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# Unit Staffing Collaborative Interventional Pain

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VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

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# Unit/ Clinic USC Members

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

# 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 one (1) month 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 one (1) month. Either party may initiate mediation following the rejection of a report.

# Unit Profile

- The Interventional Pain Medicine Department provides comprehensive assessment and treatment for all types of chronic pain.
- The range of services include: Comprehensive Medical Evaluation, Diagnostic Injections, Epidural Steroid Injections, Intra-Articular Joint Injections, Intra-Spinal Drug Delivery, Radiofrequency Neurolysis, Spinal Cord Simulation, Sympathetic and Peripheral Nerve Blocks, and Trigger Point Injections.
- The highly skilled team includes: Anesthesiologists fellowship-trained in Pain Medicine, Nurses, Medical Assistants, Radiology Technologist, and Patient Support Specialists.

# 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

Patient volume per day is approximately 50 patients. Using 250 work days per year, that would be 12,500 patients.  Procedure times range from 30 to 60 minutes.

There are 3 Procedure Rooms running per day.  One RN must support each Procedure Room.  A Triage Nurse is needed daily.  Therefore our Minimum Staffing Level is 4.  Unscheduled and Scheduled CTO is covered by our Per-Diem Staff.

During times of low census, RN's at Interventional Pain work on other Quality Improvement Projects for the department.  Additionally, all our procedures require patients to be off AntiCoag Medications.  To prevent patients from arriving and having procedures cancelled last minute, a large amount low census time is spent on the phone educating patients on AntiCoag Status.

# Staffing Effectiveness/Quality Data

- The Anesthesia Health Care Service has shown an improvement in Adequate Staffing from 2019 to 2020.

- An area of opportunity that our group can work on to help staffing effectiveness is focusing on diversifying the group of RN's to all train to do triage.

# Time Spent on Nursing vs Non-Nursing Duties

- The model for a procedural area is that all roles participate to ensure that patients are seen as efficiently as possible.  Therefore, it is hard to determine exactly how many hours a week a RN is asked to do “non-nursing duties”.  RN’s at Interventional Pain periodically room patients.  They consistently help clean and turnover rooms.  However, when queried the group did not think this was a problem.

# Recommendation for Acuity Process

- Most of our procedures have a “normal acuity” where there is one RN assigned to each procedure. At times, we have specialized procedures (Spinal Cord Stimulator Trials) where a patient may require sedation, an IV, and other “higher acuity RN” tasks. We schedule these on days where our part time RN is here and there are 5 RN’s in the building.

# Analysis for Nurse Circulator

- Not applicable for our Unit

# AMS Benchmark Staffing Grid

**University of Vermont Medical Center**
**CC# 12011104**
**Pain Medicine**
**Workload Standard Development Summary Table**

**Workload Volume Indicator:** Total Pain Medicine Patients
**Annualized Volume :** 12,500

**AMS Benchmark Paid Hours Per Visit Range:** 0.65 - 0.72
**AMS Benchmark Worked Hours Per Visit Range:** 0.59 - 0.65
**AMS Benchmark Required Paid FTEs:** 3.91 - 4.30

| Hours/Visit | | | Paid FTEs | | |
|---|---|---|---|---|---|
| Current Pattern Paid | FY Target Paid | Paid/ Productive Ratio | Planned Pattern Actual | FY Target | Variance: Planned to Target |
| 0.77 | 0.77 | 1.12 | 4.60 | 4.60 | 0.00 |

# Current Staffing Pattern/Schedule

- We are currently at the AMS Benchmark with 4.6 FTE RN
- We staff 3 Procedure Rooms and have 1 Triage RN Daily.
- We cover unscheduled CTO/CTO with our Per Diem Staff

# Degree to Which Per Diems Meet Clinic Needs

December 2020 -3 Scheduled CTO days requested.
Coverage 100%.  No unscheduled CTO.

