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Unit Staffing Collaborative Women's – Reproductive Endocrinology and Infertility

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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- 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

- This practice provides care to male and female patients with infertility including IUI, IVF, and oral/SQ ovulation induction cycles. Further, this practice addresses reproductive endocrinology concerns including premature ovarian failure, symptomatic management of menopause, endometriosis treatment, chronic pelvic pain, and mullerian anomalies. For males, comprehensive semen analysis is performed.
- Hours of operation are 8:00 a.m. – 5:00 p.m., Monday through Friday and 8:00 a.m. – 12:00 p.m., Saturday and Sunday.

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 3 RN FTEs in the clinic.
    - Can increase up to 3.4 due to weekend work.
  - There are no LPNs or MAs specifically assigned to REI, though the generalist team works with our patients in clinic
  - The program has grown about 25% in the last year and we anticipate seeing continued growth in the future.
- Speak to what the minimum number of RNs needed
  - We need 3.4 RNs to handle our workload, especially when there are multiple procedures or education sessions happening on the same day

Nursing Tasks include:

- Phone triage
- IVF care coordination
- IVF procedures
- IUIs
- Patient education

- Medication prior authorizations
- Stocking/inventory of IVF suite
- Scheduling
- Placing orders
- FMLA/STD paperwork
- Chart review/looking up info for others

- Address tactics to flex staffing up and down (i.e. sister sites, floating, per diems, resource pool)
  - Unfortunately, there are no per diem/float nurses or nurses from other areas of women's who are willing/able to cover in REI at this time.
  - Hiring an REI specific PSS would be helpful in taking some of the administrative duties off of the RN.
  - We don't schedule IVF education if an RN is out on CTO or unscheduled CTO.

Time Spent on Nursing vs Non-Nursing Duties

Non-Nursing Tasks that impact our work

Non-Nursing Task	Description/Estimated Time Spent
Ordering supplies/stocking the IVF suite	1 hour/week (Supply chain could pick this up, but needs to be sure not to miss anything. This has been hit or miss so far)
STD/FMLA paperwork, (surgery/IVF patients), draft return to work letters for providers to sign	20 per month (~15min each) (Could hire REI specific PSS for paperwork needs)
Prior auths, (for meds) timing issues	20-40 medications per month, depending on whether patients are using their insurance of global for IVF (~10 min each) (Could consider hiring REI specific PSS for this)
Maintain stock of IVF paperwork	This is paperwork that is given to the patients at their visits (about 2 hours/month).
Obtain records from outside clinics	Current resource is going on maternity leave/per diem
Scheduling (via patient phone calls, provider requests, or via REI referrals), (challenges to transition elsewhere – access, training, etc.)	50% of phone calls involve scheduling an ultrasound or office visit (if there was an REI specific PSS, we could utilize them for some of this)
Send records back to referring providers	
Phlebotomy and injections, (blood draws)	1-3 blood draws daily (MAs can assist)
Return non-clinical phone calls	Daily, variable
Coordinate follow-up appointments for patients seen in US by GYN providers	Not currently happening, patient dis-satisfier
Rooming/helping in clinic	Occasionally (MAs do this usually)
Writing letters/notes for patients, (transition to another role/better template in EPIC)	1-2 per week (surgical scheduler or PSS could draft and MD could review and sign. Would be better if there was an REI specific PSS)
Placing/fixing orders for MDs, (order everything/sign them)	We order all IVF drugs (15 patients x5 drugs per month), as well as much of the IVF workup (US and labs) for new patients, some medication refills. 50% of telephone encounters involve placing orders. This allows us to perform our tasks more seamlessly. I am not suggesting that we change this, but we could provide some education to physicians around placing orders to decrease the amount of orders placed by nurses.
Dealing with walk-in patient concerns	Triaging patients who walk-in to the front desk, happens randomly, interrupts workflow
Filling out paperwork/looking up information for others	Specifically, the embryology lab and PA specialist ask RN team to look in the chart to fill out paperwork (these specialties could review the chart themselves, or could consider REI specific PSS)

Recommendation for Acuity Process

Our staffing needs increase when there are multiple procedures (IUI, IVF) and patient education sessions on the same day. Phone triage stays pretty consistent week to week. Our in basket is well managed. Volume remains consistent. Some of our patients use more of our resources for the same outcome – REI patients are often under a lot of stress due to infertility and need additional reassurance and longer phone calls. IVF care coordination is very involved -- many 'touches' on the same patient for the same procedure over the course of a few months. Requires significantly more attention than other patients or plans. When we are busy, the paperwork becomes a burden to the nursing team. We spend a significant amount of time on administrative tasks. It would be most helpful to take some of the administrative tasks off the RN team. If we are able to hire a PSS specifically for the REI team, RNs would not spend as much time scheduling, writing letters, doing prior authorizations, filling out paperwork for the lab, or inventorying the IVF suite.

