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Unit Staffing Collaborative Women's – Maternal Fetal Medicine

Report Submission Date: 2/15/2021

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

THE University of Vermont MEDICAL CENTER

Unit/ Clinic USC Members

- Bryonne Johnson
- Casey Darling, RN
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- Melody Brezic, RN
- Amy Lang, 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 **(3/15/21)**. 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

- Maternal Fetal medicine (MFM) provides a high level of care for the medically complex pregnant mothers and/or their medically complex fetuses. Care includes preconception counseling, perinatal care including maternal and fetal monitoring, surgical intervention, and care coordination. This is the only high risk obstetrical practice in the state of Vermont and Northern New York.
- Hours of operation are 8:00 a.m. – 5:00 p.m. Monday through Friday.

Meeting Dates

- Kick-off Meeting – 9/1/2020 (2 hrs.)
- Team Meeting – 9/16/2020 (1.5 hrs.)
- Team Meeting – 9/23/2020 (1.5 hrs.)
- Team Meeting – 9/30/2020 (1.5 hrs.)
- Team Meeting – 10/14/2020 (1.5 hrs.)
- Team Meeting – 10/28/2020 (1.5 hrs.)
- Team Meeting – 12/2/2020 (1 hr)
- Team Meeting – 12/9/2020 (1 hr)
- Team Meeting – 12/16/2020 (1 hr)
- Team Meeting – 12/23/2020 (1 hr)

Minimum Staffing Levels

- What are your core RN staffing levels?
  - There are currently 2 RN FTEs in the clinic.
- We need 2 RNs to manage the work of MFM that includes phone triage, in-basket work, NSTs (Non-Stress Test), care coordination, patient education sessions, and referrals.
- We don't currently have a backup plan. Float pool is not trained to Maternal Fetal Medicine, so they can cover basic OB concerns and NSTs, but none specific to MFM. The Float Pool is not typically available to Women's. Per diems are used to cover long-term absences (maternity leave, open positions), so we don't have staff to cover call-outs.

Non-Nursing Tasks that impact our work

Task	Estimated Time Spent
Rooming patients for clinic (pre-Covid)	4 hr/week
Answering front desk staff questions	3 hr/week
Injections	2-3 hr/week
Coordination of patient transport	1 hr/month
Weekly staff schedule review	1 hr/week
Daily staff schedule review and problem solving	1.5 hr/week

Task	Estimated Time Spent
Review of daily provider/patient schedules	10 min/day
Problem solving of issues with provider/patient schedules	10 min/day
Assistance to PSS with scheduling patients	30 min/week
Completion of patient paperwork (i.e. FMLA, disability, work notes, etc.)	2 hr/week
Scheduling inpatient admissions	20 min/month
Phlebotomy	1 hr/week
Review of clinic charts	Occasional
Chart prep for clinic	Occasional
Deliver ashes to patients after a loss	Occasional
Enter outside labs into PRISM	30 min/week
Pregnancy termination support	Occasional
Interpreter coordination	Occasional
Ordering Supplies	Occasional

Recommendation for Acuity Process

NON-PHONE WORK:

- Acute staffing needs are obviously hard to predict in our office. If we have to refer a patient to an outside provider, it is usually an urgent concern that can sometimes take one nurse out of a regular assignment
- Additionally, being pulled to do injections takes a nurse out of a regular assignment – this is something that can be handed off
- Our providers often ask the RNs to meet with patients to put a face to the voice, which helps with reassurance when met with a stressful pregnancy – takes away from phone work/regular assignment
- We get pulled to sometimes assist in clinic (i.e. chaperone an exam) – which could get handed off to another MA if the MFM MA is not available
- Support for PSS – scheduling questions which need to be managed in a timely manner

- IN-BASKET WORK:
- If PSS get behind on scanning in our referrals, we can sometimes get 10+ in one day. This is an acute issue, but not something that can be handed off to other staff.

