The heart and science of medicine.

UVMHealth.org/MedCenter

Unit Staffing Collaborative Women's – Continence Center (Urogynecology/Urology)

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
- Kitty Emerson, RN
- Brooke Bento Ramahatra, RN
- 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 **(3/15/2021)**. 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 Continence Center provides care for urogynecology, urology, gynecology, colorectal, and pelvic floor PT focusing on pelvic health.
- 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.)
- Team Meeting – 1/6/2021 (1 hr.)

Minimum Staffing Levels

- Core staffing levels
  - There are currently 2.5 FTE RNs in the clinic. This is the correct number based on the consultant metrics and our present visit volume which is different then is what is in the AMS data. This does not take into account the administrative time necessary for the RN IV **.
  - 2 LPNs and 1 MA
- Minimum number of RNs and LPNs needed:
  - Minimum of 3 RNS (2.5 FTEs), 2 LPNs (1 & .9 FTE , 1 vacant/approved post.) and 1 MA.
  - Regardless the number of arrived visit volume (phone volume can be inversely proportional to visit volume).
- Address tactics to flex staffing up and down (i.e. sister sites, floating, per diems, resource pool)
  - Presently CC is just using Per diem for staffing up but at times that is not adequate due to limited per diem availability and no per diem RN. We are going through the steps necessary in hopes to be able utilize the resource pool.

Time Spent on Nursing vs Non-Nursing Duties

- Non-Nursing Tasks that impact our work and take time away from direct patient care.
  - Prior Authorizations, spend approximately .5-1 hour per day in total.
    - FY19 had 160. FY20 on track for same number.
    - Each one of those encounters could have had multiple touches and people involved or could have been approved in a 15 minute time frame.
    - 90% are Medication Prior Authorizations. The rest are for surgery, etc.
  - FMLA paperwork, Approximately .5-1 hour per day in total.
  - Paperwork that does not have 2 patient identifiers, this is done in batches and takes about 2-3 hours every month. Nursing tries to check as we are working with the paperwork from outside facilities but not every form gets done. The final check is a clerical task – to check that 2 patient identifiers are on paperwork before it gets sent to medical records for scanning. Nurses took it on due to front desk staffing a number of years ago.
  - Fixing or placing orders
  - Phone calls, ¼ of calls that come to the RNs are related to clinic or surgical scheduling. We are able to resolve about 50% of them during the call. This takes .5 to 1 hour per day. On the phone tree options, “the nurse”, should be the last option. We will still get some scheduling calls but hope this will decrease the number.

Recommendation for Acuity Process

- What non-phone work drives more acute staffing needs?
  - Walk in patients or unscheduled urgent patient visits for nursing when there are no available nursing visit appointments.
  - Call outs and the need to cover clinic visits/triage.
- How does volume of nursing procedures affect acuity?
  - Nurse procedure numbers are limited on a daily basis but there is an occasional urgent procedure that gets added, which will often pull from the RN staffing.
- Does in basket volume drive more acute staffing needs?
  - Yes, Requires a lot of touches
    - Medically complex patients
- What are the “work triggers” which cause a change in practice? What requires more nursing support?
  - Urgent visit needs
  - New staff orientation
  - Increased need for nurse visits
  - New providers/addition of provider(s)
  - RN IV non-clinical time – collaborating with the practice supervisor in regards to clinic/staff needs, staff education planning, patient education, protocol/policy writing/review etc., and committee participation.

Analysis for Nurse Circulator

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

Staffing Data including Unit Budget

FY21 Budgeted RN and LPN FTEs

- RNs - 2.5 FTEs (3 RNs)
- LPNs - 1.9 FTEs (2 LPNs)
- MAs - 1 FTE (1 MA)

AMS Benchmark Staffing Grid

Target Workload Summary

University Of Vermont Medical Center
Cost Center# 12012269
Continence Center
Workload Standard Development Summary Table

Volume Indicator: Completed Provider Visits
Annualized Volume: 4,700

AMS Benchmark Paid Hours Per Visit Range: 0.69 – 0.83
AMS Benchmark Worked Hours Per Visit Range: 0.63 – 0.77
AMS Benchmark Required Paid FTEs: 1.55 – 1.89

Hours/Visit			Paid FTEs		
Current Pattern Paid	FY'21 Target Paid	Paid/ Worked Ratio	Current Pattern	FY'21 Target Pattern	Variance Cur to Tar
0.87	0.87	1.09	1.96	1.96	0.00

FY2021 vs AMS data

- AMS data as gathered in 2019, did not include an additional provider so did not capture the appropriate level of arrived visits which per AMS data has our staffing level at 1.96.
- The FY2021 actual arrived visits data is included on the next page. In using the AMS calculation of completed arrived visits the correct FTEs are 2.45 to 3.01*.
- We are currently staffed at 2.5 FTEs.