We could also provide some education to the providers regarding placing orders while they are charting office notes. Building individualized panels might help with this.

Staffing Data including Unit Budget

- FY21 Budgeted RN and LPN FTEs
  - Staff Nurse II = 3.0
  - LPNs = 0

AMS Benchmark Staffing Grid

Target Workload Summary

University Of Vermont Medical Center
Cost Center# 12012016
REI
Workload Standard Development Summary Table

Volume Indicator: Completed Provider Visits
Annualized Volume: 3,713

AMS Benchmark Paid Hours Per Visit Range: 1.24 – 1.59
AMS Benchmark Worked Hours Per Visit Range: 1.10 – 1.41
AMS Benchmark Required Paid FTEs: 2.21 – 2.84

Hours/Visit			Paid FTEs		
Current Pattern Paid	FY'21 Target Paid	Paid/ Worked Ratio	Current Pattern	FY'21 Target Pattern	Variance Cur to Tar
1.91	1.53	1.13	3.40	2.72	0.68

Current Staffing Pattern/Schedule

- Year to date actual at job code level
  - 3 Staff Nurse II at this time, this is the same as budget
  - How is this different from budget and if different, why?
  - How is this different from AMS benchmark staffing grid and if different, why? The AMS data reflects an RN covering the weekends shifts. An RN is only needed twice a month.
- How do you staff M-F (weekends if applicable)? What is your current staffing pattern?
  - There are 3 RNs M-F, 8am-5pm (8 hr. shifts) and 1 RN on Saturday and Sunday for 4 hr. shift (if needed). RNs are only needed on the weekend twice monthly.
- How will scheduled and unscheduled CTO and unproductive time will be covered?
  - We work with fewer nurses when someone takes CTO, since we do not have any per diem or float nurses who are able to cover REI.
  - It would be ideal to have a PSS to help with admin tasks, especially when one nurse is away.
  - We don't schedule IVF education if an RN is out on CTO or unscheduled CTO.

Proposed Staffing Pattern/Schedule

University of Vermont Medical Center
Current Staffing Pattern
Reproductive Medicine and Infertility
Cost Center: 12012016

Completed Provider Visits 3,713
Average per Day 15

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	Hours per Indicator Paid
		A								B	C=AxB		D	E=CxD	F=E/40		
		RN															
RN	8a - 5p	8.0	3.0	3.0	3.0	3.0	3.0			15.0	120.0	3.0	1.130	136	3.4	1.6806	1.8991
RN	e/o w/e 8a - 12p	4.0						0.1	0.1	0.1	0.4	0.0	1.130	0	0.0	0.0056	0.0063
						Pattern Total				15.1	120.4	3.0	1.130	136	3.40	1.686	1.905

- There is no recommendation to add RN or LPN.
- The AMS data reflects an RN covering the weekends shifts. An RN is only need twice a month.

University of Vermont Medical Center
Example of a Target Staffing Pattern
Reproductive Medicine and Infertility
Cost Center: 12012016

Completed Provider Visits 3,713
Average per Day 15

Skill	Description	Shift Length (hours)	ber 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	Hours per Indicator Paid
		A								B	C=AxB		D	E=CxD	F=E/40		
		RN															
RN	8a - 5p	8.0	3.0	2.0	3.0	2.0	2.0			12.0	96.0	2.4	1.130	108	2.7	1.3445	1.5192
RN	e/o w/e 8a - 12p	4.0						0.1	0.1	0.1	0.4	0.0	1.130	0	0.0	0.0056	0.0063
						Pattern Total				12.1	96.4	2.4	1.130	109	2.72	1.350	1.526

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Financial Impact of the Proposal

Based on the hours of the non-nursing tasks, the recommendation is hiring a 0.5 Patient Support Specialist, specifically assigned to REI.