As with some of the other sub-specialties in our office, having a dedicated PSS for MFM and possibly REI or another sub-specialties (shared 0.5 + 0.5 time) would help with some of the administrative non-nursing tasks.

Analysis for Nurse Circulator

- For critical, procedural, acute care units – N/A for Maternal Fetal Medicine

Staffing Data including Unit Budget

- FY21 Budgeted RN and LPN FTEs
  - 2 FTE RNs

AMS Benchmark Staffing Grid

Target Workload Summary

University Of Vermont Medical Center
Cost Center# 12012018
Maternal Fetal Medicine
Workload Standard Development Summary Table

Volume Indicator: Completed Provider Visits
Annualized Volume: 3,165

AMS Benchmark Paid Hours Per Visit Range: 0.79 – 0.96
AMS Benchmark Worked Hours Per Visit Range: 0.66 – 0.80
AMS Benchmark Required Paid FTEs: 1.20 – 1.46

Hours/Visit			Paid FTEs		
Current Pattern Paid	FY'21 Target Paid	Paid/ Worked Ratio	Current Pattern	FY'21 Target Pattern	Variance Cur to Tar
1.57	1.26	1.20	2.40	1.92	0.48

Current Staffing Pattern/Schedule

- Year to date actual at job code level
  - 2 FTE RNs (2.0)
  - AMS Benchmark shows target pattern as 1.92
  - There are currently no LPNs in the division

- How do you staff M-F (weekends if applicable)? What is your current staffing pattern?
  - There are 2 RNs M-F, 8am-5pm.

- No current plans for covering unscheduled time off.

- 0.08 overage on staffing helps to balance and cover unscheduled time off

Proposed Staffing Pattern/Schedule

- Plan to keep current staffing pattern to accommodate actual nursing needs in clinic
- Need for Float Pool coverage on unscheduled time off days

Current Staffing Pattern
Maternal Fetal Medicine
Cost Center: 12012018

																		Completed Provider Visits	3,165
																		Average per Day	13
		Shift Length (hours)	Number of Staff							Total Weekly Shifts	Total Weekly Req. Hrs w/o repl	Req. FTEs w/o replace	SVH Replace Ratio	Total Paid Hours	Total Paid FTEs	Hours per Indicator	
Skill	Description		Mon	Tue	Wed	Thur	Fri	Sat	Sun							Worked	Paid
		A								B	C=AxB		D	E=CxD	F=E/40		
		RN															
RN	8a - 5p	8.0	2.0	2.0	2.0	2.0	2.0			10.0	80.0	2.0	1.200	96	2.4	1.3144	1.5773

Example of a Target Staffing Pattern
Maternal Fetal Medicine
Cost Center: 12012018

																		Completed Provider Visits	3,165
																		Average per Day	13
		Shift Length (hours)	Number of Staff							Total Weekly Shifts	Total Weekly Req. Hrs w/o repl	Req. FTEs w/o replace	SVH Replace Ratio	Total Paid Hours	Total Paid FTEs	Hours per Indicator	
Skill	Description		Mon	Tue	Wed	Thur	Fri	Sat	Sun							Worked	Paid
		A								B	C=AxB		D	E=CxD	F=E/40		
		RN															
RN	8a - 5p	8.0	2.0	1.0	1.0	2.0	2.0			8.0	64.0	1.6	1.200	77	1.9	1.0515	1.2618

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Financial Impact of the Proposal

The recommendation is hiring an additional .5 PSS for FY2022 Budget.

- This Patient Support Specialist position would cost @ $22,723 (including Fringe).

The other recommendations do not have a financial impact on the division.

