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Unit Staffing Collaborative Addiction Treatment Program (Day One Program)

2/15/2020

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

THE University of Vermont MEDICAL CENTER

Unit/ Clinic USC Members

- Maureen Leahy
- Julie Rock, RN
- Sara Yager, RN
- Laurel Audy, RN
- Anne Campbell

Components of USC Project Plan Per Article 20B

- Unit profile
- Minimum staffing levels
- Analysis of time spent by nurses on nursing and non-nursing activities
- Analysis and recommendation of acuity process and/or tool
- Analysis and determination for Circulating RN(s) to enable Circulating RN(s) to facilitate meal/break coverage and assist in transfers/discharges in all critical, procedural and acute care units
- Staffing effectiveness data (see Article 20), including unit specific quality data and NDNQI RN satisfaction and Practice Environment results
- Unit-specific quality data, including unit-based improvement initiatives
- Staffing plan (grid) that includes patient care staffing of RNs and ancillary staff where appropriate
- Staffing data, including the unit budget
- Financial impact of the proposal
- Metrics to be used to measure the effectiveness of the USC Project

Timeline

- The USC Project plan must be completed and submitted to the Chief Nursing Officer of the Hospital and President the VFNHP within three (3) months of completion of project **(Ambulatory: 2/15/2021).** The manager will make reasonable time available for the committee to work on the written plan. Staffing plans developed under this Article 20B shall require approval by both the Chief Nursing Officer of the Hospital and President of the VFNHP. A decision on the memorandum of agreement shall be made within one (1) month of the submission of the final report **(3/15/2021)**. A failure to reject the plan or provide specific reasons for the rejection by either party within three (3) months of submission shall be considered acceptance. Where a final USC Project plan is rejected in good faith by either party, the USC committee shall reconvene and submit a new final report within three (3) months. Either party may initiate mediation following the rejection of a report.

Unit Profile

- The Addiction Treatment Program (Day One Program) provides addiction treatment for individuals with substance use disorders. The program provides medication assisted treatment, psychotherapy, psychiatric assessment, case management and care coordination.

Meeting Dates

- August 28, 2020 Kick Off Meeting
- September 9, 2020 Smaller Group Work
- September 23, 2020 Smaller Group Work
- October 7, 2020, Smaller Group Work
- October 21, 2020, Smaller Group Work
- November 4, 2020, Smaller Group Work
- November 18, 2020, Smaller Group Work
- December 2, 2020, Smaller Group Work
- December 16, 2020, Smaller Group Work
- December 30, 2020, Smaller Group Work

Minimum Staffing Levels

- The minimum staffing required to run this program is 1.0 FTE RN, Monday thru Friday from 8am to 5pm.
- During vacancies, we would use per diem RNs (or resource pool) or nurses from Comprehensive Pain Program or MAT Program to cover.
- Due to the need for nurse coverage during business hours, we would not down staff beyond 1.0 FTE.
  - There are no other clinical staff on this team (NP, MA, LPN)

Time Spent on Nursing vs Non-Nursing Duties

- Nursing vs Non-Nursing Duties:
  - Currently the only non-nursing duty is doing Prior Authorizations.
- Is there a recommendation on who could do the work?
  - This duty would stay within the RN role at this time.

Recommendation for Acuity Process

- The infrastructure of the program allows for natural changes in this population that would not impact a need for a change in nursing effort.

Analysis for Nurse Circulator

- For critical, procedural, acute care units – N/A for ambulatory

Staffing Data including Unit Budget

- FY21 Budget
  - 1.40 FTE RNs in the FY21 budget for Day One/ATP

AMS Benchmark Staffing Grid

Target Workload Summary

University of Vermont Medical Center
Cost Center# 12011603
Day One Program
Workload Standard Development Summary Table

Volume Indicator: Completed Provider Visits
Annualized Volume: 1,986

AMS Benchmark Paid Hours Per Visit Range: 0.80 – 1.01
AMS Benchmark Worked Hours Per Visit Range: 0.73 – 0.92
AMS Benchmark Required Paid FTEs: 0.76 – 0.96

Hours/Visit			Paid FTEs		
Current Pattern Paid	FY'21 Target Paid	Paid/ Worked Ratio	Current Pattern	FY'21 Target Pattern	Variance Cur to Tar
1.60	1.14	1.090	1.53	1.09	0.46

Current Staffing Pattern/Schedule

- Currently we staff the clinic with 1.0 FTE RN, Monday thru Friday from 8am to 5pm.
- The clinic has no LPNs or MAs.
- Scheduled CTO will be covered by per diem, resource pool, or Comprehensive Pain Program or MAT nurses.
- Unscheduled CTO would require per diem or resource pool nurse coverage.
- The proposed staffing pattern is the same, 8am to 5pm, Monday thru Friday.