During January 2021- 1 Scheduled CTO day requested.
Covered 100%.  No unscheduled CTO.

During February 2021-7 CTO days requested.  Coverage needed for 4 of those days.  Coverage found for 3.
Covered 75%.  No unscheduled CTO.

**Current posting for additional Per Diem RN posted

# Proposed Staffing Pattern/Schedule

Our proposal is to stay at our current staffing ratio.

# Financial Impact of the Proposal

None

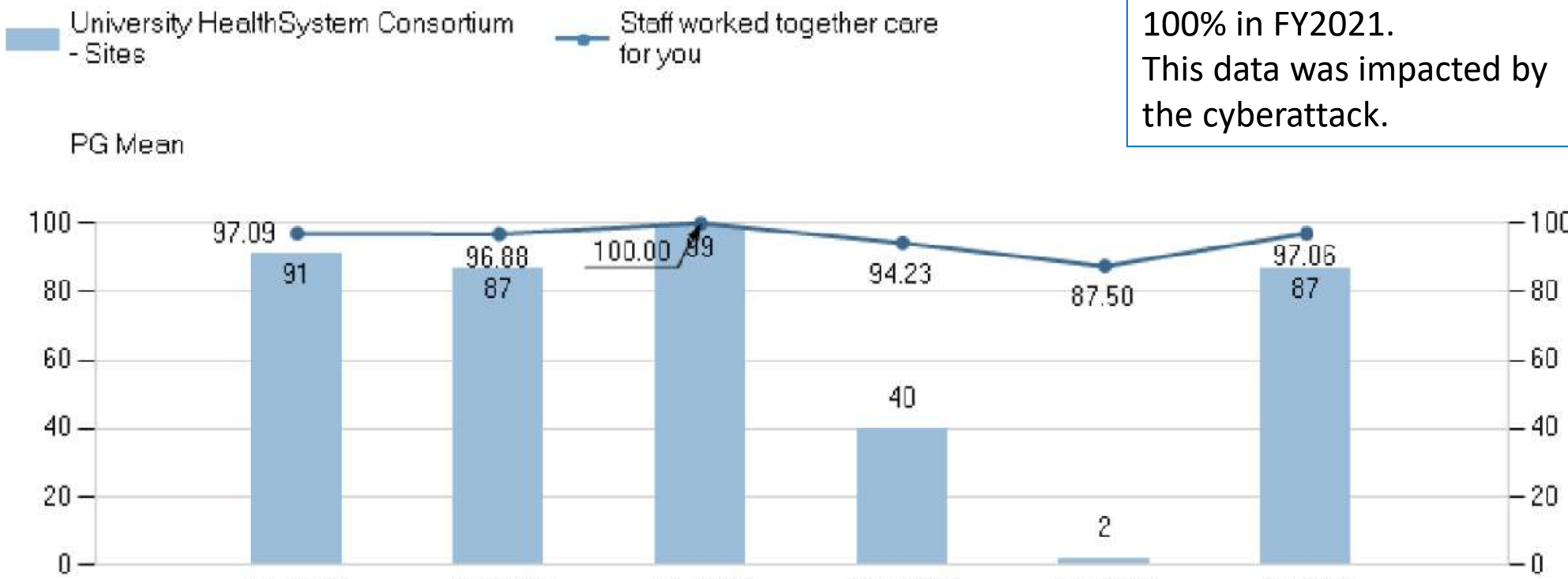
# Metrics to Measure the Effectiveness of the USC Project Plan

- Continue to use Press Ganey Reports
- Continue to use NDNQI data
- Continue to look at amount of overtime worked by current RN's to verify if we are at a comfortable staffing level.
- Continue to assess degree to which Per Diems meet the clinic needs

# Press Ganey
# Patient Satisfaction Baseline

My Sites: 'PAIN MANAGEMENT #18'