Women's Maternal Fetal Medicine	FY21 Budget		AMS Recommendation		Difference Between FY21 Budget & AMS		Proposed		Difference Between FY21 Budget & Proposed		Difference between AMS & Proposed	
	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries
Women's Maternal Fetal Medicine												
RN	2	$ 147,134	1.92	$ 147,10.00	(0.1)	$ 26.00	2	$ 147,134.00	0.0	$ 26.00	0.1	$ (26.00)
PSS	1	44096	0	0	0.0	0	1.5	66819	0.5	$ 22,723.00	0.0	0

Metrics to Measure the Effectiveness of the USC Project Plan

We will be using 3 main metrics to measure the effectiveness of the recommended changes:

- Patient Satisfaction – How well the staff worked together to care for you & overall patient satisfaction
- NDNQI – Adequate staff to get work done
- Quality Process Metric – MyChart Medical Request Turnaround Time

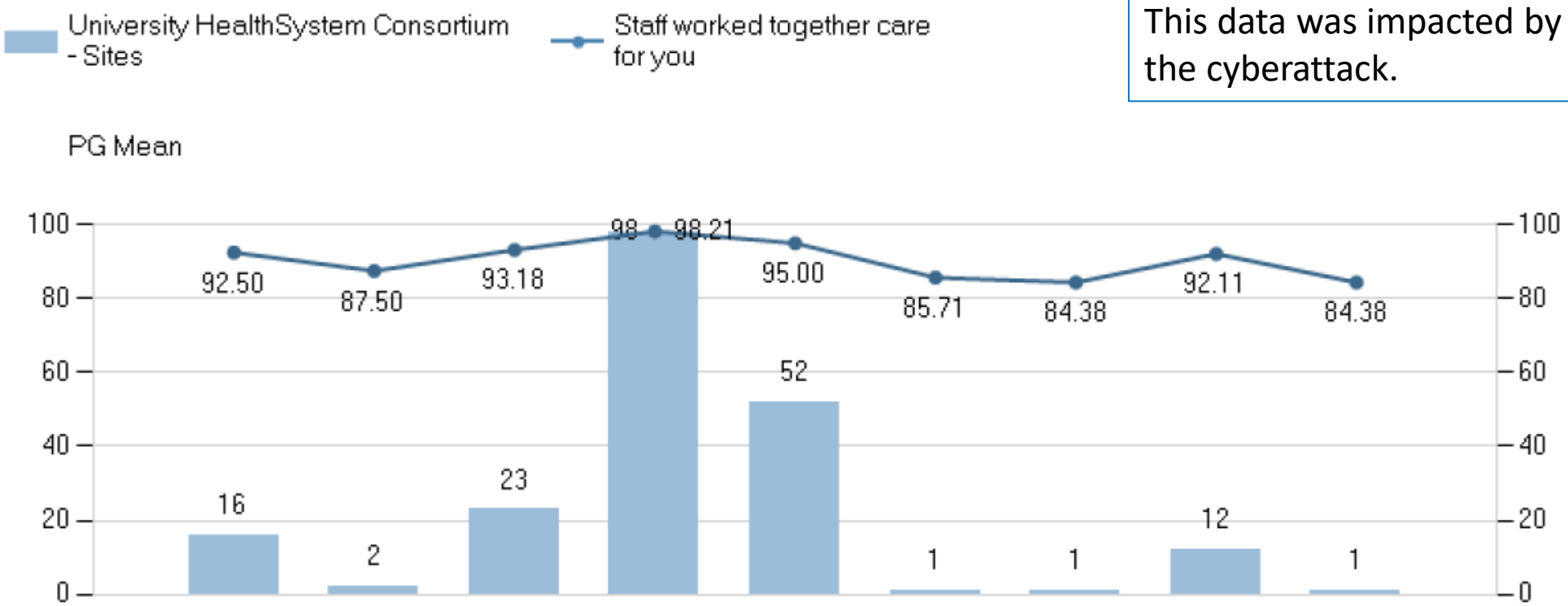
These 3 metrics baseline data are outlined on the following slides.

In addition, if we are successful in staffing and using the resource pool for CTO coverage we should be able to show decrease in per diem usage from Women's Department.

Press Ganey
Patient Satisfaction Baseline

We are currently at 84.38%.
Our Goal would be to get to 100% in FY2021.
This data was impacted by the cyberattack.

