Staff Elasticity: Redefining Productivity and Care Models

## Delivering Against Demand—Part 2

The long-term effects of the pandemic on staffing are becoming clearer; shortages in healthcare are here to stay. Healthcare organizations must move beyond legacy labor productivity concepts to focus on nimbly adjusting staffing and care delivery models to promote patient flow and resource utilization and mitigate lingering vacancy issues.

Healthcare organizations across the country are enduring severe staffing shortages, particularly within core nursing resources, because of burnout, attrition and heightened competition for resources. Concurrently, labor expenses have continued to rise due to a national trend of higher reliance on premium contingent staff that solve short-term problems but leave long-term solutions unmet. Healthcare executives across the country are asking how they can retain and maintain their workforce while stretching traditional care ratios and providing a safe, effective care environment.

Staff elasticity is a methodology for identifying opportunities to create additional capacity within existing teams and relieve non-value-added clinical responsibilities from overburdened staff. FTI Consulting has partnered with organizations to design workforce strategies that move beyond worked hours per unit of service (WHpU) concepts and help clients utilize advanced clinical analytics and practices to excel in highly volatile operations scenarios.

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Closing the Book on Productivity 101

Flow

Utilization

Applied Clinical IT
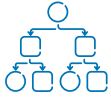
Over the past two decades, the healthcare industry has focused on traditional management practices that leverage sales (customer satisfaction, recurring revenue relationships), manufacturing (lean, six-sigma) and operations management (productivity, benchmarking) to bend labor cost curves. While these practices have proven successful, the COVID-19 pandemic introduced elements that will have a longstanding impact on healthcare modeling and staffing. With extreme staffing shortages nationwide, innovative but inconsistent changes that were implemented to cope with immediate crisis management (telehealth, large-scale remote telemetry, temporary staff) should be reexamined to determine long-term efficacy and reengineered to provide care and optimize capacity as needed.

It is critical to advance from prior, static productivity models and consider additional ways to create elasticity in the workforce. These are the foundational elements of staff elasticity: Finding ways to maximize current staffing resources to "stretch" your ability to provide safe and effective care.

Flow—Applied Care Management Modeling

In the past, patient flow has been confined within individual hospitals. However, as health systems have matured and advanced electronic medical records have been implemented, "command centers" that allow for better visualizations of patient census, status and care state have become more commonplace. The application of these command centers can be challenging and dysfunctional if not properly aligned with available system resources. A key focus here should be acuity management, with care managers developing pathways to the right environment and resources to obtain the optimal patient outcome.

Advanced health systems are looking beyond the individual facility to view all beds in a metropolitan area to distribute demand, reduce staffing strains, improve patient flow and maximize resources. The role of the care manager monitoring and directing patient flow is especially critical to this process. Through enhanced visibility into expected length-of-stay metrics, lower acuity capacity and discharging options, case managers can facilitate expedited service while maintaining quality of care. Assessments of these capabilities and calibrations of the care model (both inpatient and outpatient) are critical to streamlining patient flow and safely enabling higher nurse-to-patient ratios (staff elasticity).

Utilization—Redefining Roles

A common attitude that often plays a critical role in staff burnout and retention issues is, "We know how to get the job done, and it's just easier for us to do the work than to worry about asking for extra help." Frequently, nursing staff are asked to perform non-clinical roles for organizations, which can have a cascading effect on the efficiency and elasticity of patient-care capabilities for hospitals.

It is critical that staff roles and responsibilities are reviewed, redefined and reimplemented in ways that minimize the non-value-added efforts that prevent clinical staff from operating at the peak of their care capabilities. Removing these responsibilities is no easy task and requires the multidisciplinary review of work demands and determination of new assignments. Ultimately, creating internal service-level agreements among clinical and non-clinical staff will help to ensure roles are properly redefined and nurses have a higher level of confidence in new patient assignment ratios.

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Applied Clinical IT—How Next-Gen Resources Can Reduce Care Demands

Telehealth

— Health systems believe that up to **25-40%** of primary care visits could be done via virtual visits

— **54.9%** are excited about using it [telehealth] today[1]

— Telehealth usage has nearly **tripled** since 2018[2]

Remote Patient Monitoring and Digital Health

— Funding for remote patient monitoring **doubled** in 2020

— More than **50%** of providers feel wearable technology is helpful in monitoring patients[3]

Behavioral Health Technologies

— Funding for mental health solutions increased $599M to **$1.4B** in 2020

— **70%** of behavioral health providers plan to continue offering telehealth services post-pandemic[4]

Testing, Tracking and Diagnostics

— Testing and tracking tools developed during the pandemic can be expanded to increase **automation**

— Detecting disease earlier improves **population health**

Health Equity and Community Population Innovations

— Helps address the social determinants of health to improve **patient access**[5]

— Encouraging **public-private partnerships** for more sustainable solutions

— Relies upon data analytics infrastructure

AI & ML Data Leveraging

— Aligns algorithms with alerts to **improve quality of care**

— Algorithms updated automatically through outcomes
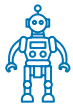
Robotics & RPA

— Enhanced data processing and flow

— EVS capabilities around automated floorcare

— **Inventory management** through weighed bins

— Improve process flow using **Robotics** for supply delivery

Real Time Location System

— Moving beyond emphasis on equipment location

— Used to augment and validate EMR data

— Ability to monitor employee productivity to **improve efficiency** and physical space layout

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It is critical that organizations leverage non-clinical resources to alleviate the heavy burdens placed on nursing resources. Flow redesign, staff utilization reviews and applied clinical IT resources can identify additional, "hidden" capacity within existing nursing teams and reduce the use of high cost, contracted clinical staff and premium pay resources. These concepts should be implemented as soon as possible to provide exponential productivity gains to meet the increasing need of patient demands while ensuring that proper care is delivered where needed.

FTI Consulting has helped clients approach these assessments, define alignment strategies and implement new ways to deliver care. Our team is ready to help discuss practical applications for your organization and partner with you to face this challenge.

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[1] https://nrchealth.com/nrc-health-2021-healthcare-consumer-trends-report/

[2] Ibid.

[3] https://www.himss.org/resources/endless-possibilities-wearable-technology-healthcare

[4] https://www.prnewswire.com/news-releases/telemental-health-survey-reveals-70-percent-of-behavioral-health-providers-will-continue-offering-telehealth-options-post-covid-19-301118459.html

[5] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774488

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