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Unit Staffing Collaborative Neurology

January 15, 2021

Revised: March 30, 2021

Note: One slide deck per HCS USC, calling out differences between clinics as appropriate

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Unit/ Clinic USC Members

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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 **(Inpatient: 11/20/2020; Ambulatory: 12/1/2020).** 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 three (3) months of the submission of the final report **(2/22/21)**. 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

- Neurology is a large ambulatory clinic situated over multiple clinic sites. Adult and pediatric patients treated in this clinic are seen for neuromuscular complaints, headaches, post stroke follow up, movement and balance issues, and memory disorders.
- The Neurophysiology lab and Epilepsy clinic provides inpatient and outpatient neurodiagnostic testing along with care for patients with Epilepsy.
- The Sleep program provides diagnostic sleep testing and ongoing care and management of patients with a variety of sleep disorders.

Meeting Dates

- August 28, 2020 Kick Off Meeting
- September 16, 2020 Smaller Group Work
- September 30, 2020 Smaller Group Work
- October 14, 2020 Smaller Group Work
- October 28, 2020 Smaller Group Work
- November 11, 2020 Smaller Group Work
- November 25, 2020 Smaller Group Work
- December 9, 2020 Smaller Group Work
- December 22, 2020 Smaller Group Work

Minimum Staffing Levels

- What are your core RN staffing levels?
  - Care coordinator for each of the sub specialties (inbaskets)
    - 5.0 FTE (epilepsy, MS, neuromuscular, movement, pedi)
    - Headache, sleep, memory, general
  - Triage RN as needed (cover vacations, busy days, RN IV work)
    - 3.75 FTE
- Speak to what the minimum number of RNs needed, address LPNs if applicable
  - Day to day: 1 RN per inbasket
  - Holiday: 2-3 RN's total
  - Procedures coverage needed for Baclofen Pump Program Address tactics to flex staffing up and down (i.e. sister sites, floating, per diems, resource pool)
  - Current state: Per diems/travelers
  - Future state options: inpatient RNs that want to learn outpatient world, resource pool (need to submit algorithms for scheduling, etc.)

Time Spent on Nursing vs Non-Nursing Duties

- What is the *approximate* time per week spent on non-nursing functions?
  - What non-nursing functions are consistently assigned to RNs?
    - Sleep: Prior Auth, fax requests for refills (entering info into med refill encounter)
- Is there a recommendation on who could do the work? (goal is to identify options, not solve/implement)
  - Potential for social work to help (care coordinating- daily need)
- What activities do not require RNs or prevent RNs from doing core RN work (i.e. RNs can perform rooming function, but does it keep RNs from staffing triage calls)
  - A lot of work already done to remove non-nursing tasks from RN's
  - Rooming process: potential for RN involvement in medication reconciliation process to remove incorrect medications

Recommendation for Acuity Process

- What non-phone work drives more acute staffing needs?
  - Provider clinic increases nursing work (pulled into visits for a variety of reasons)
  - External sleep study review (determine urgency of referral)
    - Volume: about 20/day
  - How does volume of nursing procedures affect acuity?
    - Higher the volume= increased time it will take to get back to patients
- Does in basket volume drive more acute staffing needs?
  - Many ways to receive information (inbasket calls, mychart messages, provider messages/email, copy/fax)
  - Increased phone wait time- impacts acuity of mychart messages, patients use email (not monitored the same way as the inbasket), lose first point of triage with PASC
  - Requires a lot of touches
  - Care coordination required for calls, documentation time on top of call time
    - Case Management/Social Work
  - High resource utilizers
  - Volume/aging messages
    - What is a safe # of messages to be waiting in inbasket? Up to 20. 10-19 is ideal, to allow for calls to come in while we are on phone with another patient.
    - Consolidation of inbasket folders? Easier to triage the inbasket as a whole than dipping into multiple (20+) folders to see what needs to be addressed first
- What are the “work triggers” which cause a change in practice?
  - What requires more nursing support
    - Expansion of scope of service
    - New providers
    - Higher number of procedures which require RN
    - When providers are NOT in office, or short on providers, it can increase volume of triage work due to wait time

Analysis for Nurse Circulator

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

Staffing Data including Unit Budget

Neurology Nursing FTE				
Cost Center	Budget	YTD Actuals	Traveler actuals	Comments
1500- Admin	0	0		
1503 - CNL	1	1.1		
1504 - MD, NM, HA, Gen	5.5	4.3		
1506 - NAV	0	0		
1508 - Sleep	1	1.1		
1509 - MS	1	1.1		
1510 - Peds	1	0.3	0.2	
1511 - Stroke	0	0		
1512 - Memory Prog	0	0		
Totals	9.5	7.9	0.2	Need to factor out infusion transfer