- A .5FTE PSS position would cost @ $22,723 (including fringe).
- This position could be combined with another 0.5 PSS position from another specialty in Women's (i.e. Gyn Oncology who is asking for a 0.5fte PSS) for a total of a 1.0FTE of a PSS.
- It is also possible that the 0.5fte PSS position could be shared with another specialty. In that case it would be critical that some of the non-nursing tasks be shifted to the Patient Access and Service Center and maybe instead of a 1.0 fte being shared across 2 women's divisions that the 0.5fte is shared and the other .5fte goes to the PASC to take on identified work for Women's.

Financial Impact of the Proposal

Women's REI	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 REI												
RN	3	$ 226,148	2.72	$ 205,017	(0.3)	$ (21131.00)	3	$226,148	0.0	$ -	0.3	$ 21,131.00
PSS	0	0			0.0	$ -	0.5	$22,723	0.5	$ 22,723.00		

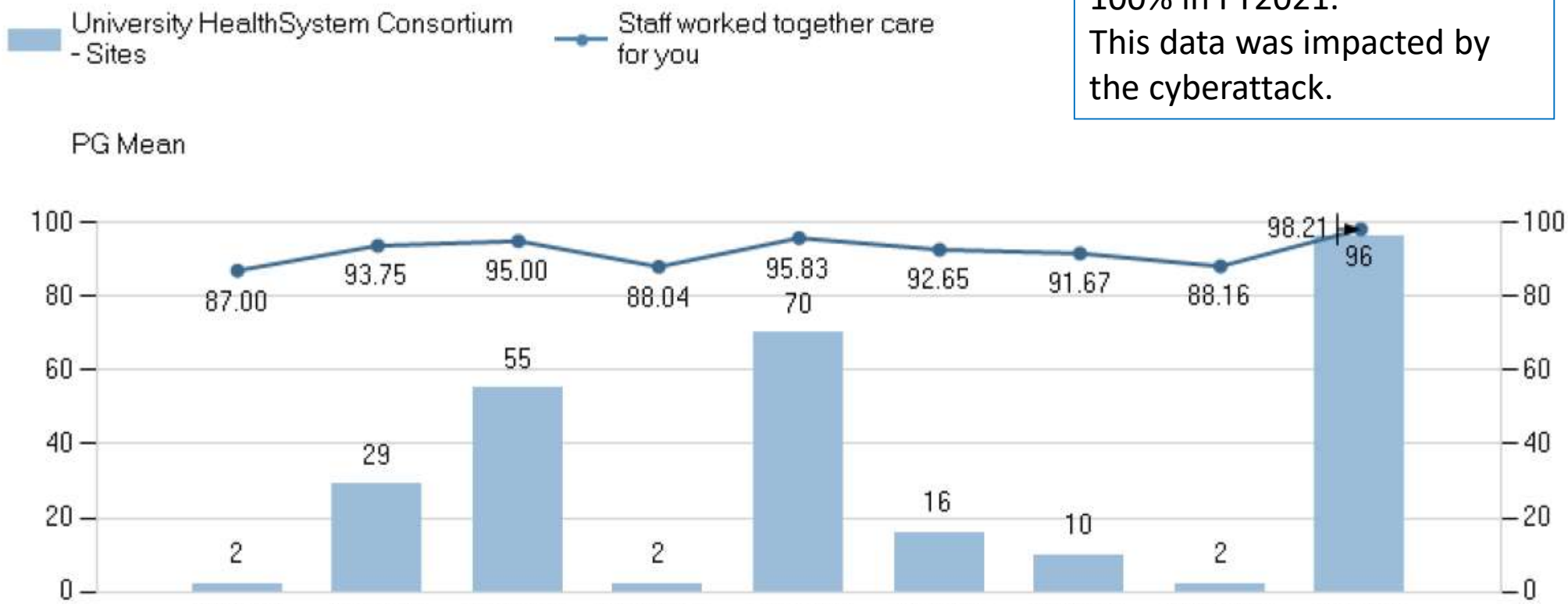
Metrics to Measure the Effectiveness of the USC Project

1. I would recommend checking in with each area of REI (physicians, RN team, embryology lab) with a survey about whether or not the tasks have been effectively reassigned, and if they are being completed efficiently. Could check in after the first 12 weeks, and use feedback to help shape the role of the new PSS.
2. Also could do an informal ‘pulse’ check or survey with staff.
3. Consider using NDNQI survey as a data point.

