

CASE STUDY

TEMPLE UNIVERSITY HEALTH SYSTEM

THERE HAS NEVER BEEN A BETTER TIME TO FOCUS ON STAFFING & SAFETY

The middle of a global pandemic is not typically the time when a leadership team chooses to adopt a new strategy and technology that touches all aspects of their staff and the delivery of care.

However, the leadership team at Temple Health is anything but typical.

"We knew what the projections of the virus were and saw the toll it was taking on hospitals and health systems in other countries," said Angelo Venditti, Chief Nursing Executive at Temple Health. "There really has never been a better time to focus on staffing and the safety of our healthcare professionals."



1,020-bed Philadelphia-based academic health system dedicated to providing access to quality patient care and supporting excellence in medical education and research.



IT STARTS WITH DATA

During normal times, staffing levels are always a focal point for provider organizations, and often the number one concern for nurses. During a pandemic, this issue is exacerbated. This was the motivation for beginning the work to understand staffing numbers, allocations, and determining what they could do better.

Most nursing leaders feel they are understaffed, but without a deep dive into the data it's difficult to know for certain where the shortages are, what is causing them, and what the fixes might be.

A workforce analysis was conducted to paint a clear picture of the staffing situation at Temple Health. The process put a highlighter on specific issues, provided guidance on optimal core staff levels and size, and layered contingency resources needed to meet patient demand.

Inadequate core staff numbers can be one cause that may lead organizations to feel short-staffed, but there are often other factors at play. For example, nearly all organizations have FTE leakage to a certain extent. This is when hours dedicated within a budget for core staff FTEs are not scheduled or worked have "leaked" from available staff resources. With Temple Health, there was not an extensive amount, 16 FTEs, but enough that would make a difference. And, incremental improvements in numerous areas can have a compounding effect.

STAFFING FLEXIBILITY

Among many other things, COVID highlighted the need for greater resource flexibility and optimization. Healthcare organizations must develop plans that allow them to quickly adjust as new challenges emerge.

Today's float pools are less about traditional floating. Instead, they are a strategic and flexible source of staff that fills needs across the enterprise in line with emerging demand. A highly customized solution, flexible resource pools are designed to fit the size of the healthcare system, its volume and census patterns.

Venditti knew the float pool was undersized and relied often on core staff members working overtime. The workforce analysis provided the blueprint and recommendations to add staff to this flexible resource team that could go to the areas of highest demand across the system.

An AMN Workforce Strategy Consultant met with each facility CNO & VP of finance to review their data, supplying facts and figures to validate Venditti's instincts. Across all peer groups, the current level of contingency utilization was evaluated, and a proposed utilization plan was submitted. Collaborating across the enterprise, a final recommendation was agreed upon and as of April 2021, the plan was being carried forward.

Contingency Reallocation Process and Plan

Contingency Source	Total Reallocation Recommendation (FTE)	Peer Group	Current Utilization (FTE)	Proposed Utilization (FTE)	Final Recommendation (FTE)
Enterprise Float Pool	13	Med Surg	0	9	9
		Critical Care	0	4	4
Site-Based FTE Float Pool	39.6	Behavioral	0.3	5.4	5.1
		Critical Care	7.6	16.1	8.5
		Med Surg	6.6	29.4	22.8
		Mother-Baby	4.5	7.8	3.3
Site-Based PRN Float Pool	12.1	Behavioral	3.1	1.4	(1.6)
		Critical Care	0.8	5.2	4.3
		Med Surg	3.2	10.5	7.3
		Mother-Baby	0	2.1	2.1
Total Contingency FTEs	64.7		26.1	90.9	64.8

COORDINATING STAFFING

Having the staff you need is one thing. Having the processes, transparency, and logistics to know where and how to allocate that staff day-to-day is an advanced but essential strategy.

Before partnering with AMN, Temple Health operated three separate staffing centers responsible for both patient placement as well as the placing of staff across the system. At first glance, having the same team charged with patient placement and placing staff seems reasonable.

However, staffing deserves its own attention to get the right person to the right place at the right time. Patient placement and logistics is an element that should work in concert and synchronicity with staffing, but not necessarily with the same individuals doing both jobs.

Temple consolidated its three staffing offices into one. Partnering with the patient placement team, and with the enterprise transparency of their scheduling tool, Smart Square®, they have their finger on the pulse of staffing at every hospital and know what beds are available to move staff and patients between campuses.

KEYS TO SUCCESS

Temple Health transformed their approach to workforce management with analytics, float pool development, a consolidated staffing office, and the implementation of AMN Healthcare’s staff scheduling solution, Smart Square, in 10 months – during a pandemic.

How they accomplished this was a mix of leadership, transparency, partnership, and the health system’s bias for action. Venditti stated, “Our people have a great will and hunger to do things differently.”

If an initiative has value, ROI, or is just the right thing to do, they move forward. It starts with a CEO who has extreme trust in his team and focuses on empowering them with a mind set of “let’s get it done,” and ends with team members who put the patient experience first.

Their response to COVID, converting a nine-story facility from outpatient clinics to MedSurg units and ICUs – more than 200-patient capacity – in less than a week, is another example of this culture in action.

The foundation for the workforce management initiative was formed over the course of several cross-functional executive steering committee meetings. In these meetings, the strategy was developed, and system design decisions were made relative to how to tailor the scheduling software to Temple’s strategy.

Transparency was critical to inform team members, gain buy-in, and build momentum and enthusiasm for the project. The “why” and WIIFM (what’s in it for me) was shared through a series of internal communications, biweekly newsletters to staff, and education sessions on things like “non-productive time” to help staff understand what they could do to make staffing better.

NEXT STEPS TOGETHER

While much of the strategy planning happened during the height of the pandemic, it wasn’t until the first quarter of 2021 that the strategy could be put into action.

In addition to AMN consulting and technology services, Temple Health has partnered with AMN Healthcare’s Managed Services Program (MSP) to ramp up recruitment and coordinate the oversight of staffing.

The partnership between Temple and AMN provides a platform for innovation that combines the ability to accurately predict staffing needs 30 days in advance and the wherewithal to place the healthcare professionals they need at the right time.

Because of the work conducted during the pandemic and the entire team pulling together, Temple Health is in a very strong position to continue delivering exceptional patient care no matter what the future brings.



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