AMS Benchmark Staffing Grid

University of Vermont Medical Center

Current & Example of a Target Staffing Pattern

UHC Arnold 2 Sleep

Cost Center: 12011508

Completed Provider Visits	2,902
Average per Day	12

Skill	Description	Shift Length (hours)	Number of Staff Mon	Tue	Wed	Thur	Fri	Sat	Sun	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 Worked	Paid
		A								B	C=AxB		D	E=CxD	F=E/40		
RN																	
RN		8.0	1.0	1.0	1.0	1.0	1.0			5.0	40.0	1.0	1.209	48	1.2	0.7167	0.8665
					Pattern Total					5.0	40.0	1.0	1.209	48	1.21	0.717	0.867

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AMS Benchmark Staffing Grid

University of Vermont Medical Center

Current & Example of a Target Staffing Pattern

Neurology - CNL Lab

Cost Center: 12011503

																Completed Provider Visits		4,241	
																Average per Day		17	
Skill	Description	Shift Length (hours)	Number of Staff Mon	Tue	Wed	Thur	Fri	Sat	Sun	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 Worked	Paid
		A								B	C=AxB		D	E=CxD	F=E/40		
		RN															
RN		8.0	1.0	1.0	1.0	1.0	1.0			5.0	40.0	1.0	1.165	47	1.2	0.4905	0.5714
						Pattern Total				5.0	40.0	1.0	1.165	47	1.17	0.490	0.571

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AMS Benchmark Staffing Grid

University of Vermont Medical Center
Current & Example of a Target Staffing Pattern
Neurology Services
Cost Center: 12011504

Completed Provider Visits	21,056
Average per Day	84

Skill	Description	Shift Length (hours)	Number of Staff Mon	Tue	Wed	Thur	Fri	Sat	Sun	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 Worked	Paid
		A								B	C=AxB		D	E=CxD	F=E/40		
		RN															
RN	Triage	8.0	3.0	2.0	2.0	3.0	3.0			13.0	104.0	2.6	1.125	117	2.9	0.2568	0.2889
RN	Infusion Room	8.0	1.0	2.0	2.0	1.0	1.0			7.0	56.0	1.4	1.125	63	1.6	0.1383	0.1556
					Pattern Total					20.0	160.0	4.0	1.125	180	4.50	0.395	0.445

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Current Staffing Pattern/Schedule

- Year to date actual at job code level

  FY20 budgeted

  2 positions being actively recruited for
  - 1.0 FTE Epilepsy
  - 4.0 FTE Arnold 2 (1.0 FTE movement, 1.0 FTE headache/stroke/resident, 0.5 FTE general, 1.0 FTE Neuromuscular (being recruited for)
    - 1.0 FTE MS
    - 0.8 FTE DEPN Students
  - 1.0 FTE Sleep
  - 1.0 FTE Pedi (being recruited for)
- How is this different from budget and if different, why?
  - 2.0 FTE short of budgeted
    - Difficulty recruiting
  - Heavily reliant on Per Diem/DEPN coverage
- How is this different from AMS benchmark staffing grid and if different, why?
  - Short because we have vacant positions
  - Not budgeted in FY20 for what AMS recommends
- How do you staff M-F (weekends if applicable)?
  - M-F 8am-5pm
  - Arnold 2:Tuesday/Friday: 3 RN's; Monday/Wednesday 4 RN's; Thursday 3.5 RN's
  - Sleep: 1 RN Monday- Friday
  - CNL/Peds (fluid per diem coverage): 1 RN Monday-Friday
- How will scheduled and unscheduled CTO and unproductive time will be covered?
  - We currently don't have additional coverage for time off
  - Limited per die an help out sometimes

Proposed Staffing Pattern/Schedule

5.0 FTE (epilepsy, MS, neuromuscular, movement, pedi)

– RN Care coordinator for each of the sub specialties (inbaskets)

1.0 FTE RN: Headache, stroke, resident

1.0 FTE RN: Sleep

2.5 FTE Triage RN as needed (Memory, cover vacations, busy days, RN IV work)

0.5 FTE- Baclofen pump program will require an increase in nurse effort

Per diem/float pool/resource pool to help cover vacations, conference time, holidays, etc.