Press Ganey
Patient Satisfaction Baseline

We are currently at 98.21%.
Our Goal would be to get to 100% in FY2021.
This data was impacted by the cyberattack.

My Sites: 'REI CLINIC'



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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: REI 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)

MyChart Baseline
Quality Process Metric

- 2021 – Message Turnaround Time

Row Labels	Column 2021 202010 Days	202011 Days	202012 Days	202101 Days	2021 D 2021	Total Days	Total
UVM MEDICAL CENTER SERVICE AREA	1.8	0.0	28.7	1.8	14.7	14.7	
Grand Total	1.8	0.0	28.7	1.8	14.7	14.7	

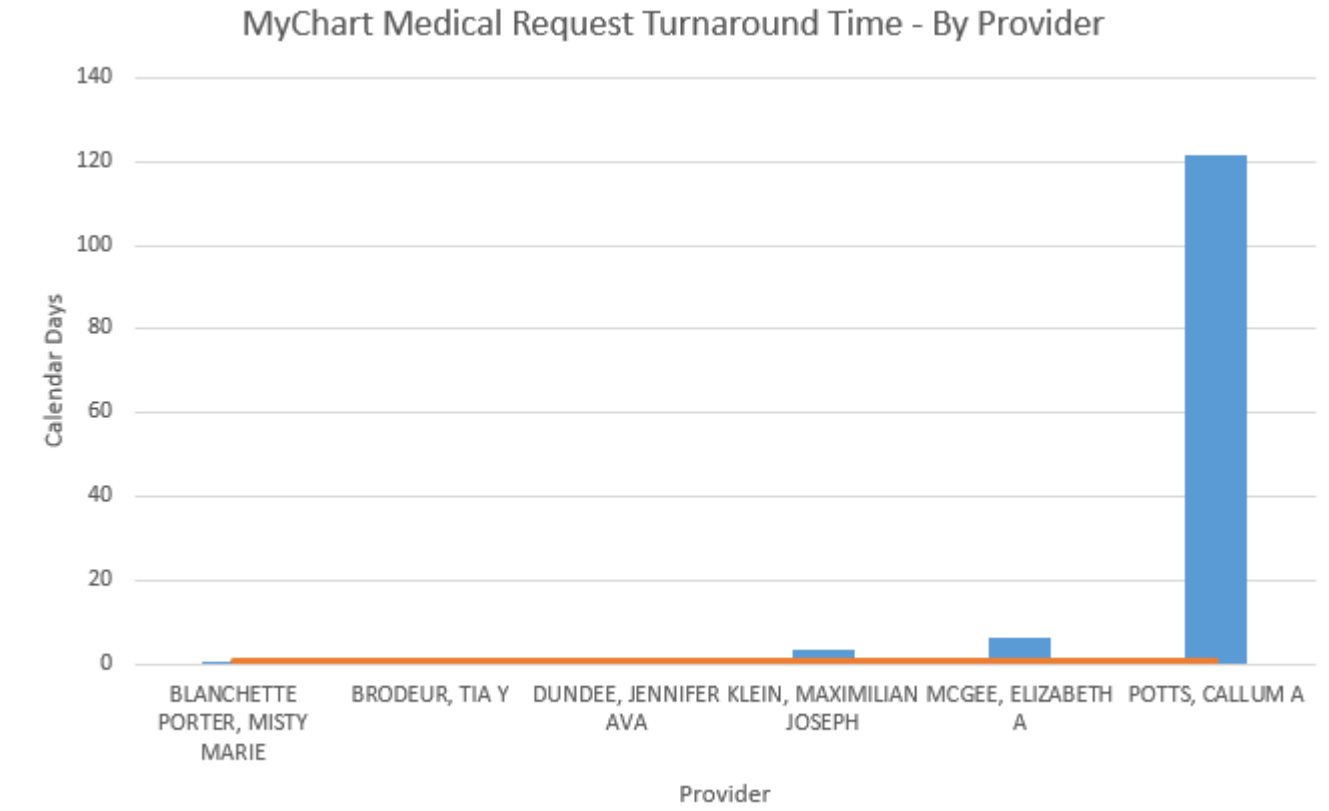
For FY2021, We are currently at 14.7 days for 'Avg MyChart Medical Request Turnaround Time'. Our Target is to get to 1 day. This metric is significantly impacted by 1 provider. All others have a turn around time under 2 days (please refer to next slide for context).
Note: The data was impacted by Cyber 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