Proposed Staffing Pattern/Schedule

- The proposed RN staffing pattern is 1.0 FTE RN, Monday thru Friday from 8am to 5pm.
- This is consistent with AMS benchmarking.

Financial Impact of the Proposal

- There is no financial impact with this proposal.
- There is a .4 FTE savings with this proposal which amounts to $30,592 in salary expense.

Metrics to Measure the Effectiveness of the USC Project Plan

- How will you know staffing levels are effective?
- How will you know changes are effective?
- Suggestions to consider monitoring:
  - Utilization of premium pay/OT
  - Utilization of per diems
  - Utilization of resource pool
- Have the items you identified in the USC (i.e. non-nursing functions) been addressed
- This assessment will be ongoing beyond initial recommendations

Press Ganey
Patient Satisfaction Baseline

The organizations does not survey these patients based on the care provided and the sensitivity around that.

NDNQI Baseline
Adequate staff to get work done

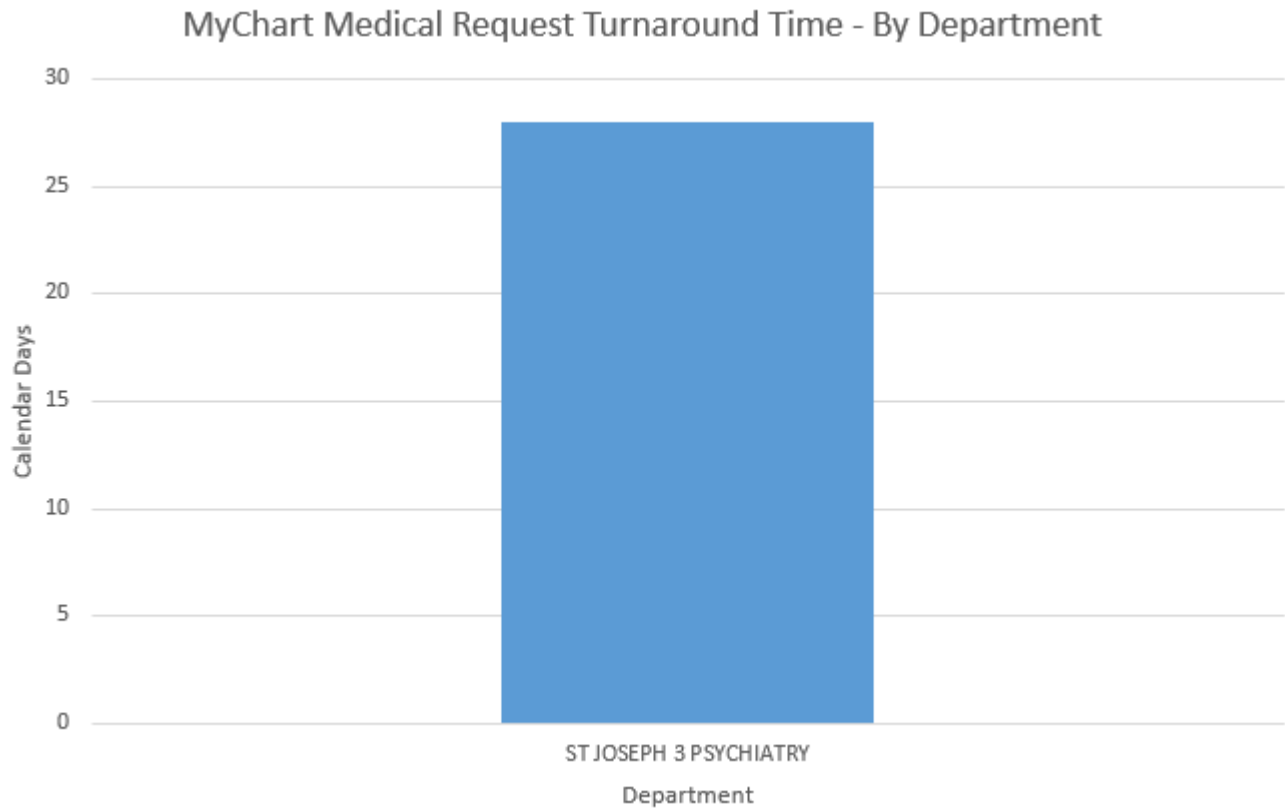
	2019	2020	2019	2020
Unit - Survey DESC	Srvy Unit Mean	Srvy Unit Mean	RNSrvy_PGUnitMean	RNSrvy_PGUnitMean
Adult Primary Care Healthcare Service	2.00	1.92	2.55	2.50
Family Medicine Health Care Service	2.21	2.11	2.55	2.50
Medicine Health Care Service	2.14	1.91	2.55	2.50
Surgery Health Care Service	2.46	2.43	2.55	2.50
Neurology Health Care Service	1.64		2.55	
Orthopedics Health Care Service	2.50	2.64	2.55	2.50
Women's Health Care Service	2.08	2.19	2.55	2.50
Cancer Health Care Service	1.90	2.22	2.52	2.63
Anesthesia Health Care Service	2.17	2.70	2.55	2.50
Children's Health Care Svc - Special Care Pediatrics	2.56	2.86	2.55	2.50
Children's Health Care Svc - Primary Care Pediatrics	3.17	2.75	2.55	2.50
Shep 4 Infusion	3.14	3.56	2.52	2.63
Average:	2.33	2.48	2.55	2.52