- Address differences from current staffing pattern/schedule and AMS benchmark (if applicable)
  - More stability for workforce (less reliant on per diem support)
  - 0.5 # of FTE over current budget

Financial Impact of the Proposal

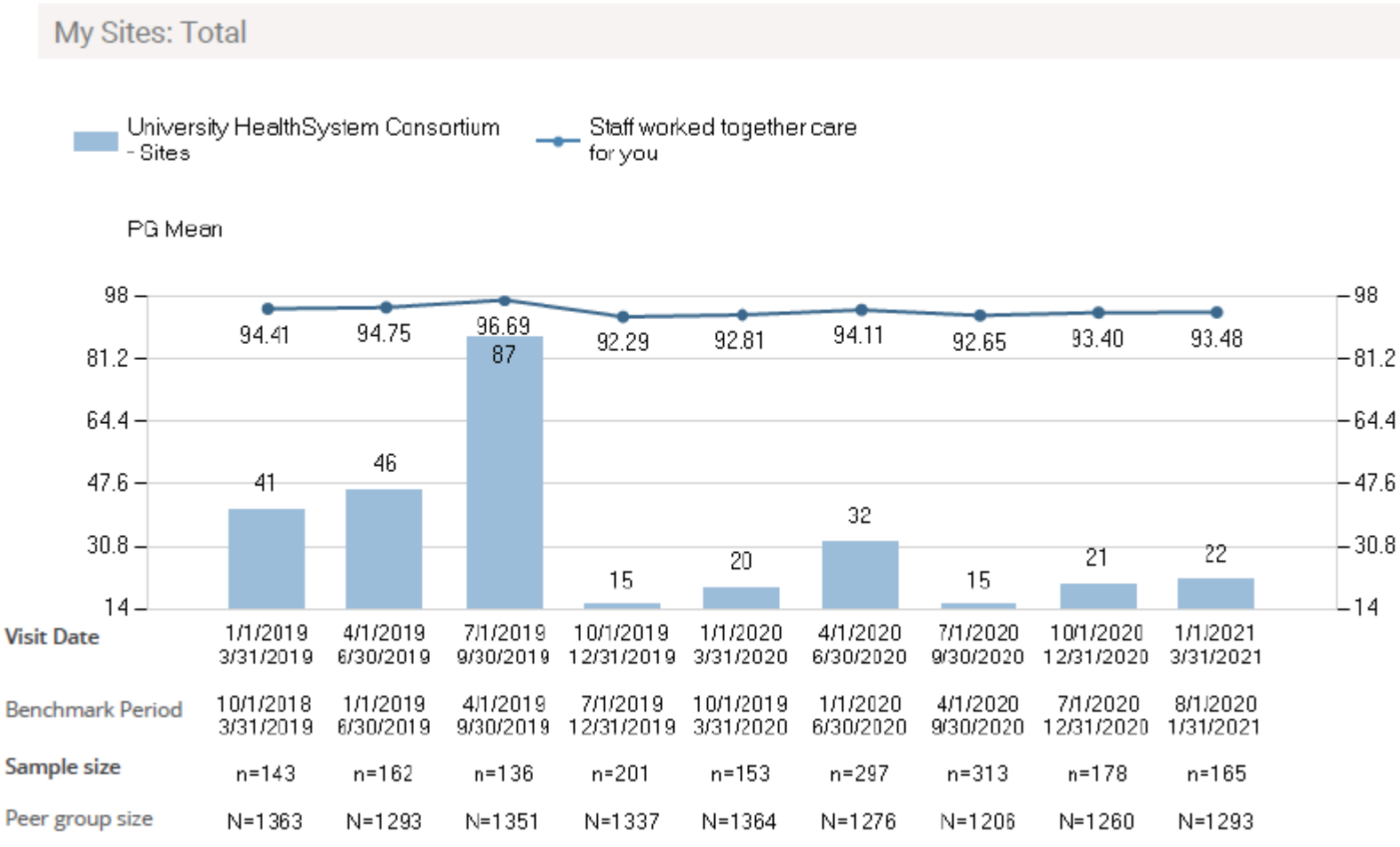
- 0.5 FTE for Baclofen Pump Program (U06 midpoint)
  - $38,240 in salary
  - $12,822 in fringe
  - $51,062 total

Metrics to Measure the Effectiveness of the USC Project Plan

- How will you know staffing levels are effective?
  - How quickly are we getting back to patients? (calls returned in x amount of time, referrals, any in basket messages)
  - How many calls/orders/referrals are in the in basket/WQ/folders?
  - Faxes for med refills/prior auths/lab results
  - Improved patient satisfaction
  - RN satisfaction
  - Physician satisfaction
- How will you know changes are effective?
  - Timely response to patients
  - Able to maintain guidelines for response times
  - Manageable volumes of calls/orders/referrals
  - Improved patient, staff and provider satisfaction
- Suggestions to consider monitoring:
  - Press Ganey metric specific to nursing
    - Help measure patient satisfaction; not as effective (only captures outliers)
  - NDNQI metric
    - Help measure staff satisfaction
  - Utilization of premium pay/OT
    - Look at trends of OT use to help indicate whether or not we're staffed correctly; may be false indicator since OT needs to be approved
  - Utilization of per diems
    - Look at trends of OT use to help indicate whether or not we're staffed correctly; not always available so may not show accurate trends (may look like we don't need them)
  - Utilization of resource pool
  - Utilization of Traveling RN's