We are currently at 97.06%.
Our Goal would be to get to 100% in FY2021.
This data was impacted by the cyberattack.




| Visit Date | 1/1/2019 3/31/2019 | 4/1/2019 6/30/2019 | 7/1/2019 9/30/2019 | 10/1/2019 12/31/2019 | 1/1/2020 3/31/2020 | 4/1/2020 6/30/2020 |
|---|---|---|---|---|---|---|
| Benchmark Period | 10/1/2018 3/31/2019 | 1/1/2019 6/30/2019 | 4/1/2019 9/30/2019 | 7/1/2019 12/31/2019 | 10/1/2019 3/31/2020 | 1/1/2020 6/30/2020 |
| Sample size | n=43 | n=32 | n=25 | n=26 | n=12 | n=17 |
| Peer group size | N=1363 | N=1293 | N=1351 | N=1337 | N=1364 | N=1276 |

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# NDNQI Baseline
# Adequate staff to get work done

| Unit - Survey DESC | Measure Short Desc | Year | Survey Unit Peer Group | Srvy Unit Mean | RNSrvy_PGUnitMean |
|---|---|---|---|---|---|
| Anesthesia Health Care Service | Adq staff to get work done | 2019 | Academic Medical Centers | 2.17 | 2.55 |
| Anesthesia Health Care Service | Adq staff to get work done | 2020 | Academic Medical Centers | 2.70 | 2.50 |