My Sites: 'OBGYN-MATERNAL/FETAL MED MP4'



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	7/1/2020 9/30/2020	10/1/2020 12/31/2020	1/1/2021 3/31/2021
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	4/1/2020 9/30/2020	7/1/2020 12/31/2020	8/1/2020 1/31/2021
Sample size	n=10	n=10	n=11	n=14	n=10	n=14	n=24	n=19	n=8
Peer group size	N=1363	N=1293	N=1351	N=1337	N=1364	N=1276	N=1206	N=1260	N=1293

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NDNQI Baseline
Adequate staff to get work done

Unit - Survey DESC	Year	Srvy Unit Mean	RNSrvy_PGUnitMean
Women's Health Care Service	2018	2.11	2.59
Women's Health Care Service	2019	2.08	2.55
Women's Health Care Service	2020	2.19	2.50

Please note: MFM is not specifically called out in the data but is rolled under Women's services.

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)

Patient Satisfaction
Quality Process Metric

- 2021 – Patient Satisfaction

Row Labels	Column L %	2021 202010 _ %	202012 _	2021 %	202 Total %	Tota
⊞ UVM MEDICAL CENTER SERVICE AREA		66.7%	57.1%	60.0%	60.0%	
Grand Total		66.7%	57.1%	60.0%	60.0%	

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%

For FY2021, We are currently at 60.0% for 'Likelihood of recommending our practice'. Our Target is to get to 100%.
Note: The data was impacted by Cyber attack.

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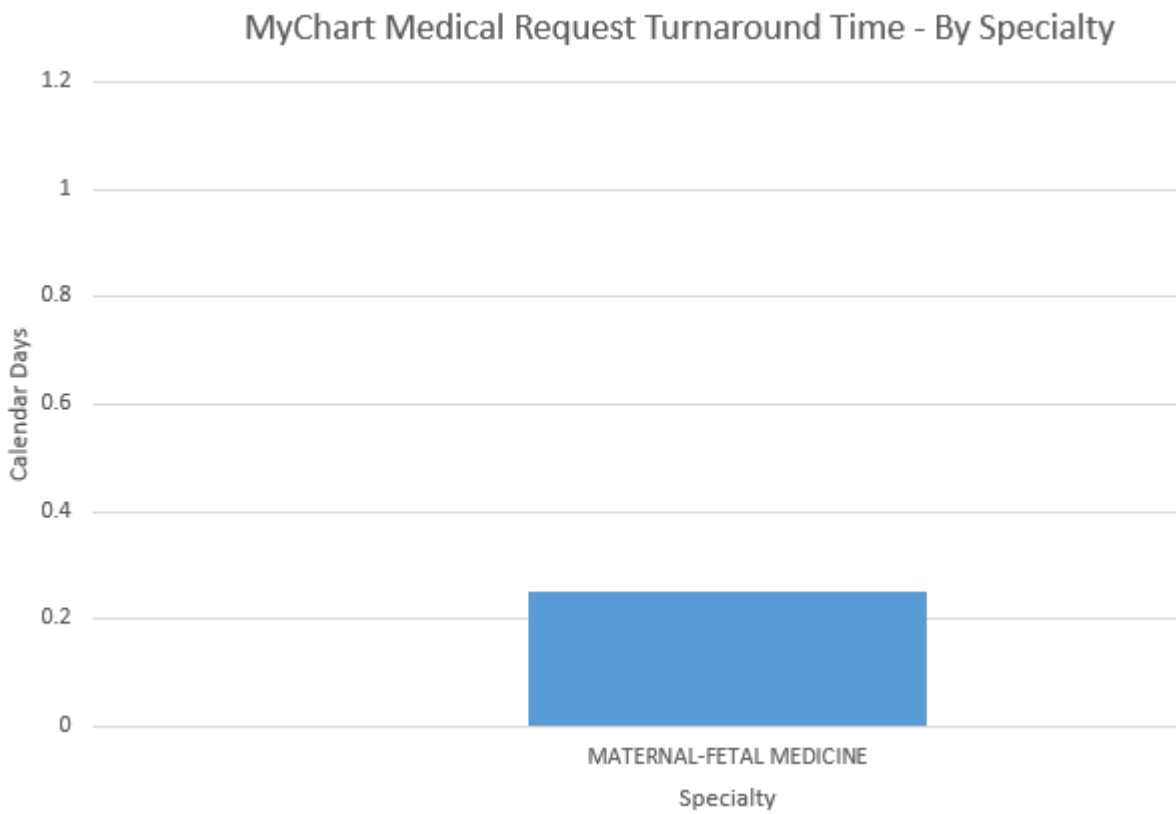
MyChart Baseline
Quality Process Metric