*This is dependent on what is included in the provider completed visits.

  - 2.45 FTE is only provider completed visits. (Scenario 1)
  - 3.01 FTE would include provider visits plus nurse only visits (procedures and nurse visits). (Scenario 2)

FY2021 FTE Calculation

Data	FY 2021 Scheduled projected visits	2019 Actual	Average	Total Arrived Visits
Nursing Visits	780	597	688.5	
Procedures (Nurse Only)	832	470	651	
Total	1,612	1,067	1339.5	7,203
Calculations	**AMS benchmark**	**Arrived visits**	**Total paid hours**	**FTE**
Scenario 1 – Current staffing pattern (Not including nurse only visits)	0.87	5,864	5101	2.45
Scenario 2 (Including nurse only visits)	0.87	7,203	6267	3.01

THE University of Vermont MEDICAL CENTER

Supporting Data for FY2021 FTE Calculation

	Prior 3 Months (Actuals)*			Current Month - January				FY21			
Qualifying Provider	FY21 Oct	FY21 Nov	FY21 Dec	Actual	Budget	Variance	Var %	Budget	3 month arrived visits annualized for all MD Cost Centers**	% arrived visits at Cont Center only	Cont Center FY2021 Projected arrived visits
BONNEY, ELIZABETH A											
Arrived Visits	36	25	21	26	188	-162	-86.10%	2382	332	100%	332
WRVUs	33	6	57	38	235	-196	-83.70%	2980			
MAURER, TRACEY SUE											
Arrived Visits	127	50	112	100	156	-56	-35.70%	1975	1356	50%	678
WRVUs	155	12	189	111	247	-137	-55.20%	3142			
BRENNY, KAITLIN E											
Arrived Visits	128	92	47	97	79	18	22.8%	1,003	1088	100%	1088
WRVUs	173	29	136	86	93	-7	-7.1%	1,176			
CHARLAND, DIANE MARIE											
Arrived Visits	117	51	100	123	123	0	0.1%	1,560	1360	100%	1360
WRVUs	328	92	404	293	475	-181	-38.2%	6,029			
SHAFFER, REBECCA M											
Arrived Visits	76	40	72	85	71	14	20.5%	896	932	100%	932
WRVUs	339	26	405	281	327	-47	-14.3%	4,157			
EVANS, KRISTA E											
Arrived Visits	116	90	88	101	82	19	23.0%	1,043	1220	22%	268.4
WRVUs	469	64	455	757	375	382	101.7%	4,765			
KOWALIK, URSZULA											
Arrived Visits	169	79	113	140	191	-51	-26.8%	2,428	1688	71%	1205.232
WRVUs	360	19	459	385	457	-72	-15.7%	5,800			
											5,864

*Prior 3 Months = We used the actual prior 3 months to annualize the projected visit volume. We took out November because it was unreliable data due to the cyber attack.

**As noted this is a multi-disciplinary site our calculations are only based on arrived visit at the continence center.

THE University of Vermont MEDICAL CENTER

Current Staffing Pattern/Schedule

- Year to date actual at job code level
  - RNs - 2.5 FTEs, LPNs - 2 FTEs, MAs - 1 FTE.
  - How is this different from budget and if different, why? Not different
  - How is this different from AMS benchmark staffing grid and if different, why? LPNs and MAs are not taken into account in the AMS report.
- How do you staff M-F (weekends if applicable)? What is your current staffing pattern?
  - The clinic operates 8 hrs. per day M-F. with 2 RNs-Monday, 3RNs - Tuesday/Thursday and every other Wednesday, and 2 RNs on Friday.
  - 1 MA Monday- Friday and 1 LPN Monday-Thursday and every other Friday.
- How will scheduled and unscheduled CTO and unproductive time be covered?
  - There is currently no RN coverage if an RN is out. We can occasionally adjust assignments at times to utilize a per diem MA or LPN if we are down an RN(rooming can be done by MA, LPN or RN, nursing schedules and procedures can be done by LPN or RN). No built in time for committee work and committee meeting times.