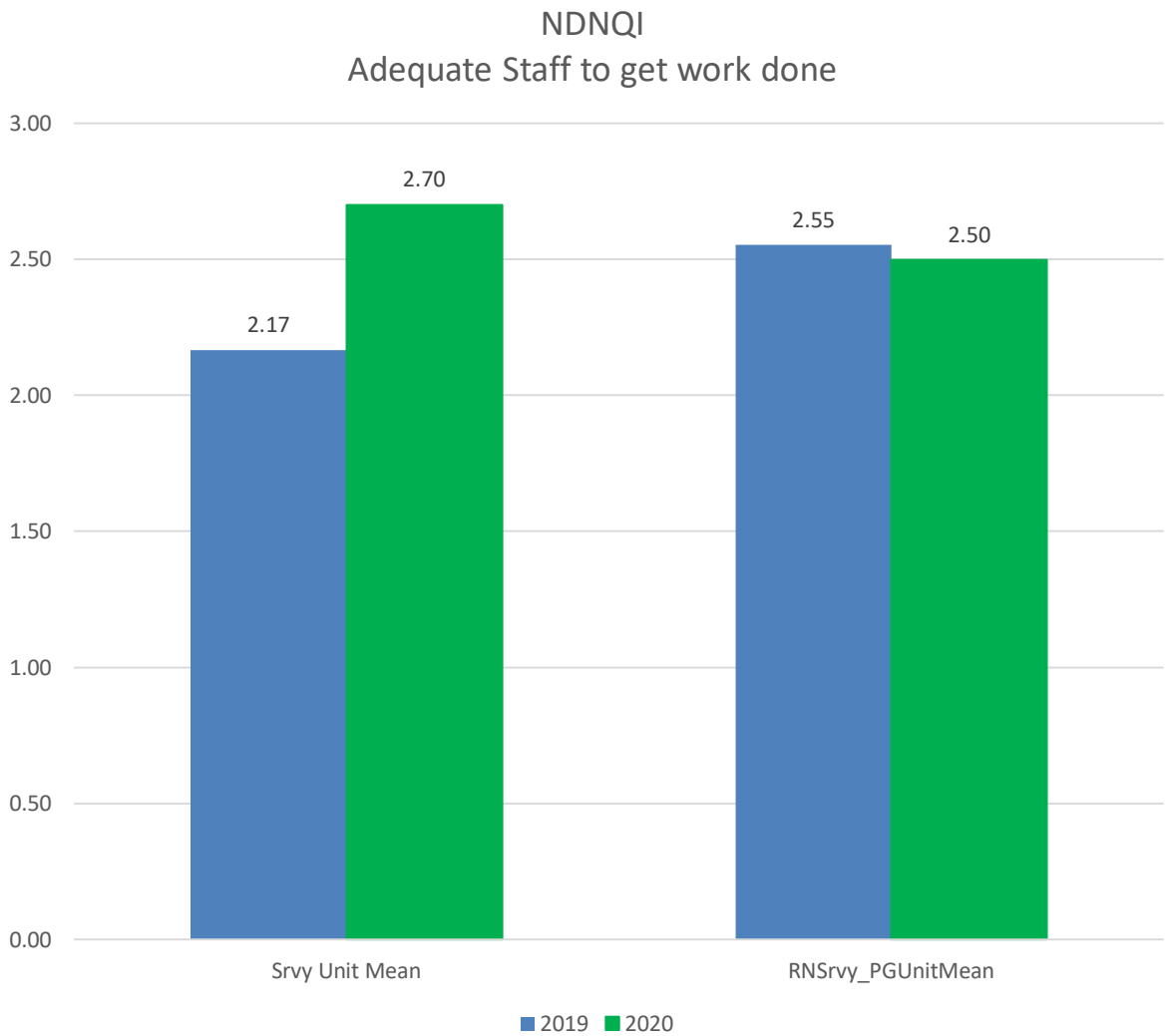


**Chart Information:**

- 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)

Please note: Interventional Pain is not specifically called out in the data but is rolled under Anesthesia services.

# MyChart Baseline
# Quality Process Metric

- 2020 – Patient Satisfaction – Tilley Pain Clinic

| Row Labels | Column L 2020 201910 % | _ | 201911 % | _ | 201912 % | _ | 202001 % | _ | 202002 % | _ | 202003 % | _ | 202004 % | _ | 202005 % | _ | 2020 % 2020 _ | Total % Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ⊞UVM MEDICAL CENTER SERVICE AREA | 80.0% | | 100.0% | | 87.5% | | 100.0% | | 50.0% | | 50.0% | | 100.0% | | 80.0% | | 83.9% | 83.9% |
| Grand Total | 80.0% | | 100.0% | | 87.5% | | 100.0% | | 50.0% | | 50.0% | | 100.0% | | 80.0% | | 83.9% | 83.9% |

For FY2020, We were at 83.9% for 'Likelihood of recommending our practice'. Our Target is to get to 100%.
There was no data available for 2021 in the dashboard.
Note: The data was impacted by Cyber attack.

Metric Definition:

| MetricName | MetricId | num_desc | den_desc | val_desc | target |
|---|---|---|---|---|---|
| Likelihood of your recommending our practice to others | MD\|O4 | Number of responses where a 5 was selected | Total Number of responses | Percent of responses where 5 was selected as a response to "Likelihood to recommend our practice to others" in the patient satisfaction survey. Data for the report is based on surveys received in the previous calendar month. The "Likelihood to recommend our practice to others" is the Press Ganey question on the survey. | 100% |

# MyChart Baseline
# Quality Process Metric

- 2021 – Message Turnaround Time –Tilley Pain Clinic

| Row Labels | Colum | 2021 202010 Days _ | 202012 Days _ | 2021 Days 202 | Total Days | Total _ |
|---|---|---|---|---|---|---|
| ⊞UVM MEDICAL CENTER SERVICE AREA | | 0.6 | 0.8 | 0.7 | 0.7 | |
| Grand Total | | 0.6 | 0.8 | 0.7 | 0.7 | |

For FY2021, We are currently at .7 days for 'Avg MyChart Medical Request Turnaround Time'. Below the target of 1 day.
Note: The data was impacted by Cyber attack.

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

- At this time we have no changes.

# Project Plan Approval

May 3, 2021

Dear Interventional Pain 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


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# Timeline 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