- 2021 – Message Turnaround Time



For FY2021, We are currently at .3 days for 'Avg MyChart Medical Request Turnaround Time'. Below the target of 1 day.
Note: The data was impacted by Cyber attack.

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

Highlighted Changes

<u>The Recommendations are for Budget Year 2021 in priority order are:</u>

1. Potential items to be handed off to current Medical Assistant. Listed below.
2. Recommend to have more access to Float Pool to cover unscheduled CTO

Task	Estimated Time Spent
Injections	2-3 hrs/week
Coordination of patient transport	1 hr/month
Daily staff schedule review and problem solving	1.5 hrs/week
Training: new staff, float staff	30 hrs/year
Review of daily provider/patient schedules	10 min/day
Problem solving of issues with provider/patient schedules	10 min/day
Assistance to PSS with scheduling patients	30 min/week
Completion of patient paperwork (i.e. FMLA, disability, work notes, etc.)	2 hrs/week
Scheduling inpatient admissions	20 min/month
Phlebotomy	1 hr/week
Deliver ashes to patients after a loss	Occasional
Enter outside labs into PRISM	30 min/week
Pregnancy termination support	Occasional
Interpreter coordination	Occasional
Covid check-in calls	Occasional
Ordering Supplies	Occasional

Highlighted Changes

<u>The Recommendations are for Budget Year 2022 in priority order are:</u>

1. Recommend dedicated additional .5 PSS to help with non-nursing functions listed below.

Task	Estimated Time Spent (approximately)
Referral organization and scheduling	4 hrs/week
Retrieve notes for referrals for RN triage	2 hrs/week
All MFM appointment scheduling	7 hrs/week
Review schedules each day and fix any issues	2.5 hrs/week
Inductions and OR scheduling for MFM patients	3 hrs/week
FMLS/STD paperwork	3 hrs/week
Manage all incoming faxes and distribute appropriately, handoff/responsible for outgoing faxes and appropriate documentation of sent faxes	5 hrs/week
Work directly with providers around scheduling concerns	4 hrs/week
Help with administrative pieces of outgoing referrals (i.e. Yale,Boston)	30 min/week
Coordinate internal referrals (i.e. Cardiology, NICU, Pedi Nephrology, etc.)	1-2 hrs/week
Total	29 hrs/week

Highlighted Changes

The Rational for dedicated additional .5 PSS:

Why we want to offload these tasks:

- **Scheduling** - A lot of what we do in addition to standard nursing tasks is fixing errors. Errors made by providers and errors made by PSS/MAs. Examples of these errors include: not putting in a check out note for the patient to get scheduled for a follow up visit, the follow up visit not getting scheduled even though the check-out note was in, one hour glucose tolerance test getting scheduled for a type 2 diabetic (problematic because the glucose tolerance test is a screening test for diabetes – not needed if the patient is already diabetic), patient getting scheduled for a routine prenatal visit even though she's never seen MFM before (problematic because MFM is a referral service). We spend an enormous amount of time working on these errors which takes away from more nursing-centered tasks.

  *It should be highlighted that OB scheduling is complex scheduling process that on the best of days is prone to error when there are multiple people scheduling. In addition, this service has a lot of add-ons that then need to be managed by the OSS as they are the ones who have the permissions to change templates in this manner.