Proposed Staffing Pattern/Schedule

- Please add proposed RN staffing and staffing pattern
  - If no one is out (sick or CTO) our basic staffing needs are met.
  - I would propose increased access to the resource pool and more robust per diem pool to cover CTO and unexpected absences.
  - Take into account the need for regularly scheduled administration time for RN IVs
  - Regularly scheduled nursing education time is extremely lacking
    - I would like to see at least 1 hour of dedicated nurse education time carved out of the clinic schedule per month.

Financial Impact of the Proposal

There is no financial impact with the proposed recommendations.

Women's	FY21 Budget		AMS Recommendation		Difference Between FY21 Budget & AMS		Proposed		Difference Between FY21 Budget & Proposed		Difference between AMS & Proposed		Summary Comments
	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	FTE's	Salaries	
Women's-Continence Center													
RN	2.4	$ 233,558	2.4	$ 233,558	3.4	$ -	2.4	$ 177,902	0.0	$ (55,656.00)	0.0	$ (55,656.00)	FTE's are based on the updated Arrived Visits/FTE numbers which were incorrect when the data was compiled by AMS; see notes in ppt. These FTE's are only RN ftes. There is not any additional request for additional RN, or other staffing in this division.

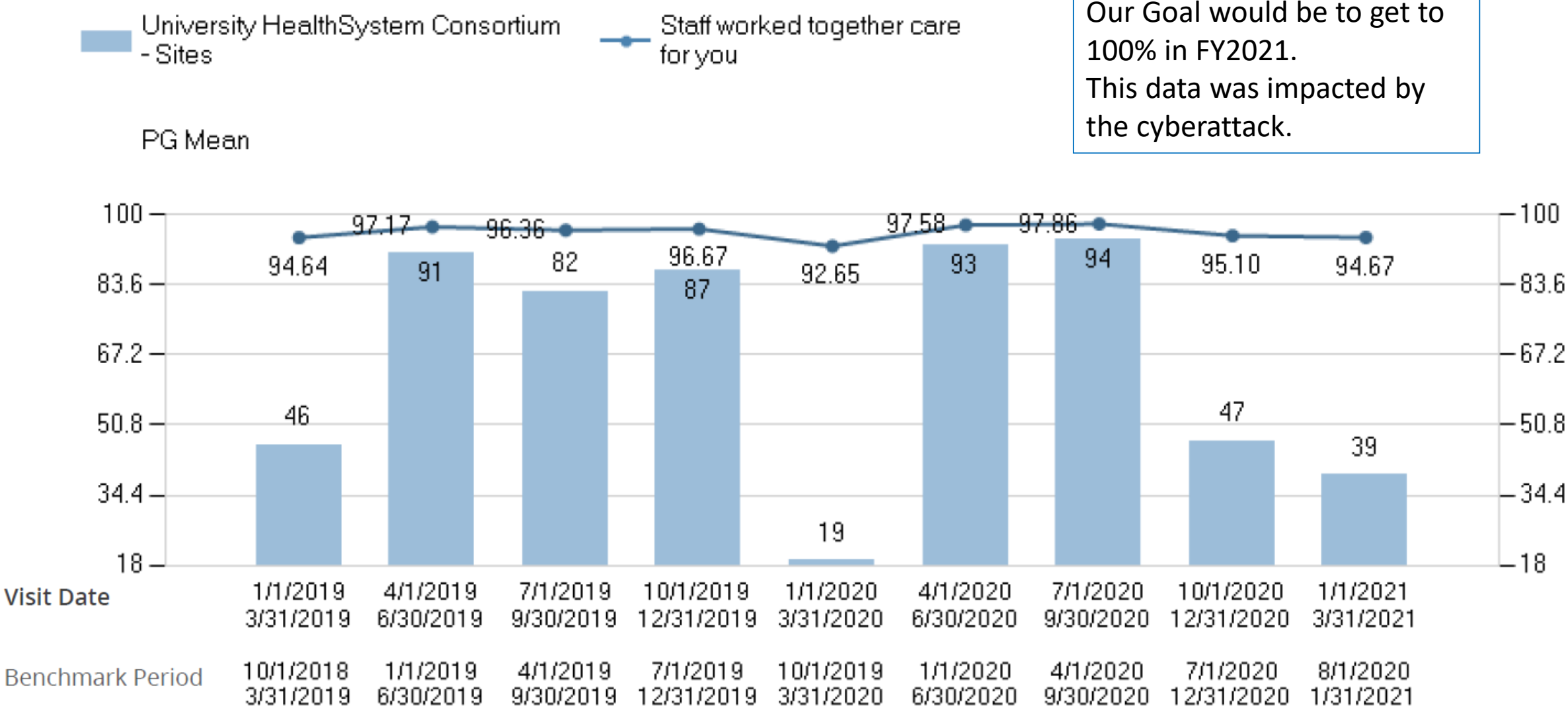
Metrics to Measure the Effectiveness of the USC Project Plan