Baseline Data

Press Ganey



NDNQI

Unit - Survey DESC	Measure Short Desc	Year	Srvy Unit Mean	RNSrvy_PGUnitMean
Neurology Health Care Service	Adq staff to get work done	2019	1.64	2.55

MyChart Response Rate

Neurology: 0.2 days

Clinical Neurophysiology: 191 days

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Summary of changes

- FY21 budget calls for 10.1 FTE of staff RN. The AMS benchmark is 7.96 RN FTE. We are looking to add 0.5 FTE to support new volume related to a Baclofen Pump Program. There is an additional 0.6 FTE for an infusion RN that needs to be reduced out of FY21.
- Recruitment:
  - NDNQI subscale will be staffing with the quality initiative being to develop a recruitment and onboarding plan/project
- Baclofen Pump Program
  - Currently have 38 patients who are getting filled on different intervals. Patients are booked for 1 hour.
  - Transitioning all fills to RN effort
  - Baclofen Pump Program orientation for existing nurses is training intensive, requiring 0.5 FTE to cover the current 38 patients. As RN's get up to speed with this procedure, we anticipate a ramp up in new patients, which will fill the 0.5 FTE.
  - Anticipated growth of program over the next year will require 0.5 RN FTE.
- Priority of tasks:
  - Completion of NDNQI quality initiative (FY21)
  - Fill vacant positions (FY22)
  - Full transition of the Baclofen Pump Program to RN workload (FY22)

Highlighted Changes

- We are recommending a 2.0 FTE increase over AMS benchmarking.
  - 0.5 FTE in support of the new responsibilities associated with the Baclofen Pump Program
  - 0.6 FTE reduction from FY21 in recognition of remaining Shep 4 Infusion transfer
  - With the request for 0.5 RN FTE for the Baclofen Pump Program, and the 0.6 RN FTE transferring out to Shep 4, the FY22 budget will be neutral to FY21
  - Due to vacant positions, Neurology has been running at 8.0 RN FTE. This FTE is not enough to support normal work functions.

Time line and Deliverables

- Check in/progress update - schedule call with P. Gagne and D. Snell by **October 15, 2020**
- Final plans submission deadline:
  - **INPATIENT UNITS: November 20, 2020**
  - **AMBULATORY CLINICS: January 15, 2021**

- To schedule quarterly meetings with group to continue work

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

Project Plan Approval

May 3, 2021

Dear Neurology 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 a 0.30 FTE (Baclofen Pump RN – in lieu of the proposed 0.5 FTE addition) have been approved for FY 22 based on your predicted patient volumes in this program

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 plans, 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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Finance document, last updated 4/6

	FY21 Budget		AMS Recommendation		Difference Between FY21 Budget & AMS		Proposed		Difference Between FY21 Budget & Proposed		Difference between AMS & Proposed		Summ
	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	
	5.2	$ 15,000	5.6	$ 25,000	0.4	$ 10,000	5.3	$ 15,500	0.1	$ 500	(0.3)	$ (9,500)	1.0 of FY21 budge
	6.1	$ 506,251	4.5	$ 373,464	(1.6)	$ (132,787)	6	$ 497,952	(0.1)	$ (8,299)	1.5	$ 124,488	
	1.0	$ 82,992	1.17	$ 97,101	0.2	$ 14,109	1	$ 82,992	0.0	$ -	(0.2)	$ (14,109)	
	1.0	$ 82,992	1.21	$ 100,420	0.2	$ 17,428	1	$ 82,992	0.0	$ -	(0.2)	$ (17,428)	
	1.0	$ 82,992	1.08	$ 89,631	0.1	$ 6,639	1	$ 82,992	0.0	$ -	(0.1)	$ (6,639)	
	1.0	$ 82,992	0	$ -	(1.0)	$ (82,992)	1	$ 82,992	0.0	$ -	1.0	$ 82,992	
	10.1	$ 838,219	7.96	$ 660,616	(2.1)	$ (177,603)	10.0	829,920	(0.1)	$ 74,693	2.0	$ 169,304	1.0 allocated to i
					0.0	$ -			0.0	$ -	0.0	$ -	

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