- **Inductions/OR scheduling** – Our providers often ask the nursing team when a patient's induction of labor or C-section is scheduled. While the actual scheduling gets done by a SCOA, these asks require nursing to pause their current tasks to look this up/find out. A person sitting in our room who schedules these/responsible for the information would be able to answer these inquiries.
- **Referrals** - We spend a lot of time tracking down records when triaging referrals. It is our job to make sure that our MDs have all records they may need to consult a patient and we do that before the patient gets scheduled (i.e. if a patient has a history of a deep vein thrombosis, we need to see the record of that and know how it was treated). It sometimes takes some sleuthing to figure this out and can often take a lot of follow up. We are also the point people for outside offices when they have questions about the referrals they've placed or if they need to change/add to the referral. Much of this could get handled by a devoted PSS.
- **Outside referrals and Internal referrals** – Other offices have PSS-like staff deal with these, but our current PSS staff don't have the capacity to do it and the nursing team doesn't yet have the trust in the PSS to hand this off. This could certainly be managed by a devoted PSS on our team.
- **FMLA/STD/Faxes** – Nursing spends time completing these forms, faxing them, and documenting them in the chart as well as communicating the completion to the patients. This does not need to be done by a nurse, but should be done by a reliable liaison for the clinical team.

Highlighted Changes

The Rational for dedicated additional .5 PSS, continued:

What we would do with that time:

- We have been wanting to implement a program to offer patients a nurse-only education session each trimester. These sessions would focus on regular, run-of-the-mill pregnancy concerns such as which breast pump to choose, what kind of formula to look for, when/how to pick a pediatrician, how to prepare for safe sleep habits, are birthing classes worth it, what is a lactation consultant, etc. A lot of this can easily get missed in MFM because we are so focused on the high-risk pregnancy and keeping mom and baby safe. We are able to give handouts, but some patients need more than that and these visits would help to normalize a pregnancy that is considered high-risk (which feels scary to most patients), focus on the positive (and fun) parts of pregnancy and also give patients the opportunity to ask questions to the nurse when they may think it is too silly to ask the doctor.
- Additionally, we would like to set up a Nurse Only schedule that would allow visits that are within the nursing scope such as blood pressure checks, incision checks, injections, staple removals, etc. We don't currently have that for MFM because there isn't enough time. Those visits end up on the MD schedules, then taking away visits from other patients who need to be seen.

How will we measure if this is successful:

- We are able to track scheduling errors in Epic, so we would see a decrease in this number.
- We will track how many patients are taking advantage of the qTrimester nursing education visits by looking at the schedule/pulling reports from Epic.
- We will see greater availability in MD schedules for patients who need to be seen.
- Patient satisfaction surveys will reflect positive experiences.
- Staff satisfaction will be reflected on NDNQI reports.

Maternal Fetal Medicine is a subspecialty unique to any others in our area. They are the only Maternal Fetal Medicine Specialty in Vermont and surrounding areas- the closets otherwise being Boston and Albany. The individual pieces and requirements separate them from the other specialties and this proposal seeks to develop their core team to care for this high-risk patient population. In an ideal state we would have a full time OB Intake Coordinator to help move our OB patient population through our multiple OB provider subgroups in a more efficient and cohesive manner. This could also align with the coordination with our Ultrasound Unit which is another subset of the scheduling pieces associated with the obstetrical population.

Project Plan Approval

May 3, 2021

Dear Women's USC Teams:

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 plans with the addition of a PSS 1.0 FTE has been approved for FY 22. This will be a shared resource across the four areas. We are unable to approve the additional 1.5 FTE of support staff requested for your areas at this time, given the AMS benchmarking data and the potential impact of shifting support functions (prior authorization) to other groups.

Service	Staffing Addition	FTE
MFM	PSS	1.0
REI		
OB/GYN		
GYN Onc		

If you have any questions about the USC project approvals, 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
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Deb Snell, RN
President VFNHP
Debs@vfnhp.org

Time line and Deliverables

- Check in/progress update - call with P. Gagne and D. Snell on 12/16 at 1pm.

- 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