- How will you know staffing levels are effective?
  - If staffing levels meet clinic patient volumes and CTO (scheduled and unscheduled) are able to be covered
- To see if the changes are effected and will be monitored using:
  - Staff satisfaction survey
  - Patient satisfaction surveys
  - Ongoing review of Completed provider visits
- Have the items you identified in the USC (i.e. non-nursing functions) been addressed? In process
- This assessment will be ongoing beyond initial recommendations

Press Ganey
Patient Satisfaction Baseline

My Sites: 'CONTINENCE CENTER'

We are currently at 94.67%.
Our Goal would be to get to 100% in FY2021.
This data was impacted by the cyberattack.

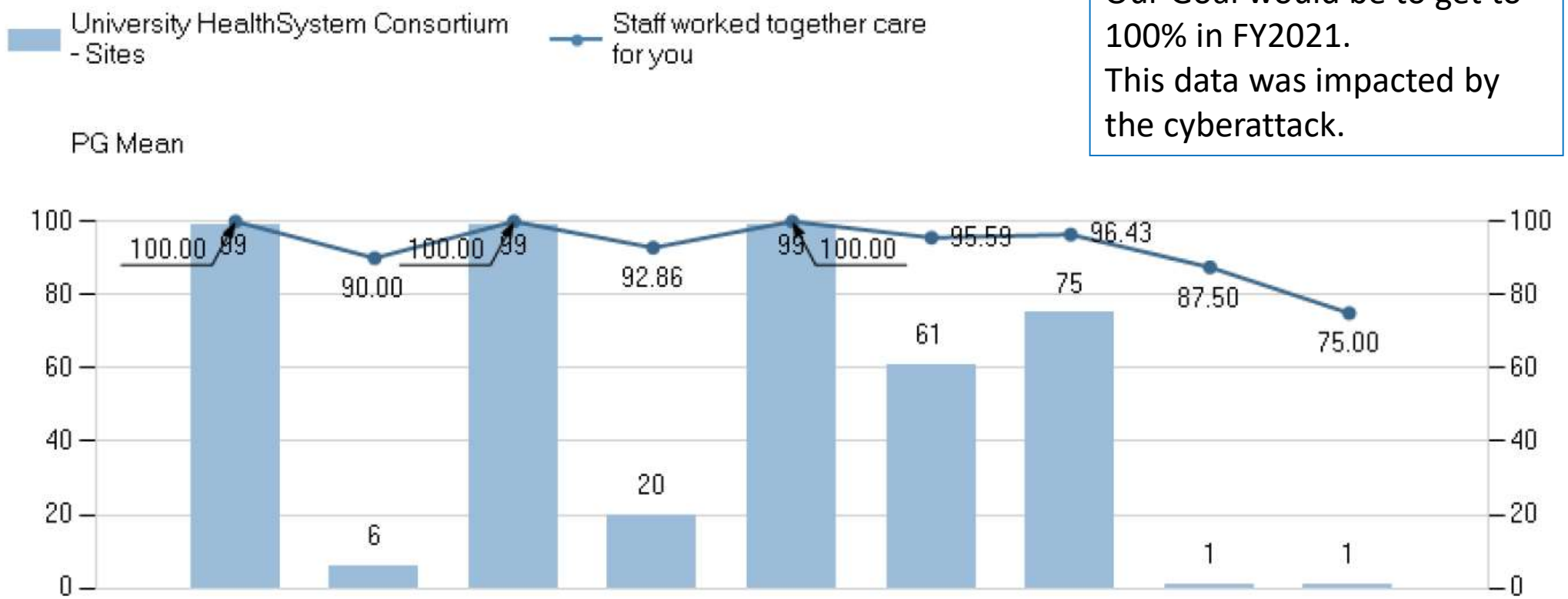


THE University of Vermont MEDICAL CENTER

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

Press Ganey
Patient Satisfaction Baseline

My Sites: 'GYN-CONTINENCE CENTER'



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=8	n=5	n=6	n=7	n=7	n=17	n=14	n=8	n=3
Peer group size	N=1363	N=1293	N=1351	N=1337	N=1364	N=1276	N=1206	N=1260	N=1293

We are currently at 94.7%.
Our Goal would be to get to 100% in FY2021.
This data was impacted by the cyberattack.

THE University of Vermont MEDICAL CENTER

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

NDNQI Baseline
Adequate staff to get work done

Unit - Survey DESC	Measure Short Desc	Year	Survey Unit Peer Group	Srvy Unit Mean	RNSrvy_PGUnitMean
Women's Health Care Service	Adq staff to get work done	2018	Academic Medical Centers	2.11	2.59
Women's Health Care Service	Adq staff to get work done	2019	Academic Medical Centers	2.08	2.55
Women's Health Care Service	Adq staff to get work done	2020	Academic Medical Centers	2.19	2.50

Please note:
The continence center is partly rolled into the Women's health care service so this metric does not reflect just the Continence Center.

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)

THE University of Vermont MEDICAL CENTER

MyChart Baseline
Quality Process Metric

- 2021 – Patient Satisfaction -

Row Labels	Column L 2021 202010 %	202011 %	202012 %	2021 % 2021	Total % Total
⊞UVM MEDICAL CENTER SERVICE AREA	88.2%	100.0%	80.0%	84.8%	84.8%
