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Overcoming outdated workforce models

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By *Chuck Green, Contributing Writer*

Harrisburg Medical Center's staffing model, in place for about 20 years, had become antiquated.

With the exception of nursing, departments had done a poor job adjusting personnel assignments based on their census, according to Rodney Smith, president and CEO of the Harrisburg, Ill. facility. "We were inefficient, and we recognized that."

With greater focus on outpatient care and, where possible, cost cutting, many facilities now are doing more than "paying lip service" to workforce management and are actively implementing solutions, said Adam Higman, vice president of Soyring Consulting.

In fact, Higman suggested, overall, hospitals' emphasis on workforce management solutions has become more sophisticated – both in managing numbers and keeping closer tabs on skill mix – which has helped improve their handle on strategic growth. "If (hospitals decide) they have the right individuals in a particular area, they might consider exceeding their benchmark and invest slightly more if it makes strategic sense."

Harrisburg Medical Center is a case in point. To correct its workforce management issues, hospital leaders began using a measuring tool based on a productivity standard designed for each department, Smith said. For example, while number of patient days serves as the tracking metric in nursing, departments like maintenance and housekeeping base their measurements on square footage; dietary, on meals served.

The productivity measurements don't just point out where staffing needs tightening up, said Smith. They can also be used to figure out where there are staffing shortages.

Additionally, Harrisburg Medical leaders have given staff members a sense of ownership over the process. "(Senior staff) isn't sitting in the executive suite, thinking in one direction, and everyone else in another." The front lines don't feel as if decisions are being mandated, he added. "We've created a bunch of problem solvers."

While healthcare's been a late adopter of outsourcing and best practices, said Susan Salka, president and CEO of AMN Healthcare, the relatively recent momentum it's harnessed will help many hospitals establish an "agile" workforce to avoid overstaffing and ensure they have the

"right kind" of staffing on hand.

Appropriate workforce management solutions and best practices, for instance, will aid hospitals in deciding when a physician is needed versus a nurse practitioner. "(Hospitals) are trying to come up with that perfect mix of skills and make sure every clinician on staff, whether core or contingent, is practicing to their maximum skill set," said Salka.

Ultimately, in choosing appropriate workplace solutions, hospitals must ask themselves a number of difficult questions, including the cost and complexity of solutions they're considering, said Higman. For instance, a deep level of complexity might not make sense for a critical access hospital, and the need for flexing can be secondary for a department with minimal staffing, he noted.

Hospital leaders also need to remind themselves that putting workforce management solutions in place won't immediately solve all problems, cautioned Higman. Proper and effective implementation of workforce tools takes time.

"Much of it relies on an organization's front line understanding of the process," he said. "You can't expect your managers to do calculus when they haven't learned multiplication."

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