<td>9.37</td>
<td>8.04</td>
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<tr>
<td>RN Float Hours</td>
<td>Hours floated to Cost Center</td>
<td>AP1</td>
<td>198</td>
<td>12</td>
<td>30</td>
<td>44</td>
<td>48</td>
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<tr>
<td>PCA Float Hours</td>
<td>Hours floated to Cost Center</td>
<td>AP1</td>
<td>32.75</td>
<td>44</td>
<td>48</td>
<td>27</td>
<td>52</td>
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<tr>
<td>RN Overtime Hours</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>89</td>
<td>62</td>
<td>46</td>
<td>92</td>
<td>104</td>
</tr>
<tr>
<td>PCA Overtime Hours</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>9</td>
<td>8</td>
<td>26</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td>HUC Hours</td>
<td>Per Payroll</td>
<td>Kris Report</td>
<td>232.5</td>
<td>251</td>
<td>255</td>
<td>326</td>
<td>1064.5</td>
</tr>
<tr>
<td>% w/ HUC Coverage</td>
<td>Units HUC Hours/1000 hours every 3 weeks</td>
<td>RN</td>
<td>69%</td>
<td>75%</td>
<td>76%</td>
<td>97%</td>
<td>79%</td>
</tr>
<tr>
<td>PRN RN hours</td>
<td>Per Payroll</td>
<td>CNM</td>
<td>154</td>
<td>58</td>
<td>65</td>
<td>186</td>
<td>128</td>
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<tr>
<td>PRN PCA Hours</td>
<td>Per Payroll</td>
<td>CNM</td>
<td>104</td>
<td>0</td>
<td>40</td>
<td>48</td>
<td>110</td>
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### Patient Monitor Hours

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Source</th>
<th>1PCT</th>
<th>ICU</th>
<th>4PCT</th>
<th>SPECT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Sitter Hours</td>
<td>Sitter Variance Log</td>
<td>Staffing Office</td>
<td>0</td>
<td>12</td>
<td>36</td>
<td>44</td>
<td>48</td>
</tr>
<tr>
<td>Involuntary Hold Sitter Hours</td>
<td>Sitter Variance Log</td>
<td>Staffing Office</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavioral Sitter Hours</td>
<td>Sitter Variance Log</td>
<td>Staffing Office</td>
<td>96</td>
<td>0</td>
<td>96</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td>Video Monitor Hours</td>
<td>Sitter Variance Log</td>
<td>Staffing Office</td>
<td>156</td>
<td>0</td>
<td>300</td>
<td>56</td>
<td>692</td>
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</tbody>
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Phase II

Building a new Nursing Leadership Model focusing on the Front Line Staff

• Magnet Journey – Expected site visit: Feb/March 2016
  – Professional Practice Model
    • Relationship Based Care
  – Unit based councils / shared governance
  – Clinical ladder program
  – NDNQI Survey

• Creation of the Patient Movement Center

• Float Pool Establishment

• No Pass Zone Implemented
Culture of Patient-Centered, Relationship-Based Care

**Mission**
- Provide life-changing, patient-centered medical care (Drive innovation through excellence)
- Educate and inspire the next generation of health care professionals

**Values**
- Respect
- Integrity
- Teamwork
- Excellence

**Vision**
- Be the region’s quality health care partner and a national leader in solving complex medical problems.

**Philosophy of Practice**
- Appreciative Inquiry
- Professional Standards & Care
- Leadership

**Strategic Plans**
- Interdisciplinary Collaboration
- Shared Governance
- Continuous Learning

**Healthy Work Environment**
- Employee Wellness
- Treating Patient as a Whole Person

**Relationship with Physicians**
- Relationship with Self
- Relationship with Colleagues
Patient Movement Center

- Established Patient Movement Center (PMC) Model, creating PMC Clinical Lead RN role expanding upon traditional Nursing Supervisor:
  - Focusing on efficient patient throughput:
    - Emergency Department -
      - 2 Beds Ahead
      - Decreased ED to IP throughput times, exceeding 45 minute goal
    - Direct Admissions
    - High Census Facilitator
    - Observation Status Patients
      - Decreased observation length of stay
  - Added additional non-nursing positons to the Staffing Office, expanded coverage.
Patient Movement Center Successes

ED to IP Throughput

WCH Observation Length of Stay
WCH Float Pool

- Created Float Pool Nursing Department.
  - ICU trained nursing staff.
  - 2 RNs available 24/7.
  - Resource for IP division in times of high census and employee call offs.
No Pass Zone

THE NO PASS ZONE.
EVERY STAFF MEMBER.
EVERY CALL LIGHT.
EVERY DAY.

What would YOU do ???

WHO would assist if a visitor fell in the gift shop?

- Nurse
- Non- Clinician

WHO would respond to an active patient call light?

- Nurse
- Non- Clinician

Education Plan

100% of ALL Associates WILL...

Embrace The No Pass Zone video

Demonstrate understanding of the "WHY"

Experience The No Pass Zone scenario

Guide each other to fulfill the "WHO"

Patient Safety Goals

ALL Associates WILL Step and...

Respond to ALL active patient call lights

Acknowledge the patient’s request

Ensure the patient is safe

Wait with the patient until assistance arrives

Empower the "Non-responder" associates

Inspire the "Bad attitude" associates

Contact the "Urgent" patient

Expected Impact

Who would respond to an active patient call light?

- Nurse
- Non- Clinician

Identified Patient Safety Opportunity

Patient safety WILL increase when ALL Associates are accountable to respond to ALL active Patient call lights.

Did YOU know ???

West Chester Hospital receives over 1,000 patient call light notifications everyday:

- HCAHPS for FY2013- Display the national average for responsiveness of staff at only 68%
- Surveys reveal that patients and families believe that among the various other patient care issues, answering call lights should be a priority.
- Studies show that the top reasons patients activate their call light, include pain, general assistance, bathroom assistance, and TV pump alarm.

Every day,

Enhancing Patient Safety,
Improving the Patient Experience.

Using The No Pass Zone educational scenarios to support ALL Associates.

Optimal experience for ALL Patients and Associates...

- HCAHPS - Increased Responsiveness to patient needs
- Increased Teamwork
- Increased RN Satisfaction
- Decreased Falls with injury

References

CEO Perspective
## Sounds Great, How Much Does it Cost?

<table>
<thead>
<tr>
<th>Productivity Measure</th>
<th>Percentile Ranking</th>
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<td>Premier Inc.</td>
<td>&lt; 25th</td>
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<td>National Database for Nursing Quality Indicators (NDNQI)</td>
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<tr>
<td>United Hospital Consortium (UHC)</td>
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<td>World News &amp; Health Report</td>
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</table>
Bottom line: Happy Nurses
The Contingency Model Works!!
Is it Possible?
Learn Today, Improve Tomorrow

• Design
  – Creative ways to plan for staffing solutions in diverse situations.
  – Additional Contingency Staffing Model workflows to ensure success.

• Sustain
  – Staff Morale and satisfaction
  – Patient Satisfaction and quality patient care
Questions ??

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