Grand Total	88.2%	100.0%	80.0%	84.8%	84.8%

Chart description:

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 current at 84.8% for ‘Likelihood of recommending our practice’. Our Target is to get to 100%.
Note: The data was impacted by Cyber attack.

MyChart Baseline
Quality Process Metric

- 2021 – Patient Satisfaction –

MyChart Baseline
Quality Process Metric

- 2021 – Message Turnaround Time –

- At this time, the baseboard does not include our department nor the applicable providers.

Highlighted Changes

Our Recommendation for FY2021 by priority, is for the following tasks to move to another role in the clinic or centralized location outside the clinic.

1) Non-Nursing Tasks – Currently spend 45 minutes to 3+ hours per day performing non-nursing duties*.
   a) Paperwork that does not have patient identifiers – Nurse while being worked then checked by PSS prior to going to HIM (as was done in the past).
   b) Phone calls in regards to clinic or surgical scheduling(phone tree for incoming calls) – Change nurse option on the phone tree to the last option and if calls come through to nursing in regards to scheduling route via epic to scheduler.
   c) Prior Authorizations - Could be moved to the PASC team.
   d) FMLA paperwork/Return to Work Letter - Could be moved to MA or SCOA.
2) Our Recommendation for clinic coverage would be to utilize other UVMMC resources.
   a) Scheduled/Unscheduled CTO Coverage
   b) Use resource pool and per diem.
   c) RN IV non-patient facing tasks (i.e. committee work, NPG, CARP, teaching, etc.)
   d) Use resource pool

*Refer to Time Spent on Nursing vs Non-Nursing Duties slide # 8 for details.

Project Plan Approval

May 3, 2021

Dear Continence Center 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 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
Peg.Gagne@uvmhealth.org

Deb Snell, RN
President VFNHP
Debs@vfnhp.org

THE University of Vermont MEDICAL CENTER

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

Time line and Deliverables

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

- 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