MyChart Baseline
Quality Process Metric

- Message Turn Around Time by Provider



For FY2021, We are currently at 14.7 days for 'Avg MyChart Medical Request Turnaround Time'. Our Target is to get to 1 day. This metric is significantly impacted by 1 provider. All others have a turn around time under 2 days (please refer to appendix slide for context).
Note: The data was impacted by Cyber attack.

Highlighted Changes

We would like to accomplish these changes in FY2021 in the following priority:

Recommendation #1: The recommendation is hiring a PSS, specifically assigned to REI.

- Unfortunately, there are no per diem/float nurses or nurses from other areas of women's who are willing/able to cover in REI at this time. Hiring an REI specific PSS would be helpful in taking some of the administrative duties off of the RN

Recommendation #2: Consider shifting Pre-certification work to our current Prior Auth resource in Women's or to PASC Prior Auth Team.

- Would require training regarding specific fertility medications to ensure coverage in a timely fashion.
- If the non-IVF related prior authorizations could move from the current resource, that would free her up to focus solely on REI/IVF non-nursing items (listed under Recommendation #3).
- It is important to note that out current Prior Auth Staff is 50% prior auth for the department and then 50% billing/global IVF precertification specialist. This is a unique role for the IVF team due to the patient education, consent, billing and payment structures in place for IVF. While unique here, it is not unique to Assisted Reproductive Programs in other places who generally have a full time IVF Coordinator role who takes care of all these pieces just for IVF programs. We were able to acquire a .5FTE PSS for this REI team or for the PASC we could look as shifting a majority of the prior auth work from across women's to the PASC which would allow us to focus the 50% of our Prior Auth staff to an ART coordinator position fully. This would be a huge benefit to the program but more importantly for the patients who would receive more consisted and timely responses to their ART process. This person who is already partly trained in this work could then take on the majority of the tasks outline on recommendation #3 on the next page.

Highlighted Changes

- **Recommendation #3:** Move some Non-Nursing Tasks to PSS team
  - Would need to ensure that the PSS team has adequate time to take on this role, in addition to their current responsibilities.

Tasks to consider moving and time estimates:

- Schedule some appointments and ultrasounds that the nurses currently schedule (5 hours/week – we schedule appts with almost every phone call, so would not totally be eliminated)
- Assist the lab with administrative tasks (8 hours/month)
- Maintain stock of IVF paperwork that is given to patients at their visits (2 hours/month)
- Manage FMLA and short term disability paperwork (2 hours/week)
- Draft return to work letters for providers to sign (1 hour/week; sporadically)
- Schedule/reschedule requests from providers (1 hour/week)
- Assist with prior authorizations specific to IVF (8 hours/month)
- Review/schedule REI referrals (currently done by phone room)
- Send records back to referring providers (currently not happening consistently)
- Coordinate follow up appointments for patients seen in US by GYN providers (not currently happening, patient dis-satisfier)
- Return non-clinical phone calls (daily, variable)

If a PSS is hired, the nurses would have the capacity to do more IVF (our waitlist is very long). We could also manage the waitlist. It is currently managed by physicians, but I think the entire team would benefit from a nurse coordinating this. It is a huge task, and would take a lot off the plate of the physicians.

Some of these items are not currently getting done, or are pushed to the bottom of our priority list in lieu of providing higher quality nursing care.

Highlighted Changes

- **Recommendation #4:** Move some Non-Nursing Tasks to MAs
  - Currently MAs are assigned to clinics or chart prep, and not always willing/able to help with blood draws
  - Not all of our MAs are phlebotomy trained, and some prefer not to pursue this training.

Task
Phlebotomy and injections, (blood draws)
Rooming/helping in clinic

- **Recommendation #5:** Increased training for providers, regarding placing orders and creating panels.

These recommendations will be extremely helpful since the program has grown about 25% in the last year and we see continued growth in the future.

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