Please Note: DayOne only has 1 RN so no data was collected. We used the average across all the Medical Group as the baseline.

Chart Information:

- The scale is 1-4.
- Answers are: Strongly agree (4), Agree (3), Disagree (2), and Strongly disagree (1).
- The higher the score, the more positive rating.
- Goals are:
    1. Improve year over year in Internal Performance (Srvy Unit Mean)
    2. Outperformance of AMC Mean (RNSrvy_PGUnit Mean)

MyChart Baseline
Quality Process Metric



Row Labels	Colu 2021 Days	Total Days	Total _
⊞UVM MEDICAL CENTER SERVICE AREA	28.0	28.0	
Grand Total	28.0	28.0	

DayOne is current at 28 days for returning MyChart messages. There are only 2 providers accounted for. This data is directly impacted by 1 provider who has a high message return rate. The other provider is less than 1 day.

Metric Definition:

MetricName	MetricId	num_desc	den_desc	val_desc	target
Avg MyChart Medical Request Turnaround Time	170047	This is the sum of, for each message that meets the criteria of being in the denominator: Whole weekdays the message took to complete = {Receive Instant = (instant created from I EOW 145 and 147)-Complete Instant = (I EOW 82)}	Message is done (I EOW 103) = "Done" AND {Message Type (I EOW 30) = "Patient Refill Request" OR Message Type (I EOW 30) = "Patient Medical Advice Request"}	This metric calculates the average whole weekdays between a MyChart medical request In Basket message being created and the message being marked Done. A lower value is considered better for this metric. Zero indicates the message was completed on the calendar day it was received (not just within 24 hours).	1

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Highlighted Changes

- Recommendation is stay with current staffing of 1.0 FTE and matches the AMS report. This is a .4 favorable variance from the budget.

Project Plan Approval

May 3, 2021

Dear Addiction Treatment USC Team:

Thank you very much for your engagement and efforts in the Unit Staffing Collaborative (USC) project. We are pleased to let you know that your project plan has been approved. If you have any questions about the USC project approval, please let us know.

Going forward, your USC team is responsible for the implementation and ongoing monitoring of the effectiveness and progress of your staffing plan, review of any Concern Forms and submission of proposed changes/ reports to the Staffing Committee (see Article 20B).

Regards,
Peg and Deb

Peg Gagne, MS, RN
Chief Nursing Officer
Peg.Gagne@uvmhealth.org

Deb Snell, RN
President VFNHP
Debs@vfnhp.org

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Time line and Deliverables

- Check in/progress update - call with P. Gagne and D. Snell by **November 4th, 2020 at 8:30-9am**

- Final plans submission deadline:
  - **AMBULATORY CLINICS: February 15, 2021**

- Submit to: CNO and President VFNHP
  - Scan as 1 document and email to Peg.Gagne@uvmhealth.org and debs@vfnhp.org